

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	A tailored strategy for designing the WALK-Copenhagen intervention to increase mobility in hospitalized elderly medical patients: a protocol for the qualitative part of the WALK-Copenhagen project
AUTHORS	Kirk, Jeanette Bodilsen, Ann Christine Tjørnhøj-Thomsen, Tine Pedersen, Mette Merete Bandholm, Thomas Husted, Rasmus Poulsen, Lise Petersen, Janne Andersen, Ove Nilsen, Per

VERSION 1 – REVIEW

REVIEWER	Ellen Holm Nykøbing Falster Hospital, Denmark
REVIEW RETURNED	06-Nov-2017

GENERAL COMMENTS	It is a very well described qualitative study. Interviews, workshops, participant observation and ethnographic field studies are used to collect data. I would recommend that some of the material that guide the process during these activities i.e. interview guide, observation guide etc. are published as part of the protocol. This would help other researchers to be able to repeat the study.
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REVIEWER	Efrat Gil Clalit Health Care Services Israel
REVIEW RETURNED	18-Nov-2017

GENERAL COMMENTS	The topic is super important, and the proposed process is very interesting. The structure of the article is unclear, and is inconsistent with the guidelines for the authors, as they appear on the site. The section entitled "Strengths and Limitations" contains five points, three of which are general (I have not found out whether the first three are strengths or limitations), and two strengths. Don't the researchers identify any limitations to the proposed study? The introduction is very loose, it is difficult to follow the line of thought of the authors. A number of paragraphs deal with barriers to mobilization of hospitalized patients, in a very unorganized manner.
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	<p>The list of difficulties is not orderly.</p> <p>Two specific comments regarding the content: One, puzzling why institutionalization is not mentioned as a negative outcome of functional decline. And secondly, a shortage of manpower is not indicated as contributing to the difficulty of patient mobilization.</p> <p>The setting chapter, which for some reason is not included in the methods, contains too much explanation and rationalization (which should have been clear from the introduction). It was not specified how many staff members would participate. Another important missing figure: The estimated end date. If the process has already been completed (the authors note that it began in January 2017), the protocol can not be published.</p> <p>The chapter entitled "Philosophy of Science" was also supposed to be part of the introduction.</p> <p>In general, it seems to me that too many theories have been used, making it difficult to follow the article, which, being a protocol, should have been much more practical.</p> <p>Finally, the English is not good enough, and the manuscript requires strict language editing</p>
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VERSION 1 – AUTHOR RESPONSE

Comments

Editor

Comments 1: Revise the Strengths and Limitations section (after the abstract) to focus on the methodological strengths and limitations of your study rather than summarizing the results.

Author response

Response 1: We agree with the editor that a focus on methodological strengths and limitations is lacking. Therefore, we have revised the text and included reflections on methodological strengths and limitations.

Action taken

Action 1: The text was revised to:

- 1) The external validity, i.e. generalizability of study findings, may be compromised since the results cannot be directly transferred to hospital settings elsewhere
- 2) A strength of the study is the use of multidisciplinary teams, as it provides different perspectives on the multidimensional issue under study
- 3) A strength of the study is the use of theoretical frameworks as it enhances the ability to understand and explain how and why certain results are achieved

Comments 2: Please include the study start and end dates in the main text of the manuscript.

Author response

Response 2: The end of the qualitative part of the study is the 1st of August 2018.

Action taken

Action 2: The start and end dates have been included in the manuscript. Page 2, lines: 72-73.

Comments 3: Please ensure the manuscript is correctly formatted as per our guidelines for protocol articles: <http://bmjopen.bmj.com/pages/authors/> For example, please remove the summary as this is not part of journal format.

Author response

Response 3: We have removed the summary as a paragraph and revised the manuscript to adhere with the guidelines for protocol papers. Some of the information from the summary was placed in the introduction as appropriate to support the understanding of our message.

Action taken

Action 3: The text was revised to:

The WALK-Cph intervention will be developed in collaboration between patients, relatives, researchers and health professionals. This collaboration makes it possible to use different experiences, skills, knowledge and expertise in the study while recognizing that the participants' local knowledge improves the external validity of the intervention. We therefore believe that the WALK-Cph study can make valuable methodological contributions to intervention research.

Thus, the aim of this protocol paper is to describe the intervention design of WALK-Cph, which is a mixed-methods clinical project aimed at developing and implementing an intervention to increase mobility in older medical patients during acute hospitalizations and following discharge. Page2, lines: 63-74.

Reviewer 1

Comments 1: Some of the material that guide the process during these activities i.e. interview guide, observation guide etc. are published as part of the protocol. This would help other researchers to be able to repeat the study.

Author response

Response 1: We agree with reviewer 1 that this would indeed help other researchers. Therefore, we have translated our observation guide and workshop questions which are attached as appendixes.

Action taken

Appendix 1: Observation guide

Appendix 2: Questions for workshop 1

Reviewer 2

Comments 1: The structure of the article is unclear, and is inconsistent with the guidelines for the authors, as they appear on the site.

Author response

Response 1: We have revised the manuscript to adhere with the guidelines for protocol papers.

Action taken

Action 1: Headings and paragraphs are now consistent with guidelines as are the structure of the paper.

Comments 2: "Strengths and Limitations" contains five points, three of which are general (I have not found out whether the first three are strengths or limitations), and two strengths. Don't the researchers identify any limitations to the proposed study?

