

Peer Review File

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Dear reviewers.

Thank you very much for taking the time to review our manuscript. We appreciate your patience with our reply and revision of the manuscript. It has been very important for us to strengthen our manuscript and accommodate your recommendations. Your comments and recommendations have been very useful. With this letter, we intend to respond to your comments and hope that you will find the replies and also the revision of the manuscript satisfactory.

Reviewer A

Comment 1:

This study addresses an important issue for hospitals in the management of the pandemic.

I have some comments about the presented text:

- The aim stated in the abstract is 'To understand barriers and promoters of staff reallocation', however in the main text the aim is 'to explore the dynamics of reallocating staff to clinical practice during the first wave of COVID-19 in order to make better use of human resources, and improve staff experience with reallocation in case of a new and similar crisis'. The aims should be the same in both places. It was not demonstrated how this study, which is described as exploratory, would make a difference to staff experience in the future. I suggest it would inform future planning, or similar.

Reply 1:

Thank you for your comment and for bringing attention to this inconsistency. We have aligned the wording in the abstract and the manuscript.

We have added a paragraph describing the implications of the study.

Changes in the text:

See 'Abstract'

See 'Introduction' in the abstract

See 'Implications' in the discussion section, page 24, line 515

Comment 2:

The manuscript is very wordy and would benefit from significant editing to reduce the word count and present the issues more clearly and succinctly. Grammar, word selection and paragraphing require review. The discussion contains a single paragraph from p.14, line 670 to p.15, line 726 and is consequently difficult to follow. Each new idea requires a new paragraph beginning with a topic sentence. This ensures that the reader can understand the logical argument presented.

Reply 2:

We have critically revised the manuscript and thereby shortened it significantly. We hope that it appears clearer now. The manuscript has been reviewed in terms of grammar and word selection.

The paragraph p. 14-15 in the original manuscript has been removed from the discussion section, as a part of the revision.

We have revised and shortened the discussion section, and we have tried to make new paragraphs more visible by inserting extra line spacing. To our

knowledge, topic sentences are not required by the journal, and does not appear to be standard practice. Therefore, we have not added topic sentences to the discussion section, apart from 'limitations' and 'implications'.

Changes in the text:

See 'Discussion' section, page 20, line 427-522

Comment 3:

The results are very long and at times repetitive. I suggest a close review of the categories and some amalgamation of similar. For example, 3.2 'Corporate spirit' discusses the rationale used by managers for nominating staff for reallocation. 4. 'Individual factors' contains very similar information.

Reply 3:

We have closely reviewed the results, which has led to a significant shortening of the section. In this process we have refined our categories and subcategories.

Changes in the text:

See 'Results' section, page 10 line 201 to page 20, line 426

Comment 4:

The discussion appears to rely heavily on two texts (Aoyagi et al., 2015, and Lee et al., 2021). It is recommended to include additional literature to support the findings of this study and provide alternative viewpoints. The discussion requires review to make sure that a logical argument is presented.

Reply 4:

We have updated our literature search and included more recent studies in the discussion, which has led to a considerable revision of the manuscript.

Changes in the text:

See 'Discussion', page 20, line 427-522

Comment 5:

On p.16, there is only one heading, 'Strengths and limitations'. This section should be much more succinct and targeted.

Reply 5:

We have now revised the limitations sections, making it shorter and hopefully more targeted.

Changes in the text:

See 'Strengths and limitations', page 22, line 488-514

Comment 6:

There is no conclusion, implications or recommendations for practice.

Reply 6:

The conclusion section is located at the end of the manuscript (see page 24, line 524). We agree that implications for clinical practice could be elaborated on, and have added a paragraph to the discussion section

Changes in the text:

See 'Implications', page 24, line 515

Reviewer B

Comment 1:

line 194, does the gender of the 2 researchers contribute to study findings? If not, why include?

Reply 1:

The gender of the researchers is not important to the study findings. However, according to the applied COREQ Checklist, the manuscript should include information about the gender of the researchers, which is the reason for us stating the gender. We will change the reply in the checklist to N/A and reword the sentence from the methods section.

