Author's response to reviews

Title: Perception of quality of care among residents of public nursing-homes in Spain: a grounded theory study

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Author's response to reviews: see over
Dear Editor:

Enclosed you will find a revision of our manuscript, “Perception of quality of care among residents of public nursing homes in Spain: a grounded theory study” (Manuscript ID: 5887802387728784). We would like to thank you for giving us the opportunity to revise and improve our manuscript; we also thank the reviewers for their thoughtful and constructive comments. We have considered all of the suggestions and have incorporated them into the revised manuscript. Changes to the original manuscript are highlighted in red, and we believe our manuscript is stronger as a result of these modifications. An itemized point-by-point response to the reviewers’ comments is presented below.

EDITOR’S COMMENTS FOR THE AUTHOR:

This is an interesting paper. However, the reviewers have addressed some important comments. We would like to invite you to respond to these comments and resubmit an improved version of your manuscript.

Authors:

Thanks. We have considered all of the suggestions and have incorporated them into the revised manuscript.

REVIEWER COMMENTS FOR THE AUTHOR:

Reviewer 1: Vivianne Baur

The authors of this article want to investigate what quality of care means to residents of nursing homes, including both residents with and without cognitive impairments by qualitative research methods. This is a well-defined, important and original question. The authors describe in a sound and detailed way how they collected data and how this was analyzed. The research methods are appropriate and well-described with sufficient details on the sampling method, analysis of data etc. The criteria of data triangulation, inter-rater reliability and transparency are in place. I think the article is written in a clear style with a logical structure. Readers gain an insight in the experiences and perspectives of residents of nursing
homes, which is a very needed and valuable endeavor of researchers that can only be promoted. My advice on this article is that it should be accepted after minor revisions.

I will present the points concerning which I think these minor revisions are needed.

Authors:

Comments are highly appreciated.

Specific comments:

1) On p. 5 it is stated that the authors only know of two studies in which the voice of residents is incorporated as to clarify what is good and bad quality of care in nursing homes. I reckon they are right that there has been little attention for the voice of residents, but there must be more than two articles in which the voice of residents is included. I present these references that might be helpful for the authors:


Authors:

Thanks to the reviewer. According with the reviewer’s comments, we have included the recommended studies conducted in nursing homes and we have modified the following sentence:

“To our Knowledge, hardly any studies that incorporate the voice of residents to clarify what is good and bad quality of care in nursing homes [9,16-18]”

2) The ethical considerations are taken into account by informed consent. I think this is important indeed. However, what I miss here is a critical consideration of the use of proxies for presenting the views of people with cognitive impairments. Here, in the ethical considerations section, or in
the paragraph on the limitations of the study, the authors should reflect on this important issue of representation.

Authors:

As suggested, we tried to further clarify the use of proxies including new paragraphs in limitations section.

"Although the use of proxies for presenting the views of people with cognitive impairment may have some limitations, it has been considered as the best alternative to analyze care when patients cannot do by themselves [18, 45]."

3) Also an issue for ethical consideration or discussion of the limitations of the study concerns the extent to which the residents could feel free and safe to express critical views on the topic. The authors describe that residents were less critical and adopted a more conformist view (p. 14). However, several studies have shown that residents in long-term care are often reluctant or fearful to speak out about negative experiences, show gratitude and have low expectations. See also:


Authors:

In order to clarify this concern we have added the references that he has recommended and we have modified the following paragraphs:

“Perceptions of relatives tend to resemble clients of private health services, being more critical and demanding than residents in their assessments of quality. In contrast, even if the residents were offered all guarantees about anonymity in their opinions, and according with other studies [42, 43] the residents' perceptions of publicly-funded nursing homes reflect conformism and passive acceptance of
prevailing standards. These differences might be due to the fact that family members are usually younger than residents, and they are accustomed to evaluate services and have no fear of reprisals, as described in other studies [12]. In our opinion, this is sufficient reason for considering the opinion of proxies when assessing the quality of long-term care facilities.

