Author's response to reviews

Title: Experiences of leadership in health care in sub-Saharan Africa: a qualitative study

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Author's response to reviews: see over
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Editorial Team
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Dear HRH Editorial Team,

Thank you for your review of our manuscript, "Experiences of leadership in health care in sub-Saharan Africa: A qualitative study." We appreciate the opportunity to submit a revised version for your further consideration. Enclosed is an itemized list of the comments and our response to each comment, organized according to the specifications of the journal. We have addressed each comment and believe that the paper is substantially stronger due to the reviewers’ suggestions and related revisions.

Thank you again for your interest in this work. If you have any questions, please contact me at leslie.curry@yale.edu, or telephone 203.214.3539.

Respectfully,

Leslie Curry, PhD, MPH
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**Reviewer #1 comments and responses**

**Comment 1.** While I agree with their statement in the beginning, which is also part of their premise, i.e. that “less research has been done on leadership in low-income settings” (than in the context of high income settings), I would like to suggest that they review some of the articles on leadership development undertaken by MSH in partnership with Ministries of Health in many countries around the world, and also Africa...I would like to suggest that if after reading these pieces the authors feel their piece would be enriched by adding a reference that they do so as a Discretionary Revision.

**Response:** Thank you for this suggestion. We agree that several additional papers would be helpful to cite, and are familiar with the two papers the reviewer notes, as well as the excellent series of related articles on leadership published in HRH in 2008. We had not included these citations because we were focusing quite narrowly on studies of the construct of leadership per se (its nature and qualities), rather than the role of leadership in particular outcomes (such as described in the Mansour paper on the Leadership Development Program in Upper Egypt). Nevertheless, we agree that inclusion of illustrative studies and capacity building models in this slightly broader realm may be useful for readers and have added the following citations following the statement: “Less research has been done on leadership in low-income settings”:

Mansour M, Mansour JB, El Swesy AH: Scaling up proven public health interventions through a locally owned and sustained leadership development programme in rural Upper Egypt. *Hum Resour Health* 2010, 8:1.


**Reviewer #2 Comments and responses**

**Comment 1:** While the qualitative analysis techniques are familiar to the researchers they, are difficult to follow and the paper would benefit from briefly expanding on, for example, what is ‘constant comparative method.’ Some of the writing comes across as a bit jargon-ridden and it might be difficult for readers to understand at first read, for example ‘tending to relationships,’ does that mean paying attention to them or leaning towards having them?

**Response:** We recognize that qualitative methods may be unfamiliar to some readers and appreciate the caution to avoid terminology that may be difficult to understand at first read. We have reviewed the manuscript to identify and briefly expand on terms that may come across as jargon. These revisions are reflected below, and we are open to other
suggestions the editor and reviewers may have in order to improve the clarity of the manuscript. Segments of new text are underlined.

Purposeful sample (page 3)

“We conducted a qualitative study using in-depth, in-person interviews [18] with an information-rich, purposeful sample [19] of individuals in healthcare leadership roles. A purposeful sample includes individuals who have direct experience with the phenomenon of interest and therefore can provide unique insight into the central research question.”

Code structure (page 5)

“We finalized a comprehensive code structure (a list of codes and their essential properties and definitions).”

Constant comparative method (page 5)

“We employed the constant comparative method (Glaser and Strauss 1967; Bradley 2007), an analytic approach in which verbatim quotes are catalogued into essential concepts (or codes). As the transcripts are reviewed, sections are constantly compared with previously coded sections to determine whether the same concept is apparent. If the concept cannot be classified within existing codes, the definition of codes may be expanded or refined as necessary to fit the concepts emerging from the data.”

Tending to relationships was replaced with “investing in and managing relationships” (pages 6 and 8) and well-tended was replaced with “collaborative” on page 13 and 14.

Comment 2: It would strengthen the paper to have a table of frequency of responses, if this was what resulted in the 5 key themes. I remained unclear whether these were the results of the analysts’ consensus or based on frequency or some other measure.