Changes in the text:

Gender information has been deleted

Comment 2:

line 198, selective transcription performed by whom?

Reply 2:

The selective transcription was performed by the same researchers conducting the interviews. This has now been clarified in the manuscript.

Changes in the text:

See 'Methods' section, page 8, line 165-169

Comment 3:

line 229, first sentence not clear and affects flow. Suggest stating the following: "We conducted a total of 14 interviews with leaders of seven

Reply 3:

Thank you for pointing out the need for clarification. We have changed the sentence, hopefully clarifying that we interviewed 8 leaders and 6 staff members.

Changes in the text:

See 'Results' section, page 10, line 202

Reviewer C

Comment 1:

This is an interesting and important topic, but major revisions are necessary. Specifically, more background is needed (a), and the methods should focus on the qualitative piece since this is the focus of the manuscript (b). Research questions and objectives are missing (c). Since the research focuses on a doer/non doer analysis, background comparison of factors affecting success/non-success is necessary (demographics, staff type, etc.) (d)

Reply 1:

Thank you for this comment.

- a) We have revised the introduction and also the setting, with the aim of providing more background – both of the rationale of the study and the local set-up.
- b) We have revised the methods section, focusing on the qualitative part of the study.
- c) We have added a section called 'Aim' which describes the study objective and research questions.
- d) Table 2 provides information concerning age, staff type etc. for successes and non-successes.

Changes in the text:

- a) See 'Introduction', page 2, line 26-38, 'Setting', page 3, line 51-63, and 'Staff contingency plan', page 3, line 63-98
- b) See 'Methods' section, page 5, line 99-106
- c) See 'Aim' section page 2, line 42-48
- d) See table 2

Introduction

Comment 2:

More background information about the hospital and staff would be beneficial (i.e., demographics of populations served, departments and specialties, years in service, staff size, etc.), especially since it is noted as a weakness that other studies have not focused on organizational factors. Additionally, provide more information about the surrounding areas, including population size, demographics, and nearby hospitals and medical centers, as this would likely affect operations throughout the pandemic.

Reply 2:

We have revised the section: setting, and added more details on the population, the hospital departments and the staff. We have also added a new section: Staff contingency plan, that in details describes the hospital setup for reallocation of non-clinical staff.

Changes in the text:

- a) See 'Settings' in the methods section, page 3, line 51
- b) See 'Contingency plan' in the Methods sections, page 3, line 64

Comment 3:

What were other factors, other than willingness to work, identified by previous studies?

Reply 3: Since our initial literature review several studies have been published regarding successful reallocation. We have therefore updated the literature and updated previous findings in the introduction.

Changes in the text:

- a) See 'Introduction', page 1, line 12-19

Comment 4:

Page 2, lines 86-91: Additional citations would strengthen this background. For instance, line 90 references "some studies" but only cites one study.

Reply 4: We agree. As stated above (comment 3) we have updated the literature review, and the study now include more citations related to findings from the COVID-19 pandemic.

Changes in the text:

- a) See 'Introduction', page 3, line 12-19

Comment 5:

Page 3, lines 94-100: a breakdown of staff would be helpful: what percentage were low or non-clinical? What proportion had recent clinical experience? Etc.

Reply 5:

We have not differentiated between low and non-clinical staff in the survey, as we believed that this differentiation would be arbitrary, depending on the

perception of the respondents. We have added information about the proportion of respondents with recent clinical experience.

Changes in the text:

See 'Survey' in the methods section, page 6, line 130

Comment 6:

Page 3, lines 113-115: More data would be helpful here. How many staff were expected versus reality?

Reply 6: The expected number was not based on statistics but on an assumption by the management. Therefore, we cannot state the exact difference. We have clarified this lack of data in the introduction.

Changes in the text:

See 'Introduction', page 2, line 33-36

Comment 7:

The study focuses on plan implementation, but there is very limited background about the plan, similar studies, etc.

Reply 7: We have added a new section: Staff Contingency Plan, that in details describes the hospital setup for reallocation of non-clinical staff.

Changes in the text:

See 'Staff contingency plan' in the methods section, page 3, line 64-98

Methods

Comment 8:

Setting: Why was this hospital selected? How does it compare to other hospitals in the region?

