Author’s response to reviews

Title: How do stakeholders from multiple hierarchical levels of a large provincial health system define engagement? A qualitative study

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Author’s response to reviews:
Dr. Rogers
Editor
Implementation Science

Dear Dr. Rogers,

Thank you for your suggestions concerning our manuscript entitled “How do stakeholders define engagement in healthcare organizations? A qualitative study” (IMPS-D-17-00029). The manuscript has now been revised with the changes described below. We want to expressly thank the reviewers for their compelling and helpful comments, and believe the manuscript is much stronger as a result of their input. We invite you to consider this new improved version.

We hope you find these revisions acceptable and look forward to your response.

Sincerely,

Jill Norris
REVIEWER 1

The introduction would benefit from a more thorough grounding of the study in implementation science literature. I thought some introduction of similar concepts from other areas raised in the manuscript would be beneficial (e.g. participation, involvement).

* We significantly revised the introduction to include further implementation literature -- framed by Nilsen’s (2015) overview of theories/models/frameworks – and also added a paragraph on public participation models.

Page 4, Line 18. Give an example of the indirect interpretations of engagement within the characteristics of individuals and outer setting domains.

* We added additional examples: “…interpreted indirectly from the characteristics of individuals (e.g., individual identification with organization, knowledge and beliefs about the intervention) and other aspects of the outer setting domain (e.g., Patient needs and resources, cosmopolitanism).

More information is required on the methods utilised including:

On what characteristics were the SCNs purposively sampled?

*We added further information to Setting: “In consultation with the decision makers, 9 of the 13 SCNs were purposively selected for participation in this study as they exhibited a range of maturity (i.e., length of time established) and had projects that were implemented at the time of the study.”

Page 4, line 3 - reference companion paper

* The reference to the companion paper was removed.

Where were interviews conducted and by whom?
* This information was detailed in the first sentence of Data collection: “After receiving written, informed consent, experienced interviewers (DW, KM, LN) completed semi-structured one-on-one interviews with stakeholders via telephone.”

How was saturation agreed upon and by whom?
* We added additional detail to the Sampling and recruitment section: “Sampling continued until data saturation was reached - the point at which no new themes emerged [31]. As a team, we assessed saturation using our auditable, structured codebook that noted changes of the coding framework [26].”

Page 6, line 8-11. Could you clarify that snowballing sampling supplemented the participants identified through membership lists or whether participants were only recruited through the membership lists with a snowballing approach. I didn't think it is currently clear.
* We further clarified that network members were recruited via membership lists, and that key leaders throughout the organization were recruited through snowball sampling: “Network members (SCN leads, core committee, working groups) were identified and recruited through membership lists. We also sampled key organizational leader given their central role in facilitating the implementation efforts of the SCNs. Network members were asked to identify these key leaders throughout the organization, who were subsequently approached by DW to participate in the study using snowball sampling.”

Please provide a reflexive statement detailing the researchers' roles and theoretical positions including any pre-existing relationships with participants
* Added two statements regarding theoretical positioning and reflexivity: “Our multidisciplinary team used a qualitative thematic design [1] that was underpinned by pragmatic philosophy [2] and an integrated knowledge translation approach [3, 4]. Our team had pre-existing relationships with our knowledge users and we collaborated throughout the research process However, the leaders were not involved in data collection, data analysis or drafting, revising or approving the resulting manuscript.”
* We added an additional statement into the Data analysis section: “Moreover, the meetings provided a venue for reflexivity across the team, including intentionally exploring discrepant data and asking questions of our interpretations.”

How did the researchers deal with any deviant cases in the data?
* We added an additional statement into the Data analysis section: “Moreover, the meetings provided a venue for reflexivity across the team, including intentionally exploring discrepant data and asking questions of our interpretations.”

It might be helpful for the authors to revisit the manuscript using a recognised checklist for the reporting of qualitative data (e.g. consolidated criteria for reporting qualitative research (COREQ).
* Thank you for this suggestion. We revisited both the SRQR and COREQ checklists and added additional methodological detail.

