Reviewer's report

Title: A study of macro-, meso- and micro-barriers and enablers affecting extended scopes of practice: the case of rural nurse practitioners in Australia

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Reviewer: Julie Scholes

Reviewer's report:

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Thank you for submitting this interesting paper for review. I have a few comments with regards methodological contradictions that are evident in the language used in the paper.

You do not provide a methodology to frame the 'qualitative study' and references 18 and 20 - give no indication that this research has been designed following any specific theoretical or philosophical position. A 'socio-institutional lens' using the macro, mess and micro factors is theoretically weak and insufficiently coherent to frame the design. The authors' use use the term 'informants' for their interviewees - which seems at odds with the qualitative tradition. I feel the paper would be strengthened if a methodology is claimed and this would provide a rationale for the authors' approach to their participants, sampling and the approach you have taken to recruitment and inclusion (one endorsed NP but not employed and two NP candidates out of the 15 NPs interviewed- why? A heterogenous group does need to be theoretically positioned - for constant comparison/ sample of convenience, to broaden the stakeholder voice - theoretically sampled? Arrived at by theoretical sensitivity?). You describe 'data saturation' how was that recognised? By what technique did you code and categorise data to then load the NVivo system? How were key and sub themes determined? Where is the audit trail to demonstrate the authenticity of these themes? Why were the two researchers (non health care workers - why?) working independently to code data - were you seeking to 'triangulate', validate, or make 'reliable' your themes? All these factors seem to seek to objectify data in a manner that seems inconsistent to the philosophies that scaffold qualitative methods. This all reads as though a study 'using' interviewing but constructed largely with realist ideology. This needs to be defended and positioning explained otherwise is is very uncomfortable reading! (I note under strengths and weaknesses the authors refers to the 'study protocol' and suggest that other
researchers could use the approach taken here and apply this to other health care populations - but there is absolutely insufficient description of the approach to replicate, apply or design another study). The term 'case study' is only used from p16 awards - whose approach to case study has been adopted - is the case study as method, methodology, design? No references have been given for the approach to case study. Is this a case study in the legal sense - the business sense - the implication is in the research sense so much more needs to be added to explain the approach and design (and subsequent use of language and the points of assertion arising from these data).

The quote on p7 line 11 includes an expletive that might well be offensive to some international readers.

p7 line 52 - 'despite their obvious value in a rural setting' - what made them obvious and again - why are the researchers setting themselves up to contradict the participants?

Why have the quotes that have been used in this manuscript been selected? Are they illustrative of the themes (what are the themes and sub themes?) How were these built to a theoretical model. Were these themes inductively derived? It would appear yes, from the account of the coding by the two researchers, but no when the scaffold of macro, meso and micro were imposed on the data from the outset.

In the discussion some language again seems very strong - the 'apparent inertia' p13 line24' if I had more confidence in the approach taken to the research and data analysis I would be more inclined to accept this i.e. there was a comprehensive review - the positioning in the discussion adopts a language of assertion that should possibly reflect the scope of this study. For example, p13 line 42 the authors suggest revising 'restrictive legislation and regulation' to 'reduce the cost of heath care to disadvantaged populations' but there is little data to support his strong assertion (either in support of cost saving or how legislation is prohibitive to the practice of the NP). In much of the discussion I found the issues raised were not necessarily evident from the results section - but seems to carry forward into topics that had not been evidenced up to that point.

It would have been interesting to read this paper from a non health care workers research perspective if a greater sensitivity to the issues and a greater understanding of the body of literature that exists in this area had been addressed. A table of all the barriers and enablers
reported in the literature over time and mapping how these have changed or stayed static would be an interesting resume into which these data might be positioned and also an interesting view from the outside in - whereas most of this research has been undertaken looking at the contribution of extended roles from within health care by health care researchers.

The greatest strength of the paper is the clear advocacy of disadvantaged patients in rural communities and how they might benefit from the NP role.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

No

**Are the conclusions drawn adequately supported by the data shown?**
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No

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If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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