

## PEER REVIEW HISTORY

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## ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	"We just have to make it work": a qualitative study on assistant nurses' experiences of patient safety performance in home care services using forum play scenarios
<b>AUTHORS</b>	Ekstedt, Mirjam; Schildmeijer, Kristina; Backåberg, Sofia; Ljungholm, Linda; Fagerström, Cecilia

## VERSION 1 – REVIEW

<b>REVIEWER</b>	Lyng, Hilda University of Stavanger, Quality and Health Technology
<b>REVIEW RETURNED</b>	06-Dec-2021

<b>GENERAL COMMENTS</b>	<p><b>Review</b></p> <p><i>"We just have to make it work": a qualitative study on assistant nurses' experiences of patient safety performance in home care services using forum play scenarios.</i></p> <p>Thank you for the opportunity to review the highly important study. It was a pleasure to read your findings. My comments are organized in accordance with the different chapters of the paper.</p> <p><b>Title page:</b></p> <p>I really like the title, which sets the context immediately.</p> <p>Please clarify affiliations as all authors have marked their affiliation as nr 1 out of the 3 stated affiliations at the title page. Also, the affiliations described at the title page do not in full coincide with what is provided by BMJ open.</p> <p><b>Abstract:</b></p> <p>Clear and to the point. There is however an inconsistency of the context: Under the Abstract setting headline, two municipalities are described, while <u>a</u> municipality is stated under strengths and weaknesses.</p> <p><b>Introduction:</b></p> <p>This is an important topic to study. As such I would like to thank the authors for contributing to this field of research. The introduction reads well and grounds the study aim to the literature. Particularly the part where challenges in home care services are described in detail (operationalized), are valuable to ensure the readers understanding of the topic and context under study, and further illustrates the authors contextual understanding. In</p>
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	<p>terms of the study aim, please see arguments around the term <i>unexpected situations</i> in the method section and in the comments of section 1 in the results.</p> <p>For Line 74-76 and 95: A relevant paper to include for these arguments are the newly published paper: Strømme, T., Aase, K., &amp; Tjøflåt, I. (2020). Homecare professionals' observation of deteriorating, frail older patients: A mixed-methods study. <i>Journal of clinical nursing</i>, 29(13-14), 2429-2440. This paper could provide the authors an extra perspective.</p> <p><b>Method:</b></p> <p>The authors describe a transparent process of data collection, setting, involvement, and analysis. However, there are some ambiguous statements that are in need of further clarification. Line 117 – 118 describes the informants: “ <i>A purposive sample of ANs and managers, all female, from the municipal home care organization, primary care and a geriatric clinic at a local hospital were selected</i>”. This statement seems to refer to a single municipality, yet in line 107 it says two municipalities. The authors should clarify this ambiguity. In which municipality were the hospital and geriatric clinic located, or whether it is two hospitals and two geriatric clinics? Moreover, the 3 included managers in line 117 should be elaborated in terms of positions (formal leaders/informal leaders), and in terms of level (team/department/institution), as this point is referred to as a possible limitation of the study in terms of ANs willingness to share their experiences.</p> <p>Another point which needs clarification is the reference group. Who was included, and what type of positions, levels, organizations and municipalities were represented?</p> <p>Is there a typo in line 147? Should it be AN instead of NA?</p> <p>The authors should also clarify the terms <i>emerging situations</i> and <i>unexpected situations</i>. What do these terms encompass within this study? Are emerging situations only in terms of safety and risk? Furthermore, the aim described in the introduction, refers to unexpected situations in everyday work. Are emerging situations the same as unexpected situations?</p> <p><b>Results:</b></p> <p>The result section is clear, easy to read, and with illustrating quotes. However, there are some issues in need of further clarification. In terms of the first section; <i>Adjustments and accommodations based on care recipient needs</i> there is a mismatch with the study aim, which seeks to explore adaptive responses to <i>unexpected situations</i> in every day. The first quote, which by the way is very illustrative of the contextual setting, refers to an everyday activity and in fact illustrate how they adapt to an expected situation (the lack of appropriateness of the computerized planner). Moreover, these examples are in the discussion described as preemptive and proactive responses, in which I fully agree. As such, maybe the term unexpected situations should not be included in the study aim as it does not represent all examples and quotes? In the following of section 1, the authors describe how ANs adapted routines to</p>
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	<p>the care recipient, the same argument here, neither the quote nor the text describe adaptations to unexpected situations.</p> <p>Section 2; <i>making autonomous decisions that expand the room for maneuverability</i>, is very interesting and illustrates well the inherent willingness of ANs to do their best. This section also refers to unexpected situations.</p> <p>Section 3: <i>accountability across organizational borders</i>, is to me a description of how ANs adapt in order to ensure information transfer and knowledge acquisition (across disciplines and borders). I therefore do not fully understand the heading for this section.</p> <p><b>Discussion:</b></p> <p>This section provides a valuable discussion of a highly important topic.</p> <p>In particular, I find the discussion of whether all adaptive responses undertaken by ANs are in the best overall interest for the long run. This is an arena in need of more attention in research.</p> <p>Additional reading describing this dilemma:</p> <p>Grote, G., M. Kolbe, and M.J. Waller, <i>The dual nature of adaptive coordination in teams: Balancing demands for flexibility and stability</i>. Organizational Psychology Review, 2018. <b>8</b>(2-3): p. 125-148.</p> <p>Frick, S.E., et al., <i>Understanding team maladaptation through the lens of the four R's of adaptation</i>. Human Resource Management Review, 2018. <b>28</b>(4): p. 411-422.</p> <p>Wears, R.L. and A.Z. Hettinger, <i>The tragedy of adaptability</i>. Annals of emergency medicine, 2013. <b>63</b>(3): p. 338-339.</p> <p>Lyng, H. B., Macrae, C., Guise, V., Haraldseid-Driftland, C., Fagerdal, B., Schibeveag, L., ... &amp; Wiig, S. (2021). Balancing adaptation and innovation for resilience in healthcare—a metasynthesis of narratives. <i>BMC health services research</i>, 21(1), 1-13.</p> <p>The mismatch between top-down procedures (work as imagined) and the adaptive responses needed to ensure safe care in the home-care context, points towards the CARE model. Additional reading of the CARE model:</p> <p>Wiig, S., Aase, K., Billett, S. <i>et al.</i> Defining the boundaries and operational concepts of resilience in the resilience in healthcare research program. <i>BMC Health Serv Res</i> <b>20</b>, 330 (2020). <a href="https://doi.org/10.1186/s12913-020-05224-3">https://doi.org/10.1186/s12913-020-05224-3</a></p> <p>Anderson J, Ross A, Back J, Duncan M, Snell P, Walsh K, et al. Implementing resilience engineering for healthcare quality improvement using the CARE model: a feasibility study protocol. <i>Pilot Feasibility Stud.</i> 2016;2(1):61</p> <p><b>Strengths and limitations:</b></p>
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	<p>Is there a typo in line 349? NAs instead of ANs?</p> <p><b>Conclusion:</b></p> <p>Please, include the main findings from the result section in the Conclusion to sum up the study. I would also like to see some further implications for theory and practice for this important topic.</p>
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<b>REVIEWER</b>	Wanat, Marta Oxford University, Nuffield Department of Primary Care Health Sciences
<b>REVIEW RETURNED</b>	20-Dec-2021

