Author's response to reviews

Title: Family physicians' experiences when collaborating with district nurses in home care-based medical treatment. A grounded theory study.

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Version: 3 Date: 19 May 2010

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Author’s response to reviews:

Once again we would like to thank the reviewers for their valuable comments, which we believe have helped us to improve our presentation further. Below we have addressed each of the reviewers’ suggestions point by point. In the article we have marked the parts where the text has been changed with yellow. However language corrections made by the copy editor are not marked.

Reviewer: Sander Borgsteede
Reviewer's report:

Minor revisions:
The paper has been improved considerably, and makes a valuable contribution. I still have one issue: it is not clear what was the main topic of the interview - and I find it difficult to judge what the role of this topic was, compared to other topics out of the larger project (that were perhaps addressed in the same interview). The main topic of the interview is still not clear.

The intention was to explore to FPs experience of providing medical treatment for patients with home care by DNs. The intention was to put as open questions as possible to the FPs in the beginning and then be guided by what there main concerns were in the following interviews. However, more than one main concern emerged and was pursued in the interviews. The analysis was therefore divided in order to analyse the different main concerns. We have added some text in the first paragraph of the Method section to clarify this.

'This article is part of a larger project'....
- does this mean that the interviews that were performed had multiple purposes and that the research question addressed in this paper was one of them?
The purpose was to explore the FPs experience of providing medical treatment for patients with home care by DNs. We have added text under the heading Data collection in order to clarify this.

Is this a secondary analysis of the material collected in the larger project?
If so, please describe clearly: what was the main interview about, how much material was collected about the research question addressed in this paper (e.g. how many minutes of the interview) - compared to the rest of the material. The authors could explain the interview guide that was used in the first interviews.
The initial interview guide is presented in a new table, table 5. The interview was performed in order to explore the FPs experience of providing medical treatment for patients with home care by DNs. Collaboration with the DNs was one of the issues that emerged and turned out to be a main concern. Another main concern was the
FPs problems to stay in charge of the medical treatment due to the patient’s problems. The FPs were asked to describe different problems and situations in the patient’s care and treatment in which they had been involved and to describe how this was handled. In this way the different issues were intertwined in their narratives. This means there is no way of estimating how much time or how much of the material that addressed the questions in this paper. Collaboration with the DN was central in their narratives of most problems and situations. In the first paragraph of the method section and in the section Data collection text has been added to explain this.

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
'I declare that I have no competing interests'

**Reviewer: Cathy Shipman**

**Reviewer’s report:**
This article is much improved with a good description of methodology and the organisation of primary care. It would be useful to explain terms such as axial coding, however, unless I have missed this.

The sentence, located at the end of the first paragraph in the Data analyses section, about how axial coding was used has been rewritten in order to clarify this better.

I am surprised that there were no age related differences detected between reports on patient cases, as I would assume greater co-morbidity and frailty in the 80+ age group in comparison to the 60+ age group.

The complex problems in combination with reduced functional ability was often the reason for home care and more important than age in itself. Text to clarify this has been added in the middle of the Theoretical sampling section.

It would have been useful to have asked clinicians to report on 2 patients - one needing predominantly nursing care (eg leg ulcers) and one medical intervention, to assess to what extent they varied between the conductor and consultant role on an individual basis.

The patients the FPs talked about had complex problems including both medical problems needing predominantly nursing care and medical problems that are usually handled by physicians. This is usually the case according to previous studies of patients with home care by DNs, and also my experience as family physician responsible for the medical treatment of patient with home care. Attitude was identified as one factor that influenced. In order to further explore attitude, we believe that another study design has to be used e.g. decision-making concerning standardised situations/problems. Both the problems of the patients and the working conditions in home care vary to an extent that makes it hard to explore the influence of the attitude at any depth. We have added some text in the Implication for future research section to suggest this.
Also outliers should be reported in terms of analysis – those themes not conforming to the developing theory - saturation is suspect unless they are identified. *All the patients the FPs talked about are included in the final model (Table 8). There was no theme contradicting the theory that was developed, the interviewing and the analyses was continued till all themes connected to the core process “how the FPs rely on the DNs in home care” could be accounted for by the developed model. We have added some text to the third paragraph in the section under the heading, Relying on the DN for medical treatment – an integrated model (page 20) to explain how the situation d2 in the model, where the FPs as consultants are not aware of problems, was detected as the FPs read the nursing records during the interview.*

*Do DNs have nursing notes in the house - as in the UK?*
*There is often some information in the patient’s home like who the responsible nurse is and how the patient can get in touch, a copy of the current list of medication and sometimes a care plan. But the notes are made in a nursing record that is kept at the health centre or the home care organisation premises. If the FPs and the DNs work together at the health centre they have a joint computerised record.*

*Need an age for patient 15.*
*Unfortunately we do not have the exact age. The patient was referred to as very old and the interviewer missed asking the exact age. As the interview was performed several years ago it is no longer possible to get the exact age. However in order to make the age of the patient more clear the exact words of the interviewed FP is now used in table 4, that is “very old”.*

This is very much improved but I am left uncertain about the role of conductor and consultant, as to the extent this is influenced by patient need rather than individual variation. If the consultant role is used predominantly when nursing need is paramount - then that is less of a problem - as it is appropriate for nurses to manage problems. *We find that how much of the initiative the FP retain or leave to the DN, depends on the role they take, which is influenced by the disease, the attitude of the FP and the FPs working conditions. As this is a qualitative study exploring the FPs experiences and views, what they express is all we have to rely on. We have added one more citation under the heading The FP’s attitude, in order to clarify how they can experience the role they have adopted. Under the heading The FPs’ working conditions we already have written that the FPs sometimes had to leave more of the initiative to the DNs than they found satisfactory.*

*In order to see if the DNs and the patients consider the attitude and the role adopted by the individual FP as good enough further studies have to be performed. Text about this is added to the Implication for future research section.*

**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

The revised article has once more been reviewed by a native English speaking copy editor

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests