Author's response to reviews

Title: The meaning of quality work from the general practitioner's perspective: an interview study.

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Dear Editor-in-Chief,

Enclosed please find our revised manuscript: "The meaning of quality work from the general practitioner's perspective: an interview study".

Below is a point-by-point response to both reviewers' concerns.

Referee 1

Thomas Rosemann suggested as Minor Essential Revisions to omit details about the academic degrees of the authors. We agreed to the proposal and have excluded the information even though such information is of importance in a qualitative study design because it describes the authors' different points of origin.

Discretionary Revisions

We stated in the article that "The interviewer was known to roughly half of the respondents...". This was badly expressed and due to confusion of languages. Actually the interviewer had only encountered some of the respondents on occasional meetings. We have changed the sentence to "The interviewer had no professional ties with any of the respondents, nor did the co-authors.", which more adequately expresses the true circumstances.

The audit experience did not affect the main finding; the top-down and bottom-up perspectives on quality work in general practice. All respondents made statements belonging to both perspectives. Regarding the comments on the unanimous statements, I do not quite understand the objection. Perhaps there is a misunderstanding. The study has a phenomenological approach with the aim to capture the actual essence emerging from the respondents' statements. The picture that emerged during the analysis was unanimous; bottom-up is natural and top-down coercive, but both perspectives are needed even if sometimes in conflict on the individual patient level. The respondents did not say exactly the same but the main content of the statements is visualised in Figure 1. If there is a need I could rephrase.

Referee 2

Flora Haaijer-Ruskamp stated that the article is very long, too descriptive and provides little new or surprising information. This statement contrasts the opinions of Thomas Rosemann (and several other general practitioners who have read the manuscript), who expressed that the article is of importance in its field and would be accepted after minor revisions. From our point of view the article does provide some new information; the understanding of and the need for the two opposite perspectives - top-down and bottom-up - for making a systematic quality work possible.

Major Compulsory Revisions

This study is not an intervention study. As mentioned above, it is a qualitative study with a phenomenological approach. Qualitative studies demand an extensive methods section enabling the reader to follow each step in the analysis. Phenomenological analysis consists of five fixed steps. Each step demands a thorough explanation. We find it hard to shorten the methods to one page. We have shortened the section about the pilot interviews and we omitted the details about the authors' academic degrees as suggested by Thomas Rosemann.

Flora Haaijer-Ruskamp suggested better relation to what is already known on different strategies of implementing change. Although the interviews contained data on change of behaviour, this was not the
main focus of the study. The purpose was to capture and describe how general practitioners think and experience quality work in general. Evidently the respondents gave examples from their daily clinical work. The APO model is one common tool among many in general practice in the Nordic countries and as such it was natural for the respondents to talk about APO audit as belonging to the bottom-up perspective. In Sweden the PDSA cycle was introduced in connection with the Break through model, not by the professionals themselves but by central authorities. We have shortened both the results and the discussion by reducing texts about the APO audit.

The text book "Improving Patient Care. The Implementation of Change in Clinical Practice." by Grol, Wensing and Eccles focus on "change in the primary micro processes of patient care" more than on macro-organisational change and as such it is an important piece of work. We have added the book, pp 15-40, to the reference list. We have inserted a section of text about educational theories concerning principles in adult learning in the discussion. We also inserted a section of text concerning self-report instruments as studied in "Comparison of indicators assessing the quality of drug prescribing for asthma" by Veninga et al., 2001.

The main finding of the study is the two different perspectives of quality work and that both perspectives are needed. We believe our study is interesting - as does Thomas Rosemann and others - and that it helps understanding circumstances that could influence the organisational level when it comes to promoting and encouraging quality work in primary care as well as in the health care system as a whole.

Please consider this study for publication in BMC Family Practice.

All co-authors have seen and approved this revised version of the manuscript for publication.

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