<b>GENERAL COMMENTS</b>	<p>Thank you for allowing me to review your manuscript. I have read it with interest and your theoretical perspective is very interesting indeed.</p> <p>I have a few comments which I hope you will find useful.</p> <p>I think the introduction is very interesting but quite long; thus it is at times not clear what the main message is and where the gap for your study lies.</p> <p>The methods section could benefit from some work. The main aspect of your study is of course the Forum Play. It is not clear however what the value of this approach was as most of the data analysis seem to be based on the follow-up interviews using thematic analysis?</p> <p>In the design, setting and participants section it would be good to have more information on how many participants were approached and in what way. Given that the aim of the study was to recruit assistant nurses, it is a bit unclear why the managers have been included as well?</p> <p>Discussion- it is overall nicely written but it is often not clear what was the novel findings of the authors' study and what was found in the existing literature. It would be good to have the clinical implications slightly more highlighted as well.</p>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer 1		
Dr. Hilda Lyng, University of Stavanger		
<p>Thank you for the opportunity to review the highly important study. It was a pleasure to read your findings. My comments are organized in accordance with the different chapters of the paper.</p> <p><b>Title page:</b></p> <p>I really like the title, which sets the context immediately.</p> <p>Please clarify affiliations as all authors have marked their affiliation as nr 1 out of the 3 stated affiliations at the title page. Also, the affiliations described at the title page do not in full coincide with what is provided by BMJ open.</p>	<p>Thank you for your insightful review and the suggestions that we find very helpful. We have tried to follow them thoroughly and hope that you will find that the manuscript has improved.</p> <p>Thank you! We are happy that you like the title which we also do. Thank you also for highlighting the mistake with the affiliations which we have corrected now.</p>	
<b>Abstract:</b>		

