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 new 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.

REVIEWER COMMENTS FOR THE AUTHOR:

Reviewer 1: Vivianne Baur

Thank you for sending the revised manuscript. I conclude that the authors have processed the reviewers' comments accurately, and I do not have additional comments.

Level of interest: An article of importance in its field.

Quality of written English: Acceptable.

Authors:

Thank very much. Comments are highly appreciated.

Reviewer 2: Anna Renom Guiteras

Thank you for giving me the opportunity to re-review the manuscript “Perception of quality of care among residents of public nursing-homes in Spain: a grounded theory study”.

The topic under study is indeed interesting and the results of the present study are not without interest. The manuscript has improved, in comparison to the previous version. The results are clearer and much better structured. Most of the main concerns I reported about in the last report have been taken into account and most aspects have improved,
some of them considerably. However, some of them are not satisfactorily solved.

There are still two major aspects in the manuscript which should be deeply reworked, according to the opinion of this reviewer:

1- Methodological aspects. Some methodological aspects (i.e. theoretical sampling, triangulation) have been reported from a theoretical point of view, while an explanation of what really was done in the practice is still missing. This information would be valuable for the readers. The method "grounded theory" used is appropriate for the research question. However, when using this method it is not obligatory that a theory always emerges. Theories should emerge only if results are deep enough, and if several concepts can be developed and linked with each other in order to develop an integrated framework (as the authors state at page 5 of the manuscript). This is not the case in this study: results obtained are very interesting but, in my opinion, not deep enough to develop a theory.

Authors should report and interpret the results within the discussion section but no theories should be drawn. The results obtained from this study can help the research community to get a good insight into this topic, and to provide data on a (limited) sample of one area.

2- Language check, writing style. First, although I am not a native English speaker, I have recognised several grammatical mistakes which make the lecture of the manuscript often difficult. This aspect was already mentioned in the last report of this reviewer. A language check by a native speaker would be helpful and necessary in my opinion. Second, although the writing style might be a matter of opinion, I would recommend the authors to try to avoid redundancy, and to communicate the ideas more concisely. The lecture of the text is not smooth enough, and the connections/flow between paragraphs is not always clear (mainly at the Background and Discussion sections). Finally, some of the categories/concepts emerged from the study are confusing. For example, the second main category receives two terms: "good service" and "quality of the care delivered"; both terms are used in the text alternatively, and the reader gets confused. Furthermore, the second of the terms is very similar to the main topic under study "quality of care", which is also confusing.

Authors:
Thanks. We have considered all of the suggestions and have incorporated them into the revised manuscript.
Specific comments:

Detailed comments are reported below and organised according to the sections of the manuscript.

Abstract

- The first sentence under "Background" is confusing. When the authors mention "comparison of facilities", which aspects of the facilities do they mean have been compared?

Author

Thanks. As suggested we have clarified this paragraph.

The quality of care in nursing homes is weakly defined, and has traditionally focused on quantifying nursing homes' outputs and on comparison of nursing homes' resources. Rarely the point of view of clients has been taken into account. The aim of this study was to ascertain what means "quality of care" for residents of nursing homes.

- The section "Results" is not easy to understand for the reader. I'd recommend to structure it in a more simple way. For example, why do the authors include the last sentence ("Insofar as the quality of the care ... in their posts"), if they do not include any examples of the main category "kind and considerate care"?

Author

According with the reviewer's comments, we have modified the section "Results" in the abstract.

Results: Our analysis revealed that participants perceived the quality of care in two ways, as aspects related to the persons providing care and as institutional aspects of the care's process. All the participants agreed that aspects related to the persons providing care was a pillar of quality, something that, in turn, embodied a series of emotional and technical professional competences. Regarding the institutional aspects of the care's process, participants laid emphasis on round-the-clock access to health care services and on professionals' job stability.
Background

- The information provided at this section is interesting and sufficient. However, the text is long and redundant and the message could be more shortly and clearly communicated and the connection between paragraphs improved. In the last report I prepared on this manuscript, I already commented that the writing style was rather redundant and gave the following example: "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." This issue has not satisfactorily improved.

Author

According with the reviewer's comments, we have modified the introduction section. Thus, we have removed some sentences and have modified certain paragraphs.

Nursing homes are an alternative to private homes for persons who need long-term care but do not wish or are not able to live at home. Since the 60's, there is growing interest in improving the quality of care in nursing home, and to attain this goal it is known that measures of quality must be targeted at achieving safe, effective, efficient, person-centered care [1-3]. Analysis of nursing-home quality is focused on quantifying nursing home quality results and comparison of nursing homes' resources [1, 4, 5].

In the last decade, the understanding of what quality means from the nursing home's client perspective has become a growing focus of interest [3, 6, 7], such that state and federal programs in the United States of America (USA) have included these perspectives in their survey and certification processes [1, 3]. Indeed both the Excellence Model of the European Foundation for Quality Management [8] and the USA National Quality Forum [9] advocate the participation of care receivers as a key element for improving quality [2].

Quality of care in nursing homes has been traditionally assessed through the Donabedian approach, using the indicators of structure, process and outcome in most studies [1, 10]. Most of the studies aimed to analyze quality of nursing-home care are usually focused on how this construct is perceived by professionals [5, 12] or family members [13], especially in the case of institutionalized people with cognitive impairment [5].

Traditionally, the point of view of residents has been measured by using questionnaires that monitor the satisfaction with the care received [7, 13]; nevertheless, perception of quality is a more global construct of which satisfaction might be a dimension [14]. Quality of care is a social construct that assumes different forms depending on age, gender, socioeconomic characteristics and health level [1, 15]. The exclusive use of surveys to study overall health care quality has
Some weakness including the tendency to framing the protagonists' subjective experiences into rigid categories imposed by the researchers on the basis of preconceived ideas. On the other hand, quantitative and qualitative approaches are not necessarily mutually exclusive, one can inform the other [15].

To our knowledge, studies that incorporate the voice of residents to clarify what is quality of care in nursing homes are scarce [11, 16-18], and no study was undertaken in a Mediterranean setting, where it's known that the formal care systems are not well seen, prevailing a hierarchical compensation family model when people choose the type of care system they prefer [19, 20]. 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 [5].

Accordingly, this study sought to ascertain what quality of care meant to residents in nursing homes.

- In the opinion of this reviewer, the following sentences could be deleted:
  - First paragraph: "...and is rarely analyzed from the clients stance, despite this being considered ..... cognitive impairment". (redundant as it is mentioned two more times at the "Introduction")
  - Last paragraph: "...using qualitative techniques based on....without cognitive impairment" (redundant as it is mentioned at and corresponds to "Methods").

Author

We agree with the reviewer's comments so we have deleted these sentences in the following paragraph.

First paragraph:

Analysis of nursing-home quality is focused on quantify nursing home quality results and comparison of nursing homes' resources [1, 4, 5].

Last paragraph:

Accordingly, this study sought to ascertain what quality of care meant to residents in nursing homes.
Moreover, no study has included relatives of cognitive impairment persons in the sample... (please write "cognitively impaired persons" or "persons with cognitive impairment").

"In addition, integrate the point of view of persons with cognitive impairment in quality assessments it's really difficult, and therefore are usually absent".

Methods

• Please check again the language of the sentence "The study sample comes from a nursing home where were living 180 older people with several degrees of disability".

Author

Done. Thank you.

• At this new version, it is more clear the relationship between the present study and the study published elsewhere by the same authors. However, the name of the broader research project to which the present study belongs should be mentioned.

Author

Thanks for this comments. We have included the project's name.

Data of this study come from a broader research project Qualitative analysis of formal care in public nursing homes) that analyzes the phenomenon of institutionalization of older persons.

• The authors specify better at this version the fact that theoretical sampling was used, from a theoretical point of view. However, I'd like to ask the authors to better describe what was done and maybe to provide an example on one of the study phases when they decided to enlarge the sample and for which reason they did it. This could be reported at the section "results" as well.

Author

As suggested, in order to clarify this concern we have added some sentences regarding theoretical sampling.

We used theoretical sampling during the process of data analysis, so that each new case was selected because he/she was particularly appropriate for clarifying relationships and logic among constructs. Sampling continued until the saturation of information had been reached, the point at which enlarging a sample ceases to furnish new
analytical concepts [23, 26]. Informants of both sexes, 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, 27].

- You have used the term "residence" in the section "Data collection". If I understand it right, the authors do not differentiate between "nursing home" and "residential facility". If it is so, I recommend that you use "nursing home" throughout the manuscript, as the term "residential facility" can have another connotation, in the international literature. Therefore, using "residence" or "residential facility" (Table 3) might be confusing for some readers.

Author

We agree with the reviewer's comment, so we have used the same word (nursing home) throughout the manuscript.

Spain has 5393 nursing homes, classified by type of funding in public, private, or concerted. Currently, 26.6% of them are public funding facilities. These nursing homes provide supervision or assistance with activities of daily living, services of junior nursing staff, nurses, doctor, occupational therapist, speech therapist, social worker and recreational assistance.

