Author’s response to reviews

Title: A study of human resource competencies required to implement community rehabilitation in less resourced settings

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Author’s response to reviews:

Dear Sir or Madam:

Please find attached our revised manuscript with tracked-changes for your continued consideration. Based on the helpful feedback we received from both reviewers, we have made changes to the context and layout of the manuscript, as indicated below:

In response to Reviewer 1’s comments we have made the following amendments:
In the Abstract and in line 483 you say that your literature review is "informed by realist synthesis methodology".

I realise this is an abstract and space is limited, but even in the main manuscript you have not explained what "informed by realist synthesis methodology" means. What have you done that is different and why?

The RAMESES publication standards Item 6 clearly states "Some realist syntheses published to date have deliberately adapted the method as first described by Pawson. Sometimes, adaptations may be entirely justifiable, but at other times they may indicate a poor grasp of realist methodology. To enable judgement to be made on adaptations, the description and rationale for adaptations should be provided. Such information will allow criticism, debate and counter criticism among review teams and users on the suitability of such adaptations, and may well facilitate methodological development."

- Please see newly added section titled “Realist synthesis adaptation”, which states the following:

"This research has been adapted from realist synthesis as described by Pawson and Tilley for two main reasons. First, and frankly, we recognise that we entered into this methodology with an incomplete understanding of its details. The research objectives and proposed questions and methodology were provided to the team. As our learnings on realist studies advanced, we had to adapt both our objectives and methods to find a balance between meeting the commissioned requests and needs, and attempting to maintaining methodological rigour. Secondly, the research outputs required programmatic recommendations easily digestible to implementers demanding our study be framed within very a pragmatic lens, likely at the cost of more robust theoretical influence. Main adaptations were that: a) the initial theory was developed mainly through team consultation with minimal literature input to ensure consistency with research output requirements; b) the framework themes used to organise our data were prepared prior to searching to best contribute to the research objective; and c) the addition of the Delphi process which aided in contextualising review findings while also translating these into implementation-focused recommendations."

Lines 122 to 123: The research question has not been changed.

We have expanded this to include:
The posed initial review question sought to identify ‘what is best practice for the development of the rehabilitation workforce for health-related rehabilitation for health systems strengthening?’ During the initial theory development and scoping process, this question was refined to better reflect the initial theory to: ‘what rehabilitation workforce characteristics enable quality rehabilitation services at the community level in less resourced settings, and how, why and for whom do these work best?’

Lines 199 to 201:

The issue I raised about your research question not being very realist has not been addressed. Please see above. We hope that this is sufficient. If it is not however, we do not believe that we will be able to ever fully address your concern.

Line 238:

I am not familiar with this definition or explanation of what a mechanism is. Please would you clarify and provide one or more references to support this definition.

We have amended this to read “…the context and potential explanatory mechanisms…”

Lines 250 to 251:

I am not exactly sure what this sentence means. Are you trying to say you grouped CMOCs by how often they occurred or something else?

I am also slightly confused how you can group by regularities and prominence. Please can you explain what this means and how it was operationalised. Please clarify.

We have amended this section, which I hope provides more clarity. Please also note we added this to the Limitations, as CMOCs were taken forward more on frequency found across evidence sources, which may have excluded some less cited but nonetheless explanatory findings.

Lines 252 to 253:

What is a framework theme?

When you say it is a "core consideration of the proposed initial theory" what does this mean?
Is this initial theory your initial programme theory?

Thank you for this point, we do realise it was not explained well and we hope the following additions will clarify this. We have introduced:

- (RS adaptation, line 179): “sub-questions were used to organise our data and were prepared prior to searching to best contribute to the research objective”

- (line 203): Six ‘framework themes’, aligned to the sub-questions, relevant to the workforce thought to best contribute to and organise arising data were pre-identified (Table 2).

- (line 247): The CMOCs from both reviewers were populated into the 6 framework themes, similar to an evaluative framework (47), (Table 2) proposed at the beginning stages of the project.

Lines 253 to 254:

I am not clear what the sentence that begins "from here .." means.

I thought you had already got evidence form the extraction sheets of Cs, Ms and Os.

Why do you then re-review all the data?

Please would you explain.

We have amended this to provide more details and clarity on the process:

“In instances where CMOCs from the two reviewers were contrasting and/or widely different we re-reviewed data extraction tables and discussed the reviewers’ formulations rationale. However, no CMOC adjustments were made at this stage. We then synthesised any similar CMOCs documenting the evidence source(s).”

Lines 328 to 329:

You have not provided any details on what the research questions were that were posed in the commissioning of the research.

Please provide these if you are going to mention this issue.

Please see above where this has been addressed.
Line 330 to 331:

CMOCs don't work to refine the initial programme theory, you as the researchers do.

We have amended to read: “At this stage in the research the CMOCs were used to refine the initial programme theory by the researchers.”

Lines 331 to 332:

I am not sure what this sentence means "A result of insufficiently elicited initial.."

Also are you here stating that the initial programme theory (as stated in lines 196 to 198) should now have 6 parts to it? (as shown in Box 1).

How and why did you go from a single paragraph to six programme theories?

