

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

#### Title (Provisional)

The voice of the nurse in paediatric intensive care: a scoping review

#### Authors

Masterson, Kate; Connolly, Michael; Alexander, Denise; Brenner, Maria

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### VERSION 1 - REVIEW

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<b>Reviewer</b>	<b>1</b>
<b>Name</b>	<b>Mattsson, Janet Yvonne</b>
<b>Affiliation</b>	<b>Karolinska Institute</b>
<b>Date</b>	<b>11-Dec-2023</b>
<b>COI</b>	<b>no competing interests</b>

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dear authors

Thank you for an interesting manuscript. However. I have some questions. Could you please be a bit more coherent in your writing. There is uncertainty what is meant by the voice. P 3 line 52-54. It is not clear what is meant by the voice. I would like you to be more precise. I also lack a background section where the PICU nurse and her obligation and diversity thorough the countries are discussed.

In the method section I would like some clarity on how the scoping review is done, P4. does describe a method but not really what it means in your work. How did the inclusion and criteria get decided and did you exclude something that was included and not only the opposite of the inclusion?

please specify what this result means for the patient clearly.

Thank you

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<b>Reviewer</b>	<b>2</b>
<b>Name</b>	<b>Clarke, Sonya</b>
<b>Affiliation</b>	<b>Queen's University Belfast</b>
<b>Date</b>	<b>09-Jan-2024</b>

**COI** **None**

Thank you for submitting your paper for publication, the topic is of interest to the journal readers. Author feedback for consideration is listed below.

1. I would be interested to more fully understand your decision to include only qualitative papers - you state 'unrestricted voice' however would other methodologies not more fully inform your review. You do appear to indicate that at one point. Your decision is a limitation of this review.
2. Could you provide more information on the six-step scoping review framework?
3. Aware the term 'paediatrics' is commonly applied and part of the established unit 'PICU'. On moving forward would the authors consider also adding the more commonly accepted term i.e. children and young people (CYP) within their publication.
4. Are the nurses voices Registered Children's Nurses or also that of adult nurses who practice within PICU?
5. Seeking clarity -you state on page 4 'Studies were included in the initial screening if they met the inclusion criteria: publication in English; published since 2010 in peer reviewed journals; papers identified nurses in the population studied; and conducted in PICU'.  
  
In table 2, the term NICU is included, did the review also include NICU? Was the voice of the neonatal nurse then captured too when caring for after a differing population to that of PICU?
6. Within your limitations you mention the possibly of local or cultural issues. From your review did the nurses voice differ based on country, cage, level of sedation, intubation etc
7. Page 14 can you place the abbreviation 'PCCI' in full, cant appear to find it

<b>Reviewer</b>	<b>3</b>
<b>Name</b>	<b>Perna, Annalisa</b>
<b>Affiliation</b>	<b>Mario Negri Institute, Renal Medicine</b>
<b>Date</b>	<b>08-May-2024</b>
<b>COI</b>	<b>None</b>

# Summary of paper

The Authors carried out a scoping review to assess how the voice of the nurse in paediatric intensive care units (PICU) was portrayed in scientific literature. The review was based on 53 articles. They concluded that the literature found was limited, reducing the capacity to fully understand the voice of the nurse in PICU. Exploring whether and to what extent barriers

exist for nurse using their voice during decision-making is important. There are however several aspects that should be better described, summarized, and clarified.

Study registration

- The Authors assessed that they didn’t prospectively register the review protocol (PRIMA-ScR checklist, item 5). This point should be listed among the limitations of the study.

Methods

- The review followed a six-step scoping review framework (page 4, line 13). However, there is no summary and/or table specifically referred to this six-step approach for the present study. It would be helpful to better understand how this review was conceived.
- The papers were screened and assessed by two independent raters (page 4, line 50). How was the inter-rater agreement evaluated?
- What about methods used for data management and descriptive statistics for summarizing the data?

Results

- A table reporting a concise summary of the included studies, reporting the first Author, the country, the main methods, sample size, and the main findings would be very useful. This table could be added in the Appendix material.
- A table summarizing which type of works (editorial, opinion papers, reviews, case studies, ...) were evaluated should be included.
- A figure representing keyword mapping could be useful.
- How did the voice of the nurse change across time?

