Author’s response to reviews

Title: Physicians’ perceptions on the impact of telemedicine on recruitment and retention in underserved areas: a descriptive study in Senegal

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Author’s response to reviews:

Dear reviewers,

We are happy to inform you that we received your second comments and would like to thank you for their quality. We are convinced that they will contribute to improve the quality of our work. The second reviewer found some of our answers inappropriate. We hope that the answers provided below are considered more satisfactory to his (her) expectations.

I. Reviewer #1:

The authors have responded well to the comments and improved the manuscript. I think it would be positive to include a line or two regarding the limitation of the study.: We introduced a section on the limitations of the study on p. 21.

II. Reviewer #2:

Abstract: The first sentence of the conclusion section of the abstract is a repetition of the results. The authors need to conclude the results and provide outlook of their results: We revised this sentence to provide an outlook of our results.
Introduction: The Introduction is still very shallow. The authors mentioned Duplantie et. al category of the factors (the authors mentioned it is not a framework) that could have positive impact on recruitment and retention of physicians. However, these factors needs to be explained in the introduction than just listing them as names.: We’ve added some depth to the Introduction including an explanation of the factors identified by Duplantie et al (2007).

It is important to cite additional references to support the argument.: Additional references to support our arguments were added.

The assumption they have provided is these factors affect retention and recruitment. This needs to be well-argued using literature. Later in the results of the study, these factors are reflected. However, none of the factors are explored in the literature of the introduction.: We added more details in this regard, keeping in mind the number of words (4000 words) required by this journal.

The importance of the study is not also well justified in the introduction. In the response letter, I have read very good explanations of what this study will contribute but there is no such information in the introduction.: We have attempted to develop this more fully in the objective section

Methods: I feel the data is very old. The data was collected in 2014. We are on mid-2017. Human resource dynamics and technology specifically when it comes to telemedicine it is highly dynamic and quickly changing.: We mentioned this in the limitations of the study.

Sampling: This is a qualitative study. In qualitative study, there is no culture of using probability (random) sampling method. The authors mentioned they have used random sampling method to randomly select 30 physicians in each category. In qualitative studies, we normally do key informant interviews with the people who we believe they give detailed explanation of the context we are studying. The rational is we will be able to enrich our data by interviewing people with experiences and knowledge of the context. The use of random sampling for qualitative study is quite odd and not convincing.: We have provided some context for this approach in light of the study being a mixed methods as opposed to qualitative only study, so there has been a blending of traditional quantitative and qualitative approaches.
Abstract and Methods: Fixing sample size to a certain number (in this case 30) is not appropriate in qualitative studies. We normally interview informants until we reach the level of saturation (no emergent ideas are coming). We address this in light of the mixed methods nature of the overall research design.

The authors responded to this comment that they fix the sample size because of the theory of planned behaviour recommend a sample size of 30. However, that is not mentioned in the methods section. The use of the theory of planned behavior also needs justification in the methods: We mention the theory of planned behavior in the text where we indicated this study is part of an overall mixed methods design project, of which one component focused on this theory (though this is not the focus of this specific component).

Data collection: I still resist the questions are superficial, fragmented and they are not detailed enough to understand the situation in detail. It is simple results of opinion questions: We respect this opinion of the reviewers and perhaps this is related to the limitations of a qualitative component of a mixed methods study, as opposed to a fully in-depth qualitative study where further depth to questions would be warranted. Appreciating this opinion, we still feel that there is sufficient new knowledge generated from these methods to warrant publication and dissemination of the study’s findings. We acknowledge this limitation in the limitation section.

In the response letter, the authors mentioned it is easier trainee physicians than GPs. Are these trainee physicians residents? If yes, then the authors need to classify specialist physicians, residents and GPS and summarize their opinions: We do not believe we identified trainee physicians in the text. The characteristics of our participants are described in Table 2.

Study design and participant: Line 5, the authors wrote "In 2014, they were.....", Please change the word "they" to "there": This change was made.

Results: Contextual factors, "In some district...." Change district to districts: This change was made.