

Author's response to reviews

Title: Human Resource Management in the Georgian National Immunization Program: a Baseline Assessment

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Author's response to reviews: see over

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Re: Journal Submission of “Human Resource Management in the Georgian National Immunization Program: a Baseline Assessment”

Please reconsider our revised manuscript for publication in your journal, *Human Resources for Health*. We thank both reviewers for their helpful and constructive suggestions. We have attempted to address all of their comments, which are in “tracked changes” mode to explicitly illustrate revisions made. We also explain the revisions made in a line by line response to their comments, which are included in the following pages.

Our work describes the perceptions of managers and front-line health workers of the human resource management within the primary health care system in Georgia. It is our hope that the manuscript will inform current efforts aimed to improve health care system performance and reform across the CEE/NIS region, where human resource practices are generally weak.

The manuscript has not been published elsewhere. We presented a poster based upon the manuscript at the Canadian Conference for International Health in October 2006. None of the authors declare any conflict of interest.

We look forward to hearing your response.

Sincerely,
Laura Esmail

Professor Ellen Nolte's Comments

Comments on and responses to (revised) manuscript "Human resource management in the Georgian National Immunization program: a baseline assessment"

*Please note that sequential correspondence between the Professor Nolte's comments and the authors is provided below, for the purposes of providing a complete context for the requested revisions. The correspondence begins in June 2006 with the first submission, the second submission in November 2006 and subsequently the reviewers' comments in January 2007.

Reviewer's report

Major Compulsory Revisions

Introduction/Background

Reviewer's Comments (June 2006)

The introduction/background is somewhat long and could benefit from shortening by focusing on the key aspects relevant to the subject of the paper, in particular as it relates to the background description of health care reform in Georgia (p. 6-8), with some unnecessary repetition of an earlier description in the introduction section (p. 4/5).

Author's Response (November 2006):

We have shortened and edited the introduction and background accordingly (pg 4-8).

Reviewer's comment on revised manuscript (January 2007):

The introduction/background section appears to remain rather long. I still think there is considerable scope for shortening these sections by focusing on the key issue (i.e. the immunization program) rather than trying to summarise the rather complex reforms of the health care sector in Georgia since 1991 (which almost entirely relies on the Georgia HiT (ref. 10) and thus may serve as reference for further reading).

Authors' response (March 2007)

We removed most reference to the complex reforms of the Georgian health care sector to shorten the background section. We ensured that a concise and descriptive background on the immunization program and relevant departments was included. Please see pages 6-7.

Research objective

Reviewer's Comments (June 2006)

The stated research objective is "to assess and document the current state of the National Immunization Program (NIP) in Georgia and to identify human resource management practices" - however, the study as presented in the manuscript focuses on human resources management practices within NIP; the NIP as such is not being assessed and/or documented. This needs to be clarified.

Author's Response (November 2006):

Research objective has been clarified (pg 9).

Methods

Reviewer's Comments (June 2006)

Human resource management (HRM) is at the centre of the study, yet it not clear how HRM is being defined and there is also a need to specify the underlying conceptual framework, in particular as it relates to the dimensions of HRM the authors seek to assess (p. 10, survey indicators and p. 11, 'research topics' for focus groups). The authors are thus asked to provide a concise description of the theoretical framework guiding their analysis of HRM.

Author's Response (November 2006):

Conceptual framework addressed on page 9.

Reviewer's comment on revised manuscript (January 2007):

The authors have added a definition of HRM; however, the paper still lacks an explicit conceptual framework – it is not at all clear how the authors arrived at the selection of variables used to describe HRM practices as listed on p. 9 (e.g. work environment, roles etc.) and how these are being operationalised. The subsequent section on 'Data collection' (p. 10/11) does not provide any further detail on the survey instruments but refers to another study instead (ref. 15). As it stands, the manuscript gives the impression the variables of interest were chosen because they were available from the survey rather than being derived from a theoretical/conceptual approach. Given that HRM is at the core of the study the authors need to give more space to the conceptual/methodological aspects of the study with far more detail on the actual instruments being used (while cutting back on some of the background information mentioned above). Also, it is not clear why the authors report on part of the findings only but exclude issues around barriers to immunization, local governance and provision/need for supportive supervision (to be reported on in a subsequent paper; see p. 9 last sentence).

Authors' response (March 2007)

We did not base the study design *a priori* on an existing conceptual framework from the literature and this indeed, is a major weakness of the study. The variables of interest in the study emerged from questions/items that we selected from the Management Sciences for Health Human Resource Management Assessment Tool and surveys used in Georgia to assess health system barriers, such as the one done by Hotchiss *et al.* I will explain this in more detail here. The variables that are presented in this study include: work organization (which includes work environment, management and supervision processes and practices), roles and responsibilities (which includes job descriptions and understanding of roles and responsibilities), and motivation and incentives. We've renamed the some of the variables in this version, to be more precise and in-line with how we labeled/termed these categories on the questionnaires and focus group guides themselves. In other words, the variables of interest correspond to themes/categories on the questionnaires and the focus group guides.

