Author's response to reviews

Title: The effort to stay in charge of the medical treatment of patients with home care provided by district nurses. A grounded theory study of family physicians' experience.

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Author's response to reviews: see over
**Title:** A grounded theory study of family physicians’ effort to stay in charge of the medical treatment for patients with home care by district nurses.

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**Version:** 2 **Date:** 23 April 2009

**Author’s response to reviews:**

We would like to thank the reviewers for their valuable comments, which we believe have helped us to improve our presentation considerably. Below we have addressed each of the reviewers’ suggestions point by point.

**Reviewer: Frances Badger**

3. Are the data sound?

-Yes-but the patient code numbers in Table 4 are not clear, should they be 1-17?
There are two ‘04’ numbers so when reading the quotes it is not clear which patient is being referred to. MCR
   *The number have been changed, they are now numbered in the order they appear in the table and the same numbers are then used as labels in the citations*

P 10. Self –willed patients- possibly clarify that it was the FP who thought they needed medical attention. MER. Would ‘independent’ be a better term than self-willed? DR
   *We have added text in order to clarify that other care providers including the FPs were those who thought the patient needed medical attention. We have changed the word “self-willed” to “fixed in their ways” and hope you find this more adequate. We think independent is to positive a word to describe patients who e.g. stop taking their medication, refuse to go to hospital or seek medical attention even when their health is deteriorating.*

P 11. Explain type of abuse & clarify last 2 lines. MER
   *We have added text to clarify the type of abuse. We have added text to the last two lines in order to clarify.*

P 12. Quote 04-does the first line of this need clarifying? DR
   *We have added a clarifying text*

P 17. Quote 17m- clarify ‘they both’. MER
   *We have added a clarifying text*

4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes. Mention ethical approval earlier.
   *Ethical approval is now mentioned in the method section.*
5. Are the discussion and conclusions well balanced and adequately supported by the data? Yes.
Home care also seems very important to these patients’ care-how were their assessments conveyed to the FP? DR. Did FPs do any joint visits with DN or HC? This is a very important issue. However, we have not found it possible to include it in the scope of this article. We are currently working on another article concerning the collaboration between the DNs and the FPs concerning these patients.

6. Are limitations of the work clearly stated? Yes.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes.

8. Do the title and abstract accurately convey what has been found? Yes.

9. Is the writing acceptable? Yes.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being Published
As English is not other mother tongue the language in the revised article was reviewed by a language expert. Therefore we would be grateful for more specific instructions concerning language correction.

Reviewer: Eva Benzein
Here are some comments that will further improve the article:
Minor Essential Revisions;
1. Abstract, p.3: Start the Conclusion with The patients in this study differed..... A clarifying text has been added

2. Method, p.7: You write that memos were written directly after each interview. Why was this done? How did you handle these memos? Did you analyze them? If so, in what way? Please give the readers some information about this. We have added information about when and why memos were written and how they were handled.

3. Four tables is included in the method. Can one of them be excluded? Described in the text? For example, many of the figures in Table 1 could easily be said in the text. Table I has been reduced and most of the information is now presented in the text in the method section.

Are all definitions in Table 2 necessary? Can the descriptions be condensed? We have discarded Table 2 and added an explanation concerning the Swedish setting for this type of care in the background section as requested by one of the referees.

Table 3; is it enough go give examples of questions in the text?
Table three has been discarded and text added to the method section.

Table 4: Is it possible to number the patients from 1-15? When you read the results, it is a little bit confusing that a citation has number 19 or 29 when there was only 15 patients included. 
The number have been changed, they are now numbered in the order they appear in the table and the same numbers are then used as labels in the citations

4. Results, p. 9: I suggest to delete the Figure 1. All that information is repeated in Figure 6.
We have discarded Figure 1 as a response to your suggestion.

5. As the citations concerned, why are they referred to the patients and not to the participating FPs?? Would it not be more adequate to relate the citations to the single FPs characteristics?? For example the 2 first citations on page 9; these are not further understood by the knowledge that the FP talks about an old male with heart failure, angina etc or a 87 years old male with diabetes. Many of the citations reveal the beliefs of the FPs, which are interesting in relation to their interpretation of the situation and their own possibility to manage the treatment.
The authors may consider this.
We have kept the references to the patients but also added information concerning whether the FPs had treatment of these patients in primary care as a special task or had many or few patients with home care that they were responsible for.

6. Also, it takes an explanation in the text what the figures in the end of the quotes refer to, as information to the reader.
At the end of the method section I have added information about what the numbers and letters at the end of the quotes refers to.