Author response

Response 2: We agree with reviewer 2 that this is unclear. We have revised the text to reflect both strengths and limitations.

Action taken

Action 2: The text was revised to:

- 1) The external validity, i.e. generalizability of study findings, may be compromised since the results cannot be directly transferred to hospital settings elsewhere
- 2) A strength of the study is the use of multidisciplinary teams, as it provides different perspectives on the multidimensional issue under study
- 3) A strength of the study is the use of theoretical frameworks as it enhances the ability to understand and explain how and why certain results are achieved

Comments 3: The introduction is very loose; it is difficult to follow the line of thought of the authors. A number of paragraphs deal with barriers to mobilization of hospitalized patients, in a very unorganized manner. The list of difficulties is not orderly.

Author response

Response 3: Thank you for pointing this out. We have revised and rearranged the introduction and we hope that the line of thought is clearer in the current version.

Comments 4: Two specific comments regarding the content: One, puzzling why institutionalization is not mentioned as a negative outcome of functional decline. And secondly, a shortage of manpower is not indicated as contributing to the difficulty of patient mobilization.

Author response

Response 4: We acknowledge this lack of information and agree with the reviewer. We have now added lack of staff to the list of reported difficulties and we have added institutionalization as a negative outcome of functional decline.

Action taken

Action 4: The text was revised to:

Accordingly, many older medical patients will experience sustained functional limitations after hospitalization, placing them at increased risk of further functional decline, which can lead to dependency in activities of daily living, institutionalization and death. Page 1, line 25-29. The reported difficulties include: lack of space and staff, medical equipment restricting out of the bed mobility, lack of assistive devices and help from staff, lack of patient motivation, patient weakness and pain and different views on the health professionals' roles concerning the task of mobilizing patients. Page 1, line 32-35.

Comments 5: The setting chapter, which for some reason is not included in the methods, contains too much explanation and rationalization (which should have been clear from the introduction). It was not specified how many staff members would participate.

Author response

Response 5: We agree that this chapter should be in the methods section – the setting chapter has been moved and is now part of the methods. Also, we have tried to comply with the reviewer's comment and have cut some of the explanations from the chapter. We have not specified how many staff members will participate, since we do not know yet. However, we expect that a total of 60-80 will participate on some level.

Action taken

Action 5: We have added the staff information in the manuscript in the "Ethnographic field study" paragraph: We expect to follow between 60 and 80 health care professionals depending on staffing on the days of observation and depending on who is involved in mobility of a given patient. Page 5, line 223-225.

Comments 6: Another important missing figure: The estimated end date. If the process has already been completed (the authors note that it began in January 2017), the protocol cannot be published.

Author response

Response 6: Thank you for pointing this out. We have now added the end date to the manuscript. The process has not been completed. The end of the qualitative part of the study is the 1st of August 2018.

Action taken

Action 6: The start and end dates have been included in manuscript. Page 2, line: 72-73.

Comments 7: The chapter entitled "Philosophy of Science" was also supposed to be part of the introduction.

Author response

Response 7: We thank the reviewer for this comment and agree that the chapter "Philosophy of Science" is misplaced in the manuscript. However, to avoid confusing the line of thought in the introduction, we have moved the paragraph "philosophy of science" to the methods section.

Our argument for this is:

1. We think the introduction is more concrete and factual than a section of philosophy of science.
2. The section philosophy of science is the guiding perspective of the study and is used to explain to the reader what we assume is real and the form of knowledge we are interested in investigating. Thus, considerations that are more philosophically inspired.
3. Because the philosophy of science is the guiding perspective, it becomes important for our choice of methods as well as our practical execution of the study
That is why we believe the methods section is a more natural placement of the paragraph.

Action taken

Action 7: We have moved the section from page 2, line 79 to page 3, line 120.

Comments 8: It seems to me that too many theories have been used, making it difficult to follow the article, which, being a protocol, should have been much more practical.

Author response

Response 8: We agree with the reviewer that including many theories may make it difficult to follow the article. However, since the qualitative part of the WALK-Cph project aims at investigating mobility at both an individual, collective and organizational level, we believe that it is necessary to include theories and concepts that can help to understand and explain the complexity of mobility at these different levels. However, we have followed the reviewer's suggestion and removed one cultural theory as the perspective presented in this theory can be covered by the other theories.

Action taken

Action 8: In line 267-268 we have removed the theory of common knowledge and in line 288 we have removed the concept of common knowledge. The theory of cultural models will be covered by the theory of cultural learning processes.

Comments 9: The English is not good enough, and the manuscript requires strict language editing

Author response

Response 9: Before submission, the manuscript went through professional language revision. Therefore, we are sorry that the reviewer still finds the manuscript too badly written. Following the reviewer's comment, we have chosen to rewrite parts of the text, with the desire to make it easier to understand. However, if the editor believes that the manuscript needs an additional professional language revision, we will of course comply with this request.

A scheme of the comments are also uploaded as a file.

VERSION 2 – REVIEW

REVIEWER	Efrat Gil Clalit Health Services, Israel
REVIEW RETURNED	15-Jan-2018
GENERAL COMMENTS	There is considerable improvement. Now things are much clearer. The main issue which remains problematic is the language. In my opinion, linguistic editing and strict proofreading are still required.