

Article details: 2017-0075	
Title	Working hard but working differently: a qualitative study of the impact of generational change on rural health care
Authors	David Snadden MBChB MCISc MD, Mark Alexander Kunzli
Reviewer 1	Dr. Erin Wilson
Institution	University of Northern British Columbia, Nursing
General comments (author response in bold)	<p>A very relevant manuscript on an important topic. Suggestions: Keywords: 1. Consider consistency in use of capitals here.</p> <p>This has been changed.</p> <p>Participants: 2. While it is clear what career stage participants are at, it is not clear when participants entered rural practice. There seems to be an underlying assumption that physicians are attracted to rural practice early in their career and then decide to either stay or leave - is this true? Did any of the participants choose rural practice after early career years were spent in an urban setting? This may be of interest to those looking to recruit physicians, and may also have implications for physicians who might help provide mentorship sought by physicians new to practice. Thus, info re not only how many years in practice but how many years in rural practice may be useful to include in a figure.</p> <p>We have considered a figure, but do have apprehensions about the confidentiality if we give too many details. Most new physicians entered rural practice directly, as did some new international medical graduates, but some international medical graduates also worked in urban areas prior to coming to Canada. We do not have detailed information on this and felt it best not to include this point.</p> <p>Results: 3. p. 3 line 57: It is reported that two interviews were with couples. It is inferred that these couples are spouses who are both physicians. Given your location for data collection, this wording may reduce anonymity of the participants. Consider changing wording to "two physicians" or "pair" or similar.</p> <p>This change has been made.</p> <p>4. Also, 25 participants in four groups: Consider adding a sentence or two to describe more about how these interviews were conducted. What preserved this method as interviewing as opposed to focus groups?</p> <p>A change has been made to this section.</p> <p>5. p. 4 line 10: Consider changing "... were on..." to "... were remunerated via..."</p> <p>This change has been made.</p> <p>6. p.5 line 16: Not sure that "health authorities" needs to be capitalized here.</p> <p>This change has been made.</p> <p>Conclusion: 7. p. 7 last para line 34/35: It is unclear what "better synchronization between the healthcare system and the academic system" might look like. Is it that healthcare settings are reflecting influences of changing generational aspirations, and so academic settings should catch up or further recognize this? Or is it that academic settings are preparing physicians to work as part of a team drawing on patient-centred approaches, and practice is not yet incorporating these tenets fully? Consider adding a sentence or rewording some of the conclusion to make this statement clearer.</p> <p>The conclusion has been re-written to take into account this and other comments.</p> <p>Thanks for the opportunity to review.</p>
Reviewer 2	Dr. Cheri Bethune
Institution	Memorial University of Newfoundland, Family Medicine
General comments (author response in bold)	<p>Well done! I enjoyed the range of participants comments. Also enjoyed the dialogue about communities of practice- resonates with my own work in understanding effective and thriving rural practices.</p> <p>1. Wondered about absence of any quotes or details about physicians partners or families and their connectedness to the community as a "reason to stay" . there is some literature on "place" done in rural New Zealand (Kearns is author- can't lay my hands on it at the moment) about retention that discusses and considers the differences between what brought physicians there (usually something unique or beautiful ie mountains) and what has kept them there- sense of connectedness. Wonder if you encountered this frame of reference in your literature review? Perhaps not and so your interview questions may or may not have opened that door?</p>