7. I think that Figure 2-5 are fine to use in the result as they are the building cornerstones to the final model in Figure 6. I will though ask the authors to label all Figures.
The text, figure number, a short title and for figure 5 a short more detailed legend is presented separately directly after the references in response to instructions to authors.

8. I think that the discussion is well written and the strengths and limitations of the study is adequately discussed.

9. The paper is rather long and can be shortened, but if the length is OK with the editor, it is fine with me.
Several tables have been discarded. However, as we have added information according to the suggestions from the reviewer it ends up to roughly the same length.
If suggested from the editor we will shorten the article, but have no clear view of information to omit.

Level of interest: An article whose findings are important to those with closely related research interests
The aim of the study seems to be to study the FP’s experience of providing treatment for patients receiving home care from DNs. However, this was not always an inclusion criteria for FPs to be interviewed. They did not always know that home care was provided.

The inclusion criteria throughout the study was that it should be a patient in whose treatment the family physician was involved that also had home care provided by district nurses. They were involved in the treatment of patients that were listed with them. However they did not always know what patients listed with them that had home nursing which made it problematic for them to choose a patient to talk about. That’s why we in most of the interviews asked them to choose a memorable patient with home care provided by DNs in whose care they were involved. Also they did not always know more than an outline of what home care the district nurses provided. However they were still responsible for the medical treatment in primary care of these patients. We have added the following text in the method section in order to clarify this.

“However, it turned out that FPs did not always know which of the patients registered with them had home care provided by a DN. This made it difficult for them to identify the last patient with home care by a DN in whose care they had been involved. They chose a patient that they thought was the last patient. Thus, for interviews 4-12 we instead requested that the patient should be a memorable patient, 65 years of age or older, in whose care they had been involved”

Furthermore, it involved three categories of patients. It seems that physicians have difficulties in staying in charge because it involves patients with complex medical conditions or because the FPs experience a lack of time, not because home care by DNs was provided. The problem of staying in charge seems to be inherent to the delivery of care in the home (and especially with patient with complex conditions). During the interviews the FPs talked about different problems where lack of time was one. However in this article we have focused on the patient with home care they talked about and how factors concerning those patients and their problems contributed to the problems experienced by the family physician. On this base, we identified three different types of problematic factors concerning the patients that resulted in that the FP encountered problems to stay in charge of the medical treatment. These were; patients with reduced functional ability, patients with complex conditions and also patients who wanted to manage on their own even when they needed help and did not want to comply to recommendations (earlier called self-willed now in a second version called fixed in their ways). The last type of problematic factor is not a medical or functional patient problem. It only becomes a problem when it is hard to find a way to provide treatment in a way that is acceptable to the patient. Some of these factors are more common in home care, like reduced functional ability. Also both the reduced functional ability and the complex condition can be suspected to be the reason why these patients have home care by DNs. However, the reason for home care is not the focus of this article. We have asked the FPs to tell us about one patient with home care by district nurses and the care of this patient. Our focus is problems they encounter because of conditions linked to the patients i.e., how the individual patients and their problems contributed to the problems experienced by the FPs. The text at the end of the aim part has been altered in order to clarify this.
The text is now:
The aim of this study was to obtain increased knowledge concerning the FP’s experience of providing medical treatment for patients with home care provided by DNs by developing a theoretical model that elucidates how FPs handle the problems they encounter regarding the individual patients and their conditions.

Different lines of thoughts are mingled and therefore very confusing. I recommend that the focus is made more clear. It should also be made more consistently throughout the manuscript.

The focus is firstly to identify the types of individual factors among the patients that lead to problems, secondly to identify the types of problems experienced by the FP as a result of this and thirdly what strategies they used to overcome these problems. This is presented in three subsequent sections. The first part is also described in table 3. The second and third parts are described in the figures.

We hope the alteration of the text at the end of the aim part makes this more clear. Please see above for the text.

Discretionary revisions [DR] & Minor essential revisions [MER]

Title & Abstract:
- The title can be more concise. [DR]
  The title has been changed and made more concise
  Now it is:
  A grounded theory study of family physicians’ effort to stay in charge of the medical treatment for patients with home care by district nurses.