With respect to nursing home's services, the aspect most highly prized by participants was that care was provided on the basis of residents' needs.

In our opinion, this is sufficient reason for considering the opinion of proxies when assessing the quality of care in nursing homes.

Table 3:

Nursing home facilities: perceptions and preferences.
Nursing home activities and services: perceptions and preferences.

- Under "Data collection" the authors do not explain if the interviewer stimulated that all topics emerged during the interview. This might be interesting to know, as I also mentioned in the previous report.
As suggested, we have clarified the paragraph.

Interviews were held by appointment and were conducted into the nursing home in a peaceful and quiet place. Each interview started out with an open-ended question about the personal experience of care at nursing home, which elicited subjective responses about their perceptions. The interviewer, the main researcher, had a topic list that could emerge openly throughout the interviews, but not necessarily at each interview (Table 3). This topic list was refined and concretized guided by theoretical sampling [21]. Interviews were conducted in 2010 and lasted 50 to 120 minutes. All interviews were recorded using a digital recorder, rendered anonymous, and literally transcribed.

- In the opinion of this reviewer, at the sentence under "Data analysis" "According to grounded theory principles, our analysis identified specific concepts that explained and made sense of how informants", the information added by "and made sense" is very unspecific, or its meaning is unclear.

As suggested, we have considered the criticism of the reviewer and we have reworded the sentence.

According to grounded theory principles, our analysis identified specific concepts that explained how informants perceived overall quality of nursing home care.

- This reviewer would not introduce Table 4 (Results) under "Methods".

As suggested, we have removed the Table 4 of "Methods" section.

- Under the section "Rigour" the authors have theoretically explained the concept of triangulation. However, it is not clear what was exactly done, could you please explain it better and maybe provide an example of researchers' triangulation? (e.g. different methods used, etc).

In order to clarify the triangulation methods utilized we have modified the following paragraphs:
We use triangulation methods to increase the validity and to mitigate biases in the study [25, 26]. Thus, data were analyzed by three researchers from different disciplines who 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 [30, 31].

Results

This section has considerably improved. Results are better structured and now the association between the subcategories, the codes, and the citations of the participants is more clear. Table 4 is also much more helpful than the previous figure. However, I have the following concerns:

• (p. 9) You mention that “for most of participants kind and considerate care had a greater importance than the quality of the care delivered”. Could you mention how you drew this result? (for example: participants always mentioned these aspects first and put more emphasis on them rather than... etc).

Author

We sincerely appreciate the comments of the reviewer. According with the reviewer’s comments, we have tried to further clarify this issue.

Two main categories emerged from the analysis of the residents’ and family members’ perceptions the quality of nursing-home care, such as aspects related to the persons providing care, or as institutional aspects of the care’s process. But in all the cases participants prioritized in their discourses aspect related to the persons providing care rather than institutional aspects of the care’s process.

• The terms chosen for the main categories (“quality defined as kind and considerate care” and “quality of the care delivered/good service”) are confusing.

The first category includes the word “kind”, which actually is repeated as a code (kindness); this reviewer cannot fully understand why the authors chose this term for the main category. I have the impression that a term such as “aspects related to the persons providing care” could fit better, but this is only an opinion and the authors should of course decide on this and eventually improve the rationale why one term was chosen.

• The second category is in part redundant with the main topic under study (quality of care), it does not give any new information, or at least it is not clear (what is good service?). I have the impression that a term
such as "aspects related to the institution" or "organizational aspects" could better fit.

Author

Thanks. As suggested we have change categories’ name in order to clarify this issue.

Two main categories emerged from the analysis of the residents' and family members' perceptions the quality of nursing-home care, such as aspects related to the persons providing care, or as institutional aspects of the care's process.

• Regarding the subcategory "technical skills", the term "skills" could be substituted by "competences", in order to simplify the general wording (like for first subcategory). A term such as "interaction competences" could be considered instead of "technical competences/skills", but this is only an opinion and the authors should of course decide on this.

Author

In order to clarify this concern we have substituted the term “skills” by “competences” throughout the text and in Table 4.

Technical competences

• (p. 9) The sentence "Section heads reflect the most representative verbalizations" is not clear for this reviewer. What does "section heads" refer to?

• (p. 9) I think it is a good idea that you specify if the participant was a next-of-kin after the citations. However, I'd recommend that you explain this at the second paragraph after "... the number assigned to each participant follows each quote".

Author

As suggested, we have tried to further clarify these issues.

