Author's response to reviews

Title: A Literature Review: The Role of Private Sector Involvement in the Production of Nurses in India, Kenya, South Africa and Thailand

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Author's response to reviews: see over
Dear Editors and Reviewers

We truly appreciate your valuable comments and suggestions on our manuscript. We are very grateful to the reviewers for their positive and helpful suggestions and we feel that the quality of the manuscript has been significantly improved as a result. We are pleased that the reviewers agree that the manuscript will be a valuable contribution to the literature in this area. Learning from your comments is a good opportunity to build up over capacity. Having consulted with all co-authors, we would like to address your comments point-by-point as presented at the end of the letter.

In summary, we are grateful to BMC in providing opportunities for researchers to share their knowledge and learn among others. We do hope that the clarifications shown below respond to your comments adequately, and are looking forward to hearing from you soon.

Best Regards
Jaratdao et al.
Dr. Edith Patouillard

Major compulsory revision

1. Missing of the table 1,2,3
   - All tables have been posted at the end of the text file.

2. Trend in supply/demand/policy outcomes specify over which period (page 3, method section)
   - Over the past decade--we revised the text to make it clearer. Please see line 120 (page 3) and line 123 (page 4).

3. Supply for nurses subsection
   - Add definition to density and What is the difference between the number of nurses produced in private sector and the production capacity of private nurse institutions
   - We have revised the text as it appeared as 'Supply was defined as the number of nurses overall (stock of nurses), the actual number of nurses produced in the private sector, and the total production capacity of private nurse education institutions...' (line 123-127 page 4). We hope that this will give a clearer sense of supply. For density, we report the ratio of nurses per 1,000 population as it appeared in the result section.

4. Demand for nurses subsection
   - The meaning of 'responsiveness' and its indicators
     - Initially we added the word, 'responsiveness', to capture how nurses respond to the public demand. However 'responsiveness' in our intention is just a general term, not a specific term as defined by WHO. Having consulted with all coauthors, we decided to take this word out from the text for avoiding confusion. However in the search strategy we still keep it as one of the search terms.
   - Is it feasible to extend the scope of the review to high income countries?
     - We scope the review in the four countries (India, Kenya, South Africa and Thailand). Therefore it would change the extent of the review greatly if we modified the scope of the review to other high income countries. However literatures from the review reported the demand for nurses from high income countries (international demand) that affects the four countries of our interest, we will include the finding in the result section as well.

5. Policies subsection--provide rationale for focus on these three policy aspect questions: quality of nurses, public and private partnership, and accreditation of institutes
   - These three questions were derived from the brainstorming amongst the authors in line with the consultation with the senior officer in the Ministry of Public Health in Thailand, Dr Viroj Tangcharoensathien, whom we acknowledged his contribution in this regard. Please see line 128-132 page 4.

6. Add a table clarifying the selection process.
   - Please see response in line with question No. 7

7. Develop a table listing the scope of evidence/references
   - We have already added a table (table 2) mapping research questions with selected articles. We apologize for any mistake that made the table not shown for your first review. The table is now placed at the end of the text
Table 2 matches the research questions as indicated in the top row of the table with the result found in each literature. Thus the comparative analysis can be easily read by the readers. Please see table 2 page 13-15.

8. Discussion section

- Utilization of Nurses Graduating from Private Nursing Education Institutions
  - how 'Orientation to the national health systems' and 'responsiveness' are measured? 'Impact on health outcomes'?
    o As indicated above, that 'responsiveness' in this paper is a general term, not a specific term defined by WHO, which has its own indicator. This is also the case of 'orientation to the national health systems' and 'impact on health outcomes' which we admitted that we could not find clear indicators from the literatures relating to these issues. Having consulted with all authors, we decided to drop this paragraph out to avoid misunderstanding. However the main content of this section still remains.
  - Can the authors develop their points/thoughts on whether nurses in the private sector add value on the labour market, or whether nurses in the private sector add value to the healthcare education system?
    o From the literatures retrieved, we are not confident to give a clear thoughts/views to what extent private nurses add value on the labour market as well as the education system. Such that our view might go beyond the finding. Nevertheless we still showed finding from the references that presented how nurses from private education institutes affect the labour market and healthcare education system. Like what we showed in line 355-360, presented the case study in India, showing the remittance gained by Indian companies from sending each nurse abroad.
  - Add reference/evidence to support the statement of large profits being made by private sector institutions
    o References were added, For instance paper No 18 for the case study in India and paper No 19 (line 355-360) for the instance in Kenya (line 362-366).
  - Add reference/evidence of benefits made by/in developed countries
    o We could not find explicit evidence on this issue in the developed countries. We agreed that this was a crucial point that would make us to have a clear understanding on private nursing contribution and further research should be made.
  - Policies recommendation-- Are policies all relevant to the studied countries? Are there policy specificities that each county should consider?
    o We have added the country names for specific policy consideration. For instance, "The entrance of ...loosening of legislation to intentionally allow private production of health professionals in some countries as has been the case in Thailand, and a lack of legislation...in other countries including India..." (line 370-378).