- Results section: do you mean complex ‘medical’ conditions? The four strategies: it seems there are only three strategies (by removing one ‘and’ this can be adjusted). [DR]
  Complex conditions are both patients with complex medical conditions and patients with combination of medical and other problems as described on page 10 under the heading Patients with complex conditions. We have added some words in the text in order to make this more clear.
  There were three problems but four strategies now presented in figure 1-4 and under four different subheadings in the result section.
  A. Relying on information from the DN and others, B. Supporting close observation and follow-up by the DN and others C. Being constantly ready to change the goal of the treatment D. Relying on the DN and others to provide treatment

- Conclusion section: The beginning: ‘These patients…’ Who are ‘these’ patients?
  A clarifying text has been added: The patients in this study

Furthermore, the conclusions can not be derived from the presented results. The discussion is not adequately supported by the data. In the result section the DN is not mentioned, while in the discussion part it is a core finding. [MER]

We added text concerning that the DNs were one of the “other care providers” on which the FPs built their strategies. The DNs were the most important party they relied on for information, who closely observed the patient and followed up, who
provided treatment. However family and friends and home helps also played an important part.

Background:
- First paragraph: ‘… other patients of comparable age’: Are that patients who also have home care or just stay at home, or patients of comparable age whose residence is elsewhere, or without home care provided by district nurses? Not clear. [DR]
  A clarifying text has been added, this is a comparison to other patients of comparable age seen by the GP.

- First paragraph: I think that ‘elderly persons with complex problems including a mixture of … and reduced functional ability’ are also typically patients in a care home for the elderly, not only persons with home care. [MER]
  We agree, these type of patients are also found elsewhere like in nursing homes. However the purpose of the sentence was to give the reader background information concerning what kind of patients are found in home care according to what can be found in the research literature. Therefore we have not added any information as it would lengthen the article without adding information concerning the research setting of this article.

- Second paragraph: usually the aim of the study is presented at the end of the background section. [MER]
  The section has been moved to the end of the section

- It is not clear how home care is organized in Sweden. Are the FP or general practitioner the primary healthcare provider (is there a difference between a general practitioner and a family physician?)? Are they in charge of the medical record of the patient and remain the actors when the patient is referred to a hospital? FPs work mostly in a group practice or are they generally working alone? The FP does not regularly make house calls? Does a patient have sometimes different physicians, as it is given that sometimes a FP is responsible for patients receiving home care provided by DNs. When a patient at one point receives home care, he also gets another physician responsible for his/her medical care? [MER]
  We have added a description of home care and how district nurses and family physicians are organised in Sweden in the background section. The text is now
  Home care in Sweden is a responsibility of both the municipalities and the county councils. The municipalities are responsible for home care in the form of subsidised home help service. Home care provided by DNs is a responsibility of the county councils and is part of primary care. However, approximately half of Swedish municipalities have taken over that responsibility to simplify collaboration with home help providers. Thus, the DNs work either at a healthcare centre together with the FPs or in a separate organisation from that of the FPs. DNs have undergone specialised training, but nurses without specialised training and assistant nurses under the supervision of a district nurse also work in home care. In this article “DN” includes all nurses and assistant nurses working in home care.
  The FPs (specialised in family medicine) are responsible for the medical treatment in primary care for those patients registered with the FP, including those who receive home care from DNs. The FPs are also expected to coordinate treatment prescribed elsewhere, such as by specialised care or inpatient hospital care. One FP may take over responsibility for these patients from the other FPs at a healthcare centre.
Method:
- A memorable patient, 65 years of age or older: home care provided by a district nurse was not an inclusion criteria? See also the major compulsory revisions. [MER]
The overall inclusion criteria were that it should be a patient, in whose care they were involved who also had home care provided by district nurses.
In the beginning (the first three interviews) it was supposed to be the last patient with these criteria where they had been involved, In interview 4-12 they were instead asked to talk about a memorable patient. In interview 13 the FP was again asked to talk about the last patient, meeting the criteria in whose care they had been involved. In the first five interviews the FPs were asked to talk about a patient 65 years of age or older. As this did not seem to be of importance from interview 6-13 this inclusion criteria was discarded.
We have changed the method section in a fashion that we hope makes this clearer.

- Page 8, last paragraph: discussed in a focus group with 7 FPs: are that other physicians or the same as in the interviews? [DR]
They were new FPs, information about this has been added

- Has the transcript been coded by two or more independent researchers? That would contribute to the trustworthiness of the data. [MER]
The open coding was done by one of the researcher, which is common in GTM. All researchers participated actively in the axial and selective coding. Text to clarify this is added to the article.

- Was saturation reached after 13 interviews? This is a relative small sample size… [MER]
Saturation was judged to be reached. We have added text to clarify this. The text is:
After 13 interviews saturation was judged to be reached and no more essential information was discovered. In GTM, however, this is typically a judgement with a certain amount of subjectivity.

