**Author’s response to reviews**

**Title:** Coping and compromise: A qualitative study of how primary health care providers respond to health reform in China

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**Author’s response to reviews:**

A brief of our revision:

We made a lot of material re-reading, thinking over the logic and rationale of the paper, and have done major revision. The structure of the paper, especially the result part, is now much clearer. In the section of coping process, we added a part of “the interaction between job demands and job resources”. In coping process part, job resources and job demands also add new contents. Income, professional development and relationship with community fall into “job resources”; work pressure, workload and job description are job demands.

Two figures are added to briefly show the rationale of the paper and main findings of coping process.

**Reviewer 1**

Comment 1: Community health workers is used to denote a cadre of health workers who have received basic training …I suggest use of the term Primary Health Care Service providers to avoid the confusion.

Reply: This suggestion is in accordance with comment 2 of Reviewer 2. The term of CHW in this paper is now been revised according to two reviewers’ common suggestion. Community Health Workers is replaced by primary health care providers (PHC providers) in the title and throughout the paper. Community Health Services are still used as the term for primary health
care facilities, because that is a direct translation for the corresponding official term in Chinese. Nevertheless the term is explained enough in Background to make readers understand its roles.

Comment 2: Page 3, 2nd par. it is not clear if there is a new model of primary health care from the one described in paragraph one. Provide a clear definition of the CHS, BPHS and BMS.

Reply: This suggestion is reasonable and also mentioned by Reviewer2 when he said “More background information are needed regarding the BPHS”. Accordingly, Background is now revised to introduce China’ primary health care model more clearly. In background, CHS, BPHS and BMS were detailed introduced at 2nd and 4th paragraph, Page 4; 1st paragraph of Page 5.

Comment 3: Page 4 Par 1. CHWs get introduced in this paragraph but it is not clear who they are, what cadre, what role they play in the CHS, if they are paid or not.

Reply: This comment pointed out there were some necessary parts missing in the Background, and we revised Background according to Comment 2 and Comment 3, and also Reviewer 2’s related comments. Relevant content is at 2nd paragraph, Page 5.

Comment 4: Page 4, Line 4, the term 'put the policies in effect' may not be appropriate as it denotes policy makers. I suggest 'implemented'.

Reply: Thanks. However, this section is rewritten, and the sentence is deleted. Please see Line 12, 3rd paragraph, Page 6.

Comment 5: Page 7 par 1, the section describing the CHS reforms should be in background section.

Reply: A part of this section (the common part) is moved to Background, and the others remain to introduce Jinan city. Please see Page 9, Line 6 and Page 4 Par 3.

Comment 6: Page 8 line 4, it is not necessary to have the initials of the researchers in the text. Describe their role instead e.g. senior researchers.

Reply: it is revised accordingly. Please see Page 10, Line 11.
Comment 7: Page 9, table 1 - categorize participants by gender and denote them by gender in the quotes in the entire results section.

Reply: it is revised accordingly. Please see Table 1, Page 12, and also every quote is revised.

Comment 8: Page 10 line 5, move the quote to the end of the paragraph as it explains the content of the entire paragraph.

Reply: it is revised accordingly. Please see Page 13, Line 10.

Comment 9: Page 12 line 6, “unappreciated” is a more appropriate term to “depreciated”.

Reply: it is revised accordingly. Please see Page 15, Line 21.

Comment 10: Page 12 last paragraph, this is important information but the source is not clear. Is there a quote to describe this? Or a reference or source the author used?

Reply: By digging up transcripts, three quotes were found to describe this information about unfair professional development opportunity. One reference was also added. Please see Page 17, Line 7.

Comment 11: Page 13, Job demands: more examples are needed to describe job demands

Reply: Thanks for this valuable comment. The authors had a close look at the division of job resources and job demands and found some mistakes. First of all, we should point out that “less intensive” was the condition of work pressure. Then, although “less intensive” work was deemed as a satisfactory feature by health workers, in Job Demands-Resources Model, work pressure itself should be seen as job demand not job resource. Therefore, we should not put it in “job resources” just because this demand was easy.

So, we re-classify job demands and job resources: income, professional development and relationship with community fall into “job resources”, work pressure, workload and job description are job demands.
Comment 12: Page 13, Line 12-17, this paragraph and quote is ideal for describing job resources and how lack of financing is affecting them. Unless it is rewritten to show how it is a job demand.

Reply: This paragraph is not merely about job resources, nor job demand. It shows how scarce job resource (public fund) aggravated job demand (workload) and resulted in demotivation. Therefore, after a careful review and rethinking, the authors decide to add a section to describe “interaction of job resources and job demands”. And the paragraph you mentioned should be in this new section. Please see Page 21, Line 16 to Line 19.

Comment 13: Page 14 Line 3, use the correct grammar to describe passive loyalty. The coping strategy is passive loyalty but you should state: CHW demonstrated passive loyalty

Reply: The sentences are rewritten. Please see Page 23, Line 16.

Comment 14: Page 16 Line 4, Do the quantitative studies referred to include the quantitative arm of this study that was mentioned in methods section and could have been analysed by others? The triangulation with that may be useful

Reply: In the previous submitted paper, quantitative studies referred to did not include the quantitative arm of this study. But now, two quantitative papers of this study has been published. So in the revised version, we add these papers as reference to show the result of compromising. Please see Page 27, 2nd par.