Reply 8:

The authors of this manuscript are all employed at the hospital and were involved with the planning and completion of the one-day training course. The study originates from our wonder and experiences from this process. Bispebjerg and Frederiksberg Hospital is one of the largest acute hospitals in Denmark, when measured on our catchment area. To meet the reviewer's request, we have tried to expand our description of the hospital. However, within the given frames of the manuscript, we have chosen not to compare the hospital with the other hospitals in the region.

Changes in the text:

See 'Setting' in the methods section, page 3, line 52-63

Comment 9:

Design: Since this portion of the study focuses solely on the qualitative portion of the study, it would be more prudent to focus on this design in this manuscript, rather than explaining the rationale for selecting mixed methods.

Reply 9:

We agree with this comment, and have changed the design section, focusing on the qualitative design.

Changes in the text:

See 'Design' in the methods section, page 5, line 99-106

Comment 10:

Line 142: What are uncharted areas?

Reply 10:

We have changed the wording of this sentence. What was meant with this sentence was that we wanted to explore an area with limited research knowledge.

Changes in the text:

See 'Design' in the methods section, page 5, line 104

Comment 11:

Line 144: Did all hospital staff not participate in the one-day training course? Was this opt-in? More information needed.

Reply 11:

The one-day training course was targeted at the non-clinical staff and was mandatory to the staff selected for reallocation, introducing them to their new tasks and refreshing basic clinical skills. Thank you for pointing out that this was not clearly described.

Changes in the text:

See 'Staff contingency plan' in the methods section, page 3, line 64, and 'Survey', page 6, line 120

Comment 12:

Why didn't the design include interviews with staff not reallocated, as surely all staff, especially those directly serving COVID patients, were affected by the plan implementation?

Reply 12:

We agree that it would have been interesting to explore the regular staff's perspective on the implementation of the contingency plan. However, in this study we chose to focus on the reallocation of the non-clinical staff, as this perspective has been less explored, but in our opinion is an important perspective, as this group of staff was perceived as a group that could easily be transferred to clinical practice because their usual function was downscaled.

Changes in the text:

None

Comment 13:

Line 154: What is meant by interviews with successes and non-successes? This is confusing language.

Reply 13:

We haven't described this clearly enough. Thank you for pointing that out. We have added a definition of 'successes' and 'non-successes'.

Changes in the text:

See 'Framework' in the methods section, page 5, line 107

Comment 14:

Line 160: Why one month after the course? What percentage of total staff participated in the course? What percentage opted out?

Reply 14:

We chose to send out the questionnaire one month after the course, because we wanted to increase the possibility that the participants had experienced working

in clinical practice, but at the same time still were able to recall the details of the experience. We have described this in the manuscript.

Unfortunately, we are unable to present the percentage of staff participating in/opting out of the course, as this data could not be validated.

Changes in the text:

See 'Survey' in the methods section, page 6, line 122

Comment 15:

Lines 159-166: How do these proportions compare to the hospital at-large?

Reply 15:

As mentioned in the description of the setting, the hospital has around 3000 employees. Unfortunately, we have been unable to obtain the exact number of staff in the departments participating in this study.

Changes in the text:

None

Comment 16:

Lines 181-191: More details about how the interview guide was developed and refined is necessary.

Reply 16:

The interview guide was developed based on the recommendations of the Success Case Method, which we have now described more clearly in the methods section.

Changes in the text:

See 'Interviews with reallocated staff' in the methods section, page 7, line 174-161

Comment 17:

Lines 193-194: Did you take into account possible effects of conducting interviews in-person versus online and how this would influence results?

Reply 17:

We did consider whether the two online interviews would be different from the in-person interviews. However, we did not experience any differences between the two types, neither concerning establishing a relationship with the informant nor the content of the interview. The online interview was conducted via Microsoft Teams or Skype with high quality sound and image, enabling us and the informant to see and hear each other clearly. Consequently, we have not made any specific efforts in terms of the online interviews.

Changes in the text:

None

Comment 18:

Line 198: How was "relevant" defined? How was researcher bias avoided?

