Author's response to reviews

**Title:** A Qualitative Study of Factors Influencing Retention of Doctors and Nurses at Rural Healthcare Facilities in Bangladesh

**Authors:**

Emmanuel K Darkwa MPH (ekdarkwa@gmail.com)  
M. Sophia Newman MPH (msophnewman@gmail.com)  
Mahmuda Kawkab (kawkab@bracu.ac.bd)  
Mahbub Elahi Chowdhury PhD (melahi@icddrb.org)

**Version:** 3  
**Date:** 5 May 2015

**Author's response to reviews:** see over
May 4, 2015

To: BioMedCentral Editors
   Via internet upload

Re: MS: 1121780474139635 - A Qualitative Study of Factors Influencing Unavailability of Doctors and Nurses at Rural Healthcare Facilities in Bangladesh

Dear Editors,

Thank you so much for the review of our study. We have made changes as recommended by our reviewers, addressing each point. We have cut and pasted the original comments below in bold, and added our responses in plain text. We refer to line numbers of the relevant changes.

Please note that line numbers may be approximate due to formatting changes at upload.

Comment: Major Compulsory Revision: Some data should be presented in the introduction to illustrate the extent to which these strategies have succeeded or failed. How do we know that motivation and retention of health workers has not improved over the 5 years since 2008? Have any evaluations been carried out? Which strategies have shown some success, and which ones have clearly failed? Before going on to find out why they have failed, the introduction should establish clearly that the strategies have in fact failed, otherwise the study is based on assumptions.
Response: To address this comment, we have added information in lines 126-136. The program describe is the only relevant program.

The sampling needs to be more clearly set out. What was the total study population of doctors and nurses and managers in posts, from which the respondents were selected?
The figures have been provided in lines 189-199.

What proportion of the total population was interviewed, and how were they selected? If it was not a random sample, what method was used to select them and why? The two national policymakers were purposively selected, which is appropriate because of the small numbers of individuals in these positions, but it is not clear how the doctors and nurses and managers were selected or excluded.
All respondents were selected purposively focusing on the ones providing maternal and child health care. Comments on this are provided in the methods section (lines 182-189) and revisited briefly in the results section.

The number of individuals who refused to be interviewed should be given.
No one refused the interviews, and this has been mentioned in lines 245-250.

In the light of the political upheavals at the time of data collection, could the results have been influenced by the perception of the interviewer or researcher as siding with one political faction or another? In what way might this have biased the results?
The political situation in the country impacted the interviews in no way, because the political issues under contention (a war crimes tribunal, an election, and political repression of the opposition parties) are perceived as completely unrelated to healthcare. We have added remarks to that effect at the “Practical Challenges” subsection (lines 228-235) in the methods section.
Line 412: “The civil surgeon” needs some explanation.
The civil surgeon is the in charge of the district hospital and sub district health facilities (administratively). We have added a comment to this effect at lines 459-465.

The results should be discussed relative to the 2010 WHO Recommendations (reference 5) which are a good starting point for this study. In what ways do these findings from Bangladesh challenge or endorse the recommendations? Such a discussion would elevate the manuscript to be of interest to an international audience, rather than a parochial one.
We have substantially revised the discussion section to include references to the WHO document at various points.

The conclusion is weak, and could be strengthened by a more rigorous approach to the discussion. This is a general comment that is echoed in other more specific comments. We therefore refer to no particular line here, but rather will say we have revised the conclusion significantly after taking a more rigorous approach to the discussion.

Minor Essential Revision: Line 629: “pursuing”
This typo has been revised. Thanks for catching it.

The issues around anonymity of the respondents because of the small sample size must be addressed.
The providers were informed of anonymity, but managers insisted the issue was a national but noncontroversial problem and anonymity was therefore a non-issue. This is in keeping with local cultural norms. We have added comments to this effect in the Ethics section. We have also eliminated the sub-district names to provide a measure of anonymity.

Better discussions/clarity around saturation of data being reached or not.
A comment on data saturation is included in lines 246-250. Please also note the mention of “Two different settings (district and upazila) were used to increase comprehensiveness of data” in lines 164-165.

Better description of the cross-checking of coding - not presently described in methodology.
These comments have been addressed in line 279-286.

Need some more critical discussion of the findings linked to a broader range of relevant literature.
This is a very general critique, and as other more specific comments also cover this, we will refer you to the overall changes in the discussion section.

Violence in the workplace there are several papers published; health worker motivation several good publications to add into your discussions.
We have added a number of papers to this portion of the discussion section.

There is little information about who is included in the sample (and who is not). This is important to gauge the sample’s representativeness – are these issues likely as severe in other districts? And what about for the other health centres within that same district?
This has been addressed in lines 180-193 and 702-704.

Lines 273 – 280 address doctor’s rural roots and their desire to return to their home area to practice there. The female specialist appears to be from that area. What about the other participants? Are they mostly returning home? This type of information is important to
contextualize the findings since rural origins are very important to willingness to work in a rural area. Other information, such as whether the participants have children, are young, or grew up in a city (if available) would be useful to know as well, since these characteristics affect preferences for working in rural regions.
This have been addressed in line 299-304 and further addressed in lines 324-331.

The paper is well organized by themes, but the authors never mention how many in the sample agree or disagree with the concerns raised in each of the themes. For example, line 368 “Accommodation”: all report having access to electricity, but some report having to rent homes because of the inadequacy of what is provided. How many are using the provided quarters then? The style of reporting the data is very anecdotal.
This comment had been resolved by providing the needed statistics to support the findings in many places through the results section, typically in the form “(n = X).”

Generally, the authors report very interesting and important findings. These are well organized under specific themes that are clearly important to recruitment and retention. However, discussions are largely backed up by one or two quotes from the interviews, with no indication of whether all respondents raised the same point, or experienced the same problem. It would be very helpful to have these numbers reported to provide an indication of the severity of the problem, and whether all providers (male/female, young/old, etc.) have similar experiences.
MSN: The manuscript has always said “Quotes were selected to illustrate the dominant opinion of participants (unless otherwise stated below)” (in the methods section). This is as per the general method of reporting qualitative findings. As noted above, we have also added information on the number of participants who agreed with various comments.

It is difficult to think about these issues without the appropriate context – what is the average salary of a specialist in Bangladesh? How much more can specialists in the city make with private practice? How many healthcare workers are employed in the particular district that is being studied here? There is lots of good information in the background section, but numbers specific to the themes would be helpful.
Information has been added in the lines 129-132 indicating approximate current salaries for nurses, non-specialist doctors, and specialist doctors.

The title is a bit misleading – “unavailability” is not really what is addressed here.
We have changed it.
/end comments/

Thank you for accepting this revised manuscript. We look forward to continued communication with you and to further steps towards publication.

Yours,

Emmanuel K. Darkwa
Lead Researcher