Reviewer's report

Title: A Very Long Journey: Stories and Metaphors in the Sensemaking of Multiple Primary Health Care Organizational Identities

Version: 2 Date: 2 January 2014

Reviewer: Jean-Frederic Levesque

Reviewer's report:

Assessment of specific component of the paper

This is a very interesting paper that can make a contribution to the understanding of the factors that relate to adoption of new models of care in primary care sectors. It does need to be revised to increase its readability and the clarity of the argument. My comments below:

1. Is the question posed by the authors well defined?

The question is not exactly well-defined as the data provided is not exactly aligned with one way to interpret the question. When the authors ask How have primary care providers and managers constructed their multiple organizational identities over time? are they interested in identifying the actual identities or the process by which they constructed these identities? In addition, at times, the paper relates more the impact of the identities on the actual adoption of the reform model than it relates to the process of constructing these identities. In addition, the notion of construction of identities through time seems to me to be a second question as it relates to the evolution or changes in identities through the reform implementation. I feel the authors should split this question in two or more questions, clarify what their exact focus is on and structure the presentation of results and discussion around these questions to help the reader understand a fairly complex and hermetic topic.

2. Are the methods appropriate and well described?

The qualitative method adopted seems appropriate in broad terms although the actual interview grid relates a lot to a description of the organisational model and its empirical functioning and not a lot about the representation that providers and managers have of the model per se. The description of the process of analysing the data could be further enhanced by clarifying the actual steps taken to identify the metaphors and stories. How was the interobserver agreements or disagreements identified and resolved? When did the interviews happened? How many providers or managers were interviewed more than once and what was the interval between the interviews? Because time is an important factor here that relates to the substantive question the authors want to answer, this should be clarified.

3. Are the data sound?
The data seems very sound and in line with recent findings from the analysis of reforms in the Canadian context.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

It seems appropriate to qualitative data reporting.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

The discussion and conclusion are merged together and it is confusing. We do not really know when the overall summary of ideas that has to be provided in the conclusion starts.

6. Are limitations of the work clearly stated?

There are no limitations section. I have a few suggestions to make on this. The study is based on a single case in a very specific context. The primary care organisation that was studied could be a very special case compared to more generic clinics.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?

The work of Gilbert, Denis and colleagues as well as the work from Beaulieu and colleagues, from the Quebec context, could have been cited to emphasize similarities or discrepancies, especially given the fact that their studies were also based on the first few FMGs. The work of Rusell, Hogg and colleagues in Ontario and the work from Scott and colleagues in Alberta could also be cited as they have used ethnographic methods to understand the impact of new primary care models on the work and interactions of providers in these provinces. This would also reassure the reader about the broader meaning of the qualitative data.

8. Do the title and abstract accurately convey what has been found?

The title is very complex and hard to understand. The main idea seems to be that the journey is long but the data really suggests that the journey is more complex than long. I did not see the distinction between stories and metaphors. In addition, should’nt the sensemaking be about the reform model in a context of multiple organisational identities? I think the title should be reworked to convey the main finding from the study. It seemed to me to be about the fact that in an organisation where providers have multiple affiliation, it is a challenge to adopt an organisational identity for a new model.

9. Is the writing acceptable?

Being French myself, I felt that some of the wording was a literal translation from French and could be improved by revision from an English sub-editor. This being said, this was not such a challenge that it would prevent the reader from
understanding the content of the paper. However, this being a complex qualitative topic and the field of study at the basis of the conceptualisation being quite hermetic with regards to the terms used, a revision of the text trying to simplify the wording would improve the readability of the paper. The use of very specific jargon is of course at times unavoidable but, in this case, could be expressed in plain terms or at least defined clearly if unavoidable.

Major Compulsory Revisions

The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.

- Revision and clarification of the title as per comment above;
- Define clearly what is meant by the construct of organizational identities;
- Describe in the methods section the actual timing and repetition of interviews so that the longitudinal nature of the study is better described. At the moment, we do not know if the bulk of the qualitative material comes from the start or the end of the observation period. A similar precision of the timing of the participant observations and documents review would also help;
- On page 5, describe why are the successive reforms constituting identity threats;
- The method section, on page 7, should describe the data extraction and analyses process for all components of the study, not just for the individual interviews with key informants;
- The abstract only mentions the core metaphor elements as finding from the study. However, the discussion highlights the notion of challenges in developing an identity towards a new model of practice in a context of multiple affiliation of providers. Conversely, the abstract suggest an interesting idea about the actual change in representation through time. I did not strongly capture this in the results section. My advice is to make sure that the abstract covers the main ideas from the paper but does not introduce ideas that are not or only briefly touched in the paper;
- On page 12, the paragraph just before the discussion section brings in a very interesting idea that should be developed further. This idea, captured in the abstract, has to be developed and exemplified with quotation so that the reader understands how this identity was enriched through time and following the implementation of the multidisciplinary team. The statement seems right, but not substantiated enough;
- On page 14, we feel that the conclusion is stating but new ideas are being introduced afterwards. This should be clarified and some elements be brought back up as part of the main discussion section;
- Overall, the network clinic’s implementation and its impact on identities is poorly developed in the paper, being cited only a few times. The FMGs seems to be the main focus of the paper. This needs to be addressed and the network clinic should either be discussed appropriately of used as a contextual element.
influencing the identification with the FMG;

• On page 14, the paragraph starting with In conclusion introduces a very important idea which, overall, seems to be the main finding from the study. This could influence what is conveyed both in the title and the abstract; Similarly, the paragraph following this that starts with A second major finding introduces an important idea that was not as well captured in the results section;

• On page 15, the assertion about this study supporting future policy should be developed. How can this study and with regards to what aspects would the findings influence future policy?

• The last sentence of the paper should be revised as its meaning was very hard for me to grasp.

Minor Essential Revisions

• Revise the text and make sure that multidisciplinary primary care group of practice is defined or reworded. I think this might come from Pratique de groupe in French. I would suggest multidisciplinary primary care practice;

• The words organizational actors and organizational members are used interchangeably. This might not be appropriate and if actors is retained, this should be defined as it is a distinct sociological constructs than members;

• Define what is a family medicine units;

• On page 3, the FMGs are defined with regards to their structural arrangements associated with the reform. The network clinic is defined solely on the basis of their objective. This is often the case as the network clinic is a very loosely defined policy. However, for international reader to understand the distinction between the two, both models should be described on the basis of their objective AND structural arrangements;

• On page 3, the implied notion that solo practitioners are the only ones providing the care, can be challenged. There are lots of practitioners working in groups. Of course at times they are working in groups with a very low level of integration and could be considered as solo providers within group practices. This should be clarified;

• The use of the expression what is more in two different places on page 4 does not seem to make sense;

• On page 12, first sentence and last sentence of the first paragraph, rephrase as the expressions made sense of successive waves of healthcare reforms and could be incorporated in professional identification are unclear;

• On page 13, the sentence starting with The bulk of the members… should we read an organizational entity they were identifying with strongly instead?;

• On page 15, the reference to a second leader with a more down to earth approach seems less substantiated both by the quotations and discussion of results. Better substantiating this could help the reader in understanding the potential impact of succession of leaderships in an organisation in terms of supporting the creation of an organisational identity;
Discretionary Revisions
• The results section could be, as mentioned above, structured around the research question and subquestions to help the reader follow the argument’s development;

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
None.