Reply 18:

Relevant data is defined as data that is useful for answering the research question and helped us shed light on the aim of the study. We have tried to clarify this in the manuscript.

Research bias can be difficult to avoid, as every researcher may hold preunderstandings and presumptions, based on their experience and

background. However, we believe that being two researchers with different backgrounds, and having a research group, also with diverse background, has helped minimize the risk of bias. The research group has participated in all steps of the project, e.g. development of the survey, selection of informants and discussion of the results of the analysis, thereby reducing the risk of selection bias and analysis bias. We have inserted additional description of our efforts to avoid bias in the analysis section.

Changes in the text:

See 'Interviews with reallocated staff' in the methods section, page 8, line 164 and 'Analysis', page 9, line 186-199

Comment 19:

Analysis section is lacking. Were data analyzed via excel? On paper? How was researcher bias avoided? Additionally, the methods lack clearly stated research questions and objectives.

Reply 19:

- We have extended the analysis section, adding more details on the process.
- The question concerning researcher bias has been replied in the reply to comment 18.
- We have added a section called 'Aim' which describes the study objective and research questions.

Changes in the text:

See 'Analysis' in the methods section, page 9, line 186-199

See 'Aim', page 2, line 42-48

Results

Comment 20:

The inclusion of direct quotes is helpful, but in general, I find the analysis lacking and think there is too much reliance on the quotes themselves.

Reply 20:

We agree with this comment, and have revised the results section thoroughly, which has resulted in a shortened section with less quotes and more focus on description of the results.

Changes in the text:

See 'Results', page 10 line 201 to page 20, line 426

Comment 21:

Line 563: Avoid generalizations as this is not a representative sample nor did all staff participate. Similar generalizations exist throughout the results.

Reply 21:

It has not been our intention to generalize the results from our informants, as we are aware of the fact that they represent a small part of the population. When mentioning the staff in this manuscript, we refer to our staff informants and not staff in general. However, we have tried to soften up the wording in order to comply with this comment.

Changes in the text:

See 'Results', page 10 line 201 to page 20, line 426

Comment 22:

Line 566: This is a weak analysis and more could be extracted from this quote.

Reply 22:

We agree with this comment. The revision of the results section and subcategories has resulted in this quote being removed from the manuscript. The subcategory “uncertainty leads to insecurity” is now called “becoming familiar”. We believe that this new subcategory covers the mentioned quote as it deals with how becoming og being familiar with a unit affects the reallocated staff and their decision to sign up for shifts.

Changes in the text:

See ‘Results’, page 19 line 419-426

Discussion

Comment 23:

Line 639: How were staff identified as highly motivated?

Reply 23:

This part of the discussion has been removed in the revision.

Changes in the text:

N/A

Strengths and limitations

Comment 24:

A glaring limitation is that likely only staff with strong feelings about the plan would have opted into the survey. Another not mentioned was the lack of full transcription in analysis.

Reply 24:

We understand this assumption. However, the survey results do not indicate that this should be the case. In the survey we asked the participants to rate their overall experience with being reallocated, and to what degree they felt motivated for taking on a new function. The responses indicate that around 50 % had a good experience and where highly motivated (not necessarily the same respondents). Between 34 and 40 % placed their response in the middle categories (3 or 4). Looking at the questions concerning feeling pressured into reallocation and confidence in managing new assignments, the responses were evenly distributed between high, moderate, and low. But, in line with the Success Case Model, which was applied as framework in this study, we chose to focus on the staff with the strongest feelings (best/worst experience), in order to gain a better understanding of what worked and what didn’t.

We agree that the lack of full transcription is a limitation. We have now addressed this limitation in the discussion.

Changes in the text:

See ‘Strengths and limitations’ in the discussion section, page 23, line 493-496

Conclusion

Comment 25:

What are opportunities for future research? More notes about implication for future research and practice would strengthen the manuscript.

Reply 25:

We agree. The implications of the study were not clearly described. We have added a paragraph describing implications for research and practice.

Changes in the text:

See 'Implications' in the discussion section, page 24, line 515-522