Author's response to reviews

Title: Health care managers in negative media focus: a qualitative study of personification processes and their personal consequences

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Author's response to reviews:

Dear Editor and referees,

Thank you very much for your positive response to our article (MS: 1765416593977030) “Health care managers in negative media focus: a qualitative study of personification processes and their personal consequences”. We are very grateful for your valuable comments and have now carefully revised according to referees suggestions. The revisions are marked in the manuscript (yellow), and answered below point-by-point. Observe, the manuscript has been examined regarding language and correct references are included (but not below in the point-by-point answers)

Referee 1

One compulsory revision: When evaluating the credibility of the qualitative research, "thick description" (Geertz, 1973) is regarded as important. Authors need to insert more interviewees’ narratives which explain each category to keep the credibility of the analysis conducted in this study, and to promote readers’ understanding about the context.

Answer: Thank you for the comment; we have now added more citations.

One minor revision: Explain more concretely about the key concept of this study "negative media focus". What kind of media, what type of content, or how often is the item carried?

Answer: We have now added a few sentences in the background and method sections regarding kind of media and about the prevalence of negative media attention. We have also added a paragraph about kind of content, both in the method (sampling) and the result sections.

We have added in Background: Among civil servants, the interest for health care and elderly care issues is increasing and is today among the very highest in rank of interest (ref). Although social media is increasing, the main source for
information is still through newspapers, TV, and radio.

About how often, we have added information in Introduction: There are, however, no published studies of the prevalence of focused media attention on managers. Preliminary results, from our survey to all top-managers of municipal healthcare service shows that 50% had own experience of being the spokesperson during a critical media focus during the last year (ref).

For clarification about kind of content we added, direct after Aim: The study focuses managers being critically focused due to their management of operative and organizational conditions, not due to managers’ individual irregularities.

And in sampling: …due to their management of operative and organizational conditions. For more information about kind of content, we added in Sample: The interviewed managers had been the spokesperson to media during suspected mistreatment or, economic cut-backs with down-sizing of clinics, merging of hospitals or clinics, or privatization of certain health care services.

One discretionary revision: From international view, I suppose that authors had better describe the role and the demographics of health care managers in Sweden.

Answer: Thank you, we have now added a few sentences about the setting (Sweden) with regard to the role of managers and especially in relation to media communication.

The external dependency in governance of health care service has increased in Sweden. Studies of governance has shown that health care was far more centralized and formalized than other private and public organizations, but the sector was also marked by post bureaucratic forms of control that increased individualization (ref). Thus, health care service in Sweden have a high degree of centralized decision making and issuing of directives, policies and rules, while the responsibility for the implementation of these often is highly decentralized to lower level managers and individual health care workers (ref). Further, Sweden has rules preventing ministerial rule. This means that the manager often must face the media on issues related to how political decisions have been operationalized in the health care practice.

We have also added a few sentences in method regarding demographic issues: The study includes managers from 19 different health care organizations (10 hospitals and 9 municipal organizations). The organizations were selected from different areas of Sweden to ensure that the similarities and differences were intercepted. In addition to geographic and organizational variation, a variation in gender was considered important (table 1).

Referee 2 suggested some revisions. We answer them point-by-point below

Point 1: I would like to see more evidence provided in the Background/Introduction that this phenomenon has been increasing. I agree that it does follow from the premises of New Public Management, in which managers
are being ‘freed to manage’ in order to seek efficiencies. However the uptake of NPM has varied across jurisdictions, with some more whole-heartedly adopting it than others. The nature of the modern media, too, must be part of this. Some literature to that effect is referenced in the Discussion, but it could usefully be noted up front as well.

Answer: Thank you, we have added two sentences about the prevalence in “Background”:

Among civil servants, the interest for health care and elderly care issues is increasing and is today among the very highest in rank of interest (ref). Although social media is increasing, the main source for information is still through newspapers, TV, and radio.

There are, however, no published studies of the prevalence of focused media attention on managers. Preliminary results, from our survey to all top-managers of municipal healthcare services show that 50 % had own experience of being the spokesperson during a critical media focus in the last year (ref).

We have added a few sentences about NPM in Swedish health care, rules regulating politicians and the implications for managers in relation to meeting media.

