Author's response to reviews

Title: Case managers for older persons with multi-morbidity and their everyday work - a focused ethnography

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Author's response to reviews: see over
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Dear Editor,

Thank you for considering the manuscript entitled Case managers for older persons with multi-morbidity and their everyday work - a focused ethnography.

We have made the requested changes to the manuscript regarding the quality of written English. Prior to submitting this manuscript the first time we had a professional editing service correct the language. We have now once more undergone professional editing service and paid special attention to the abstract. Furthermore, as advised we have consulted the RATS checklist to ensure adherence to the criteria.

We now submit a revised manuscript in which we have been careful to address the reviewers’ comments. We hope the revision are in accordance with your liking and look forward to hear from you.

Yours Sincerely,

Markus Gustafsson
Response to Reviewers

Title: Case managers for older persons with multi-morbidity and their everyday work - a focused ethnography

MS: 4260198281034126

We thank the reviewers for their helpful and insightful comments.

Authors’ response shown in bold italics

Reviewer 1:
Anne Hogden

Major revisions

Comment 1: Research question/aim: The research question in the Background section lacks definition (although is somewhat clearer in the abstract introduction). While the article aims to explore “the everyday work undertaken by case managers within a CM intervention...” the purpose of this exploration needs to be more clearly stated. Reworking the final paragraph of the Background section may assist in defining the aim and presenting a clear research question. The reader needs to better understand why you are undertaking this study, and how your findings can be applied to care of adults with multi-morbidity, and/or to models of case management.

We have now clarified the purpose of this study by reworking the final paragraph of the Background section (p.4, lines 131-143). We have adjusted the abstract to make our rationale clearer. We have also added information to the manuscript regarding this case management intervention being conducted in the context of the Swedish health system. In Sweden, case management has not yet been incorporated into the health system and is thus seen as something new and unique for this context.

Was this study undertaken to evaluate the new case management service, or purely to describe it?

Our intention was not to evaluate this new case management service. We aimed to explore and within this exploration also describe the everyday work amongst case managers. Furthermore, in line with an ethnographic approach there is always a level of interpretation when conducting ethnographic studies.

Comment 2: Writing: The article is long and descriptive narration. The writing would benefit from more concise expression. For example, information in the
procedure section on observations and interviews should be summarised into a table. Similarly, the lengthy text reporting the results of the thematic analysis could be worked into a table or diagram. Some colloquial expressions are used that are unsuitable for academic writing.

We have gone through the manuscript and adjusted the writing for a more concise expression. We have looked over and corrected colloquial expressions and also informed this concern to the professional editing service. The revised manuscript has also undergone an additional language revision.

To enhance clarity of the manuscript we have summarized the information about the interviews and observations into a table (See Table 1 at the end of the manuscript). As you also suggested we have added summarized information regarding the sub-themes as dot points to Figure 2.

We have also discussed your suggestion regarding that the results could be worked into a table or diagram. However, we believe the text from the results cannot be taken out of its context, and needs be presented in a narrative to also provide an understanding of the results.

Comment 3: Structure: The article would benefit from a restructure to break it up into smaller sections, particularly for readers unfamiliar with ethnographic approaches. For example, the results section should be structured to reflect the way the results are presented, i.e. results from observational data, and results from thematic analysis. A sentence at the start of the results section indicating that the data is presented in these two ways is needed.

We understand your concerns and have restructured the Results section with new headings i.e. observational data and thematic analysis. This was done to clarify how the results are presented. We also added a sentence at the start of the Results section (p.8, lines 272-273) to introduce the reader to the Results section.

The authors should also indicate the reason the observational data is presented. Eg, what is the purpose of “...a narrative of a typical working day”?

To clarify the reason why the observational data is presented we added an explanation under the heading Data analysis (p.7, lines 236-239).

Comment 4: Analysis: The two forms of results need to be integrated with each other, and linked back to a more defined research question to give triangulation.
The observational data i.e. participatory observations and field notes was utilized as a means of gaining a deeper understanding of the case managers’ everyday work. The interview material has been used for the thematic analysis. The reason for our triangulation was to gain a better quality of the analysed material, as well as to gain a deeper understanding by using additional sources. We have clarified how triangulation was performed for this ethnographic study under Data analysis (p.7) and Methodological considerations (p.23).

As the data material is of substantial amount (please see Table 1) we decided to not include the field notes into the thematic analysis. This would be too much data to analyse for one article and render an even longer article. However, this type of analyse is something we will consider further ahead.