I would recommend more development of the themes included in the manuscript as I felt the current presentation was unclear. Are the four themes presented components of engagement which the discussion indicates? If so, how does a theme titled 'interactions' fit as a component? From the data presented, it seems something like 'meaningful interaction and dialogue' might be a more appropriate heading for the theme. The presentation of the themes in the first paragraph of the discussion is much more informative.
* We renamed the third theme “Meaningful interaction and dialogue”

Could you also clarify whether participants were talking about 'ideal' or 'actual' engagement within their narratives and whether there were any differences in conceptualisations between stakeholder groups?
* Thank you for pointing this out – we added further detail in the Components of engagement section and a new paragraph to the Discussion section to address both questions.

I thought some of the themes read more as pre-requisites to engagement rather than defining what engagement was (which was the stated aim of the study).
We agree with the reviewer that participants described (what could be interpreted as) precursors to engagement. Engagement, however, has been conceptualized as a multidimensional construct with potential predictors (e.g., state, trait) and outcomes (e.g., behaviour) (Bailey, Madden, Alfes, & Fletcher, 2015; Macey & Schneider, 2008; Saks & Gruman, 2014; Shuck & Wollard, 2010), as well as a process (Cornwall, 2008). We are of the purview that we need to understand their interpretations of the term to effectively engage our stakeholders, despite the potential deviations from previous conceptualizations of the term.

I'm not sure you need to include the number of transcription pages within the manuscript.

Page 8, line 10. Move 1. Participants to a new line.

Page 10, line 9. Should this be 'shared' purpose?

The addition of further quotes to support the themes raised within the manuscript would be helpful for the reader (e.g. page 11, line 4).

Page 10, line 10. This did not read as a 'theme'. Page 11, line 3: I wasn't clear how this separate to theme 4?

The manuscript would benefit from introducing some of the literature referred to within the introduction of the manuscript.
* We added material to the Introduction that is later explored in the Discussion in relation to our study findings.

The authors refer to a model of engagement, could a pictorial representation of the model be included with the manuscript?
* We originally created a model to help in our conceptualization; however, we did not intend (nor is the goal of thematic analysis) to generate a formalized model (Nowell LS, Norris JM, White DE, Moules NJ Thematic analysis: Striving to meet the trustworthiness criteria. Int J Qual Methods. Submitted.) We included this model in the resubmission as it may be useful for the reader (see paragraph 1 Discussion).

There are some findings discussed that were not raised in the results.
* The manuscript has been revised to focus discussion on results presented and both their interpretation and implications within the broader literature.

REVIEWER 2
Generally, I think that there is some confusion in terms given that the authors state that they are looking at definitions of engagement but seem also to be interested (maybe exclusively interested) in how the term is operationalized.
* We take the stance that ‘defined’ and ‘operationalized’ is synonymous, and clarified this in our purpose statement.

It is unclear what theoretical framework anchors the study and why. The introduction proposes one (CFIR) the results another (IAP2) and the discussion a third (Theoretical Domains Framework.) There really needs to be one organizing concept for the paper followed by an explanation of how the results either provide further support for it, clarify its usage, or undermine it. If others are needed, they should be brought up in the introduced rather than popping up later.
*We took an inductive (theory-generating) versus a deductive (theory-informed) approach to this study. We felt that an inductive approach was more appropriate so that the data was better
grounded empirically (see Miles, Huberman, & Saldana, 2014) as the way engagement has been defined or described in the implementation science literature varies.

This paper is drawn from a larger study, which is not described.
* We removed mention to the broader program of research to simplify the presentation.

There is a lot of information missing that I would have expected to find; I'd suggest the authors use the SRQR checklist and ensure that they have included all of the elements suggested for this type of research.
* Thank you for this suggestion. We revisited this and the COREQ checklist for this resubmission and added additional methodological detail.

The response rate was unclear given the description of the population and the sample; this should be explicit.
* We added additional information in Sample characteristics: “From 424 members of 9 SCNs, 138 members expressed interest in participating in an interview (33% response rate); 75 members were then purposefully selected for an interview, along with other organizational leaders (n=11).” We cannot compute a response rate for the purposive or snowball sampling.

