Author's response to reviews

Title: Goals of telenursing - the managers' perspectives A qualitative study on the Swedish Healthcare Direct

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Author's response to reviews: see over
Answers to Reviewer comments on

Goals of telephone nursing work - the managers’ perspectives
A qualitative study on Swedish Healthcare Direct

Thank you for considering our manuscript. We are most grateful for the suggestions, that will contribute to increased quality of our paper. All changes made within the manuscript and our comments below, are made in red.

Reviewer Anne-Kirstine Dyrvig’s report Version: 3 Date: 18 September 2013

- Major Compulsory Revisions

1) Equity used in relation to gender: gender difference is not the most important aspect of equity – rather a social factor. Is this (not) a factor in Sweden? If so, please describe why gender has been chosen.

Reply: Thank you for this relevant comment. In Sweden, equitable healthcare implies that people with the same needs should have the same services and access to healthcare, regardless of residence, gender, age, social group, and so on. It has now been clarified that gender was chosen as an example among the mentioned factors in the abstract and in the first paragraph of the introduction. This is due to our earlier findings of the parent’s gender playing a role for the outcome of pediatric health calls, unjustified by the child’s condition. This implies that sick children are not treated equally due to the gender of the parent making the call on their behalf.

2) If equity is related to gender, and the service provided regards children, the gender that is used for measurement of equity should be the gender of the children – not the gender of the parent making the call.

Reply: Gender of the children showed no significance in the study we refer to. As stated above, it was gender of the parent calling on behalf of the child that was the significant finding and thus the result discussed with managers.

3) The identification of caller-gender differences in referrals, when restricted to calls on behalf of a child is relevant. It should be clear, however, that the equity concern is related to the outcome of a call as determined by gender of the caller.

Reply: On page 3, at the end of first paragraph, it is now stated: ‘Since parent gender was recently found to play a role for the outcome in paediatric health calls (12), implying that sick children are not treated equally due to the gender of the parent making the call on their behalf, this aspect of equitable healthcare was used as an example in the study’. Further, on page 4, at the end of 1st paragraph, the text ‘The discrepancy was not explained by any difference in the seriousness of the children’s condition’, has been completed with: ‘neither was it related to the child’s gender’.

4) Discussion, 2d paragraph: a model for implementing reforms is introduced. Although it has been mentioned in the introduction, it is not previously described as a model. New issues should not be presented in the discussion. If the model is used for discussion, it should be introduced earlier in the paper. In addition, if the model was developed earlier, it would be helpful to have it described more thoroughly (it is stated that the model is comprehensive), and possibly depicted in a figure.

Reply: The tripartite model is now elaborated in the introduction, see end of page 4 and beginning of page 5. Examples are given of what makes health professionals able to take actions to fulfill political intentions, what makes them understand and willing to carry out tasks necessary parts of the policy. There is unfortunately no figure depicting the model.
5) Discussion, 3d paragraph: health promotion is considered to imply problems related to interpretation. Was this dealt with in the data collection (to ensure a common understanding of the term within the project).

    **Reply:** As stated in the article, Swedish healthcare is required to systematically integrate health promotion into all aspects of healthcare as a natural component in the chain of care. This, according to several legal documents: the Swedish Health and Medical Services Act, the National guidelines for disease prevention methods, the Swedish Society of Nursing's *Strategi for nurses health promotion*, The ICN Code of Ethics for Nurses and the National Board of Health and Welfare’s *Competence description for registered nurse*. The researchers did not intend to interpret what the obligation of health promotion means in the context of Swedish Healthcare Direct, but rather grasp the manager's interpretation of health promotion. The managers were asked how they relate their expressed goals for the TN work and Swedish healthcare obligations such as health promotion to the well known time limit of calls (see manuscript page 6, Table 1, question number 3).

6) Discussion third paragraph: it is difficult to understand the discussion on health promotion in relation to lack of time. How much time is required for health promotion? How much time is provided for the calls? Would it be possible to call back patients at a more suitable time for health promotion?