4) On p.10 the authors state that differences according to gender could be distinguished. Women speak of warmth and kindness and men speak of friendliness. It is unclear what difference the authors refer to, as kindliness and friendliness appear to have the same connotation and meaning. However, this could also be due to language differences and the translation process. It could be helpful for readers if the authors describe what different connotations they discovered, maybe even mentioning the exact Spanish words.

Authors:

In our opinion, the reviewer’s comment is right, this could be due to the translation process and the different meanings of these words in Spanish. The main difference is that the discourses of women were more emotional and affectionate, while older Spanish men traditionally avoid talking about emotions. So, in order to clarify this, we have replaced “kindness” with “affection”, and “friendliness” by “kindness”.

Participants agreed when it came to including good will, affection and kindness on the part of professionals as an essential ingredient of kind and considerate care:

"Since they have to do things, what I most value is that they go about them with a good will" (P.20).

In the case of residents, there were also differences according to gender. While women felt that, "kind and considerate care provides warmth and affection" (P.11), men talked of kindness, "quality means that people say things in a friendly way" (P.26).

5) On p.17 it is stated: Notwithstanding this (interpersonal and technical quality criteria prevail over structural aspects and outcome related aspects), in Spain, seems to be more feasible for institutions to include technical rather than interpersonal aspects in their quality assessments. Why?
As suggested we have clarified the paragraph. In addition, we have included references where it is possible to find more information about this topic.

Notwithstanding this, at least in Spain, most of the institutions mainly include in their quality assessment items related to technical issues, while usually the interpersonal aspects are optional items [1, 37]. Maybe, and although that is changing now, this could be due to the fact that accreditation and evaluation of long term care public institutions in Spain has traditionally been in a similar way that health services where technical equipment plays a pivotal role, and the voice of clients are not listened to.

6) The authors state on p. 18 that proxy informants are influenced by the predominant cultural idea in the Mediterranean area that family members are the best care providers and that this is the reason why the nursing home is seen as a substitute in the provision of care to their family members. Furthermore, the authors conclude that, as a result, family members' concept of kind and considerate care includes a family-like relationship, based on closeness, person-centered care and respect for the resident's autonomy. I would like to question this uncritical cultural stereotyping. Also because in the next sentence it becomes clear that other studies (conducted in non-Mediterranean countries) show the same importance for family members concerning a 'homelike' atmosphere as the ideal care setting. The authors should reflect more critically on this issue.

As a consequence of criticisms of reviewers we have included new paragraphs aimed to clarify this issue.

We consider that cultural stereotypes can influence in care conceptualizations. In contrast with other studies conducted in countries such as the USA, where care is more consumer-oriented [38], family members consider the family as the best providers of care for older people and the institutionalization as the last option of care. According with this conceptualization of the nursing home as a substitute of family, proxy informants demanded more participation in the decision-making about the care of their relatives.

As a result, their concept of kind and considerate care includes a family-like relationship, based on closeness, person-centered care...
and respect for the residents' autonomy. Similarly, in other studies, residents [31, 32] and professionals [35] state that the ideal care setting is a "homelike" atmosphere.

7) Reading the article I came across some grammatical and/or typing errors:

- Figure 1 reads 'technical standards' instead of technical'
- p. 5 Moreover, no study has included proxies' residents with cognitive impairment in its sample'
- p. 6 The study sample comes from a nursing home where live 180 assisted and unassisted older people.'
- p. 6/7 As informants, we included persons aged over 65 years, with permanent resident status and a minimum length of stay of three months at the nursing home in question, necessary time we estimated to know about the facilities, services and staff.'
- p. 19 Other studies have also underscored the importance that for clients has the early care when they have a problem'
- p. 19 Relatives' perceptions tend to resemble clients of private health services'

Authors:

We sincerely appreciate the comments of the reviewer, thanks.

Figure 1 reads 'technical standards' instead of technical'

- p. 5 Moreover, no study has included proxies' residents with cognitive impairment in its sample'

Moreover, no study has included relatives of cognitively impaired persons in the sample, despite the recommendations for such persons to be included in quality assessments.

- p. 6 The study sample comes from a nursing home where live 180 assisted and unassisted older people.'

