Author's response to reviews

Title: Psychiatry out-of-hours: a focus group study of GPs' experiences in Norwegian casualty clinics.

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Version: 3 Date: 15 April 2011

Author's response to reviews:

Answer to reviewer no. 1.

Thank you for your useful comments. Due to comments from one of the other reviewers the manuscript has been partly rewritten, and we hope you will find the paper improved. Changes in the manuscript are marked by red colouring of the text.

You specifically raised two suggestions, which both have been followed:
1. The study needs to have a paragraph on the limitations of the study. More on the limitations of the study has now been included in the discussion, and I hope you will find the current discussion satisfactory.
2. Table 2 can be incorporated in the text. Table 2 is incorporated in the text.

Answer to reviewer no. 2.

Thank you for your comments and suggestions for improvements. Due to your comments the manuscript has partly been rewritten, and we hope you will find the paper improved. Changes in the manuscript are marked by red colouring of the text. We will answer your suggested changes point-by-point, but we will initially address your request for compulsory revisions.

Major compulsory revision:

The data needs to be re-analysed, moving from a purely descriptive approach to a more in-depth analysis, linking with theory, and exploring the meaning of the data collected. The discussion and conclusion will need to be re-visited in the light of the revised results.

On your request, the data has been re-analysed to further critically explore the GPs' accounts. The results remain mainly unchanged, but due to this re-analysis we have provided a different structure of the data which better links the themes and which hopefully accentuates that the findings were not directly given by the topic guide. We have also added some more critical comments regarding our
interpretation of the group discussions. In writing this paper, we purposely chose a descriptive approach as we wanted to describe the experiences of GPs. The findings are discussed in relation to other studies, but we agree that linking the findings with more formal theory could probably deepen the insight. Our experience is however that use of theory reduces the accessibility of the findings and precludes the dialogue with clinicians and health service deliverers. This paper was aimed at clinical practice, not at academic discussions. However, we hope to follow up this first presentation, by returning to the dataset in a later paper, and then further analyse on underlying meaning and attempt to link the data to basic behavioural or sociological theory.

As a result of the revised analysis and the changes in presentation of the results, the discussion and conclusion have been rewritten.

Suggested changes:
1. The authors use the term ‘focus group interviews’ when they mean ‘focus groups’.
   This has been corrected.
2. Using pre-established peer groups as focus groups limits the usefulness of the data collected as participants may give ‘public accounts’ to preserve relationships within the group.
   This is now addressed in the discussion as a limitation of the study.
3. There is limited description of the topic guide. It is not clear what ‘An episode which had an unexpected positive turn’ means.
   The topic guide was very limited as we wanted the groups to choose their focus within the discussed issue. The topic in question has been clarified in the methods section.
4. More could have been made of the statement ‘Although rare, occasional outbursts of open disagreement occurred’.
   In the revised results section more attention is paid to these outbursts.
5. Each main theme might have been explored in more depth and sub-headings used to present sub-themes.
   In the revised results more information is included, and sub-headings are used to present sub-themes.
6. The authors take at face value what the respondents say and have not tried to look for underlying meaning to the data.
   In this particular paper we aimed at a mainly descriptive presentation. We do plan return to the dataset and pursue the data in a more interpretative direction. However, as little research has been done on GPs out-of-hours work experience, we needed to describe the GPs experience first. This being said, we do have an analytical view of the GPs’ accounts. We agree that this was poorly communicated in our original version of the manuscript. To amend this, we have now altered the style of the presentation of the results, added critical methodological comments and moderated our conclusion.
7. Because there was consensus across groups does not mean that the ‘findings might be valid for most Norwegian GPs.’
This erroneous inference has been removed.
8. The limitation of interviewing one’s peers is recognized, but the limitation of conducting focus groups with pre-established groups is not mentioned.
This limitation is now addressed.
9. The sentence ‘Present organisation of casualty clinics in Norway is suboptimal for providing emergency mental healthcare’ is not really a conclusion of this qualitative study. Similarly, the authors suggest that making certain changes, may improve ‘quality’ of patient care – again, such a conclusion cannot be drawn from this study.
The conclusion is rewritten.

Answer to reviewer no. 3.
Thank you for your comments and suggestions for improvements. Due to the comments from one of the other reviewers the manuscript has been partly rewritten, and we hope you will find the paper improved. Changes in the manuscript are marked by red colouring of the text.
Your specific requests will be addressed point-by-point:

Discretionary revisions:
1. In the abstract the number of focus groups and interviews conducted could be included in the methods.
This information is now included in the abstract.
2. Page 9 refers to the process by which codes that were common to all interviews were analysed further. It is unclear to me why ‘uncommon’ codes were not included in the analysis. Just because something is raised in only one or two focus groups does not mean that it is irrelevant. Perhaps the authors could comment on this or clarify further what they did with these ‘uncommon’ codes.
This was an erroneous statement, and is now removed. We gave most focus to codes common to all interviews, but themes mentioned just once or twice were also included in the analysis.
3. Page 15 – it might be clearer to describe “next-of-kin” as relatives – as the former are very specific.
This is corrected.
4. Page 16 – reference is made to “ruminations”. This seems to be an unusual word choice. What is being referred to here?
We tried to describe a Norwegian expression which would directly translate into something like ‘thinking a lot and seriously about something in a worried manner’. We have exchanged ‘ruminations’ with ‘brooding’, and hope that works better.
5. Page 19 notes the tension between personal security and patient dignity. Is
there a way forward here that the authors can suggest that might help overcome this tension?
Suggestions is now included in the discussion.

Minor essential revisions:
6. Page 5 “practice compared to by GPs” – delete “by”
   Done
7. Page 8 – Under the “analysis” section no mention is made of the fact that the interviews were recorded in Norwegian which was transcribed and analysed – but that the transcript material used in this article has been translated to English. This information should be included here.
   This information has now been included.
8. Page 8 – it is stated that “results were actively challenged in successive interviews”. It is not absolutely clear what this means so some additional comment should clarify this.
   This has been clarified.
9. Page 13 “They described how they in actual situations were” should be “They described how in actual situation they were”
   This is corrected.
10. Page 15 – reference is made to problems that are presented that “did not fit any other category”. An illustration of these problems would make it clearer what is being referenced here.
   Examples are now provided.
11. Page 17. The sentence starting “However, their narrated stories…” and the following sentence are not clearly logically linked. A claim is made in the following sentence that the problems will strongly colour the GPs’ experiences – but this does not seem to logically follow from the issue of uncertainty turning to certainty and so on. I suggest some re-writing to make the argument clear.
   This argument is completely rewritten.
12. Page 21 refers to “better preconditions for the patient encounter”. What might these be?
   This has been rewritten, and examples are given.