Reviewer’s report

Title: More than a checklist: A realist evaluation of supervision of mid-level health workers in rural Guatemala

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Reviewer: Kathleen Page

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In this paper, the authors conducted a multiple case study to evaluate the operational supervision of five health posts in Guatemala. The posts were within 1 hour from a health center, staffed with 1-2 ancillary nurses (ANs), and supervised by professional nurses who performed 2-5 site visits per year and interacted regularly during report preparation and other relevant activities. The study is methodologically sound and identifies two main managerial strategies (managerial control and humanized support) that are implemented in the region. The authors highlight important aspects that distinguish the two managerial styles, such as a sense of shared sense of value focused on patient care vs. meeting ministerial demands/reports, acknowledgement of ANs perspective/challenges/accomplishments vs. an assumption of underperformance without supervision.

My main concern with the manuscript is that the authors seem to strongly favor the humanized support as more effective, but study does not seem to be powered to answer the specific question of which managerial style is more effective (or to correlate managerial style with outcomes). The systematic evaluation and classification of managerial styles in this manuscript provides important insights that could be used to evaluate programs in other resource-limited settings with similar task shifting to mid-level providers. I believe that with some changes, the manuscript can be reframed to focus on the findings while tampering the authors’ enthusiasm for the humanized approach, which I also share, but is not strongly supported by the data presented, except for the comments of one AN. Perhaps the authors can mention how their findings could lay a foundation for a larger outcomes study.

Specific major comments to clarify my general impression:

1. Table 1/methodology
   a. 3 high performing sites and 2 lower performing sites were selected for the study. Only HP1 (high performing) had a “humanized” managerial approach. What do the authors attribute the success of HP2 and 3? The more hierarchical managerial style seems to be working there. Was there any clear distinction in management style between the 3 high performing posts compared to HP4 and HP5?
   b. HP5 seems to be an outlier with worse physical conditions, lower staffing (only HP with 1 AN with less experience) and a fairly disperse population covered.
How do these factors influence its performance (compared to managerial style)?
c. Why was only 1 AN interviewed per site (most had 2)?

2. The authors should acknowledge the study's limitations based on the small size of the study/personnel evaluated. There should also be a comment on how the general competence of the ANs could impact the performance of each site regardless of managerial style. The authors do acknowledge that other contextual factors were not fully evaluated (though some are presented in Table 1).

3. How are nurse supervisors trained in management? It would be helpful to know if they get trained in specific competencies consistently. Also, who do they report to and how is their performance evaluated? Are there incentives or disincentives that influence their managerial style?

**Level of interest**: An article of importance in its field

**Quality of written English**: Acceptable

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

**Declaration of competing interests**:

I declare I have no competing interests.