

Review of: "Pain Assessment and Management in Children at Lusaka Children's Hospital: Nurses' Experiences - A Qualitative Study"

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Potential competing interests: No potential competing interests to declare.

Thank you for the opportunity to review your paper. I'm really pleased to try to provide helpful guidance and suggestions for improving the paper.

Interesting topic, unfortunately not still ready for publication in its current form.

Title: As communication rules, answering first of all to WHY? Is more attractive:

"Nurses' Perspectives on Pain Assessment and Management in Children at Lusaka Children's Hospital: - A Qualitative Study"; from the text I don't see how nurses reported their experiences, but it's more related to their perspectives.

Introduction: The introduction is lacking information related to the RQ. There are no references to literature, to support what is stated and to understand which elements lead to face this topic.

Methodology: needs further elaboration: detailed information of the research design, population, sampling method and sample size should be included (for example type of Hospital, type of settings, type of patients, but also: why administer a questionnaire to the participants in the focus group? How were the groups composed? What characteristics did the groups have? What about inclusion/exclusion criteria for participants?, which tools were administered? Were they validated?); it's not clear why a mixed method was chosen, because the results of each methods used were not explored in depth.

Results: the process for deriving the final four themes is missing; this section might be objective, without discussions with other published works or suggest interventions (to be appropriately reported in the discussion section: before the citations, its better to specify that the result obtained is superimposable to what already emerged in the literature; not specifying does not clarify the reason for the citation).

Discussion: too short: for the phrase "Family involvement is vital (Eke & Briggs, 2019), but limited (FGD3 P1), while a significant knowledge gap exists (FGD3 P1), requiring standardized guidelines (van Dijk et al., 2020) and age-specific tools (Jibb et al., 2017)." it's better to put an introduction (*Despite the fact that it has been shown that...*); better going more in-depth (what codes FGD3 refer to: why do they go from P1, P2 to P5, P6?) and showing the limitations of the work (for example biases, generalizability).

Conclusion: it is necessary to present specific directions for pediatric pain management, not only at Lusaka H, but also implications for professionals and other stakeholders (education, policy manager).