The study sample comes from a nursing home where were living 180 older people with several degrees of disability.
As informants, we included persons aged over 65 years, with permanent resident status and a minimum length of stay of three months at the nursing home in question, necessary time we estimated to know about the facilities, services and staff.

Inclusion criteria for informants were persons aged 65 years and over, living at the nursing home for at least three months, the minimal estimated time to get an accurate picture of facilities, services and staff.

The participants' perceptions of quality care are highly influenced by the traditional ideas about how to provide the best care for older people; and 4) conceptualizations of nursing home are different for residents than for resident's family members.

The points of view of professionals also emphasize on tangible aspects (physiological needs) rather than familiar and low tech treatment.

Other studies have also underscored the importance that for clients has the early care when they have a problem.

Perceptions of relatives tend to resemble to those clients of private health services.
Reviewer 2: Anna Renom Guiteras

Thank you for the giving me the opportunity to review the manuscript "Perception of quality of care among residents of public nursing homes in Spain: a grounded theory study". Quality of care in long-term care settings is indeed a topic of interest and a better understanding of the perceptions of the residents is needed. The question posed by the authors is well defined. However, I have found some shortcomings in the manuscript, which I report below:

Authors:

Comments are highly appreciated.

Specific comments:

Methods:

Grounded theory seems an appropriate method for the authors' research question. However, I have three main methodological concerns:

1- The authors address the readers to the methods section of another study published by their own working group (Preconceptions about institutionalization at public nursing homes in Spain: views of residents and family members).

Apparently, the same in-depth interviews were used for the two studies, although they deal with two different research questions. The "interview topics list" of the published article differs from the list in the present manuscript. Some aspects should be clarified and transparently reported at the manuscript with regard to this: Did the authors plan to study both topics ("Preconceptions about institutionalisation" and "Perception of quality of care") from the beginning within the same interviews? How did they develop the interview topics list? Or was the present study a secondary analysis of the published study? In this case, did you ask the participants to give their informed consent for secondary data analysis?

Authors:

Thanks for this comment. Both studies indeed belong to a broad research project entitled: "Qualitative analysis of formal care in nursing homes". In this project we conducted in-depth interviews, of an average duration of 90 minutes, to a theoretical sample of residents and family members.
The interview had a topic list that included those presented in this paper, but also those presented in the previous one. Thus, in order to clarify this concern we have modified the following sentence of the methods section:

Data of this study come from a broader research project that analyzes the phenomenon of institutionalization of older persons. The participants and methods have been described extensively elsewhere [24]. In brief, in-depth interviews were conducted using a theoretical sample of 20 persons living at a public nursing home in Talavera de la Reina (Spain).

2- Regarding the sampling method, the authors report that theoretical sampling was used in order to ensure the inclusion of informants of both sexes, different age groups and socio-demographical characteristics. However, this description fits better a purposive sampling method, rather than theoretical sampling, in which the selection of new participants should be based on the results of the ongoing data analysis (e.g. aspects/areas detected to have not yet been explored). If this is indeed what was done, I would recommend the authors to better describe it.

Authors:

We agree with the reviewer that sampling methods presented could be confusing. We have used theoretical sampling so that it's the characteristic sampling of Grounded Theory. We have modified this paragraph for a better understanding of this issue.

We used theoretical sampling guides for data analysis until the saturation of information had been reached [23]. Informants of both sexes, and different age groups and sociodemographic characteristics were included (Tables 1 and 2), in an effort to maximize opportunities to discover dissimilarities among concepts, and to make denser categories in terms of its properties and dimensions [22,26].

3- At the section "results" the authors report that "in the analysis of interview content relative importance was measured by frequency of appearance in the text". Commonly, frequency of appearance is not the main factor considered when analysing data within this method.
Authors:

We agree with the reviewer’s comment, so we have changed the following paragraph.

