Author's response to reviews

Title: Nurses joining family doctors in primary care practices: perceptions of patients with multimorbidity

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Author's response to reviews: see over
To the BMC-series Journals Scientific Editor,

On behalf of my colleagues and myself, I would like to thank you and the reviewers for the third review of our manuscript “Nurses joining family doctors in primary care practices: perceptions of patients with multimorbidity” (MS: 1611615641344555), submitted for publication to BMC Family Practice.

Below, you will find a detailed response addressing each reviewer’s comment.

Reviewer: Judith G Baggs

Comment #1: The term collaboration in various forms (close collaboration, doctor-nurse collaboration, interprofessional collaboration, collaborative practice, collaborative effort, collaboration in care, working collaboratively, shared roles, worked in collaboration, talking about collaboration) continues to be used in the paper to refer to what was studied. Changing the title has not changed the authors’ implications that what they studied was collaboration.

Response: In the previous review this same reviewer made this point: “I do not think this paper is about collaboration. It seems to be about patients’ perceptions of nurses taking on some roles and work previously done by MDs. The definition provided simply indicates both nurses and physicians were “involved.” If the paper were re-framed in this fashion, it would be acceptable.”

We were very grateful to this reviewer for raising this issue that made us realize that we were on the wrong track. We reframed the paper as requested and put the focus on the addition or integration of nurses into primary care practices which was really what we studied actually and that is indeed close to collaboration. Ultimately, we changed the title in accordance to the reframing already done.
We reviewed the paper again to make sure that there was no confusion left and made minimal rewording changes that we highlighted. We cannot change the perception of the patients however. When we refer to doctors working with nurses in primary care, the patients do refer to collaboration in their responses, in some ways.

We strongly believe that we have done our homework correctly on this matter and leave it to the editor to decide if we responded adequately.

**Comment #2:** Previously the authors were asked to respond to how the sampling was purposeful and used “maximal variation.” They indicate that they responded in the paper, but the only variation I could identify was patients with and without experience with nurses in primary care. That is not maximal; it is one small variation. Many other variables are available for purposeful selection.

**Response:** We removed the word « maximal ». We had explained what our variation was in the text. We highlighted it again in this revised version, pages 4 and 5. Also, the results show a certain variation in patients' perceptions regarding nursing services in primary care.

**Comment #3:** Two reviewers last time asked the authors to describe just about the roles nurses were fulfilling and the context of those roles. The authors dismiss the requests as no longer applying or because they are no longer focused on collaboration that they no long need to clarify the nurses’ roles or their context.

**Response:** Since we were interested in the general perception of patients about the integration of the nurse into primary care practices, we could not reduce it to specific roles and in fact we had to accept that patients may have been exposed to a variety of roles. We did not collect any specific information regarding the roles the nurses and doctors fulfilled and the context of these roles. We did not present patients with a specific role to comment on; we just guided them as shown in this extract:

> “The discussion was then directed towards their experience with the professionals who provided the primary care focusing on family doctors and nurses. Patients’ perception of the presence of nurses in family practice related to both how they experience it and their anticipation of such experiences. Participants described their past or current experiences regarding nurses working with doctors in primary care, and those with no experience were encouraged to talk about their perception of this type of practice for their health care in the future. Next, the discussion included ideal scenarios of primary health care provision.”

We also added a limit to our study: "Finally, findings could have been enriched by the addition of a second interview and the exploration of the nursing practice primary care context to deepen the understanding and to clarify participants’ perspectives.”

**Comment #4:** Informational comment: The term multimorbidity is not used in the US. It is not in Webster’s Dictionary, which is the standard US dictionary. I don’t mean to be
enthnocentric, but I did try to work with the term. I could not access the cited paper without paying, but I did find an article in Canadian Family Physician I think from 2005 by the first author of this paper about the term. I note that in the abstract of that paper and the keywords for this paper, comorbidity is provided as an alternative. That would be the more common US term. As a secondary consideration, it seems that the title might better be “with multimorbidities” rather than the singular. This is up to the authors to choose.

Response: There is much international literature on multimorbidity (van den Akker, Menotti, Marengoni, Min, Britt and Valderas to name a few) showing that even if the two terms are used alternatively by some, they refer to different concepts. The term multimorbidity is more appropriate here in the text and most experts in the field would agree to use it in its singular form.

Comment #5: I do not see the author response to Fletcher’s review.

Response: Our response to Fletcher’s review was sent with a previous version of the manuscript.

Comment #6: Finally, I would suggest two articles on qualitative description that might be helpful. Both are by Margarete Sandelowski in Research in Nursing & Health, the first in 2000, the second in 2010.

Response: We thank the reviewer for reminding us of those papers. We have added them as references to support our methods on p 4.

Reviewer: Patricia Hill H Bailley

Comment #1: The authors have made some important alterations. My concerns related to the descriptive verses interpretive nature of this work remain. I continue to be uncertain about what this work adds to the available body of literature at a theoretic level.

Response: We acknowledge the concerns raised by this reviewer. We added two references to Sandelowski’s papers as suggested by reviewer #1. We believe that those references legitimize the work that we have done and the level of interpretation that stayed «data-near» as stated by Sandelowski.

Comment #2: The reframed definition of the purpose of the paper is very helpful: “capturing how patients perceive the idea of having a nurse join their family doctor’s practice and participate in the patients’ follow-up.”

Response: We thank the reviewer for this comment.

Comment #3: Identifying the experience of the participants with this form of collaboration is also an important addition. Would it be possible to assign a participant
identification code to the quotations so that the reader could audit the participation of individuals across the database? The identifier could also be used to indicate those who had experience with physician/nurse collaboration.

**Response:** We made the required changes and thank the reviewer for this comment.

**Comment #4:** By describing the analysis “as part of a semi-inductive analysis process,” in part, addresses concerns about the researchers’ analysis frame.

**Response:** We acknowledge the comment.

As requested, we have provided a written response for each point brought up by the reviewers. We hope that you now find our revised manuscript suitable for publication in BMC Family Practice and look forward to hearing from you.

Regards,

Martin Fortin MD MSc CMFC