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: Ruth A. Anderson

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Review of “More than a checklist…” BMC HSR

Overall. This is an important research topic. Understanding the mechanisms of supervision at the frontlines of healthcare in any country is important. It is even more important in situations where workers are in remote locations doing the work apart from others in the care system. Thus the case study approach using interviews is an important first step. Specific required revisions follow:

1. Title: The title “more than a checklist” is misleading. The study did not have anything to do with checklists and I suggest revision.

2. Introduction. The roles of the Auxiliary nurses (AN) are never described. Knowing more about their roles, tasks, and responsibilities would help in understanding what the manager is supervising. I feel “in the dark” about what type of care occurs in this settings and who is doing what for patients.

3. The middle range theory comes out of nowhere in the sense that the prior study is not described or cited. This is a major weakness.

Methods:

4. The selection of sites is clear but what criteria were used to determine the n of 5 cases? Was this sufficient to understand the phenomenon. For example, how many cases would need to be collected to see another case such as HP1?

5. The process and rationale for selection of individual participants and how they are recruited to participate are not described in sufficient detail. In each setting was there only one supervisor or many. If many how was the one selected?

6. A particular concern is that the ANs might have felt that participation was not voluntary because it appears they were recruited by the supervisor. That could cause them to bias their responses to interview questions.

7. What was asked in the interview? What type of interview approach? Open ended? What were the questions? What was the nature of the “relevant activities” in the documents collected?

Data analysis

8. It would be useful to have the definitions of the concepts used for coding.

9. What coding approach was used? Who did the coding? Was there more than one coder? What criteria for rigor were used? At what point did data analysis
begin? Were all data collected or were data collected and analyzed simultaneously?

Results
10. Again, I feel as though I am trying to interpret what I’m reading in a vacuum because the roles and responsibilities of the ANs are not described. For example, what types of reports are they writing? What do the terms “institutional requirements” and “coverage levels” refer to (page 10)? Do these have any relationship to patient care?

11. Some description of the participants such as ages and years of experience would be informative. Differences in education etc. Did any of personal characteristics play a role in the behaviors noted?

12. You have not described the “mechanisms” of monitoring and individualized support. Instead, the results describe “what” the managers do—not “how.” For example, how did the nurse supervisors at sites 1-3 accomplish knowing the needs of their staff? Knowing that would help inform the supervisors at sites 4 and 5.

13. Overall, the findings are over synthesized, providing little description or actual data. Thus, the voices of participants do not come through as strongly as they could. Revising to include more data and direct quotes would help to bring these participants into view and would make the paper more compelling. On page 12, the authors begin to give more data to support their interpretations of what is occurring in these sites. This is helpful and the paper is more interesting here. Also, throughout the section for “accompaniment” the mechanisms or behaviors used to accomplish supervision are clearer and the data are more alive. More data is needed in the prior two sections along with more description.

14. At the bottom of page 12, there is an abrupt change in how data are presented with the shift from findings synthesized across sites to just site 1. Need a transition sentence or two.

15. I believe the paper would read better and would have more impact if the section on mechanisms was integrated into the sections on three supervisory approaches.

16. It is unclear to me how the revised middle range theory is formed given the main finding is from only one HP and this is a primary feature of the theory (e.g., being attentive to the AN’s assessment of own needs….). I would suggest using these data to make some hypotheses rather than try to state as a middle-range theory. The mid range theory does not seem fully supported by the data but hypotheses would be appropriate. Also, this approach is weakened because the original theory is not support (see comment #2).

Discussion
17. Again, the results presented for monitoring and individualized support were not detailed enough to describe mechanisms well. Thus, the discussion feels overstated. Fleshing out the results sections could rectify this.

18. Limitations. The authors might note that only one of the five supervisors used
the humanized support approach. How might this temper the conclusions drawn?

19. The discussion contained what looked to be findings—the material on context should be presented in the findings section and integrated where needed to interpret the results. Seeing it in the discussion makes it seem to be an afterthought.

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 that I have not competing interests.