Reviewer's report

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

Version: 6 Date: 8 August 2013

Reviewer: Neale Smith

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The authors address an interesting question – how managers in the health system are affected when they become the personal focus of negative media attention. There does seem to be little known about this and the topic is worth exploring. The methods used here are appropriate.

Some general comments and suggestions follow.

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. (In Canada and other parliamentary countries we have also seen a breakdown of the idea of ministerial responsibility, or the expectation that elected political figures would take responsibility for problems within their portfolio.) 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.

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. For confidentiality reasons, that can’t come out of the cases on which the research was conducted – I understand that. But there are surely examples in other jurisdictions. In Canada, for instance, there is the case of the former head of Alberta Health Services: (See: ‘cookie controversy’ at http://en.wikipedia.org/wiki/Stephen_Duckett#Cookie_controversy ).

I am sure the authors could find and describe comparable examples from a Scandinavian, European or other setting. This would greatly help readers visualize the kinds of situations which are affecting the respondents here. I imagine situations like death during transfer between hospitals, failure to sterilize medical equipment, etc., might be some of the kinds of things that bring on this media attention.

Methods [The most changes most needed to the manuscript involve these points below.]

These are appropriate, and grounded theory procedures adequately explained. I
think we must see a few more details about the sampling:

• 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?

• 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?

• 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?

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.

Most importantly here, 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. Otherwise, it is very difficult to understand what the category “extra interviews with focused persons in other roles” as given in Table 1 actually means.

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.

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
heading, which isn’t clear with the headings at present all being of the same format.

I’m not sure if the first sentence of the Results, in italics, is intended to be a heading or not?

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.

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.

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.

Level of interest: An article whose findings are important to those with closely related research interests

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 no competing interests.