Two main categories emerged from the analysis to account for the way in which residents and family members’ perceived quality of nursing-home care, namely, as kind and considerate care, or as the quality of the care delivered. But for most of participants kind and considerate care had a greater importance than the quality of the care delivered. The results are presented beginning with the categories, subcategories and codes. In the interests of achieving a better understanding of the results, section heads reflect the most representative verbalizations; the number assigned to each participant following each quote.

Results:

In general, the results are given in a too superficial way, without making the reader understand why and how the proposed categories emerged:

- The two main categories should be better defined or described. Which underlying concepts made the researchers distinguish between these categories?

Authors:

As suggested, we have tried to clarify the choice of categories process including new paragraphs in the results section, and we have included the Table 4 in order to elucidate the analysis process and how we identified specific concepts explaining how informants perceived the quality of care.

The emergent theoretical categories that explained participants’ perceptions are described in Table 4, constituting the basics for developing a substantive theory.

Two main categories emerged from the analysis to account for the way in which residents and family members’ perceived quality of nursing-home care, namely, as kind and considerate care, or as the quality of the care delivered. But for most of participants kind and considerate care had a greater importance than the quality of the care delivered. The results are presented beginning with the categories, subcategories and codes. In the interests of achieving a
better understanding of the results, section heads reflect the most representative verbalizations; the number assigned to each participant following each quote.

- The two categories under "kind and considerate care", a) and b), are not clear.

Why did the researchers choose them? What is the concept behind? This should be explained, since the participants probably did not use the terms "professional attitudes" or "professional skills".

Authors:

As suggested we have modified these issues in the results section. Moreover, we have changed subcategories' names in order to clarify this issue.

a) Emotional competences

Participants agreed when it came to including good will, affection and kindness on the part of professionals as an essential ingredient of kind and considerate care

b) Technical skills

In the informants' opinion, professionals had to provide an individualized care

- It is not clear why the researchers classified each of the components under these categories (a) and b)). For example, why is "good manners and respect" included under b) (professional skills) and not under a) (professional attitudes)?

Authors:

As consequence of criticisms of the reviewer we have included a new classification of categories, subcategories and codes in the results section. Besides, as the reviewer suggested we have included codes "good manners and respect" inside subcategory "technical skills".
Some of the components proposed seem very similar to each other (e.g., kindness and friendliness). It should be made more clear which underlying concept is behind each of them, or otherwise they should be put together under the same concept or group (e.g., emotional area?).

The terms used are often too interpretative, while it would be better to stick as much as possible to the participants' statements. For example, the component "person-centred care" is proposed, which is too interpretative and far away to what the participant really said. Another example "effective communication" (it might be better to choose a term which is more near to what the participants said or, at least to explain what is meant with "effective communication" and why you chose this term).

Authors:

We agree with the reviewer's comment so we have improved subcategories and codes' terms in the results sections with the aim of simplifying terms and nearing to participants' discourses.

It is not clear why some of the terms have been included at Figure 1 while some others have not. For example, why does Figure 1 contain "Cheerfulness" and does not contain "family-like care" or "anonymity" or "job stability among professional staff" or "cleanliness" or "recreational activities"? Are some of them more important or consistent? I would suggest that the authors explain this. Maybe a table would be more helpful than a figure.

Authors:

As suggested, we tried to further clarify the election of categories process including a new Table (please see Table 4). This table replaces Figure 1.
**Table 4.** Codes, subcategories and categories describing perceptions of quality of care

