

## Response to reviewers' comments on paper 2012-001574

Thank you for these helpful comments. We respond to each point in turn below and hope the paper is now acceptable.

Reviewer: Professor Anthea Tinker,

This is an original and interesting article which is worthy of publication. However there are a number of points which I would like to see resolved first.

The most important is that the boundaries of the paper need to be set. It appears that very few references, either to previous research or policy documents, are before 2000. There were many studies and policy documents before this. (See for example a summary in 'Technology and ageing' Chapter 13 in *An introduction to Gerontology*, Ian Stuart-Hamilton (ed) pp, 363-388). If the intention is only to look at recent publications then this should be stated. On page 7, for example para 2, 'From approximately 400 candidate documents' it would be possible to put in the dates for these. Again the search should be described – which countries were the publications from?

The 400 sources were all published since 2000, and almost all were published since 2009; we have included this information (page 7). We agree that if we were doing a standard literature review, it would not make sense to exclude sources by using an arbitrary and recent cut-off date. But what we were trying to identify is the *current* organising vision, not one from several years ago. On page 7 in the original manuscript, we did briefly include the criterion "recent" (which we defined as "post-2009 or, if published before then, still being used as 'current'") as one of the selection criteria for our sample, but for word count reasons we did not justify this. We have now done this on page 8. We have also listed the countries represented in the final sample (page 9).

Allied to this is the use of the terms 'telehealth and telecare' which are relatively new ones. At least passing reference should be made to previous terms (and of course research) on assistive technologies and even alarms. Even more recent the word Gerotechnology should at least be referred to. The paper should start by defining what is meant by 'telehealth' (and why not 'telemedicine?') and telecare.

We did define 'telehealth' in the second sentence of the introduction but we agree that our original definition was somewhat cursory and uncritical. We have now expanded that introductory paragraph (page 2) and included brief mention of other terms (old and new) that refer to the same or similar constructs, including reference to Prof Tinker's chapter, which we found most helpful.

The four categories are well described though care needs to be taken not to generalise e.g. on page 10 "Ageing well" was equated with becoming adept in the use of technologies, whereas human contact between professional carers and vulnerable older people was depicted as unnecessary, inefficient and wasteful of resources (technologies were seen as 'saving' resources by reducing contact time). What evidence is there for this?

This striking and troubling finding was a consistent theme in the papers we collected from the biomedical and much of the policy literature. Each of the papers in our sample was analysed systematically and extracts were taken from the papers and collated on a large Excel spreadsheet. We also sought (but did not find) disconfirming examples. We agree that there is a very different depiction of older people and the ageing process in the social science literature (this is what we've

called 'humanist discourse'). To be honest, the reason why we began analysing this literature systematically in the first place was because we were frankly shocked by how ageing (and the use of technology in ageing) was depicted at many biomedical conferences. We can supply raw data and the spreadsheet if required to illustrate that the findings are not merely impressionistic. We've slightly amended the text on page 11 to read 'in almost all examples of the modernist discourse'.

There is an excellent, thorough account of data sources. I am surprised that only 11 empirical or theoretical studies were found (but again this may be because only recent ones have been searched).

This wasn't a thorough literature review in that we continued to collect, and closely analyse, the sources until we weren't learning anything new about the discourses. We weren't interested in the empirical findings per se but in the assumptions and practices underlying those findings. One thing that struck us about the sources was how very similar they were. For example every paper in the modernist discourse began with a near-identical paragraph which described the uncontrolled expansion of the 'old elderly' and the 'need' for a technological solution.

The paper states (p.4) 'Our research questions was: what explains the gap between enthusiasm for telehealth and telecare technologies in some sectors and their limited uptake and use to date? This is not the question answered in this paper. It is more what is stated in the next sentence although even that is somewhat too wide for what is actually discussed.

We agree, and have changed the research question (and moved it to the last para of the introduction), page 6.

The references need to be checked e.g. on page 6 refs 26, 27, 28 should be 16, 17, 18

Done

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Reviewer: Professor Flis Henwood  
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I think the research question could be put more clearly than it is currently (p4). In my view, it should be re-framed from the one question offered at present: 'what explains the gap between enthusiasm for telehealth and telecare technologies in some sectors and their limited uptake and use'? to two linked questions: 1) 'how do different stakeholders understand telehealth and telecare technologies and ii) what are the implications of these different understandings for the development and implementation of these technologies'? I feel that these are the questions answered and should probably therefore be how the questions are framed. The current research question is really part of the answer. This re-framing could also be used to re-work the 'objective' in the abstract.

Agree, done. This was very helpful feedback.

I think this is a useful and interesting account of the different ways in which telehealth and telecare are understood. The identification of four distinctive 'discourses' and their key characteristics captures a reality that is instantly recognisable to anyone working in this complex, interdisciplinary field. However, I am only partly convinced by the argument that the fact that there exists these different discourses explains the gap between enthusiasm for the

technologies and limited uptake- not least because, as discourse includes practice, this argument is rather circular.

We have couched the latter argument more cautiously in the discussion. We agree it's a hypothesis, not a conclusion.

I would like the authors to address the stakeholder issue more. 'Stakeholders' are mentioned in the 'objective' and elsewhere throughout the article. How are these defined? How was the concept mobilised in the research - to help identify documents for review, for example? Elsewhere, we read of 'diverse perspectives' (sample, abstract) and I wondered how stakeholders and diverse perspectives are linked, if at all. Do the different discourses identified map neatly onto stakeholder groups? What is at 'stake' for those drawing on and contributing to the different discourses? A simple reading might suggest that commercial technology companies engage in modernist discourse, critical social scientists engage in humanist and/or political economy discourses, and service providers are more sympathetic to change management discourse, for example. But is this the case? When the different groups came together at the 'knowledge sharing events', how did different discourses interfere with one another and which 'won out'?

We have given more thought to the issue of stakeholders on page 5 and 17.

This links to a problem i have with understanding how the the notion of 'organising vision' is being used. Particularly interesting here would be a discussion of how the 4 discourses relate to the notion of 'an' organising vision. On page 5, the authors state that they sought to 'identify the discourses that contributed to the organising vision for telehealth and telecare technologies'. By the end of the article, i am not clear- is there just one, 'the' 'organising vision' or 4? If there is one, then, again, I think we need to read more about how the different discourses compete/interfere with one another and become dominant or marginalised in particular space/times.

We agree, and have addressed this point on page 19-20.

A more minor issue- there is a problem with footnote numbering on page 6- 26, 27 and 28 should, i think, be 16,17 and 18.

Corrected.