In the first version of this manuscript we had added three standalone examples from the observational data into the results of the thematic analysis (please see manuscript version 1: lines 342-344, 339-340, 372-373). This observational data has now been detached and the result text under the thematic analysis now only includes interview material. We took this decision to be consistent to the reader with what types of data we present in the result section.

The section ‘Implications for clinical practice’ needs to be expanded to discuss how your findings add to the model illustrated in Figure 1, and how they contribute to our understanding of the role of case managers and the broader case management model of care. Do your findings indicate how this model of case management benefits the care of older people with multi-morbidities?

We have expanded the section Implications for clinical practice. This section now also involves implications regarding how parts of the case management intervention model (Figure 1) may contribute to the understanding of case management and care of older person with multi-morbidity (p.22-23).

The results section would benefit from dot points added to Figure 2, to concisely summarise the main findings within the three subthemes.

We have added dot points to Figure 2 to summarize the findings from the three subthemes.

Minor essential revisions

Comment 5: Editing. The writing of this article would be improved by tighter editing. Many sentences are too long, containing too many ideas. The first sentence of the methods section in the abstract provides a good example of a sentence that would benefit from breaking into smaller sentences.
We have looked over the manuscript and conducted a tighter editing of long sentences.

Comment 6: Quotes are inconsistently labelled (eg pages 11 and 12). Please standardise.

We have looked over the quotes and standardized.

Discretionary revisions

7. The terms case manager and case management do not require capitalisation (unless abbreviated). Similarly, the keywords do not require capital letters.

We have changed the abbreviation for the terms suggested as well as for the keywords.
Reviewer: 2
Lianne Jeffs

Major revisions

Comment 1: Conceptual Issues.

Case management is not a new phenomenon - as both US and Canada have national associations with clear competencies/roles delineated. As the details on how many years of experience the case managers have in their current role – it not clear how "new" of a role for those who participated in the study is.

We acknowledge that case management globally is not a new phenomenon. However, within the Swedish health system, these kinds of coordinative services for older persons with multi-morbidity are not incorporated and considered as something new. We have added information about case management in regards to the Swedish health system under the following headings: Abstract, Background (p.4, lines 139 -141), Participants and study setting (p.5, lines 182-184), Implications for clinical practice (p.23, lines 767-768, 770, 772-773) and Methodological considerations (p.23, lines 778-780).

Regarding your question about how “new” of a role for those who participated in the study were, please see Comment 2 (fifth point) in this response.

In the background there is reference to this CM model implemented being different from others - yet this is not described in detail.

We have now in more detail described the organizational aspect accounting for this case management model being different from others. There is also a reference to Figure 1. Please see Background (p.3, lines 108-114)

There are several key studies not included that use intensive case management as a comprehensive strategy with the elderly population from the US (Coleman et al., Naylor et al.) that need to be considered.

We have now added studies regarding intensive case management for the elderly population to the Background (p.3, lines 104-107, references 5 and 20). We also added some more information to further acknowledge the great variety within case management models.
Comment 2: Methodological issues.

1) How did you determine what to observe?

We have clarified this under the heading Procedure (p.6, lines 195-197).

2) How did you arrive at the 3 thematic domains of inquiry for the interview guide?

We have clarified this under the heading Procedure (p.7, lines 224-227).

3) Why did you use PhD students to test out an interview guide that would be used with case managers - are they representative of the case managers?

The reason for including PhD-students into the pilot interview was based on them being registered nurses with experiences of working with older persons with multi-morbidity. Consequently, we have rephrased this paragraph and added an explanation. Please see the heading Procedure (p.6, lines 209-211).

4) How were participants recruited - e.g. purposeful sampling?

We have clarified this under the heading Participants and study setting (p.5, lines 162-163).

5) How many years in current role?

We have added more information about the participants experience as case managers under the heading Participants and study setting (p.5, lines 162-175).

6) With one observer - the issue of lack inter-rater reliability of observations needs to be addressed in the limitations as biases may exist with only one observer.

We understand your request. Although with regards to our chosen ethnographic methodology involving participant observations this would foremost give us an additional perspective. We have added additional information regarding participatory observations under Methodological considerations (p.23-24).

7) How saturation was achieved requires more explanation.