Minor essential revisions

1. Method section: 'descriptive review' or 'systematic review'?
   o We changed the word 'descriptive review' to 'scoping systematic review' for better explaining the nature of this work. This article is systematic review in nature, however, we did not conduct the full range of review
(more detail in the limitation section), thus we prefer using 'scoping systematic review'\textsuperscript{line 111} page 3.

2. Figure 2 revision
   \begin{itemize}
   \item The figure 2 was revised for better understanding and the text in method section was modified to better explain the figure. The missing word (xxx) was cleaned. The 657,448 references were a pool of articles retrieved after applying the keywords, but before applying Boolean search strategy and extracting duplication \textsuperscript{the explanation is in line 145-149}. After applying Boolean search, 463 potentially relevant articles were selected. Duplicate data was excluded which left a total of 206 articles for further review \textsuperscript{the explanation is in line 158-161}.
   \end{itemize}

3. Typo error, where it says "the literature reviewed did not...
   \begin{itemize}
   \item Already changed to "The literature review found no evidence...." \textsuperscript{line 247 page 6}.
   \end{itemize}

4. Move the demand section before supply section
   \begin{itemize}
   \item Done
   \end{itemize}

5. Demand for nurses section: it seems like there is a mix of supply and demand issue in this section as it refers to nursing supply in crisis.
   \begin{itemize}
   \item We have cleaned the text to make it clearer. Our intention is focusing on the demand, however the phrase 'nursing supply is still in crisis' is just referring to the country context where the problem of demand was pronounced. \textsuperscript{line 203-210 page 5}
   \end{itemize}

6. Page 7, paragraph starting with 'while this may be inferred...'--the meaning of the sentence is not clear.
   \begin{itemize}
   \item The text was already modified. \textsuperscript{Please see line 333-341}
   \end{itemize}

7. Risks and benefits of the private nurse production
   \begin{itemize}
   \item Although literature did not provide clear benefits or risks from the private nurse production, there were information that could be implied as potential risks. That is why we reported this in the discussion section, not in the result part. The statement was soften, saying that this was just a potential risk. Please see example in line 324-331, and references were already included.
   \end{itemize}

8. Limitation of the study: helpful to clarify the limitations of the methods employed in the study and limitation of the results of the study
   \begin{itemize}
   \item We have separated the limitation into two separate paragraphs: (1) the first describing the search strategy limitation and (2) the second describing the limitation from the articles retrieved. \textsuperscript{line 404-414 page 9}
   \end{itemize}

9. Conclusion--can author develop what are the dynamics of the labour market?
   \begin{itemize}
   \item We used the word 'dynamics' in a general term, referring to 'changes'. This is not the 'actual dynamics' in many economic literatures. Thus we changed this word to 'changes' \textsuperscript{line 418 page 9}.
   \end{itemize}

10. Add overview on the broader context and health systems
    \begin{itemize}
    \item We agreed that it would be very useful, if we added the overview of the context in these four countries. However we considered that it would be better if it was placed in the background. Thus we added a short phrase in line 102-104, saying that the context of country these four countries varied greatly in many terms. For more information, the readers can reach it in the \textit{additional file 1} which we compiled all key indicators regarding the demographic background and health systems setting of these countries.
    \end{itemize}
11. Discretionary revision--finding section: please add brief overview on the scope of 187 articles that excluded because of irrelevancy; and specify which approach was taken for articles with no abstracts.
   o The scope of 187 excluded articles varied greatly and it was quite difficult to describe in detail here. Irrelevancy in this sense refers to the inability to match with our conceptual framework or research questions. Therefore we prefer to describe in general that "Only 19 articles relevant to the above conceptual framework..." (line 164-166). For the article whose abstract was not retrieved, we would screen only its title. However almost all articles retrieved from the first stage of selection contained abstracts.

