Author’s response to reviews

Title: Advanced practice nurses’ and general practitioners’ first experiences with introducing the advanced practice nurse role to Swiss primary care: a qualitative study

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Cover letter: point-by-point response to the reviewers’ comments

Revisions of “Advanced practice nurses’ and general practitioners’ first experiences with introducing the advanced practice nurse role to Swiss primary care: a qualitative study" (FAMP-D-19-00057).

Dear Dr. Maria Zalm

Sincerest thanks. Our modifications in response to the reviewer comments are documented below:

Reviewer 1: Tuomas-Heikki Koskela

1) Abstract: It's difficult to extract the results from the abstract. I would distinct the themes instead by using 1)..2)..3)

Response: We agree and revised the abstract accordingly.
2) Background: This sentence should be simplified: "The dominating movement has focused on the CNS role, mainly in research and leadership at university hospitals"

Response: We simplified the sentence: "The dominating movement has focused on CNS, who work in research or provide leadership at university hospitals." (Lines 105/6)

3) Background: "As a pragmatic solution, most APNs currently use 113 TARMED under the global location number (GLN) of their supervising GPs to reimburse their services at a lower rate than the doctors [unpublished observation]. Who take the responsibility of the patients ultimately? Who is responsible for the patients if APNs don't have official role in Swiss system?"

Response: We agree that this information was missing and added it accordingly, including a reference: "According to Kieser [20], for the time being the accountability lies with the GP, who delegates the tasks to the APN." (Lines 120/21)

4) Methods: What is the theoretical framework of this study? Phenomenology? Content analysis?

Response: We agree that this information was missing in the introductory sentence of the methods and added it: "This study followed an exploratory qualitative design with focus groups and individual interviews using a hybrid approach of thematic analysis." (Lines 135/6)

5) Methods: For transparency, the knowledge of interviewers of the topic and researched practices should be clarified here (did the researchers know the interviewees previously?)

Response: We added a part (“Research team”) to provide this information: "All authors had profound knowledge of the topic APN in Swiss primary care due to their research activities in this field and knew the participants from the two projects in which they conducted the evaluations. The other study participants were not known beforehand." (Lines 148-51). More information can be found at the end of the article in "Authors’ contributions” and “Authors’ information".
6) Methods: Were there any APNs or GPs who refused to participate or dropped out?
Response: We added this information accordingly: “One APN and her supervising GP refused to participate as they were occupied with their own internal evaluation.” (Lines 163/4) “Altogether, nine nurses and four GPs (…) participated in this study and no one dropped out.” (Lines 167/68)

7) Methods: The role of participated APNs should be described better in order to understand their views better. What kinds of duties the participants had in the practice? Making triage/diagnoses in primary care? Writing prescriptions? Something else?
Response: We agree that this information was missing in the methods and added it accordingly: “In the APN role, the participants provided direct patient care and clinical tasks such as physical examination during in-office consultations, and conducted preventive and follow-up home visits to mainly multimorbid elderlies.” (Lines 160-62) To explore further what they did was part of the study’s aim and is described in the results.

8) Methods: How many data coders coded data?
Response: Data was coded by one author (SG), in accordance with Fereday’s approach. We added this information accordingly: “Even though the steps are illustrated separately here, the whole process was iterative and intermediate results of the first author (SG), who performed the coding, were discussed with another author (SE).” (Lines 210-12)

9) Results: In order to be clear I would distinct the themes by using 1).2).3)…
Response: We adjusted the results and discussion (summary of the results) accordingly.

10) Results: I would specify more the titles of the themes:
- "Awareness of limits" -&gt;too general topic in my opinion? -&gt;Awareness of limited skills?...
- Lack of knowledge regarding the APN role -&gt; Doctor's lack of knowledge regarding the APN role?
- Political and legal issues &gt; too general title, please specify!
Response: We agree that the titles of the themes were too broad and adjusted it accordingly after discussing possible specifications. “Awareness of limits” -&gt; “Awareness of limited knowledge and skills”. “Lack of knowledge regarding the APN role” -&gt; “GP’s lack of knowledge regarding the APN role”. “Political and legal issues” -&gt; “Political and legal obstacles in introducing the APN role”. We acknowledge that the last one might still appear broad, however, this theme includes different aspects such as legislation, professional politics, regulations, reimbursement and education.

11) Results: Were there any diverse cases or minor themes, which were not discussed?

Response: In one project, a highly discussed theme was the distinction between the APN role and the so-called “medical practice assistants” who are part of every Swiss family practice. In response, we conducted further interviews to explore this topic in more depth. We decided to write a separate paper about it, which will soon be published. Another theme that occurred was “patient satisfaction”. However, patient satisfaction was high in all cases and has extensively been described in international literature already. For this reason, we decided to omit this theme.