<table>
<thead>
<tr>
<th>Codes</th>
<th>Subcategories</th>
<th>Categories</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good will</td>
<td></td>
<td>Kind and considerate care</td>
<td>Professional competences for care in nursing homes</td>
</tr>
<tr>
<td>Affection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kindness</td>
<td></td>
<td>Emotional competences</td>
<td></td>
</tr>
<tr>
<td>Cheerfulness</td>
<td>Emotional competences</td>
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<tr>
<td>Humor</td>
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<tr>
<td>Warm care</td>
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<td></td>
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<tr>
<td>Good manners and respect</td>
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<tr>
<td>Individualized care</td>
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<td>Listening</td>
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<tr>
<td>Support</td>
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<td></td>
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<tr>
<td>Calm and patience</td>
<td></td>
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<td></td>
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<tr>
<td>No anonymity</td>
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<td></td>
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<tr>
<td>Tact</td>
<td>Technical skills</td>
<td></td>
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<tr>
<td>Empathy</td>
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</tr>
<tr>
<td>Suitable information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific training in Geriatrics</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Round-the-clock care</td>
<td></td>
<td>Good service (Quality of the care delivered)</td>
<td>Institutional quality standards</td>
</tr>
<tr>
<td>Specialized centers</td>
<td>Health care</td>
<td></td>
<td></td>
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<tr>
<td>Job stability</td>
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<td></td>
<td></td>
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<tr>
<td>No strict rules</td>
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<tr>
<td>Family participation in care</td>
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<tr>
<td>Cleaning</td>
<td></td>
<td>Facilities and services</td>
<td></td>
</tr>
<tr>
<td>Recreational activities</td>
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</tbody>
</table>
In summary, the "results" section lacks of structure and description of the underlying concepts behind each of the terms used, in order to explain why each term has been selected and classified there.

Authors:

Comments are highly appreciated, and we believe that these recommendations will contribute to a better understanding of the study. We have made changes in the results sections and we have added a new table (Table 4) in order to clarify these issues.

Discussion:

Four theories are reported to have emerged from this study. This reviewer could not understand how theories 2, 3 and 4 were developed, as they do not seem to be directly related to the results of the study.

Authors:

Thank very much for this comment. We believe that the new organization of the results section can help better understanding of these theories. In addition, we have modified the theory 2.

2) Professional competences for geriatric care are components of quality, but interpersonal competences are considered more important than technical aspects related to institutional work culture.

In relation to the theory 3, the possible influence of cultural differences is explained in the new paragraphs in the discussion. Regarding the theory 4, throughout the results section can be seen the differences between the discourses of family members and residents in certain respects.

Finally, developing of the theoretical categories which are the basic of these theories has been described in the results section and in the new Table 4.

The emergent theoretical categories that explained participants’ perceptions are described in Table 4, constituting the basics for developing a substantive theory.

The discussion section has some interesting discussion points but is rather superficial. For example, in the third paragraph the authors
mention a number or attitudes and skills from other studies. However, no deeper analysis of the similarities or differences between the concepts behind has been done.

Authors:

This comment is highly appreciated, so we have changed this paragraph of the discussion section.

The importance of interpersonal relationships as a component of quality of care is a characteristic that tends to emerge in qualitative studies [14, 16, 31]. Our results are consistent with other qualitative studies, showing that, for nursing-home residents, quality of care consisted of the following professional competences: care tailored to individual needs [16, 32]; person-centered care [14, 33]; interest in the resident [14]; physical contact; ability to listen [14]; avoidance of tendency to regard residents as mere objects; closeness [16, 31]; receive information about care [9, 12, 14]; empathy and sympathy [16] and respect for their values, preferences [9, 14, 33].

In addition we have included new paragraphs in the discussion supporting our arguments.

Language check: Although I am not a native English speaker, I think the manuscript needs a language check. Examples:

- At "introduction": . . . perspectives of the nursing home residents'. (no apostrophe)

- At "methods": "The study sample comes from a nursing home where live 180 assisted and unassisted older people" ("live" at the end of the sentence).

Authors:

We agree with the reviewer's comment so we have corrected these mistakes.

"This paper includes perspectives of the nursing homes residents."

"The study sample comes from a nursing home where were living 180 older people with several degrees of disability."
In the section "data collection" it is not clear if all the topics of the list (Table 3) were discussed or only if they arose during the interview.

Authors:

As suggested, we have modified "data collection" section to clarify that the topics are emerging openly throughout the interviews.

Interviews were held by appointment and were conducted into the residence in a peaceful and quiet place. The interviewer, the main researcher, had a topic list that would emerge openly throughout the interviews (Table 3). This topic list was refined and concretized guided by theoretical sampling [23].

At the section "ethical considerations" the name of the Ethics Committee should be mentioned.

Authors:

As suggested we have included in "ethical considerations" section the name of the Ethics Committee.