Comment 15: Page 16 par 3, the description of the Chinese policies need to appear here and be referenced.

Reply: policies about income level, staff quota and professional title promotion are referenced and mentioned in Result part to show how policies became contextual cause for unsatisfactory job resources. Please see Page 15, Line19; Page 17, Line 9; Page 20, Line 20. Therefore, in Discussion, Page 25, Line 21, these references are mentioned briefly again.

Comment 16: Page 16 Par 4, please explain how the Ethiopian health workers attitude changed as a result of the reforms - positively or negatively in relation to the findings of this study

Reply: The study in Ethiopia was referred to show that policy was a contextual factor that eventually triggered health workers’ coping process. The findings in Ethiopia were similar with
that in China. Negative work attitude or performance problems were caused by obsolete policies, and a lack of resources. This section is rewritten. Please see Page 26, Line 8.

Comment 16: Page 17 line 10-14: any references?
Reply: These lines were to discuss the effectiveness of voice strategy in China. While no research could be found for now to support this observation, three news report were referred to show that voice could not help improve the work condition. Please see Page 27, Line 18.

Comment 17: Page 18 line 5: this explanation of why neglect was missing is not clear and it may not be necessary for the paper
Reply: That section is not necessary for the paper, and is now deleted.

Comment 18: Page 19 Line 6: add the need for 'availing resources for work' based on findings of the study
Reply: it is revised accordingly. Please see Page 28, Line 8.

Comment 19: Page 20 Line 14: the last sentence is hanging and can be removed or moved elsewhere.
Reply: it is removed.

Reviewer #2
Comment 1: More background information are needed regarding the BPHS, other context factors at PHC can also be mentioned.
Reply: The background is rewritten. The history of CHS, including changes of functions, cadres, work patterns, financial input, reimbursement method and facility transition, is added to give a clear picture of reform background.

Comment 2: In order to avoid confusion, I suggest the paper use PHC providers, or health professionals at PHC or other equivalents instead of CHW.
Reply: This suggestion is in accordance with comment 1 of Reviewer 1. Community Health Workers is replaced by primary health care providers (PHC providers) in the title and throughout the paper.

Comment 3: The authors used MaxQDA 2 for data analysis, the current version is 12. Please check whether this is a misspelling or you really use Version 2.

Reply: Yes, we use version 2. We did not have the budget to buy the latest version :(

Comment 4: The study selected interview participants from different types of CHS centers. It will be helpful to present how many participants were from each type of CHS center.

Reply: Table 1 is revised to present the distribution of participants by gender, specialty and owner type. Please see Page 12.

Comment 5: In the results, one characteristic of the work is 'less intensive', the other is 'heavy'. This somehow sounds controversial. It may be worth to clarify the medical services are less intensive while the public health workload are heavy?

Reply: I agree. One section is revised: Although CHS work was much “less intensive” compared with hospital medical work in respect of stress, medical skills, urgency and risk of health service, the sheer expansion of BPHS tasks still amounted to “heavy” workload. Please see Page 14, Line 7.

Comment 6: For most of the key findings, there is only one piece of quote to support. It is not easy to judge whether there is only one respondent or many who held the view. You may either use 'many', 'some' or 'majority' etc in the description, or add some more quotes.

Reply: We add more quotes in some paragraphs to show the “typicality” of these quotes: in section of “less intensive” medical work of the new job characteristics part; in paragraphs of “Income”, “professional development” and “close relationship with community” of Job resources part; also in “trivial and heavy work” of job demands part, and in “an interaction between close relationship with community and blurred job description” paragraph of “Interaction between job demands and job resources” part.

However, we did not add quantitative description to quotes and opinions. Because we thought that quotes were used to reflect “typical” opinions and work experience among participants, and
authors made decisions about what was typical after field work, sorting materials and theoretical thinking. Those typical quotes should depict phenomena to be trustworthy, logical and understandable to readers, also real and full of explanatory power to our participants (the first author did send his report about these coping process to participants and received recognition).

Indeed many PHC providers held similar feelings and viewpoints. However, it is quite difficult to actually count the number of opinions that agreed or disagreed with the chosen quotes: on one hand, it would be a quantitative way of vote-counting; on the other hand, some participants did not respond to some part of our interview questions, making it difficult to include them in the vote-counting.

For those reasons, only those intact and expressive ones of quotes were picked to vividly demonstrate typical phenomena of coping among PHC providers.

Comment 7: The coping process part deals with the job resources and demand. It to some extent repeats what has already been mentioned in the previous section on job characteristics, rather than the process of how health workers develop and carry out their coping strategy. An alternative option is to add the income information to the job characteristics, and move the job resources and demand perspective to the discussion part.

Reply: The job characteristics part introduced new job characteristics that arose from CHS reform. Different from that, coping process was based on Job Demands-Resources model, which means health workers would first divide job characteristics into job demands and resources in their internal coping process, then they would make comparison among job resources, job demands and their need levels, finally in the tension of resources and demands coping strategies show up. From this theoretic framework (Please see figure 1 and figure 2), job characteristics part, the coping process part and final coping strategies part put together a logical structure.

To put it another way, job characteristics part objectively introduced “new” work features from BPHS, coping process emphasized on how health workers perceived and dealt with job characteristics and other work features resulted from contextual factors, e.g. policies and CHS ownership.