

## 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

<b>TITLE (PROVISIONAL)</b>	Care home resident and staff perceptions of the acceptability of nutrition intervention trial procedures: a qualitative study embedded within a cluster randomised feasibility trial
<b>AUTHORS</b>	Stow, Ruth; Smith, Christina; Rushton, Alison

## VERSION 1 – REVIEW

<b>REVIEWER</b>	Andrea Marshall Griffith University, Australia None declared
<b>REVIEW RETURNED</b>	05-Mar-2018

<b>GENERAL COMMENTS</b>	<p>Thank you for the opportunity to comment on this paper. Assessment of intervention feasibility and acceptability is an important first step before evaluating intervention effectiveness. I provide the following comments to help you further strengthen your paper.</p> <p>Page 3, lines 10-13 Please review the wording here. The way the sentence is currently constructed suggests that the MUST is a tool used for evaluation of the economic impact of malnutrition</p> <p>It isn't clear to me how this study is a phenomenological study. The focus on intervention feasibility and acceptability are important in intervention evaluation but I'm not sure how a lived experience of this is relevant. When doing phenomenological research you are looking to develop meaning out of a participant's lived experience by deeply exploring the phenomenon. This doesn't seem to be the case in this work. Would it be better to refer to this study as a exploratory qualitative study (To me this is how the study is being described in this paper)</p> <p>Page 4, lines 31-34 Please check wording here. The way the sentence currently reads is that the participants were cluster randomised. I presume the sites were the cluster?</p> <p>I was expecting information about the participants to appear after the setting and before data collection. Shifting this information before the data collection will make it a bit easier to evaluate the strategies used in this patient population.</p> <p>It wasn't clear whether any participants may or may not have had a degree of cognitive impairment. You've indicated they needed to be able to provide consent. How was this determined?</p> <p>Results - I find this quite an unconventional way of presenting qualitative data especially when the data itself lacks a richness or thick description.</p>
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	<p>It seems that many of the qualitative data are quite reductionist and could perhaps could be summarised using a content analysis approach. For example, with the first statement in the box about the intervention being more work - the data presented are not overly meaningful as quotes so this could just be presented as 8 participants commented that the intervention did not pose an additional workload. This could be incorporated into the main section of the paper so that the reader has all information at hand. This would apply to most areas of identified 'themes'. To me the data provided here are more akin to survey data (just that these questions were asked verbally). There doesn't seem to have been an attempt to understand more comprehensively the perspectives on the intervention.</p> <p>Discussion - In the discussion there is reference to data triangulation however the staff and patient data are presented separately (although many of the questions appear to be similar). Truly triangulating these data would have seen the authors analyse these data together looking for convergence and divergence between the two participant groups.</p> <p>Without being able to see the interview transcripts it is difficult to know whether there has been richer data collected. In short, if this hasn't been the case I think the results could be presented more succinctly and in an integrated fashion as I don't see the tables of quotes really adding much.</p>
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<b>REVIEWER</b>	Mark Tarrant University of Exeter Medical School, UK None declared
<b>REVIEW RETURNED</b>	12-Mar-2018

<b>GENERAL COMMENTS</b>	<p>Thank you for inviting me to review this article. I am supportive of its publication, although note the following queries:</p> <ol style="list-style-type: none"> <li>1. Results. Whilst space/word count is clearly an issue for qualitative research, I found the coverage of the findings in this section to be rather brief with little more than the list of themes (and referral to the box for quotations). I would expect to see a little more detail in the text of this section, in terms of the theme content.</li> <li>2. Discussion. The quotes from the participants are very short and to the point. Whether this is an artefact of the reporting style or whether participant quotes were actually this direct is unclear. In any case, I am not convinced how much "in-depth" understanding (a stated objective) has been gleaned from this study. Some clarity and reflection on this issue would be appropriate.</li> <li>3. Discussion. Relatedly, there is little indication that residents' "personal feelings" (p.12) were discussed.</li> <li>4. Limitations. Some reflection on the role of the researcher/author as interventionist would be appropriate. Because the interviewer was closely involved in the design and conduct of the wider study, is it possible that interviews were unintentionally biased towards the desired outcome? Some reassurance on this point would be welcome.</li> <li>5. Data saturation. Was this achieved, given the small sample (p.7)?</li> <li>6. Writing. Further proof reading is required (comma placement, grammar).</li> </ol>
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**VERSION 1 – AUTHOR RESPONSE**

Reviewer One:

Page 3, lines 10-13 Please review the wording here. The way the sentence is currently constructed suggests that the MUST is a tool used for evaluation of the economic impact of malnutrition

Response: This sentence has been revised on page 3

Comment: It isn't clear to me how this study is a phenomenological study. The focus on intervention feasibility and acceptability are important in intervention evaluation but I'm not sure how a lived experience of this is relevant. When doing phenomenological research you are looking to develop meaning out of a participant's lived experience by deeply exploring the phenomenon. This doesn't seem to be the case in this work. Would it be better to refer to this study as an exploratory qualitative study (To me this is how the study is being described in this paper)

Response: Changes have been made on page 4 under the methods section (Design and Setting) and in the study abstract to now refer to the study as an exploratory qualitative study.