12. Limitation of the study--would move to this section at the start of the discussion section?
   o We would prefer placing the limitation section after discussion as it is conventionally done in a scientific article. However we agree with you that the readers should be reminded about the limitation of this study before they further explore into the discussion part. We therefore put a sentence '...however it should be noted that this review is subject to a number of limitations which are set out separately below (line 294-295)' at the start of the discussion section. This would make readers cautious about our analysis.
Dr. Graham Roberts

We received two reviewer’s report files from Dr Graham. Thank Dr Graham for the detailed comments. To clarify our response, we have separated our works on the two reports as follows:

**Reviewer report sheet 1:**

**Major Compulsory Revisions:**

1. The paper forwarded did not include Table 1, 2 and 3.
   - All tables have been added at the end of the text file.
2. Methods: First dot point: Line 1. The mention of ‘trend’ requires a statement of the period – over what time?
   - We have indicated the trend for the period of 10 years (‘over the past decade’). Please see line 120 (page 3) and line 123 (page 4).
3. Outputs from Private Nursing Education Institutions: 4th Para. Not sure if this is a continuing reference to the Philippines – and/or how that juxtaposes with the mention of SA in the last half of the sentence.
   - We have revised the text to make it clearer and added reference regarding the information in South Africa (reference 9) which is different citation from the first paragraph (reference 7, 19, 28). Please see line 306-322 (page 7). Para 6. The mention of the more esoteric concern for private institutions not imbuing a sense of public service is not supported by evidence in this paper – it’s speculative and perhaps should be omitted.
   - This issue was derived from the discussion amongst the authors along with the concern raised by senior officer in the Ministry of Public Health in Thailand, Dr. Viroj Tangcharoensathien, whom we acknowledged his contribution in this regard. We found that this is a common and contentious issue in Thailand as well as many other countries. Therefore we would like to keep it. However, the text was already modified to make it clearer and indicate gap of knowledge on this issue for future research (Please see line 333-341 page 8).

**Minor Essential Revisions:**

1. Number of nurses produced (p5). Para 1 last sentence. This statement could be read as a failure of the literature review – but it does not achieve a definitive statement as to whether or not private sector training of professional nurses had occurred in South Africa.
   - This paragraph has been rewritten to address the nurses’ cadres as well as country specified to improve clarity, however the main content of this section still remains (please see line 232-233, page 6).

**Discretionary Revisions:**

   - Done (please see line 343-344 page 8)
2. The mention of ‘no clear evidence ....in terms of training curriculum and orientation to national health systems’ – is to be expected as there was no mention of curriculum review among the research questions listed in method. The closest question was one of demand but it is not presented as related to curriculum review and the orientation of curricula to the national health systems.
2nd sentence. 'lack of evidence regarding the responsiveness of these nurses’…….. (who are ‘these’ nurses)? The comment about it being ‘questionable …..add value to the labour market and health care education system’ are also somewhat outside the methods of the paper. While it is reasonable to raise the question, the use of the word ‘questionable’ imparts a pejorative (negative) value that is not supported or refuted by the evidence in this paper.

- We admit that we could not find the literatures relating to these issues. Having consulted with all authors, we decided to drop this paragraph out to avoid misunderstanding. The other paragraphs in this section also modified to make it clearer. However the main content of this section still remains.

3. Conclusions: First sentence: While it may be ‘indisputable’ there is little evidence in this paper to support the claim in its entirety. (It makes sense intuitively – but no evidence or reference is provided to support the claim).

- We changed the word ‘indisputable’ to ‘should be noted’ for better explaining the nature of this work (please see line 418 page 9).

**Reviewer report sheet 2:**

**Detailed comments by section and paragraph:**

2.1 Background paragraph 4. Delete ‘and’ prior to Indian Institute of ….  
- Done (please see line 100 page 3)

2.2. --Methods: Para 1. Delete ‘instead of a descriptive review’  
- Change to ‘A scoping systematic review..’ (please see 111 page 3)

- First dot point: Line 1 The mention of ‘trend’ requires a statement of the period – over what time. And Line 3. Insert ‘the’ prior to private sector  
- Done (please see the answer above in the major compulsory section, Q2.)

2.3. --Number of nurses produced (p5). Para 1 last sentence. This statement could be read as a failure of the literature review – but it does not achieve a definitive statement as to whether or not private sector training of professional nurses had occurred in South Africa. And Para 2. ‘all new nursing graduates does not distinguish between enrolled and professional nurses (as was made distinct in the SA paragraph above).  
- Done (please see the answer above in the minor essential revisions, Q1)

2.4. Production Capacity of Private Nurse insert “education” Institutions.  
Para 2. The paragraph commences with a statement about the quality of graduates being questioned. The mention of Kenya on line 3 does not conform to the premise of the paragraph – (questionable quality) as it suggest more staff in the private sector than the public – which might suggest better quality.