<p>Clear and to the point. There is however an inconsistency of the context: Under the Abstract setting headline, two municipalities are described, while a municipality is stated under strengths and weaknesses</p>	<p>Thank you for making us aware of this mistake. We have changed accordingly.</p>	<p>Line 11</p>
<p><b>Introduction:</b> This is an important topic to study. As such I would like to thank the authors for contributing to this field of research. The introduction reads well and grounds the study aim to the literature. Particularly the part where challenges in home care services are described in detail (operationalized), are valuable to ensure the readers understanding of the topic and context under study, and further illustrates the authors contextual understanding. In terms of the study aim, please see arguments around the term <i>unexpected situations</i> in the method section and in the comments of section 1 in the results. For Line 74-76 and 95: A relevant paper to include for these arguments are the newly published paper: Strømme, T., Aase, K., &amp; Tjøflåt, I. (2020). Homecare professionals' observation of deteriorating, frail older patients: A mixed-methods study. <i>Journal of clinical nursing</i>, 29(13-14), 2429-2440. This paper could provide the authors an extra perspective.</p>	<p>We understand the ambiguities around this term <i>unexpected situations</i> and agree that the results describe emerging situations in everyday work that may be both expected and unexpected. We have changed the study aim to cover the adjustments in everyday work and have also clarified what the topics of the Forum Play Scenarios were by complementing with guidance of the scenarios in the appendix and in the method section.</p> <p>Thank you for suggesting this paper which was valuable for the arguments in the introduction. We also found it relevant to refer to this article in the discussion.</p>	<p>Line 5-6, 94-100, 158-161</p> <p>Lines 72-80 341-344</p>
<p><b>Methods</b> The authors describe a transparent process of data collection, setting, involvement, and analysis. However, there are some ambiguous statements that are in need of further clarification. Line 117 – 118 describes the informants: “ <i>A purposive sample of ANs and managers, all female, from the municipal home care organization, primary care and a geriatric clinic at a local hospital were selected</i>”. This statement seems to refer to a single municipality, yet in line 107 it says two municipalities. The authors should clarify this ambiguity. In which municipality were the hospital and geriatric clinic located, or whether it is two hospitals and two geriatric clinics?</p>	<p>We tried to clarify the study setting and where the participants where recruited. Also why we chose to include both ANs and managers from the different care contexts that the municipal ANs are collaborating with. The reason to include managers was that the managers needed to get insight into the challenges in everyday work in home care service to understand how work processes, communication and routine could be changed to facilitate the work performed closest to the patient.</p>	<p>Lines 108-112 117-125</p>

Moreover, the 3 included managers in line 117 should be elaborated in terms of positions (formal leaders/informal leaders), and in terms of level (team/department/institution), as this point is referred to as a possible limitation of the study in terms of ANs willingness to share their experiences.	The roles of the managers are better described on page 6.	Lines 120-125
Another point which needs clarification is the reference group. Who was included, and what type of positions, levels, organizations and municipalities were represented?	We have clarified who participated in the reference group.	Lines 132-137
Is there a typo in line 147? Should it be AN instead of NA?	Thank you for noticing this. We have changed accordingly.	
The authors should also clarify the terms <i>emerging situations</i> and <i>unexpected situations</i> . What do these terms encompass within this study? Are emerging situations only in terms of safety and risk? Furthermore, the aim described in the introduction, refers to unexpected situations in everyday work. Are emerging situations the same as unexpected situations?	The term "emerging situations" we mean the situations that are not always possible to foresee in a complex adaptive system and which are inherent in everyday work in the home care context. As such the term has the same meaning as unexpected situation, and may or may not induce a risk, depending on how the situation is developing. As these situations are inherent in everyday work, we chose to not include any of them in the study aim. We think that the purpose is clear through the descriptions in the rationale and the focus of the forum play sessions as well (appendix 1)	Lines 5-6; 95-100
<b>Results section 1</b> The result section is clear, easy to read, and with illustrating quotes. However, there are some issues in need of further clarification. In terms of the first section; <i>Adjustments and accommodations based on care recipient needs</i> there is a mismatch with the study aim, which seeks to explore adaptive responses to <i>unexpected situations</i> in every day. The first quote, which by the way is very illustrative of the contextual setting, refers to an everyday activity and in fact illustrate how they adapt to an expected situation (the lack of appropriateness of the computerized planner). Moreover, these examples are in the discussion described as preemptive and proactive responses, in which I fully agree. As such, maybe the term unexpected situations should not be included in the study aim as it does not represent all examples and quotes? In the following of section 1, the authors describe how ANs adapted routines to	We agree with you that there might be some misalignments between the findings and the study aim as it was formulated. Now we hope the results align better with the purpose of the study. The study concerns how the assistant nurses adjust their work in all the situations that may emerge every day, to ensure good and safe care to the care recipients. These adjustments may concern both planned and unexpected situations. We have adjusted our aim and tried to clarify in the rationale, method section and appendix 1. Thereby, we hope that the ambiguities in the result are rectified.	