VERSION 1 - AUTHOR RESPONSE

Reviewer feedback	Authors response
<b>Reviewer 1</b>	
<p>“Could you please be a bit more coherent in your writing. There is uncetrtanty what is meant by the voice. P 3 line 52-54. It is not clear what is meant by the voice. I would like you to be more precice. I also lack a background section ehre the PICU nurse and her obligation and diversity thorough the countries are discussed.”</p>	<p>The section on the voice of the nurse has been restructured to offer more clarity.</p>

“In the method section I would like some clarity on how the scoping review is done, P4. does describe a method but not really what it means in your work. How did the inclusion and criteria get decided and did you exclude something that was included and not only the opposit of the inclusion?”	A summary of the application of the 6-step scoping review framework has been included as a table.
“please specifye what this result means for the patient clearly.”	The relevance for patients has been expanded on in the discussion section.
<b>Reviewer 2</b>	
1. “I would be interested to more fully understand your decision to include only qualitative papers - you state 'unrestricted voice' however would other methodologies not more fully inform your review. You do appear to indicate that at one point. Your decision is a limitation of this review.”	Additional information has been included on the rationale to include only qualitative research.
2. “Could you provide more information on the six-step scoping review framework?”	A summary of the application of the 6-step scoping review framework has been included as a table.
3. “Aware the term 'paediatrics' is commonly applied and part of the established unit 'PICU'. On moving forward would the authors consider also adding the more commonly accepted term i.e. children and young people (CYP) within their publication.”	The term ‘paediatric’ was included due to focus on the context of PICU, rather than broader healthcare for children and young people.
4. “Are the nurses voices Registered Children's Nurses or also that of adult nurses who practice within PICU?”	This has not been specified due to differences in requirements for

	children's nursing training in different countries. Many countries do not require specific paediatric nursing training to work in the paediatric setting.
5." Seeking clarity -you state on page 4 'Studies were included in the initial screening if they met the inclusion criteria: publication in English; published since 2010 in peer reviewed journals; papers identified nurses in the population studied; and conducted in PICU'. In table 2, the term NICU is included, did the review also include NICU? Was the voice of the neonatal nurse then captured too when caring for after a differing population to that of PICU?"	Some studies were conducted in both PICU and NICUs in one hospital. This was attributed to the homogeneous nursing skill set and acuity in some hospitals within their PICU and NICU. Further detail has been included on this.
6. "Within your limitations you mention the possibly of local or cultural issues. From your review did the nurses voice differ based on country, cage, level of sedation, intubation etc"	This was not explored in this review. Though some papers commented on the potential cultural impact at a local level.
<b>Reviewer 3</b>	
Study registration - "The Authors assessed that they didn't prospectively register the review protocol (PRIMA-ScR checklist, item 5). This point should be listed among the limitations of the study."	This has been acknowledged in the limitations.
Methods - "The review followed a six-step scoping review	A summary of the application of the 6-

framework (page 4, line 13). However, there is no summary and/or table specifically referred to this six-step approach for the present study. It would be helpful to better understand how this review was conceived.”	step scoping review framework has been included as a table.
- “The papers were screened and assessed by two independent raters (page 4, line 50). How was the inter-rater agreement evaluated?”	No evaluation of agreement was conducted but all papers with disagreement were discussed with an independent reviewer.
- “What about methods used for data management and descriptive statistics for summarizing the data?”	The literature was imported into the software programme NVIVO 12 for thematic analysis. NVIVO supports the classification and visualisation of themes facilitating the analysis of large quantities of literature. This detail has been included in the article.
<p>Results</p> <p>- “A table reporting a concise summary of the included studies, reporting the first Author, the country, the main methods, sample size, and the main findings would be very useful. This table could be added in the Appendix material.”</p> <p>- “A table summarizing which type of works (editorial, opinion papers, reviews, case studies, ...) were evaluated should be included.”</p>	A table summarising key characteristics of all papers has been included as an appendix

- "A figure representing keyword mapping could be useful."	Due to the qualitative focus and broad range of topics this would be an extensive word map and not possible to include in this review.
- "How did the voice of the nurse change across time?"	This was not evaluated in this review due to the focus on how the voice of the nurse was portrayed in the literature.

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## VERSION 2 - REVIEW

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<b>Reviewer</b>	<b>1</b>
<b>Name</b>	<b>Mattsson, Janet Yvonne</b>
<b>Affiliation</b>	<b>Karolinska Institute</b>
<b>Date</b>	<b>30-Jul-2024</b>
<b>COI</b>	<b>none</b>

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Dear Authors

thank you for an interesting manuscript. I would like you to develop on the concept "voice of the nurse" in the PICU context. It is a bit unclear and I would like you to clarify.

Also P4 row 6: To the best of my knowledge? You are several authors?

Develop on how nvivo was used. In the manuscript I miss an ethical discussion on how this can help the children in the clinic.

Thank you

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<b>Reviewer</b>	<b>3</b>
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**Name** Perna, Annalisa  
**Affiliation** Mario Negri Institute, Renal Medicine  
**Date** 23-Jul-2024  
**COI** None

The Authors have satisfactorily addressed the previously raised concerns.