- Was ethical approval granted for the study (required and/or received?). Was informed consent given (is mentioned in table 3, but not in the text)? [MER]
We have moved the information about ethical approval from the acknowledgement section to the end of the section about method.

- The data analysis section is very informative, but perhaps it is better to be slightly more concise. [DR]
Our experience is that different journals have different standards when it comes to how detailed the analysing process should be described concerning qualitative research. Therefore we have not yet condensed this section but can of course do so if the editor wants us to shorten it.

Results:
- Patients with abuse: in table 4, I find one patient who has a co-morbidity of alcohol abuse and one patient who overuse (or misuse) painkillers. Are findings related to patients with abuse determined based on those two patients? Is it not necessary to
include more patients with a co-morbidity of abuse, to make statements about patients with abuse? [MER]

We are not describing patients with abuse but rather different types of problems that the FP encounters in the medical treatment of patients in home care by DNs. In GTM the ambition is to find as wide a variation as possible instead of having many similar situations as in quantitative methods. Here we try to identify different types of problems encountered by the FPs, and how these are handled. Both alcohol abuse and overuse of pain killers adds to the complexity of the condition that has to be handled.

- Page 14, first paragraph: … it is difficult to stay in charge when they had to rely on information from others. This was considered a strategy, but is now posed as a problem? [MER]
To rely on information from others was found to be an important and necessary strategy, in order to get good enough information. However, we saw a variation in the sample and some FP’s did not always feel at ease with this as they were used to have a more direct contact with patients and to get information directly from them

- Self-willed patients: are that patients with particular medical and functional problems? Not clear, is also not mentioned in the table. [DR]
The term “self-willed” has been changed to patients “fixed in their ways”. This was not a medical problem but was problematic when a patient had a medical problem and did not comply to recommendations concerning treatment.

Discussion:
- It is hard to discern how this study adds to the international literature. [MER]
How the FP’s manage the medical treatment of patients with home care provided by DNs has to a large extent been an unknown process, at least in a Swedish context, This article adds to knowledge about strategies taken by the GP’s. This new information might also add to worksituations where indirect work is being conducted This is pointed out in the conclusion in the practical implication part

- Page 19: first paragraph: sentences instead of bullet points. [DR]
This has been changed

- It is a weakness that the data can not be generalized. [MER]
This is always the case in GTM. Text to clarify this is added in strength and weaknesses. The text is:
As is always the case with GTM, further research is needed in order to see if the model is relevant in other situations and for other patients with home care provided by the DN

- There is some interesting literature about the continuity of care by general practitioners that would be well-suited in the discussion. [DR]
We agree with the importance of this literature, but have not found it possible to include it in the scope of this article without further lengthening the text.

Conclusions:
- These patients: what patients? Patients with home care delivered by DNs? With complex pathologies? [MER]
Clarifying text has been added. It is now: The patients in this study
- Practical implications for future research: there are indications for further research but what are the practical implications of this study? [MER]
   We have added a section about practical implications and changed the following heading to Implications for future research.

Table 1: the N should be given in the title of the table; in footnote 2: several: how many? The bottom part of the table: arrange the last three variables as one variable with three options. Special housing: what is that? [DR]
   We have discarded most of Table 1 and added most of the information in the text in the method section however we have added information that N = 13 in the remaining table

Table 2: definitions and descriptions of the setting are given, but there exist much overlapping. Sometimes the definition, for example that of home help, is somewhat odd. I suggest that the authors insert a short part in the introduction about how home care is organized, and delete the table. [DR]
   Instead of this table we have added text in the background section

Table 3: first sentence: sentence structure?? [DR]
   We have included the information from table 3 in the text in the method section

Table 4: death in 17m: is this a medical or functional problem? [DR]
   This has in stead been called end of life care in this revision of the manuscript.

Table 5: Title: English writing: Patients where: not correct.
   We have corrected the English text

Figures: figure 2 to 5 are redundant as they are repetitions of figure 1. [MER]
   We have discarded figure 1 and kept the other figures as a response to a suggestion of another referee.

The number of tables and figures should be reduced. [MER]
   We have discarded one figure and two tables and reduced the information in the remaining table 1. The information that was previously presented in the discarded tables is now included in the text instead.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published
   As English is not other mother tongue the language in the revised article was reviewed by a language expert. Therefore we would be grateful for more specific instructions concerning language correction.