Response: We appreciate the opportunity to clarify the process through which the themes were derived. The themes were derived through qualitative analysis using a systematic coding process (Patton 2002; Miles and Huberman, 1994; Glaser and Strauss, 1967; Bradley et al., 2007) to identify central unifying themes across the interview dataset based on consensus among the analytic team members. Reporting frequency of responses can be misleading given the purposeful sampling strategy and open-ended discussions that form the basis of high-quality qualitative data (Driscoll 2007). We added the following clarification, together with citations that describe this process, on page 5:

“We reviewed the final codes, including their defining properties and their relationship to one another, to arrive at consensus regarding the central unifying themes that emerged from the data (Patton, 2002; Bradley 2007).”
Comment 3: Some key terms need explanation. Finding things ‘important’ is one example. How was important defined? Did respondents say things were important? Looking at the discussion questions I am wondering how this idea of importance emerged? Was that the researcher’s interpretation?

Response: Thank you for the suggestion to provide additional explanation for key terms, particularly ‘important’ as used on page 6. The idea of importance primarily emerged through researcher inference, as is common in qualitative research (Patton, 2002), although in some instances respondents made explicit attributions regarding the importance of a given experience. We have revised the text in two places in an effort to be more concrete, as summarized below. We are glad to provide additional explanation for other key terms if the editor or reviewer makes a specific recommendation.

“Five key themes emerged as common to participants’ experiences in their leadership roles: 1) having an aspirational, value-based vision for improving the future health of the country, 2) being self-aware and having the ability to identify and use complementary skills of others, 3) investing in and managing relationships, 4) using data in decision making, and 5) sustaining a commitment to learning (Figure 2).” (page 6)

“Our findings suggest that, while these skills are useful in leadership roles, competencies relevant to managing relationships, particularly in the context of increasing accountability, are also critical in the sub-Saharan African context.” (page 13)

Comment 4: I think these findings could have some implications for issues of governance and I wonder whether you have considered relating them. So, for example, the emphasis on relationships may relate to trust, which is known to be important in networking and influencing. So how does trust relate to good governance and relationships? Even if you do not expand on this theme it might be important enough to get mention.

Response: We agree with the reviewer that trust is known to be central to networking and influencing and likely plays a role in good governance and relationships. Respondents did reflect on the value of trusted others, who provided advice and feedback to guide decision making. We added the following on page 12:

“They also expressed a balance between taking responsibility for and owning the achievement of better health for the future of their country and accepting the interdependencies inherent in their roles; they did not perceive themselves as operating independently or in isolation from their broader environments and instead spent time developing relationships with sentinels inside and outside of their organizations whose feedback they could trust.”
Comment 5: There are important implications in these findings for developing leadership skills and you mention the challenges of developing relationship skills – very important. Do you have any insights into how respondents did develop these skills? Could we learn about how to develop these skills in others?

Response: We agree with the reviewer that these findings have implications for developing leadership skills and that insight into how the respondents developed their skills is critical for future capacity building efforts. As our focus in this study was on the conceptualization of leadership based on experiences of individuals in these roles, we did not examine how participants developed relationship skills in particular. We believe this is an area important for future research and have added the following to the implications currently in the discussion on page 13:

“Efforts aimed at developing these skills in future leadership might include opportunities for experiential learning, close supervision and mentorship, and explicit focus throughout the system on the value of investing in and managing relationships. This is an important area of future research.”

Comment 6: How did you define leadership? Was it those who were in positions in which they would have to lead (ie related to hierarchy?) or self-defined? Or defined by others? This would help us to understand what you are understanding by [sic?] leadership.

Response: Thank you for the opportunity to clarify our definition of leadership in this study. Because our aim was to develop an understanding of leadership de novo, based on the experiences of individuals in those roles, we did not begin with an established definition per se. We do agree it is important to be clear about how the individuals were identified as being in ‘leadership roles.’ We added the following to page 3:

“We conducted a qualitative study using in-depth, in-person interviews [18] with an information-rich, purposeful sample [19] of individuals in healthcare leadership roles. We contacted the Minister of Health in each of the four countries; each Minister identified individuals who serve in key leadership roles in the health sector at the national or regional level in each country.” These individuals were nominated to serve as delegates to a global health leadership conference in June, 2010, at Yale University in New Haven, Connecticut.

References:

Bradley E: Qualitative data analysis for health services research: developing taxonomy, themes and theory. Health Services Research 2007, 42:1758-1772.