## VERSION 2 - AUTHOR RESPONSE

Reviewer feedback	Authors response
<b>Reviewer 1</b>	
“ I would like you to develop on the concept "voice of the nurse" in the PICU context. It is a bit unclear and I would like you to clarify.”	Specific definition of context of voice of the nurse in PICU included.  <i>In this context, voice of the nurse focuses on the perspectives, experiences and insights of the PICU nurse within the published literature.</i>
“Also P4 row 6: To the best of my knowledge? You are several authors?”	This has been updated to our
“Develop on how nvivo was used.”	Further detail provided on what aspects were coded in NVIVO.  <i>Literature was coded to extract focus of study, key findings and rationale for inclusion of voice of the nurse.</i>
“In the manuscript I miss an ethical discussion on how this can help the children in the clinic.”	While the ethics of the inclusion of the voice of the nurse did not emerge as a



	specific finding in the literature reviewed, the importance of the voice of the nurse in supporting optimum care at ethically challenging times is threaded throughout and particularly evidence in the section on the voice of the nurse in communication in PICU.
Reviewer 3	
No changes requested	-

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### VERSION 3 - REVIEW

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**Reviewer** 1  
**Name** Mattsson, Janet Yvonne  
**Affiliation** Karolinska Institute  
**Date** 21-Oct-2024  
**COI**

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Dear Authors

Thank you for an interesting manuscript highlighting the voice of the nurse. I have some thoughts about the introduction that does not clarify the theoretical underpinnings of important concepts such as family-centered care, what it means, and how it is connected to the nurse's voice. The same goes for the well-being, end-of-life care, and palliation you describe in your findings. Could you somehow clarify the concepts in the background connecting them to the voice of the nurse? This might be done adding a theoretical frame or ethical perspective. There is also a discrepancy between EOL and palliation that is not explained. The discussion section could be nicely connected with the introduction abstracting your important findings of the voice of the nurse. Especially when lacking such a voice and its impact on the quality of care. In my opinion, it would strengthen your findings and connect the findings with the importance of having the voice of the nurse represented at all levels of care to ensure the quality of care delivered.

Line 35 p. 20 while they are lin PICU. I think just got misspelled.

My other concern is the process of finding related themes in stage 4. Could this part be developed further?

I missed an ethical section, could you please touch on ethics? You could for instance also add some discussion about reliability and validity as well as transferability in your discussion.

Thank you

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<b>Reviewer</b>	<b>3</b>
<b>Name</b>	<b>Perna, Annalisa</b>
<b>Affiliation</b>	<b>Mario Negri Institute, Renal Medicine</b>
<b>Date</b>	<b>17-Oct-2024</b>
<b>COI</b>	

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No further comments

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### VERSION 3 - AUTHOR RESPONSE

Reviewer feedback	Authors response
<b>Reviewer 1</b>	
"I have some thoughts about the introduction that does not clarify the theoretical underpinnings of important concepts such as family-centered care, what it means, and how it is connected to the nurse's voice. The same goes for the well-being, end-of-life care, and palliation you describe in your findings. Could you somehow clarify the concepts in the background connecting them to the voice of the nurse? This might be done adding a theoretical frame or ethical perspective. In my opinion, it would strengthen your findings and connect the findings with the importance of having the voice of the nurse represented at all levels of care to ensure the quality of care delivered."	<i>The primary aim of this review was to scope the literature and identify how the voice is portrayed, rather than pre-define the findings through a particular framework or perspective. The intention was to remain open to the variety of areas that could be discussed without expecting certain findings. This could be a useful for future research exploring FCC,</i>

	<i>and EOL care in the context of the voice of the nurse.</i>
“There is also a discrepancy between EOL and palliation that is not explained. The discussion section could be nicely connected with the introduction abstracting your important findings of the voice of the nurse. Especially when lacking such a voice and its impact on the quality of care.”	<i>Addition of pg14 “The terms EOL and palliation were often used interchangeably but within this context focused on care as the child transition to comfort care.” I acknowledge that within the broader literature there is a distinct difference between EOL and palliation, however this is not reflected in this literature.</i>
“Line 35 p. 20 while they are lin PICU. I think just got misspelled.”	<i>This has been updated</i>
“My other concern is the process of finding related themes in stage 4. Could this part be developed further?”	<i>Table 1pg 7/8 has been update to include further details “related themes were extracted by reviewing the paper findings and identifying key insights related to the voice of the nurse.”</i>
“I missed an ethical section, could you please touch on ethics? You could for instance also add some discussion about reliability and validity as well as transferability in your discussion.”	<i>As this is a scoping review of existing literature rather than primary research, ethical</i>

	<p><i>approval was not required. The primary aim was to map voice of the nurse in the existing literature, rather than assess the quality of individual studies and the review does not evaluate reliability and validity in the same way as systematic reviews or meta-analyses. This has been acknowledge in limitations page 22 “As the primary aim of this scoping review was to map the voice of the nurse in the existing literature the included studies were not assessed for quality. The diversity of methodologies and settings may impact transferability of these findings however these findings may guide further research.”</i></p>
<b>Reviewer 3</b>	
No further comments	n/a