The external dependency in governance of health care service has increased in Sweden. Studies of governance has shown that health care was far more centralized and formalized than other private and public organizations, but the sector was also marked by post bureaucratic forms of control that increased individualization (ref). Thus, health care service in Sweden have a high degree of centralized decision making and issuing of directives, policies and rules, while the responsibility for the implementation of these often is highly decentralized to lower level managers and individual health care workers (ref). Further, Sweden has rules preventing ministerial rule. This means that the manager often must face the media on issues related to how political decisions have been operationalized in the health care practice.

Point 2: The paper I think would greatly benefit by giving at least one concrete example of what this phenomenon looks like, that is, describing an actual case where the media has focused upon a health system manager. This would greatly help readers visualize the kinds of situations which are affecting the respondents here.

Answer: Thank you we have now added a description of a typical case, in the beginning of the result section

A typical scenario
A centerfold in the magazine. The article deals with the ongoing structural development of a hospital focusing the employees’ frustration, and possible risks related to patient safety and the work environment. One manager, portrayed with name and picture, is pointed out as responsible for the problem, in what is experienced as a rough, one-sided and simplified manner.
The manager experiences the situation as very pressing and unjust. A “for and against-situation” develops among groups of health care professionals and politicians as the media attention continues, also with letters from the public on the matter..

Members of the management team did not want to get involved. They hold their regular management team meetings, but the manager’s situation or media attention is not on the agenda. In contacts with media the manager have the feeling that he is already sentenced whatever facts he supplied. This is maintained by articles and comments on social media about suspected irregularities and problems attributed to him as a person. He begins to avoid making important decisions which negatively affects the on-going development process at the hospital. Over time, the manager becomes more stressed and exhausted due to sleeping problems, lack of recovery and mutual trust in the organization. He turns to a few he has confidence in the organization and seeks support among his family and friends.

Point 3: Methods are appropriate, and grounded theory procedures adequately explained.

Answer: Thank you

Point 3: Regarding details about the sampling
Point 3a: How many health care organizations were contacted to solicit names? The authors state they were from “different areas of Sweden”— was this part of a deliberate effort to obtain regional diversity?

Answer: Thank you; we have added information regarding this: The study includes managers from 19 different health care organizations (10 hospitals and 9 municipal organizations). The organizations were selected from different areas of Sweden to ensure that the similarities and differences were intercepted. Despite geographic and organization, a strategic variation was also considered due to gender (table 1).

Point 3b: Was the balance between hospitals (12) and municipal organizations (12) intentionally sought? And further, does this equal 24 different organizations, or do some of the respondents work for the same institution?

Answer: Thank you, we have added information regarding this: Intentionally we searched for a balance and variation of size and number of hospital and municipal organizations. Even though we did not decide how many organizations to include in total or the exact distribution the goal was to achieve conceptual saturation from which we could formulate a substantive empirical grounded theory.

Point 3c: Was an implicit inclusion requirement that the managers still be working within the organization they worked for at the time when they experienced the crisis and media attention?

Answer: Thank you, we have added information regarding this: Most of the managers who were included in the study were still working within the
organization, which had been focused by media, at the time of the first interview. Six managers left the organization within six months.

Point 3d: I'd like it more clearly explained how the authors came to their balance between the focused managers, and the supportive interviews (superiors, co-workers, spouses/partners). It would seem that for fully rounded data collection that each perspective would be sought—that is, for each of the 24 managers there would be an interview from the other 3 roles in that person's life (or 72 other interviews). But of course, there are only 25 of these (as described on page 7, there were 5 superior managers, 11 subordinates, 4 HR or information personnel, and 5 spouses/partners). My question is—how did the researchers then decide to allocate these supporting interviews among the focused manager group. Perhaps some roles were vacant (the respondent had no partner, or was the top manager in the organization with no superior). If there were multiple respondents from the same institution, that also might account for it. Perhaps there were refusals on the part of interviewees to allow access to their family members? It may be a pragmatic matter, that resources weren't available to the research team to do such a large number of interviews.

Answer: Thank you, we have added information regarding this: The managers were different in terms of expressing their feelings and their reactions verbally, some were more outspoken and some less. Therefore the need for additional interviews varied. Further, in some cases the managers themselves asked us to talk to someone else to achieve additional information about the situation. Two spouses denied participation in interview.