Some of what is included in methods (e.g. top of page 6) belongs in results/discussion.
* We moved this sentence to Components of engagement.

The description of the coding is somewhat vague; for example, it's not clear how many coders were involved, how many completed initial coding and how many reviewed the codes, what the specific codes were, or what minimum unit of text was chosen. Etc.
* We agree that the description of coding was not clear, and have further added detail to the Data analysis section.

While the characteristics of the respondents are provided in a table, they are not summarized in the text nor is there a description of why this information was relevant.
* We added a summary to Sample characteristics: “Stakeholders from each of the 9 SCNs were represented and held multiple roles in the SCNs including leader/manager (27%), core or working group member (47%), patient representative (5%), and support personnel (13%). An additional 9% of stakeholders were geographic zone leaders for the broader organization. Over half of the sample were female (70%) and 40 to 59 years of age (57%), and 42% had 25+ years of professional experience. Stakeholders exhibited a variety of professional designations, included nurses (26%), physicians (14%), and executives (14%).”

Throughout the results section, there is a lack of clarity due to the reliance on words like "often" "extensively" "several" "many" and "frequently." If the claim is that the share of respondents that make a particular claim is (substantively or statistically) significant, it is more compelling to provide actual numbers or percentages.

* Quantifying the number of participants who provided data for each concept (i.e., quantitizing) is not common practice in qualitative research outside of content analysis methodology (e.g., Graneheim, & Lundman, 2004), as “the hallmark of qualitative research is that it goes beyond how much there is of something to tell us about its essential qualities” (Miles, Huberman, & Saldana, 2014; p. 282)

The results section has a number of subheadings; it would be helpful to provide a table indicating how these are organized and their relevance to the theory that guides the paper (separate from the table with sample quotes.)

* We used an inductive approach to generating our themes. We provided Table 3 that list the themes, subthemes, and further exemplar quotes.

Given that a table of potentially relevant participant characteristics was included, I also expected to see subgroup analyses reflecting these categories, but did not.

* Like the reviewer, we also expected to see differences by subgroup. However, we did not find differences by stakeholder group. We added further detail in the Components of engagement section and a new paragraph to the Discussion section to address this.
As noted above, the discussion introduces new material that would be more appropriate in the introduction. The ideas presented in the discussion are intriguing but due to the lack of an (obvious) theoretical framework for the paper, come off as scattershot.

* We added material to the introduction that is later explored in the discussion in relation to our study findings.

The effort to grapple with generalizability concerns in the limitations is not convincing.

* We have edited to have a stronger focus on limitations and efforts to strengthen the transferability of study findings (Lincoln & Guba, 1985), rather than concerns of generalizability (i.e., external validity).

The first sentence of the conclusions is excellent, however the final sentence does not provide a strong finish.

* We agree and removed the final sentence.

REVIEWER 3

I reviewed this article with my own point of view in management/ergonomics and I believe that this manuscript is one of the most interesting articles I have read in the past few years. This refreshing and rich qualitative research seeks to define engagement in a first step towards its measurement and eventually its improvement in projects involving multiple stakeholders from various levels of hierarchy within an organization. However, to my point of view there are several redundancies or overlaps among the results that would require reorganization prior to publication. Here are a few suggestions following my review of the paper.

* Thank you for your very thoughtful review.

The title and abstract do not highlight the richness of having interviewed stakeholders from various levels of hierarchy and from various sites within a large organization. It could be interesting to add the total number of workers within this large multisite organization just to give to the reader an order of magnitude (are they 200 or 10 000 employees in this organization?). Along the same lines, it would be interesting to specify in the abstract the number of sites (e.g. 86 participants from X different sites).
* We added the size of Alberta Health Services (108,000 employees) to both the Abstract and Settings, and modified the Title. We are unable, however, to report on the number of “sites” as many participants work across geographical zones or at a provincial level.

Title: “How do stakeholders from multiple hierarchical levels of a large provincial health system define engagement? A qualitative study”

Abstract: “Participants (n = 86) in this qualitative thematic study were purposively sampled for individual interviews and included leaders, core members, frontline clinicians, support personnel, and other stakeholders of Strategic Clinical Networks in Alberta Health Services, a Canadian provincial health system with over 108,000 employees.”

