Author's response to reviews

Title: Supervision, support and mentoring interventions for health practitioners in rural and remote areas: a systematic review and thematic synthesis of the literature to identify key mechanisms for successful outcomes

Authors:

Anna M Moran (amoran@csu.edu.au)
Julia A Coyle (jcoyle@csu.edu.au)
Rod Pope (rpope_res@bigpond.com)
Dianne Boxall (dboxall@csu.edu.au)
Susan A Nancarrow (susan.nancarrow@scu.edu.au)
Jennifer Young (jyoung@csu.edu.au)

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Author's response to reviews: see over
Response to reviewer comments

Thank you for re-considering our revised manuscript titled “Supervision, support and mentoring interventions for health practitioners in rural and remote contexts: an integrative review and thematic synthesis of the literature to identify mechanisms for successful outcomes” for the thematic series “Right Time, Right Place: Improving access to health service through effective retention and distribution of health workers.”

We would like to thank the reviewers for their suggestions and input. We have addressed concerns below.

Key concerns raised by reviewers and response by authors

1) Definitions of the terms supervision, mentoring and support are required

   These concerns have now been addressed in the introduction and body of the manuscript, where the focus of the paper on support interventions (encompassing all sorts of supervision, mentoring, CPD etc) has been clearly indicated and a definition of support has been provided and justified.

   We have also re-structured the paper to be clearer in our use of terminology and definitions of ‘Support interventions’ (see results, heading ‘Support Interventions’) and ‘Successful outcomes (see table 5).

2) Search strategy requires attention (time frames justified, clarification of exclusion of nursing, specificity of inclusion/exclusion criteria, definitions of rural and remote)

   These issues have been addressed in the revised manuscript. Please refer to revised information under the headings: inclusion/exclusion criteria and search strategy. Please also see revised content of tables 1, 2 and 3 and response to issue 7.

3) How was the issue of publication bias addressed?

   We have included the following statement: ‘Given the mass of literature identified and the broad concepts explored, further additional hand searches of cited reference lists was not conducted nor were searches conducted within the grey literature or other sources.’

   We have also acknowledged that this is a potential limitation of the review. For example important reference documents that are not found in the peer reviewed databases, such as Humpheries et al. (2007), could have further informed this research however it was not within the scope of the current project to explore such further sources of evidence. Where
appropriate, references such as this have been included in the background/introduction and discussion.

4) **Issues around strength of use of ‘hierarchy of evidence’ as a means to critically appraise the quality of papers / lack of criticality and therefore justification of this research as a ‘systematic review’**

In response to these concerns and with specific reference to Reviewer 3’s article ‘How far can systematic reviews inform policy development for "wicked" rural health service problems?’ (Humphreys et al., 2009) we have re-structured the paper to align more closely with integrative review methodologies (Whittemore and Kanaf, 2005) rather than traditional systematic review approaches.

The process for assessing quality is complex. Although a number of tools exist, there is no gold standard for calculating quality scores. The use of an integrative review methodology with thematic synthesis as a methodology to extract a fuller understanding of ‘relationships, mechanisms and meaning’ within the evidence base (Pawson and Tilley, 1997, Whittemore and Kanaf, 2005) enables extraction of information from research that traditionally may not have been considered for review.

On reflection of all reviewer comments, in particular Reviewer 3’s concerns, it became clear that this paper focused more on the mechanisms specific to rural and remote contexts that contribute to successful support interventions in rural and remote areas rather than the educational technique or content of the intervention itself. As such, as we were primarily interested in qualitatively exploring and mapping the relationship between the *context* of the support intervention; the mechanisms that related to this context; and the interaction of these on the outcomes of support strategies. The magnitude of impact of the intervention itself was therefore not assessed. Instead, we used thematic techniques to identify any evidence that linked rural and remote contexts with mechanisms and outcomes. As such, although the strength of evidence was examined, quality assessment was not considered paramount to the identification of relationships.

5) **issues around how retention is linked to success factors**

*Example comment - In relation to the assumption that CPD has a positive effect on workforce retention, the evidence so far is not convincing. There may be new evidence but this is needs to be addressed in the introduction or in the discussion section.*

We have addressed this issue in the introduction/background.

6) **Defining ‘success’**
Example comment: There is some degree of ambiguity throughout the paper in relation to what is meant by “successful outcomes”. It may be useful to report how various authors defined this concept …

we have addressed this concern by inserting a table (table 5) that summarises all reported outcomes that have been utilised to characterise ‘success’

we have also inserted a description of outcomes and how these have been used to define success (see heading ‘Defining Success: measures used to examine the impact of support interventions on patient, staff and service outcomes’)

7) Issues around the utility and accuracy of drawing conclusions across all professions (making interprofessional comparisons) AND also geographic comparisons (rural vs remote):

As described above, we have altered the focus of the paper to explore the relationship between mechanisms specific to rural and remote contexts that are associated with successful support strategies. We believe the focus on mechanisms relating specifically to the rural and remote context, rather than the content of the intervention itself, better enables the comparison of interventions across professional groups.

Across both rural and remote contexts exists huge diversity, and have not, in this paper, been considered as dichotomous. We have therefore explored these contexts as a single form to try to elucidate the mechanisms that may be relevant and helpful to practitioners who work in any type or form of rural-remote health service. The introduction/background has however been revised to reflect issues around comparing rural and remote contexts and incorporates reviewer 3’s suggestion to comment specifically on a systematic review that examines education and training interventions (Humphreys et al., 2007).

Other issues raised

8) Introduction needs to introduce workforce retention and rural health outcomes as issues

This has been addressed

9) Conflicting statements:

At the start of the discussion section, the manuscript reads that “……has identified key mechanisms that contribute to successful outcomes for staff, patients and services”. And yet in the latter part of the discussion section the manuscript reads “…..there is a lack of consistent, quantifiable evidence demonstrating the measured impact of supervision/support and/or mentoring interventions on other staff, patients
and/or service outcomes”. While I think I get the gist of what the authors are referring to, on face value, these two statements seem conflicting. Amending these could ameliorate any confusion regarding the findings of this review.

This has been addressed

10) Section describing key mechanisms by mode of delivery requires more description and use of literature

This has been addressed by incorporating mode of delivery as a mechanism. The information has been expanded to better describe the findings. Please refer to heading ‘Mode of delivery, format and timing’ in the results section.

11) Discussion needs to ‘value-add’ and indicate where further research should be directed

We have addressed these concerns. Please refer to the revised discussion section.

12) Benefit would be gained by including reference to the limitations of systematic reviews in the rural and remote context

We have incorporated this suggestion through referring to reviewer 3’s work.

Formatting issues raised:

13) Figure 2 requires greater clarity

This has been addressed

14) Figure 1 requires clarity (is distorted)

This has been addressed

15) Table borders need adjusting

This has been addressed

16) Plural of data

This has been addressed

References