    **Reply:** There is no information on how much time is required for health promotion, and at the moment there are no instructions for telenurses to call back at a more suitable time for health promotion. The managers however expressed time as one of the obstacles for health promotion, which indicates that they prioritize other tasks. Again, it was not the researchers' intention to give their views on content or required time for health promotion. What we know, is that telenurses are encouraged to keep calls 7-9 minute long, which is now added in the second paragraph of the introduction on page 3, with reference to Svedin, 2003.

7) Later, it is mentioned that some SHD managers' do not perceive health promotion as part of their services. So what is the real problem: A) lack of time, or B) discrepancy between goals of SHD and the Swedish health care system?

    **Reply:** Both A and B are problems. Some managers stated lack of time as a reason for the discrepancy between goals of SHD and the obligations of the health service established in the Health and Medical Services Act. ‘The real problem’ can thus be perceived/viewed as SHD failing ‘to take actions to fulfil the legal requirements of Swedish healthcare, time being expressed as one of the barriers; see discussion, page 13, end of 2d paragraph.

- **Minor Essential Revisions**

8) Discussion, first paragraph: “only the last two are in good agreement”. Either explain and elaborate, or the word should be removed.

    **Reply:** Thank you, we confirm to the second suggestion, the word *only* is removed.

- **Discretionary Revisions**

9) Introduction, second paragraph: You mention average numbers of calls and number of centers. Due to the later focus on time, it would be nice with an average of length of calls.

    **Reply:** The reference Swedin, is added in the second paragraph of introduction: ’Calls are encouraged to be 7-9 minute long’ - ref 13: Svedin, 2003’.

10) Findings: (b) To achieve patient safety, first paragraph: CDSS, it would be nice to have the contents elaborated, and to know if the system was developed specifically for telenurses or if it existed earlier.

    **Reply:** First, the CDSS is now, according to Rutenberg & Greenberg (ref), instead called decision support tool (DST) in the manuscript. This tool is developed and improved continuously by the national network of SHD. The decision support tool (DST) is constructed within SHD and on page
3, 2d paragraph of Introduction, it is now stated that it is ‘designed as a checklist based on caller symptoms’ with reference to Ernesäter et al. 2009.

11) Strengths and limitations, second paragraph: For a better understanding of transferability, it would be nice with a description of the Swedish health care system and the gatekeeper function. Is the SHD the only way in which people can be referred to other services? Or is it an extension of other services? Is it free of charge? (equity issue). How are other health care services reimbursed?

Reply: Second paragraph in the introduction is now supplied with: 'The calls are free of charge, except for the cost of the call. Swedish healthcare is tax financed and patients pay a maximum yearly fee of approximately €120 (1100 SEK) for healthcare'. Further down in the same paragraph, it is now stated that 'Callers are however free to seek primary and emergency care irrespective of the telenurse recommendation'.

Reviewer Rebecca Purc-Stephenson’s report Version: 3 Date: 27 February 2014

Major Revisions

1. Abstract
- in the Methods, the qualitative design must be clarified. Exploratory and descriptive is not a qualitative design.

Reply: Regarding exploratory, descriptive qualitative design, we have conformed to Polit and Beck in Nursing research, 2008, page 237: ‘Some qualitative studies claim no particular disciplinary or methodological roots. The researchers may simply indicate that they have conducted a qualitative study or a naturalistic inquiry, or they may say that they have done a content analysis of their qualitative data (i.e., an analysis of themes and patterns that emerge in the narrative content). Thus, some qualitative studies do not have a formal name or do not fit into the typology we have presented in this chapter. We refer to these as descriptive qualitative studies’.

- confused by the first sentence in the Conclusions statement. Why would managers’ perception of telenursing goals be different than the organizational goals?

Reply: We agree, although all managers, but two, were registered nurses, implying that they, from a professional view, for example are obliged to consider and follow professional directives, laws, guidelines and ethical codes for nurses. From that perspective, it is (perhaps) slightly surprising that healthcare managers put more emphasis on organizational goals.

2. Introduction
- page 3, paragraph 1: Need a reference to support last statement ‘Equitable healthcare implies that people with the same needs should have the same services and access to healthcare, regardless of residence, gender, age, social group, and so on.’ of first paragraph.