The study was approved by the Clinical Research Ethics Committee of Nuestra Señora del Prado Hospital, in Talavera de la Reina, Spain, and by the management of the nursing home where the study was undertaken.

At the section "rigour", the authors provide good arguments justifying the credibility of their methods. However, the concept of triangulation seems not to be well employed in this context.

Authors:

As suggested, we tried to further clarify this section including new paragraphs.

The validity and reliability of the conclusions of the analysis were ensured by the following: literal transcription of all interviews, analysis of the data in the full context of the interview during which they had surfaced, constant comparative method and triangulation methods [26, 28]. We use triangulation methods to increase the
validity and to mitigate biases in the study [29, 30]. Thus, researchers’ triangulation and theoretical triangulation prevent from biases in the analysis, because we examined the phenomena from multiple lenses and possible theories. In addition, we performed data source triangulation conducting in-depth interviews with a theoretical sampling of residents and proxies of different ages, sex and sociodemographic characteristics [29, 30].

At the section "data analysis" the disciplines of the researchers performing data analysis should be mentioned.

Authors:

According with the reviewers, we have added the disciplines of the researchers.

After transcribing the in-depth interviews, the texts were collated and sorted. Using grounded theory methods, three qualitative methodology research experts drawn from different disciplines (Anthropology, Sociology and Nursing) analyzed the transcriptions, with the aim of ascertaining participants’ perception of overall health care quality and obtaining a theoretical explanation for this.

Writing and language check

I could not fully understand the terms:

- At "abstract": "delivery quality": are the authors speaking about the quality of the care delivered?
- At "abstract": "technical standards of delivery quality": do the authors mean "quality standards of care"?

Authors:

We appreciate the comments of the reviewer. We have corrected all the mistakes of the manuscript.

Our analysis revealed that participants perceived overall health care quality in one of two ways, namely, as kind and considerate care or as good service (according to institutional quality standards). Furthermore, family members’ perception of quality included staffs
professional qualifications. Insofar as the quality of the care delivered was concerned, participants laid emphasis on round-the-clock access to healthcare services and professional continuity in their posts.

The writing style is rather redundant and sentences are sometimes too long. More direct and concise sentences might be preferred. E.g.:

- At the "introduction" section, the text contains three paragraphs explaining in different ways the idea that perspectives of the residents have been rarely taken into account, while the views of the professionals and family members have been more often considered. Similar references are provided. This sounds redundant and I'd suggest to try to synthesise this information in one or two paragraphs.

Authors:

As suggested, we have modified the introduction in order to synthesise this information.

- At the "methods" section, it is mentioned twice that interviewees gave their consent, this could be simplified.

Authors:

In our opinion, the reviewer's comment is right, so we have introduced changes in the "data collection" and the "ethical considerations" sections to simplify these issues.

Interviews were held by appointment and were conducted in the residence in a peaceful and quiet place. The interviewer, the main researcher, had a topic list that would emerge openly throughout the interviews (Table 3). This topic list was refined and concretizing guided by theoretical sampling [23]. Interviews were conducted in 2010 and lasted 50 to 120 minutes. All interviews were recorded using a digital recorder, rendered anonymous, and literally transcribed.

Ethical considerations

The study was approved by the Clinical Research Ethics Committee of Nuestra Señora del Prado Hospital, in Talavera de la Reina, Spain, and by the management of the nursing home where the study was undertaken. After a full explanation adapted to the research project,
All participants were asked to give their informed consent to a sound recording of the interview and its subsequent analysis.

Two different terms have been used for indicating the same concept: cognitive deterioration and cognitive impairment. This could be homogenised.

Authors:
According with the reviewer’s comments, we have homogenized this issue using the term “cognitive impairment” throughout the paper.

Finally, we would like to thank the reviewers for their time and thoughtful consideration for revision of this manuscript.

Yours faithfully,

Vicente Martínez-Vizcaíno. Corresponding author
Beatriz Rodríguez-Martín, María Martínez-Andrés, Beatriz Cervera-Monteagudo and Blanca Notario-Pacheco.