The results are presented beginning with the categories, subcategories and codes. In the interests of achieving a better understanding of the results, we have included the most representative verbalizations; the number assigned to each participant follows each quote and the word "proxy" in the case of the discourses of family members.

• (p. 11) The following two sentences are interpretations which could be deleted from the results section (and added at the discussion if considered necessary) or formulated in a less interpretative way: "In a setting as singular as a nursing home, residents can encounter many
problems stemming from coexistence or from their own aging process."
Residents display certain functional limitations and at times find them- selves unable to do things at the same rhythm as they were accustomed to in the past. Consequently,...".

Author

Thanks. As suggested we have modified the following paragraphs.

Participants conceptualized as another pillar of aspects related to the persons providing care the professionals' role of listening and providing support, the result of a close relationship with the residents:

"It's not that they're going to get rid of the pain or anything, but rather that they give you encouragement" (p.25).

On the other hand, residents wanted to be attended at a pace that allows them to preserve their functionality:

"Care should be given with calm and lots of patience" (p.23).

• (p.12) The citation "At these ages, they start being a little like children again" does not fit with the previous sentence ("residents wish that professionals... cease to... treat them as if they were children").

Author

As a consequence of criticism of reviewer we have deleted this citation in the following paragraph:

Furthermore, the data showed that residents do not like anonymity. All their lives, they have been called by their own names, something that gives them a personal identity in their professional or social environments, which they want to retain: "I like to be called by my name" (p.27). Residents wish that professionals and family members would put a stop to paternalistic attitudes, and cease to regard residents as mere objects and treat them as though they were children:

"They shouldn't think we're stupid and treat us like children, because I'm already an adult" (p.23).

• (p.12) The citation "It is extremely important..." should be better accompanied by an explanation, otherwise its meaning is not very clear.

Author

We have tried to further clarify this issue.
To ensure correct interaction, and avoid misunderstandings and conflicting situations between residents with cognitive impairment and professionals, their family members insist that they be attended "with tact" and empathy providing individualized care based on knowledge of the personal needs of each resident:

"It is extremely important that they know their weak points, and guide them to neutral ground" (P.3 Proxy).

- (p. 12) "Family members were observed to attribute..." (better "family members attributed...")

Author

As suggested we have modified these words.

In their description of quality, family members attributed higher priority to a close professional-resident relationship than to knowledge.

- (p. 13). "I have 93 years, what am I going ask here". Please check the language.

- (p. 15). "They are attentive.... so that she wouldn't feel the cold". Please check the language.

Author

Thanks for this comment. We have revised the grammar mistakes

"I'm 93 years old, what am I going to ask here? Everything seems fine"

"They are attentive with my mother, thus when they put her in the chair, they placed a blanket over her knees so that she wouldn't feel the cold"

Discussion

This section has improved. However, I still have two major concerns: the content of the theories and the difficulties in following the text (i.e. organisation of the information/clarification of concepts/writing style).

- In the opinion of this reviewer, the 4 theories presented at the discussion can be interesting conclusions of the study, but do not correspond to any theories. I recommend to formulate this differently.
Author

Thanks to the reviewer. We understand that the term theory might be misunderstood. In this manuscript the term theory has been simply used as the relationship among a set of categories that emerged from the data through the constant comparative method (Glasser and Strauss). On the other hand, the ‘theoretical framework’ of this study was summarized in diagrams in the previous version. But, as a consequence of criticism of reviewer we deleted those diagrams.

In order to clarify this issue we have modified the following paragraphs.

In the methods section:

Thus, while open coding fractured the data in short units of significance, axial coding connected them into categories and subcategories in a hierarchical order, and finally selective coding integrated the categories to build a substantive theory. This theory described the relationship among a set of categories that emerged from the data through the constant comparative method [23].

In the discussion section:

From our study emerge the following theories that explain the patterns of relationship among constructs that arise from the discourse of the participants: 1) Aspects related to the persons providing care are the pillar of quality care; 2) professional competences for geriatric care are components of quality, but emotional competences are considered more important than aspects of the care’s process; 3) the participants’ perceptions of quality of 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.

- Authors should try to better link each of the conclusion with the explanations provided at the text, otherwise it is difficult for the reader to understand. In summary, improve the flow of the text as recommended at the beginning of this report.

Author

Thanks. We believe that this comment can help better understanding of the conclusion. Therefore, we have modified the discussion section.