Reply: The above text has now been supplemented with the reference: The Health and Medical Services Act, on page 3, 1st paragraph of introduction.

- page 4, paragraph 2: Unclear what is meant by ‘telenurses themselves describe... and also mention supporting, strengthening and teaching callers, as well as facilitating their learning.’ Need to clarify this.

Reply: On page 4, 1st paragraph, it is clarified that ‘telenurses themselves describe their work to be more relational (10) and also mention supporting, strengthening and teaching callers, as well as facilitating their learning, which imply that they have a more comprehensive understanding of telenursing work’.

- page 5, paragraph 2: Need to specify the specific research questions.

Reply: We choose to omit research questions since the study aim explicitly includes these in 1) what SHD managers perceive as the primary goals of TN work and 2) how they view health promotion and 3) equitable healthcare implementation at SHD and 4) do the managers strive to
match the legal goals of health promotion and equitable healthcare with SHD goals of efficiency and productivity?

3. Methods
- page 5: In the Design section, specify the qualitative design used. Perhaps ethnography or phenomenology would be appropriate. What is stated is far too vague and not a true design. This must be addressed.

  Reply: This is a generic qualitative study, and neither phenomenology nor ethnography were uses as theoretical guidance and methodological approach. Please, also see the answer above (1. Abstract), referring to Polit and Beck's Nursing research (2008).

- page 7: In Interviewing Process, which should more appropriately be situated with the procedure section, need to clarify who participated in the pilot testing.

  Reply: From the second sentence under Interview process, at the end of page 5, the text is now supplemented with: "First, two pilot interviews, with a district nurse and primary healthcare teacher, and a manager in primary health emergency care, were performed via telephone. This was made to test interview questions and the telephone interview situation. The pilot interviews were transcribed and discussed among co-authors. After this, the interviews with each of the 23 managers were performed".

Also, the authors state that pediatric calls were used as an example, but an example for what exactly? Finally, the authors need to specify what questions were asked in the study.

  Reply: Under the heading Interviewing process, the text is supplemented as follows 'The managers were asked about their views on ... the unequally distributed parental result reported in a study of paediatric health calls of 2010'. This is also described in the interview guide in Table 1, page 6.

4. Results
- page 8: The authors provide a list of four themes but it is unclear what is the relative importance of each theme. That is, were some themes endorsed more than other themes? When discussing the themes in the subsequent section, it is very helpful to include how many people endorsed a particular item. For example, instead of saying 'The managers expressed the need for...' replace with 'Nearly half of the managers...'. As it is currently written, it is too vague.

  Reply: How many informants endorsing a particular theme are commonly not important in qualitative research, Polit and Beck states in Nursing research, 2008, page 533, that 'some researchers use quasi-statistics, which involves a tabulation of the frequency with which certain themes or relations are supported by data'. We have conformed to our methodological reference Hsei & Shannon (33), who highlight three approaches to content analysis: conventional, directed and summative. We have used the second approach, directed content analysis (and not summative content analysis).

- page 10, in the 'To teach' section, this entire paragraph doesn't flow or make a lot of sense. Need to revise. Reply: The text in the (d) To teach section, page 8, has now been supplemented as follows: 'Yet, the managers' descriptions of this mostly concerned teaching parents with sick children to seek care at appropriate level. Instructing parents about the care level difference of primary care versus children emergency department was reported to be an important subject of telenurses' teaching. Some managers believed telenurses teaching might help parents in the future, at the next time of illness or for their next child. Whether the caller or parent had learned anything was, however, not discussed.'

- page 14: In the 'Possible caller explanations' section, I find this section confusing. The authors need to situate the discussion of the findings within the context of how the data were collected. That is, how many managers stated these opinions? And how can the managers even make these
statements if it is assumed they were not the ones actually taking the calls? Need to clarify how the managers came to these conclusions.

**Reply:** Regarding how many, see our previous answer under ‘4. Results’. The sections "Possible caller explanations" and "Possible telenurse explanations" describe how the managers explain that father callers are referred to other health services more often than mother callers. They explain this gender difference ‘drawing on their experiences from handling calls themselves and/or managing telenurses at 1177 sites’, which is now clarified in the manuscript under the heading The managers’ views on equitable healthcare, page 10. Further: ‘Their explanations focus on the callers, i.e. the users of the service, and the telenurses and the organization, i.e. the professionals and the provider.’