- We just show instances from the countries reviewed which might imply the quality of education. Though Kenya showed higher ratios of tutors to students, we are not confident that higher quality was ensured. We therefore keep the main content as such. By the way the text was revised for more clarification. (Please see line 256 - 263 page 6).

2.5. Demand for Nurses:  
Paragraph 2. The listing of MDGs is probably sufficient without the ‘such as’ spelling them out that follows.

- Agree with your comments. This phrase has been dropped out.

2.6. Policy Environment Para 2 - 2nd sentence – start with a capital As…….

- This sentence has been rewritten according to the other reviewers’ comment (please see line 273-277 page 6). By the way main content still remains.

2.7. Discussion: Para 1. Last sentence – suggest the inclusion of the word ‘in the 4 countries reviewed’ after ‘universal’

- Done (please see line 297-299 page 7).
2.8. -- Outputs from Private Nursing Education Institutions: 4th Para. Not sure if this is a continuing reference to the Philippines – and/or how that juxtaposes with the mention of SA in the last half of the sentence.
   -- Para 6. The mention of the more esoteric concern for private institutions not imbuing a sense of public service is not supported by evidence in this paper – it’s speculative and perhaps should be omitted.
   o Done (please see the answer above in the major compulsory section, Q.3)
2.9. -- Utilisation of Nurses Graduating from Private Nursing – insert Education – Institutions.
   o Done (please see line 343-344 page 8)
   -- Para 1. The mention of ‘no clear evidence ....in terms of training curriculum and orientation to national health systems’ – is to be expected as there was no mention of curriculum review among the research questions listed in method. The closest question was one of demand but it is not presented as related to curriculum review and the orientation of curricula to the national health systems.
   2nd sentence. ‘lack of evidence regarding the responsiveness of these nurses’…….. (who are ‘these’ nurses)? The comment about it being ‘questionable ......add value to the labour market and health education system’ are also somewhat outside the methods of the paper. While it is reasonable to raise the question, the use of the word ‘questionable’ imparts a pejorative (negative) value that is not supported or refuted by the evidence in this paper.
   o This comment is same as above. (please see the answer above in the discretionary revisions section, Q. 2)
Para 2. The discussion surrounding relevant issues in the Philippines raises the question as to why it was not included in the review.
   o We scope the review only in the four countries (India, Kenya, South Africa and Thailand). However we also reported some pieces of evidence from the review which pointed out the impact of importing nurses to high-income countries. What happened in the Philippines is just an instance. This information was thus included in the discussion section, not in the result section, the Philippines was not confined to the scope of our review.
2.10. Limitations of the Study: 2nd last sentence – systemic or systematic?
   o We changed the word ‘systemic’ to ‘systematic’ (please see line 407 page 9).
2.11. --Conclusions: First sentence: While it may be ‘indisputable’ there is little evidence in this paper to support the claim in its entirety. (It makes sense intuitively – but no evidence or reference is provided to support the claim).
   o This comment is same as above. (please see the answer above in the discretionary revisions section, Q.3)
   --3rd sentence: ‘achieved through effective accreditation and licensing systems’ – can the authors also suggest national examinations common to both private and public sector schools?
   o We just would like to highlight the importance of effective standardized accreditation and licensing systems. Suggesting ‘common’ national examinations for both public and private sectors is quite beyond the findings from this review. Hence this sentence was rewritten in order to improve its clarity (please see line 422-425 page 9).
Reviewer's report:

Minor comments - For the Attention of the authors only -: Pl. refer to sections on 'Abstract', 'Methods', 'Findings', 'Nursing supply', 'Nurses produced in the private sector', 'Demand for nurses', 'Policy Environment', 'Limitations of the study', 'Conclusion', 'Authors' contributions', and 'Acknowledgements', where typographical, grammatical and stylistic suggestions are marked in red when you open the manuscript on the computer screen by changing what are marked in red into black and deleting the word underlined under 'Conclusion'.

  o Done

Figure 1: Box on 'Demand for Nurses' the last two items should also be in plural changing to 'factors'.

  o Done (please see figure 1)

Figure 2: In the second box on the left 'detailed' should be 'details'. In the first box on the right 'potential' should be 'potentially'.

  o Done (please see figure 2)

Tables 1 & 2: I didn't have access to these two as these were not included in the manuscript up-loaded to the web.

  o All tables have been posted at the end of the text file. We do apologize for this technical error.