Setting: “Alberta Health Services is a provincial-wide health system with over 108,000 employees providing healthcare services to a population of 4.1 million residents.”

All through the abstract and text, the authors sometimes refer to stakeholders, sometimes to healthcare professionals, sometimes to stakeholders within healthcare organizations, and so on. It raises the interrogation about whether the authors refer to subgroup analysis, which is not the case according to my understanding. In that sense, it seems necessary to streamline all through the article. My suggestion would be something like “stakeholders from various levels of hierarchy and service users in the healthcare sector” to better illustrate the wide range of people interviewed, with subsequent reference to “stakeholders”.

* The reviewer rightly points out inconsistencies in our terminology. We have reviewed the manuscript and made a number of changes to reflect this throughout.

The KEYWORDS should be reviewed. I suggest organizational change or change process, involvement or participation, maybe consensus? Another suggestion can also be found below regarding the method used.

* We added these additional keywords

The BACKGROUND section could be more convincing if the authors would add a sentence explaining why best practices for physicians or patients are not readily applicable for the group of stakeholders they are interested in.
An additional sentence was added to the first paragraph to further explain: “Engagement seldom occurs in isolation of one profession, but rather occurs across hierarchical organizational groups that vary in their power and status, worldviews, settings, and motives [5].”

To my opinion, the second paragraph could be better argued and more interesting for a larger audience (whom do not know the models which are referred to, like me). As I understood the paragraph, part of the struggle is that engagement is sometimes viewed as an outcome, sometimes as a component or an “active ingredient” across several dimensions of theoretical models. Furthermore, some models consider this concept as static or dichotomous (engaged versus not engaged), and other models seem to consider the concept on a continuum. I believe that the second paragraph could be reformulated in that sense.

We significantly revised the Introduction to include further implementation literature (as requested by Reviewer 1), and also included more literature on classic theories that would be more appealing to a larger audience. We have also classified the ways in which engagement has been described – thank you for this excellent suggestion.

Table 1 must be synthetized. As the authors’ point is not to present the models in their completeness, but rather to illustrate their argument in the BACKGROUND section, I would suggest eliminating every line where there are no bold characters, as they appear pointless. I would add a first column with the classification proposed earlier (something like static/dichotomous outcome; dynamic/continuous outcome; component or active ingredient in several dimensions).

We significantly revised Table 1, and included a ‘Description’ column to help classify and synthesize the ways in which engagement has been described in the implementation science literature.

In the METHODS section, as we don’t have access to selection criteria of the SCNs, it would be interesting to add (or reformulate more clearly) in SETTING why the 9 out of 13 networks were selected, what particular characteristics they had or the contrasting variables selected (e.g. limited vs large network, geographical location, specialty, etc.).
* We added further information to Setting: “In consultation with the decision makers, 9 of the 13 SCNs were purposively selected for participation in this study as they exhibited a range of maturity (i.e., length of time established) and had projects that were implemented at the time of the study.”

Are decision makers and key leaders and other organizational leaders the same? If yes, please streamline all through the article. If not, explain the difference and their respective role in the research.
* The decision makers refer to our study knowledge users; we have substituted the term “knowledge user” throughout the manuscript.

In DESIGN, it would be interesting to add the duration of the interview, not as a hole, but only surrounding the Engagement question (is it 5 minutes or 60?).
* While we agree that it is interesting, we do not have specific data on how long participants took to answer the question (e.g., time-stamped audio or transcripts). We do, however, report the overall duration of the interview in the Data collection section (“30-60 minutes”).

I’m not familiar with the “qualitative thematic design” authors refer to on line 22 of p.5, so there might be a need to elaborate more on it. However, the article seems to me like a concept analysis (e.g. Walker L.O. & Avant K.C. (2011) Strategies for Theory Construction in Nursing, 5th edn. Pearson Eduction Inc, Upper Saddle River, NJ.). If this strategy adequately reflects the authors’ work, the expression “concept analysis” should at least be added in the key words and in the abstract and DESIGN section should be slightly rephrased.
* Concept analysis (e.g., Walker & Avant, 2011) is a method to derive theoretical understandings of a concept from the literature, not for a primary qualitative study. We added further detail about thematic analysis (Braun & Clark, 2006), and the justification for its use in the Design section.