Page 4, lines 31-34 Please check wording here. The way the sentence currently reads is that the participants were cluster randomised. I presume the sites were the cluster?

Response: This section has now been revised on page 4 under 'Design and Setting'.

Comment: I was expecting information about the participants to appear after the setting and before data collection. Shifting this information before the data collection will make it a bit easier to evaluate the strategies used in this patient population. It wasn't clear whether any participants may or may not have had a degree of cognitive impairment. You've indicated they needed to be able to provide consent. How was this determined?

Response: The information on both 'ethical approval' and 'participants' have been moved before data collection in the methods section (pages 4 and 5).

The information on ethical approval explains that only those residents involved in the feasibility trial that had been assessed as having capacity were approached for written consent to take part in PROMs and the qualitative interviews.

Results - I find this quite an unconventional way of presenting qualitative data especially when the data itself lacks a richness or thick description. It seems that many of the qualitative data are quite reductionist and could perhaps could be summarised using a content analysis approach. For example, with the first statement in the box about the intervention being more work - the data presented are not overly meaningful as quotes so this could just be presented as 8 participants commented that the intervention did not pose an additional workload. This could be incorporated into the main section of the paper so that the reader has all information at hand. This would apply to most areas of identified 'themes'. To me the data provided here are more akin to survey data (just that these questions were asked verbally). There doesn't seem to have been an attempt to understand more comprehensively the perspectives on the intervention.

Response: Further detail has been added into the results section to describe the content of the themes and to make reference to some of the specific comments made by participants during data collection (pages 8 and 12). This change has also been made to address the comments from reviewer 2 (below).

The succinctness of the quotes has been further elaborated upon within the discussion section (pages 14 and 16)

The decision was taken to keep the boxes of quotes within the paper, to demonstrate how findings and interpretations have arisen and to strengthen credibility. The quotes have however, now been added to Tables 2 and 3 to ensure that the reader has all of the information to hand.

Changes to the Results section on page 12 describes the findings related to 'perspectives of nutritional interventions and dietetic care'. Page 15 of the Discussion then attempts to understand these perspectives.

Discussion - In the discussion there is reference to data triangulation however the staff and patient data are presented separately (although many of the questions appear to be similar). Truly triangulating these data would have seen the authors analyse these data together looking for convergence and divergence between the two participant groups.

Response: Reference to data triangulation has been removed from both the 'data analysis' section on page 7 and the start of the discussion section. Instead, reference has been made to considering the data collected from the focus groups alongside the data collected from the interviews for objective 1, to identify any common themes (Pages 7 and 14).

Comment: Without being able to see the interview transcripts it is difficult to know whether there has been richer data collected. In short, if this hasn't been the case I think the results could be presented more succinctly and in an integrated fashion as I don't see the tables of quotes really adding much.

Response: As mentioned above, the decision was taken to keep the quotes within the paper, to demonstrate how findings and interpretations have arisen and to strengthen credibility. These have now been added to Tables 2 and 3 to ensure that the reader has all of the information to hand.

Reviewer Two:

Results. Whilst space/word count is clearly an issue for qualitative research, I found the coverage of the findings in this section to be rather brief with little more than the list of themes (and referral to the box for quotations). I would expect to see a little more detail in the text of this section, in terms of the theme content.

Response: Further detail has been added into the results section to describe the content of the themes and to make reference to some of the specific comments made by participants during data collection (pages 8 and 12).

Discussion. The quotes from the participants are very short and to the point. Whether this is an artefact of the reporting style or whether participant quotes were actually this direct is unclear. In any case, I am not convinced how much "in-depth" understanding (a stated objective) has been gleaned from this study. Some clarity and reflection on this issue would be appropriate.

Response: The directness of the participant quotes (both resident and care home staff) has been reflected on within the discussion and limitations sections, including reference back to the study aim: 'to seek an in-depth understanding'. Possible reasons have also been explored here (pages 14 and 16).

Discussion. Relatedly, there is little indication that residents' "personal feelings" (p.12) were discussed.

Response: Reference to the discussion of 'personal feelings' has been removed from the text on page 16.

Limitations. Some reflection on the role of the researcher/author as interventionist would be appropriate. Because the interviewer was closely involved in the design and conduct of the wider study, is it possible that interviews were unintentionally biased towards the desired outcome? Some reassurance on this point would be welcome.

Response: This has been addressed towards the end of the 'Strengths and Limitations' section (Page 16).

Data saturation. Was this achieved, given the small sample (p.7)?

Response: The wording has been revised on page 7, defining data saturation as the point at which no new information was being obtained by the participants in the study. The small sample size and the succinctness of responses have been further discussed within the limitations section.

Commet: Writing. Further proof reading is required (comma placement, grammar).

Response: Further proof reading has been undertaken