- The sentence under theory 2) (p. 16) is formulated in a confusing way. The theory mentions “professional competences”, which according to table 4 belong to the category “kind and considerate care”, and compare it to
"interpersonal competences", which is a term not used so far in the manuscript (probably meaning emotional competences). The authors say that interpersonal competences are more important than technical aspects, and add the concept of "institutional work culture", also a new term which this reviewer could not understand. In summary, very confusing. When reading the explanation at page 17 paragraph starting with "In contrast with survey-based studies,..." the confusion persists. I would recommend the authors to better define the terms used (for example, what are "technical issues") and to refer always to the terminology and concepts in the same way as in the section "results" (for example, in the section "results" authors reported that for most participants the category "kind and considerate care" had a greater importance than the quality of the care delivered, but did not report that subcategory a) was more important than b)).

Theory 3). This is an interesting aspect which might influence the concept of quality of care of the participants. But again this reviewer does not see this as a theory.

Author

Thank very much for those comments. As suggested we have clarified these issues in the "discussion" section. Thus, we tried to use the same terms throughout the whole manuscript and we have also added a new phrase to emphasize that participants gave more importance to the subcategory "a" versus the subcategory "b".

All participants included aspects related to the persons providing care as the pillar of quality of care. This category encompassed participants’ conceptualizations of competences related to care in nursing homes. This comprised emotional and technical competences. But throughout their discourses the participants emphasized the importance of emotional competences versus technical competences.

From our study emerge the following theories that explain the patterns of relationship among constructs that arise from the discourse of the participants: 1) Aspects related to the persons providing care are the pillar of quality care; 2) professional competences for geriatric care are components of quality, but emotional competences are considered more important than aspects of the care's process; 3) the participants’ perceptions of quality of 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 residents' family members.
At the explanation at page 18, the meaning of the part of the sentence “such as the USA, where care is more consumer-oriented” is not clear to me.

Why the fact that care is consumer oriented means that institutionalisation is not the last option? Maybe this is a language matter.

Author

In order to clarify this issue we have modified this paragraph and we have added a new reference about this question.

We consider that cultural stereotypes can influence on care conceptualizations. In contrast with other studies conducted in countries such as USA, where care is more consumer-oriented, and in which formal care systems for the elderly people are commonly viewed in a positive light [24, 39], family members considerer 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.

• (p. 19) At the second paragraph “These differences in conceptualization...” the differences referred to are not introduced at this paragraph. Adding this might help the reader to understand the sentence.

Author

As suggested we have added a new sentence in order to explain this issue.

In the opinion of family members, quality of care includes the presence of 24-hour health care as another basic pillar of quality, but they focused health care exclusively on physicians and nurses, and neglected the other components of the team. Other studies have also underscored the importance that has early care has for clients when they have a problem [16]. However, this aspect of the assistance did not emerge in the discourse of all residents. These differences in conceptualization between proxies and residents may possibly be due to the fact that, in our study, the proxies were relatives of persons who were suffering from cognitive impairment, namely, persons requiring more health care.
• The sentence “In contrast, even if the residents... prevailing standards” is too long and complex, which makes it difficult to read. A language check could improve it.

Author

We have tried to simplify this paragraph.

Conversely, and according with other studies [40, 41] the residents' perceptions of publicly-funded nursing homes reflect conformism and passive acceptance of prevailing standards.

Limitations

- This reviewer does not see the fact of having used qualitative methods as a limitation which should be mentioned.
- The reviewer does not see why the second paragraph should be included (To ensure...).

Author

As suggested, we have deleted the first and the second paragraph of the “limitations” section.

Conclusion

- Conclusions should not contain the opinion of the authors but the most important findings of the project.

Author

As consequence of criticism of reviewer we have modified the “conclusions” section.

Conclusion

Our results are useful for practitioners and managers of nursing homes, since they analyze quality of care in nursing homes from the point of view of those for whom it is intended, and highlight that, for residents of nursing homes, less visible aspects of quality of care as emotional needs attention may be more relevant than more tangible aspects traditionally used as quality standards.

Multiple viewpoints (clinicians, managers, policymakers and residents) should be taken into account in the assessments of the quality of care in nursing homes. In this way, on the basis of a patient-centered approach of quality, the understanding of the residents and their proxies’ viewpoints might help to individualize the care, and might be useful to analyze this quality of care from a holistic perspective.
Table 2

- Please homogenise "interviewee relative" into "next-of-kin"

Author

Thanks. We have modified this issue.

Next-of-kin interviewee relationship with the resident

Age of Next-of-kin interviewee

- Please modify "residents emotional level" into "residents educational level"

Author

Thanks. We have modified this issue.

Residents educational level.

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.