In SAMPLING AND RECRUITING, it would be interesting to list at once the possible SCNs members, as Table 2 arrives further in the text. Furthermore, it would be interesting to add why the authors judged essential to interview key leaders, as I understood that they are not part of the
SCNs. I can imagine that it was because of a notion of power to make changes. If so, I believe it is worth it to make it explicit, and eventually elaborate on this notion in the discussion.

* We further specified potential SCN members in the Settings section: “Each SCN in Alberta is province-wide and has a core committee (approximately 35 individuals) designed to connect multiple stakeholder groups. Depending on the SCN, the core committee and project working groups includes patients, clinicians, representatives from the five geographical care delivery zones and clinical operations, organizational experts (e.g., data acquisition, knowledge translation), leaders, researchers, and policy makers.”

* We also added a rationale for including other organizational leaders to the Sampling and recruitment section: “We also sampled key organizational leader given their central role in facilitating the implementation efforts of the SCNs.”

In the Results section, as we don’t have access to selection criteria, authors should add the criteria for their purposeful sampling of participants, and place it probably in the Methods section rather than in the Results.

* This information was located in the Sampling and recruitment section: “Purposive sampling for maximum variation was used to ensure that interviewees were recruited from each of the 9 SCNs, multiple geographic regions, professional roles, and roles within the SCNs.” We added a summary of the participant characteristics to the Sample characteristics section.

The total number of pages of transcript is pointless to me.

* We removed reference to this.

I would add INITIAL to the subtitle COMMENTARY ABOUT THE QUESTION and would add the number of participants that made such a commentary instead of using “often”. This paragraph is extremely interesting and positions the context of the research for the reader.

* We changed the header to reflect this suggestion. However, quantifying the number of participants who provided data for each concept (i.e., quantitizing) is not common practice in qualitative research outside of content analysis methodology (e.g., Graneheim, & Lundman, 2004), as “the hallmark of qualitative research is that it goes beyond how much there is of something to tell us about its essential qualities” (Miles, Huberman, & Saldana, 2014; p. 282)
I would rename the subtitle “Definitions of engagement” “COMPONENTS OF ENGAGEMENT ACCORDING TO PARTICIPANTS” as it better reflects in my view the results presented. I believe that keeping DEFINITIONS (plural) is not a good idea as is only contributes to the conceptual ambiguity stated at the onset of the manuscript.
* We changed the header to “Components of engagement,” as participants’ contribution to findings is inherent.

In that sense, authors should provide A clear definition in the CONCLUSION section of the manuscript based on their results.
* A clear definition of engagement has been added to the first paragraph of the discussion to guide the remaining discussion section.

In Table 2, PROFESSIONAL DESIGNATION should be sorted in descending order of frequency. ROLE WITHIN SCN should be sorted in hierarchical order and defined (e.g. core or working group member – whom can that be?), whether in the Table or somewhere else in the paper. SCN should be renamed (SCN SECTOR ?) and sorted in descending order of frequency except for LEADERS WORKING ACROSS SCN kept last as it is (or changed for MULTISECTORIAL (leaders working across SCNs)).

Professional designation and role were already sorted as recommended. We renamed “SCN” to “Focus of the SCN,” and sorted the data as recommended.
* We further clarified who the core committee and working group members are in the Setting section: “Each SCN in Alberta is province-wide and has a core committee (approximately 35 individuals) designed to connect multiple stakeholder groups. Depending on the SCN, the core committee and project working groups includes patients, clinicians, representatives from the five geographical care delivery zones and clinical operations, organizational experts (e.g., data acquisition, knowledge translation), leaders, researchers, and policy makers.”