What guided our selection of the questions on the survey, were the study objectives and the supportive supervision intervention – we anticipated aspects of human resource

management that may improve and we also tried to ensure that we addressed the current context and apparent challenges of the Georgian primary health care system. To do this, we developed the questionnaires using a consensus-based mechanism among the researchers and selected participants, only including questions when consensus among the small group was reached. As the process of item selection proceeded, we began to categorize them under themes which we refer to in the paper as the variables of interest. Please see pages 8, 9 and 10 for an explicit description of the development of our instruments and the variables of interest that are at core of the study.

We chose to report on only some of the findings because the remaining results will be included in the follow-up publication of the research, which will focus on the topic of supportive supervision and which will include follow-up data. The current submission is not intended to focus on supportive supervision but management structures and processes and the general work environment, as a baseline assessment.

Sampling/survey

Reviewer's Comments (June 2006)

It is not clear how randomization of districts and healthcare workers was undertaken. Also, there needs to be a description of how refusal to participate (if any) was addressed.

Author's Response (November 2006):

We inserted clarifications on page 10.

Reviewer's comment on revised manuscript (January 2007):

The added information on basic characteristics of the sample is very useful. However, the description of the sample as shown in table 1 is a bit confusing: given that the authors wish to report on management practices *before* the actual intervention (as expressed in the authors' response to the second reviewer's comment no. 3) it is not clear why they provide a comparison between intervention and control group as this distinction does not resurface in the subsequent analysis of responses. Following this line of reasoning, the authors are encouraged to be more explicit with regard to the sample, i.e. stating explicitly that for the purposes of the analysis as presented in the manuscript the two samples have been pooled. What needs to be added however is a comparison of basic demographics between respondents to non-respondents (among the PHC workers) – there may have been a systematic difference between the two groups which may have influenced the findings but this is however not at all addressed in the manuscript.

It would further be helpful if the authors adopted a single term for the different groups included here, at present groups are given different descriptors which makes it somewhat difficult for the reader to follow (e.g. 'CPH staff' and 'immunization managers')

Authors' response (March 2007)

We followed the reviewers' comments and pooled the two samples for presentation in Table 1 and we included a statement indicating that on page 9.

In terms of differences between respondents and non-respondents among PHC workers, none were found, and we included a statement to indicate this on page 13.

We adopted the term “Immunization Managers” for all CPH Staff (CPH Directors and CPH Immunization Managers) and “Immunization Service Providers” for all Health Facility Staff (health facility heads who are also involved in providing care and health care providers). We have included a statement making this explicit on page 9. Please note that the changes have been made systematically throughout the manuscript.

Focus Groups

Reviewer’s Comments (June 2006)

How were the participants of focus groups selected? Where these part of the intervention or control group? What was their size/composition (e.g. ratio CPH managers - facility heads/workers)?

Author’s Response (November 2006):

Clarifications made on page 11-12.

Reviewer’s comment on revised manuscript (January 2007):

It is not clear how focus groups were structured in terms of composition of the four groups and contents (did you use a structured instrument to guide discussions and if so how was this done, i.e. did focus groups use a facilitator/moderator (who?) etc.?).

Authors’ response (March 2007)

We explained the structure and contents of the focus groups in greater detail on pages 10-12.

Results

Reviewer’s Comments (June 2006)

The results section requires a basic description of the sample (and focus groups) as it relates to age, sex, urban-rural; how representative is the sample for the workforce population in the NIP programme (e.g. response rate?).

Author’s Response (November 2006):

These issues were addressed more clearly on page 13 in the text and more demographic information was provided in Tables 1 and 2(see pages 31 and 32).

Reviewer’s comment on revised manuscript (January 2007):

See reviewer’s comment on revised manuscript above (point 4)

Authors’ response (March 2007)

See corresponding author’s comments above (point 4).

Discussion

Reviewer’s Comments (June 2006)

It is difficult to assess the overall findings of the present paper because of the lack of a conceptual/theoretical framework guiding through the analysis. The overall conclusions derived by the authors seem to be very reasonable, however, they do not necessarily flow from the findings of this analysis, mainly because of many assumptions underlying the analysis have not been clearly described, thus undermining the overall quality of the paper.

Author's Response (November 2006):

Discussion (p21-24) and Conclusion (p25) were revised accordingly.

Professor Carl-Ardy Dubois' comments

*We responded to Professor Dubois' comments below and changes are reflected in the manuscript as specified. On the following page are Professor Dubois' comments made in July 2006 and our responses in November 2006.

Reviewer's comment on revised manuscript (January 2007):

The authors have managed to address the “convergent” comments that have been made by the two reviewers. This new draft is definitely better and of a higher standard than the previous one. However, before publication, I would recommend the authors to make two further minor editings:

1.- It is clearer now that the focus of the study at this step was not to make any comparison between intervention districts and control districts. But, this means also that it is not relevant to consider the 30 selected districts as two distinct groups at this step. In the method section, less emphasis should be put on the randomization procedure because at this step there is a unique group of 30 districts for which the authors want to collect baseline data. The randomisation between the intervention and control group seems to be relevant only for the next step.