The term saturation come from grounded theory, but is also used within different qualitative methodologies, although with different meanings. In ethnography the meaning is more closely linked to the data being ‘thick’ and the data collection being ‘exhaustive in the area’. To enhance clarity and avoid misunderstanding we
have removed the use of the term saturation and rephrased our information concerning “saturation”. Please see Data analysis (p.8, lines 257-260).

8) How you triangulated the data requires more description and recommend you pull what you have in limitations section and go deeper in your explanation - did you do cross comparison analysis? How did what they said differ from what was observed?

The observational data i.e. participatory observations and field notes was utilized as a means of gaining a deeper understanding of the case managers’ everyday work. The interview material has been used for the thematic analysis. We did not do cross comparison analysis. The reason for our triangulation was to gain a better quality of the analysed material, as well as to gain a deeper understanding by using additional sources. We have clarified how triangulation was performed for this ethnographic study under Data analysis (p.7) and Methodological considerations (p.23).

As the data material is of substantial amount (please see Table 1) we decided to not include the field notes into the thematic analysis. This would be too much data to analyse for one article and render an even longer article. However, this type of analyse is something we will consider further ahead.

In the first version of this manuscript we had added three standalone examples from the observational data into the results of the thematic analysis (please see manuscript version 1: lines 342-344, 339-340, 372-373). This observational data has now been detached and the result text under the thematic analysis now only includes interview material. We took this decision to be consistent to the reader with what types of data we present in the result section.

9) Who conducted the interviews?

We have clarified this under the heading Procedure (p.6, lines 217-220) and Authors’ contributions (p.24, lines 814-815).

10) Why did the 3 other team members only review a sample of interviews?

Unfortunately, this was due to limited research resources.

11) Who participated in reviewing the field notes - was it only the main author?

We have clarified this under the heading Data analysis (p.7, lines 229-232).
Comment 3: Presentation of Results/Interpretation Issues

Overall I have challenges with the main theme "creating a new professional identity" as the way the story unfolds in the results section does not have the theoretical rich narrative text/field notes to support. The use of the term profession is well written about and the role of case managers do not have a unique body of knowledge that would distinguish them from health care professions (who are mainly regulated), however they do have a set of competencies that are required to enact in their daily practice. There is more support as currently written for results to reflect the challenges that case managers have to overcome (and the inherent tensions of being an 'outsider') with those in the system - organizations, providers, and patients and their family members/caregivers - which is mainly captured under the adjusting to familiar work in an unfamiliar role. The data excerpts that are included in the first sub-theme do not necessarily align with the narrative description and are often short in nature (e.g. page 11 second paragraph - unclear how the filed not elucidates "service-mindedness" page 13 second paragraph).

It is not clear how the second theme around improvement or third theme around trust/advocacy link to the overall theme of a "new professional identity". This requires a deeper dive into analysis as currently written does not substantiate the first statement in the discussion "continuous process of creating a new identity". Overall the results section is written vaguely and incorporating specific examples throughout in the narrative (in addition to the quotes and field notes) will enhance this paper.

Thank you for your insightful comments. Since reviewing your comments we have discussed the interpretation of the analysis amongst all authors. We acknowledge that the overarching theme of "creating a new professional identity" might not be supported well enough from the analysis. After carefully reviewing our material and reflecting on this matter we have come to an understanding that it is more a matter of "challenging current professional identity". We have reworked parts of the result section and also incorporated more specific examples to make the results section more stringent.

Given my issues with the presentation and interpretation of the results – the discussion section that focuses mainly on the main theme of professional identity requires re-working. As mentioned there is a body of knowledge around professional identity in health care professions that are not currently included in this paper and how the result on the interaction of the CMs on their assignments is professional identity is weak - to me this is more of interactions to discuss what tasks need to be completed and consultation. The Yau et al reference to "unclear boundaries of professional accountability" seems more what your results are (vs professional identity.)
We have now reworked the heading Discussion (p.21-22) mainly concerning the former main theme ‘creating a new professional identity’. The focus lies no longer on the creation of a new professional identity, but how this new role as case managers challenges their current professional identities. We also added references in regards to the concept of professional identity (p.21, line 700, references 38-40).

The discussion on system improvement should include the large body of knowledge around quality and system integration performance.

We have now added information and studies regarding quality and system improvement under the heading Discussion (p.22, lines 748-753, references 42-47).

Implications for clinical practice need to align with the specific findings and currently are vague and not cross-referenced with what has already been done globally.

We have reworked the heading Implications for clinical practice (p.22-23) to further align it with the findings.