Reviewer's report

Title: Gaps in governance: Protective mechanisms used by nurse leaders when policy and practice are misaligned

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Reviewer: Leigh Kinsman

Reviewer's report:

Congratulations to the authors on a well-written article addressing an interesting area of rural health service delivery. The article has a logical flow and strong internal consistency and will be of interest to rural clinicians and managers.

The importance of telephone services in rural Australia is well described and the research purpose is clear. The methods of document analysis and interviews are relevant and lead to appropriate discussion and conclusions (subject to some revisions).

- Minor Essential Revisions

1. References 8 (Fatovich 1998) and 9 (Fifield 1996) are old references to describe processes, guidelines and policies (page 4, line 4). More recent evidence would improve this key component of the background information. If there is no more recent relevant research to cite then I suggest making this clear in the background information.

2. The statement “differences in patient safety outcomes in rural hospitals” (page five, line 1) doesn’t appear to fit in this list of barriers to implementing clinical governance. It can safely be removed without detracting from the message.

3. Page 19, lines 13-15 “…the complexity of the rural context means that evidence based practice guidelines and policies do not always fit the situation” is a vague statement. Consider rewriting this section to specify the rural complexities or barriers.

4. Page 20, lines 8-13 needs rewriting or deleting. As per the previous comment, a broad statement about “complexities” needs refining. It is also stated in this paragraph that “… protective mechanisms identified in this study may be indicators of power, indicators of powerlessness, or, may be a combination of both…”. It is unclear what the message is here.

5. Conclusions (page 21, lines 21-23). This is an opportunity to be specific about the purpose and type of research your recommend. Does it need to be a broader sample across Australia? Would you recommend using the methods and analytical frameworks tested in your study? What would be the purpose of further research?
6. Table 2 has a number of empty cells - it looks like a mistake. This needs revising.

- Discretionary Revisions

7. Methods section – did more than one researcher extract and agree on themes? If so, a clear statement in the methods section (particularly the ‘rigour’ section) would add to the description of the method and the rigour of the approach.

8. Limitations section (page 21, line 8) reflects the importance of attaining a depth of information. It is worthwhile stating here whether you achieved the appropriate depth to achieve the study’s purpose.

9. Limitations section (page 21, lines 11-13) states that these findings could be relevant to other settings. Why? Does it fit with the findings of other studies, or was the context of your study transferrable to other settings?

10. As a general comment, it would be worth considering the science of implementation where there are significant gaps in the availability, content, currency (not up-to-date) of clinical policies and questionable adherence by nurses. The work of Jeremy Grimshaw regarding approaches to implementing clinical guidelines in practice would be relevant.

11. It might be worth addressing the issue that interviews were conducted in 2009. I suspect the results remain relevant to the current context, but it might be worth pointing out if there have been any significant policy or workforce change since the interviews.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have previously co-authored journal articles with Professor Endacott, third author on this paper.