Reviewer’s report

Title: Re-energising the way we manage change in healthcare: The case for Soft Systems Methodology and its application to evidence-based practice

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Reviewer: Roland Bal

Reviewer's report:

This is an interesting paper that fits in a search for new 'models' now that the old version of EBM—with the assumption of linear relations between 'evidence' and 'practice'—is no longer tenable. Soft systems methodology is an interesting part of this search and the authors do a good job in introducing this to a health services research public. Given my general positive take on the paper I do have some issues that I think the authors should take into account and work on for a new version.

First, whole I understand the general crust of the paper, the opening and ending of it need work. As for the opening, it is weird to read that authors speaking from a complex adaptive system (CAS) background point at the problematique that evidence is not implemented as should in healthcare practices. Surely we need more conceptually developed language to talk about this. Moreover, to say that evidence is not implemented is a very shortsighted framing of a specific branch of implementation scholars and there are really different ways to assess what is going on in practices—and in healthcare research for that matter (see e.g. Bal 2017, Jones 2018). Similarly, in the limitations, have read the CAS type of argumentation, I am not sure if anyone would expect the authors to come up with 'direct guidance' on how to 'implement' this. Implementations, as we have come to understand, is beside the point. I would have expected the authors here to have reflected on the lack of empirical studies that they take on board or the theoretical work that still needs to be done, not on 'implementation'.

As for the theoretical work, I especially miss a reflection on the epistemological position of the authors/the model and on a reflection on its underlying political philosophy. As for epistemics, the authors on the one hand seem to endorse a constructivist position, but then at times also claim there is a reality 'out there' and actors take 'perspectives' on that reality. I would expect the authors to be more consistent in their position here and if they want to take on a 'perspectivist' take, then I would want an argument how they can apparently get access to an unconditioned reality. As for political philosophy, I would expect the authors to conceptualize power differences between actors and how to deal with this in the model—e.g. difference between healthcare professionals, patients, but also outside actors like regulators. How do these come together? Underlying the model seems to be some sort of Habermassian notion that we need 'Herrschaftsfrei Diskussion' but how do the authors see that and is that a realistic option? If not, what other ways of conceptualizing—and dealing with—power differences do the authors think of?
Also, I miss a crucial first step in the SSM approach the authors are describing and that is how actors come to realize there is a 'problem' in the first place—and apparently share a problem definition. A lot of work in the governance literature would point at the lack of such common problem definitions, even for such simple things as adverse events, which are often framed differently by different actors (see e.g. Behr et al. 2015). Getting to shared understandings of problems is often seen as a crucial first step in getting to 'improvement' and should be part of the approach. Getting there is also no simple thing as actors often have different problem definitions. The collaborative governance model of Ansell & Gash for example might be a good starting point here (Ansell and Gash 2008) and there has been some empirical work on how shared problem definitions can be reached in healthcare settings (see e.g. Maaijen et al. 2018). Such a shared problem definition would also be needed to see if there is indeed 'improvement', one of the crucial further steps in the model.

I would also like to have a bit more argumentation why the authors find it 'puzzling' that SSM has not been widely adopted in healthcare—as well as a further discussion of the work that apparently has been done (page 9, line 50 ff). My guess would also be that there are other models that try to deal with similar problems, an example being Normalization Process Theory (May 2013). Could the authors discuss the SSM approach also in relation to such other approaches and what SSM adds to these? For example, the NPT notion of 'reflexive monitoring' would perfectly fit the 'continuous adaptations and learning' part of the SSM approach, but NPT also takes on board the need for actor mobilization (e.g. in defining problems).

So overall I think the paper is an interesting addition to the literature, but needs further work to spell this out.

References


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

Yes

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