The four emerging themes overlap in my opinion and one is missing. Through my review of the results, I found the notion of TIMING in all four themes, which is to me a sign that it could probably be an independent theme.
While timing may be seen through the results section, our data on this was not robust enough to be a theme or subtheme on its own. To make a more convincing argument that our results are trustworthy (Lincoln & Guba, 1985)—including themes/subthemes, naming—we added an additional section on Rigor in Methods.

Furthermore, there are notions of interactions in the PARTICIPATION theme, and I don’t see a clear difference between the INTERACTION and QUALITY OF INTERACTION themes. Lines 5-6 on page 16 on Dutton’s definition of respectful engagement tend to support this reasoning.

* We combined these themes into a single theme, “Meaningful interactions and dialogue.” We also acknowledge that these themes are interconnected in the ‘Components of engagement’ section.

Based in the information contained in the article, I understand that engagement is at 2 levels: INDIVIDUAL (a person has the “inner drive” to engage in a project) and COLLECTIVE (moments that several people willing to engage meet together and interact to generate positive outcomes or changes in their system). If my interpretation is correct, I would suggest the following themes: 1) INDIVIDUAL WILLINGNESS TO PARTICIPATE (or individual participation) and three other themes belonging to the collective level, being: 2) CONNECTING AROUND RELEVANT AND MODIFIABLE ISSUES; 3) EARLY AND PROLONGED INVOLVEMENT INTO THE CHANGE PROCESS (timeline); 4) RESPECTFUL AND EQUAL INTERACTIONS AMONG STAKEHOLDERS

Thank you for this conceptualization. We also see the individual and collective in our results (being engaged, actions/process of engagement), and hope that Figure 1 will help express this notion.

8 We have refined the titles of the themes, and combined themes 3 and 4. To make a more convincing argument that our results are trustworthy (Lincoln & Guba, 1985)—including themes/subthemes, naming—we added an additional section on Rigor in Methods.

In Table 3, I would remove the line COMMENTARY (but place the very interesting exemplar quotes in the text), as it’s not a theme, but more the context of the research.

* We removed the lined and added the quotes to the Results section.
Quotes P115, P38 and P74 are excellent. However, I would eliminate in the Table and in the text (results and discussion) the reference to varying levels of involvement, which is confusing and quite contradictory with the authors’ thesis.  
* 'Varying levels of involvement' was a robust theme.

Quotes P23, P93, P30 and P12 are excellent. However, quote P93 following “AN EARLY INVITATION IN THE PROCESS” does not support this subtheme and should be replaced.  
* We added an additional sentence and provided clarifying information to better frame the quote.

Furthermore, the subthemes “TWO-WAY CONTRIBUTION, NOT A ONE-WAY PUSH” and “LISTENING AND UNDERSTANDING: BEING HEARD AND CONSIDERED” seems two sides of the same coin from my point of view.  
* While these two subthemes are definitely interrelated, participants differentiated between them.

Subtheme “COMMUNICATION” and its quote state the obvious and should be removed. However, RESPECT AND SINCERITY and both quotes are excellent. 
* We substituted the quote for Communication, but kept the subtheme (see Rigor) and added further data into the theme in the Results section.

Following my review, I’m not convinced that the subthemes are necessary, as they tend to overlap. I suggest that most of the exemplary quotes be kept and important words be highlighted in bold characters (as in Table 1). The notions related to the subthemes could be further addressed in the text.  
* Like the broader themes, the subthemes do overlap. This is not problematic in thematic analysis (Braun & Clarke, 2006). While we agree that bolding words helps to emphasizes notable phrases, participant quotes are generally not treated in this manner.

On page 9, paragraph starting on line 20 should be removed or moved to DISCUSSION.  
* We situated the IAP2 content in the Introduction and Setting sections, based on another Reviewer’s suggestion.
On page 10, quote by P80 line 14-15 should be elaborated or contextualized as it’s extremely interesting.
* We further elaborated and provided context for this quote.

Quote P43 seems pointless to me as it is difficult to understand.
* We further elaborated and provided context for this quote.