Point 4: I find the distinctions between persons interviewed (n=40) and interviews (49) to be very confusing. I think it would be much better to simply say that 40 persons were interviewed and to describe their roles, and note that some of them were interviewed multiple times, and to briefly explain why that was necessary and appropriate.

Answer: Thank you for the comment we have corrected according to your suggestion.

Point 5: Page 15: the authors refer at the start of the Media Personification section to analysis of media documentation, as showing the tendency to focus on the individual manager. This is not mentioned in the Methods section, which it should be if you are going to draw upon it in presenting results. I presume it is part of the larger study, which the authors have chosen not to report on here in detail but rather to focus upon the interview data.

Answer: Thank you, this misunderstanding has been corrected. The sentence is now:

The interviews and documentation from the media where the managers included in this study were exposed show that the managers experienced that media tended to focus on the individual manager, rather than on the organization.

Point 6: Results. I think the authors could better use headers and sub-headers to distinguish sections here. For instance, starting page 10 there is a section titled
Managerial Role Ambiguity. I take the 3 sections to follow, with titles at the bottom of page 10, on page 11 and the top of page 13 to be sub-sections within this larger format. I’m not sure if the first sentence of the Results, in italics, is intended to be a heading or not?

Answer: Thank you for the comment. We have consequently used the name of the categories and subcategories as headers resp. sub-header. We agree there is confusion and have tried to clarify by an introducing text in result-section and a third level of header.

Point 7: I think the concept of managers feeling “violated”, as noted top of page 16 and elsewhere, is an important one that needs to be more clearly described by the authors, in the same way that they have defined other key terms used in the paper, such as “personification”. On the positive side, I think the authors do a good job of integrating the qualitative evidence from across different types of respondents in order to demonstrate their arguments.

Answer: Yes, the name of the category explaining violation "Reactions to increased pressure" was very technical and gave not explanations to the perceptions of being violated. We have reconsidered the labeling and revised to “Feeling of being violated” which is what we describe in the category.

Point 8: Discussion. I’d like to see the authors draw out a bit more the organizational impacts, e.g., in terms of poorer quality decisions being made during and subsequent to the media coverage.

Answer: Thank you, we have now added a few sentences about the possible impact of due to media attention in discussion and integrated them in the earlier text.

On the other hand, organizations’ interest to be visible in media, i.e. the medialisisation, has increased (ref). Chen & Meindl (1991) argued that the personifications of managers are enhanced by formats and routines of media production and practical constraints faced by journalists [22]. Graaström et al (2013) mean that it is the interaction between the increase of medialisisation and media’s role as the court of moral that are supporting the personification. Further, according to media logics, people are more interesting to the public than are organizations. Thus, the managers are becoming the heroes or the victims to blame in this dynamic between organizations' possible gains or losses related to media exposure. However, the role of media depends on media’s impact on the public and the type of content. Health care issues are today among the highest ranked regarding public interest in the national media (SOM). In local media, the impacts on the readers are higher if the information are relevant for the local society, such as health care and elderly care (ref). The role of media as normative moral court increases when there are complex value-laden issues, such as health care service (ref).

Thus, leadership ideals are related to administrative skills with a focus on the economy as well as external legitimacy, in terms of familiarity with the operative work and sustaining good external relationships through communication (ref).
Point 9: On page 22, the authors note that in several cases “employees of health care services had provided information to the media”. Is this what might be characterized as ‘whistle blowing’? One of the ideas which seems to run through many of the findings is that at least some of these managers are working in organizations in turmoil, where there is internal squabbling and discontent with how the organization is practicing, and I think they could be more clear about just how significant a contextual factor this turns out to be.

Answer: Yes, this is certainly an interesting and important dynamic. However, we believe it is not the same as whistle-blowing in the sense of pointing at irregularities in e.g. the care of patients. Rather groups of employees that is turning to media to protect the interest of the group in the organization, as part of an organizational political play. It is an interaction between individual employees, groups of interest, politician, managers and media as we see it. We tried to describe this dynamics in the article – in relation to the focused research question. In forthcoming articles, we will develop these issues from other aspects.