the care recipient, the same argument here, neither the quote nor the text describe adaptations to unexpected situations.		
Section 2; <i>making autonomous decisions that expand the room for maneuverability</i> , is very interesting and illustrates well the inherent willingness of ANs to do their best. This section also refers to unexpected situations.	This is a correct notification, and we think that the aim now covers both expected and unexpected situations that may emerge during the AN's work day.	
Section 3: <i>accountability across organizational borders</i> , is to me a description of how ANs adapt in order to ensure information transfer and knowledge acquisition (across disciplines and borders). I therefore do not fully understand the heading for this section	Thank you for highlighting this nuances that indeed are important. We chose to change the heading according to your suggestion which is very informative: <i>Adaptations to ensure information transfer and knowledge acquisition across disciplines and borders</i>	Lines 262-263
<b>Discussion:</b> This section provides a valuable discussion of a highly important topic. In particular, I find the discussion of whether all adaptive responses undertaken by ANs are in the best overall interest for the long run. This is an arena in need of more attention in research. Additional reading describing this dilemma:	Thank you for encouraging response and the suggestions of further reading. We have added more focus on the ambiguity regarding adaptive responses on emerging situations in everyday work and that managers need to be aware of that these adaptations may mask deficiencies that requires proactive management. Changes are made throughout the discussion as well as in the implications and conclusion.	lines 307-319 342-345 350-353 359-370
The mismatch between top-down procedures (work as imagined) and the adaptive responses needed to ensure safe care in the home-care context, points towards the CARE model. Additional reading of the CARE model:	We appreciate that you noticed that. We had chosen to not explicitly described the CARE-model but have now followed your advice accordingly.	Lines 309-313
<b>Strengths and limitations:</b> Is there a typo in line 349? NAs instead of ANs?	Thank you, for pointing it out.	
<b>Conclusion:</b> Please, include the main findings from the result section in the Conclusion to sum up the study.	We have followed your advice	Lines 409-417
I would also like to see some further implications for theory and practice for this important topic.	Implications are outlined on page 17.	397-408
<b>Reviewer: 2</b>		
<b>Dr. Marta Wanat, Oxford University</b>		

Thank you for allowing me to review your manuscript. I have read it with interest and your theoretical perspective is very interesting indeed.	Thank you for contributing with valuable insights into this paper. We have tried to thoroughly answer on them.	
I have a few comments which I hope you will find useful.		
I think the introduction is very interesting but quite long; thus it is at times not clear what the main message is and where the gap for your study lies.		
The methods section could benefit from some work. The main aspect of your study is of course the Forum Play. It is not clear however what the value of this approach was as most of the data analysis seem to be based on the follow-up interviews using thematic analysis?	We added some points on that in the strength and limitation section (page 17) where we discuss the forum play methodology and the benefits of the scenarios. We also hope that the appendix 1 spread some light on the meaning of the scenarios. These scenarios really put the spotlight on the critical situations and how they were handled and was the base for the FG-discussions.	Lines 374-387
In the design, setting and participants section it would be good to have more information on how many participants were approached and in what way. Given that the aim of the study was to recruit assistant nurses, it is a bit unclear why the managers have been included as well?	We have clarified the reason to include managers, that the managers sought to get insight into the challenges in everyday work in home care service to understand how work processes, communication and routine could be changed to facilitate and improve the work performed closest to the patient. We added a note in the strengths and limitation section (lines 383-385). We have also given more details about the reference group who co-planned the study on lines 132-136. However, we chose not to give more details of the participants as there is a small municipality and there is a risk not being able to assure confidentiality.	Lines 120-127; 132-136 383-385.
Discussion- it is overall nicely written but it is often not clear what was the novel findings of the authors' study and what was found in the existing literature.	We have tried to clarify what was found in this study related to what is already known throughout the discussion. This study confirms and strengthens the findings from earlier studies but also points to the fact that too frequent adaptations may indicate brittleness in the system that managers need to be aware of. This is concluded in the conclusion	409-417
It would be good to have the clinical implications slightly more highlighted as well.	The clinical implications are given on lines 391- 402	391-402



## VERSION 2 – REVIEW

<b>REVIEWER</b>	Lyng, Hilda University of Stavanger, Quality and Health Technology
<b>REVIEW RETURNED</b>	08-Mar-2022
<b>GENERAL COMMENTS</b>	The authors have responded well to all comments. I have no further comments and would therefore recommend acceptance for this paper, which highlights a very important topic.