12) Limitations: Do you consider it as a limitation that you had just focus groups for APNs, not for GPs and just four GPs from two distinct practices were interviewed? Was data saturated in terms of GPs comments? Did you discuss about data saturation in your research group?

Response: It is certainly a limitation and we added it accordingly: “We did not conduct focus groups with GPs, as they were difficult to recruit outside the ongoing evaluations due to busy work schedules and other projects.” (Lines 507-9) However, we do not consider it as a major limitation as there are only a handful of projects and we still managed to interview four GPs with different personalities, ages and experience from two different settings. We discussed data saturation within our research group and added this information in the methods (participants) section: “Altogether, nine nurses and four GPs with different backgrounds and experiences participated in this study and no one dropped out. Nine individual interviews and two focus group discussions were conducted. Our research team considered data saturation as achieved within this pioneer setting with only a handful of projects limiting the potential sample size.” (Lines 167-70)

13) Discussion: What kind of impact these results have beyond Switzerland internationally?
Response: Thanks for this very good input. We added it in the discussion (implications & outlook): “Our study might provide valuable insights for other countries with similar health care systems such as Germany or Austria, which are also in the early stages of introducing the APN role to primary care.” (Lines 530-32)

14) Additional files: Were the interview guides different in different practices? If yes, why?

Response: Yes, the interview guides were slightly different because the two projects were not at the same stage. We now specified that in the methods: “Interview guides were developed to cover aspects considered relevant by international reviews [9, 25] with the goal to cover all important issues (i.e. organisation, collaboration, mentorship, tasks, competencies, acceptance, benefits and reimbursement) without restricting the conversation, and were adapted to the different settings and stages of the projects (see Additional file 1).” (Lines 183-87) Please, see also Table 1 (Project launch) and the first sentence within “Data collection” (Lines 179-82).

Reviewer 2: “Academic Peer Reviewer”

1) A purposive sampling method was used to recruit the participants. The authors may need to specify on how this was performed? Whether the working experiences, gender were considered when recruiting participants.

Response: We agree and tried to specify our sampling method by adding the following phrase in the corresponding paragraph: “We received these e-mail addresses by attending conferences, checking practice websites and reaching out to people from universities, universities of applied sciences as well as other projects known to us.” (Lines 155-57) We also added more details on which factors were considered when recruiting the participants: “At the time of the study, nurses were included if they worked as APNs in primary care, if they were about to start work as APNs, or if they had previous experience in primary care (e.g. during their studies). Other factors such as the length of work experience or gender were not considered in the recruitment process.” (Lines 157-60)

2) The sample size determination was not mentioned in the paper, and I believe the main study limitation of the study is the small sample size. Data saturation is the principle to determine the sample size, however, given the current sample size, this is less likely to be achieved. The rationales for not having enough participants need to be provided.
Response: We agree that this information was missing and now provide it: “Our research team considered data saturation as achieved within this pioneer setting with only a handful of projects limiting the potential sample size.” (Lines 168-70) Nonetheless, we are aware that the small sample size is a limitation of our study and we addressed this further in the section Strengths & Limitations: “We did not conduct focus groups with GPs, as they were difficult to recruit outside the ongoing evaluations due to busy work schedules and other projects.” (Lines 507-9) Rationales for non-participating GPs / APNs is now also given in the methods: “One APN and her supervising GP refused to participate as they were occupied with their own internal evaluation.” (Lines 163/64)

3) Need to details on how the trustworthy and rigor of the study in terms of confirmability, dependability, credibility and transferability were ensured.

Response: We agree that some parts of the methods were missing. We added more information in the methods: “The hybrid approach of thematic analysis by Fereday et al. [26] was chosen to ensure clarity of the data analysis process, trustworthy and scientific rigor.” (Lines 198/99) We also provided more details in the section Strengths & Limitations: “Regardless, the generalisability and transferability of our results might be limited due the small sample size. Furthermore, our study design is prone to selection bias in the sense that only people already involved in projects and motivated to participate were part of the study (though this is not unusual for a pioneer setting). Our study is also prone to self-reporting bias since the participants were interviewed about their own activities and achievements. This might compromise the credibility of the results. To reduce researcher bias and ensure trustworthy, the data analysis followed a structured and rigorous approach using a theoretical framework.” (Lines 512-18)

4) The findings of the study were basically well presented, but it reads a little lengthy. The authors may need to further make concise of the findings and discussion to make it easier for the readers to follow.

Response: We agree that the results and discussion parts are a bit lengthy. We shortened repetitive parts of the discussion (e.g. lines 465/6). In order to be more concise and to facilitate the reading, we added numbers to the five themes and specified them further (as recommended by reviewer 1). In order to shorten the results, we were able to delete two quotes (lines 344 and 369/70) that did not add new information.

*the lines given in brackets correspond to the lines shown in the mode where the corrections are visible

Luzern, September 20, 2019