On page 11, the argument about “what engagement is not” is very interesting. I’m ambivalent regarding if these portions of texts should all be regrouped in one subsection (“What engagement is not”) or placed in each themes (participation: quote P95, p.8; relevant purpose: quotes P43 and P76 p.10 and so on).
* We situated quotes related to “what engagement is not” in the themes and subthemes when participants described it that way.

Quote P5 on page 13 is simply memorable and illustrate to me the theme “EARLY AND PROLONGED INVOLVEMENT…”: engagement is not a static (yes/no) state, but rather a process that needs time and “care” to develop. In that sense, the “symbiotic” and “respectful” interactions idea is extremely appropriate and would deserve to be further exploit in the discussion, maybe alongside the notion of power mentioned earlier.
* We added a sentence in the Discussion: “Engagement is not static, but rather a process that requires cultivation over time.”

Do the authors have data on the stability of the SCN team members over time or imply during their research (or rather the instability or turnover among the members of SCNs)? If so, brief information on this aspect could bring out an important obstacle to engagement being the lack of stability of the teams and thus the difficulty/impossibility to maintain these symbiotic/respectful interactions among constantly new people. In that sense, an opening of this article could be on group dynamics in the field of communication.
* The reviewer rightly points out an important aspect of engagement that we have seen in our program of research: the stability of membership. However, we do not have specific data on turnover within the SCNs.

On page 12, the “voluntold” quote (P32) is extremely pertinent, but should be placed under the “INDIVIDUAL WILLINGNESS TO PARTICIPATE” theme, probably in Table 3.

* We moved this sentence to the recommended section.

Discussion could be enriched around the definition of Spurgeon, which can be adequate with individuals from the same profession. However, it seems to me that there is an urge for another definition (and additional components to this definition) when individuals from various professions and various hierarchical levels come together, because these individuals have divergent goals and interests driven by their own role and profession. In this situation, additional prerequisite must be put into place to ensure that: 1) these individuals come to share a common vocabulary; and 2) they come to know each other and become comfortable with the other participants (familiarization). To me, this is the key contribution / implication of this research.

Along the same lines, the notion of interdisciplinarity and surrounding literature could be mobilized in a paragraph of the discussion.

* The discussion has been expanded to address the reviewers recommendations

On p.14 line 10, the idea of doing engagement seems interesting, but I don’t quite understand what the authors mean.

* This sentence was revised for clarity: “In contrast, in our study stakeholders predominantly referred to the action of engaging others (with the goal for individuals to be engaged) [38]. This is an important distinction because it implies that engagement is a process or series of actions (arguably, an intervention) and an antecedent to engagement (as a state of being).”

On page 16 and 17, the paragraph starting on line 23 p.16 is of minor importance, in my opinion. However, lines 22 to 25 on p.14 are simply memorable.

* Thank you
In the IMPLICATIONS section, on line 16 page 17, authors refer to RELATIONAL INTERACTIONS, which is a pleonasm. Please replace for interactions.
* We deleted “relational.”

On p.18, one limitation mentioned is that this study is too limited in scope to the healthcare sector. I was surprised by this limitation mentioned by the authors and do not agree with it. As I mentioned earlier, I read the article with my own point of view in management/ergonomics and I believe the concept of engagement and its dimensions could fully apply to organizational changes in many other work sectors. In that sense, I believe that it should be removed from STUDY LIMITATIONS and placed into IMPLICATIONS, because this study could be interesting for many different disciplines, as the model and definition provided could be beneficial to many sectors where stakeholders from various professions or level of hierarchy have to work together towards an organizational change.
* We reframed this to address relevance to other sectors and situated this comment in the Implications section.

In the CONCLUSION, an explicit definition of engagement is lacking, as it’s the point of the article. Authors thus should propose a clear definition of engagement based on the emerging components in the Results section. The concept analysis literature (reference provided earlier) could be helpful to formulate this definition. I reiterate that despite the large amount of comments I formulated, I deeply believe that this paper is of great interest, not only in the healthcare sector, but for a large spectrum of disciplines, including social sciences and management. I sincerely thank the authors for their work.
* An explicit definition of engagement has been added to the first paragraph of the introduction to better frame the entire discussion section, including the conclusion section.