	<p>This did not emerge in our data other than in terms of community relationships, we have added a comment to this regard at the end of the section on Explanation and Comparison with Other Studies and included the reference by Kearns.</p> <p>2. You didn't really report on a gender difference between participants and their statements. Wonder if this was in mind when you went into this. There is lots of debate about women versus men in rural practice. Perhaps looking at your data with a different lens might reveal some differences?</p> <p>We did not note any gender differences, while the generational differences were marked. This is an important point as more than half family physician new graduates are female, and the table we included shows a bigger proportion of young female rural physicians. We have included this as an item for further research at the end of the last section of the manuscript.</p> <p>Thank you. I enjoyed reading it.</p>
Reviewer	Dr. Mary Chiu
Institution	Mount Sinai Hospital, Psychiatry
General comments (author response in bold)	<p>This is timely qualitative study guided by ethnographic principles that detail the experiences of physicians practising in rural northwest Canada with the objective of elucidating factors that would influence recruitment and retention of physicians in these settings.</p> <p>Method section:</p> <p>1. Were all 39 physicians interviewed trained in family medicine?</p> <p>We have added to the sample section to explain this (the four specialists were not family medicine trained).</p> <p>2. p.2, Line 42: "Practitioners in rural and remote communities..." – may include in parentheses after "Practitioners", "non-physicians and physicians".</p> <p>We did not feel we should make this change as the non-practitioners were not initially invited, but they turned up for interviews as part of a whole group coming. One thing we learned was that one has to be very flexible in visiting rural practices as they appreciate being visited and want to meet visitors and talk about their work. Those few who "turned up" were well briefed and provided the same consent as everyone else before any formal interviews took place.</p> <p>3. p.2, Line 45: Would appreciate the inclusion of the initial semi-structured interview guide:</p> <p>This has been added to Scholar One</p> <p>a. Was "research" an actual probe? It was mentioned in the "Methods" section but did not come up in the results nor mentioned in any of the quotes). May be that needs to be a discussion point – research may not be a priority as individuals focus on the clinical aspects of their practice?</p> <p>This has been dealt with in the manuscript at the end of the section on Explanation and Comparison with Other Studies.</p> <p>b. Are the group interviews focus groups?</p> <p>This has been dealt with in the first paragraph of the results section.</p> <p>c. Was the same interview guide used in individual and group interviews?</p> <p>Yes – see below.</p> <p>d. How long did these interviews last?</p> <p>Both of these have been added into the Results section in the first paragraph.</p> <p>Results section:</p> <p>4. p.5, Line 4: "Communities with a supportive culture differentiated themselves positively from those without..." - While it is appreciated that this is not action research, it would add to the value of the manuscript if the authors could discuss how some of the "elements of success" described may be adopted by other communities/clinics.</p> <p>We have re-written the Conclusions section to try and give areas that individuals and organisations need to focus on to enhance recruitment and retention.</p> <p>Interpretation section:</p> <p>5. p.6, Line 46: The authors mentioned that "it is the community or clinic that needs to adapt to attract them [the physicians]". It would be interesting to read the authors' take on: <u>What needs to be done? Whose</u></p>

responsibility within the community or the clinic is it (to acknowledge that there is a shift in the incoming physicians' preferred practice culture, working style and career aspirations and make changes accordingly)? Should rural physicians play an active role in shaping the system/building a structure supportive to their practice style?

We have also included this in the conclusions section.

6. The generational/political tension between incoming and "outgoing" physicians is tangible in the data. How can this be managed to ensure "availability of experienced people" who would in turn foster confidence-building in newer physicians?

This is an important point also and we have added a sentence in the Conclusions section to indicate how experienced practitioners can support new physicians.

7. p.7 "Limitations" - I would argue that "qualitative study" and results having "transferability" into other contexts are not limitations per se. Qualitative methodology is the appropriate approach for the research objectives listed in the "Introduction", and the title stated that this is "a qualitative study". Thus, it should be clear to and well-understood by the readers that the intention of the study was not to generalize findings. The authors can include the paragraph, but may consider taking away the heading "Limitations".

We have re-written the Limitations section.

Conclusion section:

8. p.7, Line 34: "...better synchronization between the healthcare system and the academic system to prevent the disconnect..." – point very well taken. Again, I believe it would be valuable for the authors to speak to this in the "Discussion" section or recommend how that may be done. e.g. setting up committees to facilitate communications and collaborative planning between the healthcare and academic settings?

We have dealt with this in the rewriting of the Conclusions section, but have given broad areas that need attention rather than giving direct recommendations such as committees as each health care context is different and often different solutions are developed to solve problems, what we we have done is give the areas that need attention.

Minor comments:

9. p.3, Line 54 – may delete "(17 individual, 2 couple, 4 group)" as this information was mentioned in details on line 57.

This change has been made.

10. p.15, Line 6 – "Family physician, 1New to Practice." should read "Family physician, New to Practice"

This change has been made and the relevant table replaced on Scholar One.