Authors' response (March 2007)

Less emphasis was placed on the randomization procedure. Please see changes to abstract (page 1) and Sampling and Sample Sizes page 9.

Reviewer's comment on revised manuscript (January 2007):

2.- It is clearer now that “work environment, roles and responsibilities, support, motivation and organizational barriers” make up the conceptual framework that guides the analysis of the data by the authors. I would suggest that the authors use more systematically and more explicitly these elements to frame the discussion section. This would improve considerably the quality of the article.

Authors' response (March 2007)

In the context of the minor revisions (i.e. renaming) made to the variables of interest, the discussion was accordingly revised. We attempted to make the discussion of these variables and their components more explicit and systematic. Please see pages 21-26. Conclusion was revised according to these variables as well (page 26).

Professor Dubois' comments on the first draft, in July 2006:

-----Original Message-----

From: Carl-Ardy Dubois [mailto:carl.ardy.dubois@umontreal.ca]

Sent: 24 July 2006 04:55

To: hrhjournal

Cc: HRH Editorial

Subject: MS ID: 5176333110506219- Carl-Ardy Dubois has returned a report

Carl-Ardy Dubois has returned a report on this manuscript. Please see the comments below.

MS ID: 5176333110506219

Title: Optimizing Human Resource Management: Lessons from the Georgian National Immunization Program.

Journal: Human Resources for Health

Authors: Laura Esmail, Jillian Clare Cohen Dr and Mamuka Djibuti Dr

Reviewer's report: General

This article reports the results of a research that intended to assess and document the current state of the National Immunization Program in Georgia and to identify human resource management (HRM) practices or constraints that may impede its performance. It is clear that the topic of this paper is of high interest to policy makers in a range of countries. However, although the objective is clearly stated, the evidence provided in this paper does not allow to establish a clear association between failures of the Immunisation program and the current human resource management practices. At best the authors provide with an interesting description of perceptions of the HRM process from the perspectives of key stakeholders. But they completely fail to objectify any relationship between the performance of the immunisation program and HRM practices.

AUTHOR'S RESPONSE

The reviewer's comment is well-taken. The study does not assume that the poor performance of the immunization program is directly related to poor human resource management. The study's contribution is towards a baseline assessment of current human resource management practices in the immunization program of Georgia. We have discussed the potential of HRM practice to improve immunization performance (in the discussion), however this is qualified. The main thrust of the paper is indeed, to provide perceptions of front-line workers and their managers of the current issues within organizational structure and supervision/management in relation to immunization.

***The paper has been revised substantially to reflect this (see Title, Research Objective, Discussion and Conclusion).

Reviewer's comments:

In addition to these general comments, I will emphasize some key points:

1. Although HRM is the main focus of this paper, the analysis of the HR context in which the immunisation program is implemented is quite sketchy. Beyond the perceptions of the stakeholders, the authors should provide with objective data on the human resources involved in this program: their numbers, their distribution, their levels of training, their working conditions, the mechanisms used to supervise their work and monitor their performance, the prevailing system of incentives. Such information would allow to identify HRM problems that serve as bottlenecks to effective implementation of the Immunisation program.

AUTHOR'S RESPONSE

We have included objective data on the human resources involved. See description in the background on page 7. See Results page 13 with new information on rural/urban distribution, training, etc (see Table 2 on page 32).

2. Another important weakness of this paper is the complete absence of a theoretical or conceptual framework on which the authors could draw to pursue the research objective. It is not clear how the variables examined in this study have been selected.

AUTHOR'S RESPONSE

See "Methodology: Research Design" (page 9) for definition of HRM; see "Data Collection: Surveys" (page 10-11) for rationale for selection of variables in survey.

3. The selection of the sample raises several questions that are not discussed at all in the paper. 15 districts were selected for the intervention group. Another 15 districts were selected for the control group. Does the intervention group refer to districts that have experimented particular HRM practices as part of the IDRC program? What are these practices? It is also surprising that the possible differences between the intervention and control group are not reported and not discussed. The focus of the discussion rather turns to differences between urban and rural areas.

AUTHOR'S RESPONSE

We clarified selection of the sample on page 10. We selected intervention and control districts in order to test the effectiveness of intervention, however this paper only reports baseline data of HRM practices prior to any training or intervention. We did not go into details of describing the intervention, since the intervention itself was not the focus of the paper. However, we are open to further suggestions from the reviewers on this point.

4. Most details should also be provided about the instruments used particularly for the survey: validity and reliability of the instruments, the theoretical support to the choice of the variables.

AUTHOR'S RESPONSE

Face validity and content validity were assessed by the investigators. The reliability of the instruments used in this study were not examined through specific analysis. The survey is based upon instruments used in previous studies implemented in Georgia (see Hotchiss et al 2006). See page 10-11 under "Data Collection: Surveys". Also, the

consistency of focus group results with survey responses provides additional evidence supporting the validity of the Likert-scale surveys used. This limitation was discussed on page 24-25.

Overall, I do not think that this paper can be published in its current state. Major revisions would be needed to address the issues previously raised.