- page 11: In 'The managers' views on health promotion' section, give the exact number instead of stating 'as many as 14 of the 23 SHD managers...'. It would serve this paper well to more clearly define the difference between 'health promotion' and 'teaching'. Some researchers would argue that there is considerable overlap in these concepts but it seems that the authors of the present study are considering them to be quite distinct.

**Reply:** We have omitted all numbers in the manuscript, to consistently follow our argument regarding that numbers does not matter in qualitative research. The above text has hence been changed to ‘More than half of the SHD managers explicitly stated that health promotion is not included in the SHD commission’ at the end of page 8. Furthermore, we agree there is an overlap between health promotion and teaching, as health promotion often partly consists of teaching and information. How the SHD managers define the concepts, if they distinguish them, or not, is however not manifested in the manager interview answers.

- page 15: In the Possible telenurse explanations’, this section seems very speculative. Without telling the reader what question was asked to the managers, it is assumed that managers are simply making assumptions about telenurses.

**Reply:** As stated above, the interview questions asked are now described in Table 1, page 6.

**Minor Revisions**

1. **Abstract**
   - the sentence ‘... aim of the study was to explore.’ Should change the word 'hold' to a more appropriate descriptor. The second sentence in the Conclusions section is awkward and should be revised.

**Reply:** We agree, and have exchanged the word hold with perceive. The second sentence in the conclusion section is also revised to: ‘The managers’ expressed goal of teaching lacked the caller learning components highlighted by telenurses in previous research’.

2. **Introduction**
   - page 3, paragraph 2: Be consistent when writing numbers.

**Reply:** We have conformed to 'The blue book of grammar and punctuation', by Strauss J. (2011)

*Writing Numbers Rule 1:* Spell out single-digit whole numbers. Use numerals for numbers greater than nine. (Examples: I want five copies. I want 10 copies.)

- page 3, paragraph 2: Need a reference for third sentence and this sentence is awkwardly worded.

**Reply:** There is no available reference to the 1100 employed telenurses at 33 workplaces - it is calculated and enumerated from what each manager narrated in the 23 interviews.

- page 3, paragraph 2: last sentence, need to explain why health promotion can ensure long-lasting value.
Reply: The text is now supplemented with ‘investments of health promotion are likely to ensure long-lasting value. This, due to the young age of persons calls are made for (children age 0-17), facing a long life profiting from early health promoting activities’.

- page 5, paragraph 1: too many ‘thus’ statements.
Reply: One of the two thus has now been exchanged to ‘hence’.

3. Methods
- page 6: What is the RATS guidelines? Avoid jargon please and give reference.

- page 6: Makes more sense to present Study Participants before the Procedure.
Reply: The headings Procedure and Study participants have now been combined in one heading on page 5.

- page 6: In Study Participants, are there any demographics of the sample to report? Other than gender, the reader has no idea who was included (e.g., age).
Reply: Gender is now supplemented with ‘age 40-65 (M 54)’ on page 5.

4. Results
- page 9: In the 'To achieve patient safety' section, the authors need to clarify what they mean by 'an appropriate levels means the lowest (i.e., cheapest) effective treatment level.'
Reply: On page 7, under the heading (b) To achieve patient safety, the following text has been added: The available care levels telenurses can refer to, are emergency care ('highest level'), primary care ('middle level') and self-care in callers' home ('lowest level').

- page 10: In the 'To assess, refer and give advice' section, I think there is a missing word in the first sentence. Perhaps the word 'theme' or 'topic' should appear after 'recurring'. ('...were frequently recurring themes in the managers' descriptions..').
Reply: Thank you, the text is now supplemented with frequently recurring topics.

- page 11, paragraph 2: The primary mission of the SHD should be stated in the Introduction to provide context.
Reply: On page 4, second paragraph, it is now stated that: 'The repeatedly mentioned objectives of SHD are to increase access to healthcare, increase citizens' sense of security and increase the effectiveness of healthcare services, with reference to Svedin.'