Finally, I really can't see how you got form what you had in Figure 3 to these six programme theories. Or maybe they are not meant to be related?

This lack of transparency is a source of concern to me. For any of your recommendations, it should be possible for the reader to follow how you got from 'raw' data to CMOCs, programme theory and then recommendations.

As such, please revise the findings sections to ensure that the above is possible.

We have amended this section to provide more clarity on the process that occurred.

"A result of the insufficiently elicited initial programme theory, and results spanning a very wide topic, the findings from the review continued to be organised under the six themes, with refinement occurring at this level. The synthesis of the refined statements under each theme, developed through CMOC refinement and the Delphi feedback (Table 2), resulted in the theories presented in Box 1."

Table 2:

This table's title needs to reflect it's contents - it is a table of recommendations with details of where the evidence for the recommendations have come from and what the findings from the Delphi panel.

Please would you revise the title of this table accordingly.
This has been changed to:

Table 2: Rehabilitation workforce recommendations and their article evidence and Delphi consensus

Lines 364 to 365.
This sentence does not make sense.
Please would you clarify what this sentence means.

Thank you for noting this mistake. It now reads: “Supplementary File 2 provides details on the included studies’ interventions and their extracted CMOs.”

Lines 398 to 399:
This sentence does not make sense. How would you use CMOCs as implementation strategies?
This was meant that the CMOC synthesis and subsequent recommendations could be used.

To make more clear we have amended to: “This very point required the review to look more broadly at the characteristics of workers who engage in CBR activities, not a specific cadre, in the development of the CMOCs and the subsequent recommendations. These recommendations may therefore be used to assist implementation strategies in a wider body of CBR programmes.”

Line 401:
You mention CMOCs were posed. I thought you developed and 'tested' them using data from the literature and gained consensus around their validity from practitioners using a Delphi process????

Thank you, this was a poor choice of wording, which misleads the process that was undertaken. We have amended to “found”, as they were the result of the research process overall.

Lines 413 to 444:
You mention general principles here.
Some of these are quite prescriptive - using words such as "should".
Yet in lines 401 to 402, the learning you draw from the literature were not meant to be on size fits all.

How would you then reconcile these two differing positions?

Also, I found it hard to follow where these principles and much of the contents of these paragraphs came from. Please would you explain their origins. This relates to my point above about transparency.

Thank you for pointing out the contradiction in our writing with the prescriptive wording. We trust we have amended this appropriately.

We have added an explanation for where these have occurred, and believe that they can be traced back to components of the literature review and study findings (box 1).

“Some general guidance for the rehabilitation workforce, arising from the study findings (Box 1) and further enhanced by additional CBR literature presented previously, may be considered across different health systems in order to inform the rehabilitation workforce’s characteristics and competencies.”

Line 448:

What do you mean by the term "more positivist studies"?

This was meant to underscore the lack of contextually descriptive studies, however we do understand this was unclear and have amended the two sentences to be more accurate. Please note this has been changed to:

In their 2012 systematic review on CBR alternative cadres, Mannan and colleagues highlighted a dearth of studies in this area, with existing resources having contextually specific programmes limiting their ability to synthesis findings (10). To this end, there have been several calls for more innovative CBR research methodologies (94, 95).

Lines 484 to 486:

I am not quite sure what this sentence means.

Please will you clarify.

We have added:
In particular, the realist informed review of our study has several limitations: its level of abstraction is at times very abstract due to its synthesis across differing programmes and therefore suffers from a lack of specific revised theory.

Lines 502 to 504:

I would agree that a realist evaluation that collected data to confirm, refute or refine the CMOCs you developed from your realist review could be a possible avenue for future research. However, I am not sure what you mean by "at a lower level of abstraction."

Please would you clarify.

We have added:

Further theory-driven studies on individual CBR interventions, such as realist evaluation, could help to further refine CMOCs at more specific levels of abstraction, such as individual characteristics within specific cadres, as opposed to the more programmatic abstraction level offered within.

Line 531:

In your Conclusion, it may be sensible to be more 'realist' in your recommendations.

For example "recommendations regarding how this should be done in different contexts."

Thank you, we have attempted to address this as much as possible considering the word limit. We have included the below:

“Contextual variations within this study were mostly attributed to the configuration of the rehabilitation system and the characteristics of the rehabilitation worker. More specific recommendations for these varying contexts can be found within, such as the need for appropriate training, supervision and motivation considerations within a tiered system, and the need for advocacy and empowerment skills when task-shifting to communities, respectively.”

In response to Reviewer 2’s comments we have made the following amendments:

In relation to the issue of the breadth of the review not pertaining specifically to CBR, I would prefer if the title removed the word "based" to more accurately reflect that this is an eclectic review of community rehabilitation.
Thank you for the helpful comment, this has been amended as suggested.

The referencing seems to be a mix of APA and Vancouver

- We have changed all formatting to Vancouver style via EndNote to make consistent.

With these additional revisions, we trust that have sufficiently addressed the concerns of the reviewers and would once again like to thank them for their helpful comments. We believe this manuscript was much enhanced and strengthened as a result of their feedback. Should you have any questions regarding our submission or require any additional information please do not hesitate to contact me.

Thanking you in advance for your continued consideration.