Author's response to reviews

Title: A new method to assess perceived well-being among elderly people - a feasibility study

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

thank you very much for the comments from the two reviewers. We have now gone through all of them and made the corrections in our manuscript. Our response to the reviewers' comments are as follows:

Reviewer 1:

Question 1. The authors should consider reformulating the Title so that the device approach in assessing wellbeing is embodied in it somehow. – The study design is reasonable when reporting usefulness of a device in assessing well-being but poor when reporting assessing well-being.

Answer 1. We have changed the title to: "A new method for assessing perceived well-being among elderly people - a feasibility study".

Q2. The last sentence of the Abstract is not justified and should be removed or modified.

A2. We have removed the last sentence of the Abstract.

Q3. I did not understand the x axes of the Figures. Where comes the value from? How is the faces scale converted to numerical values?

A3. The Figure texts in Figure 1 and 2 have been changed to clarify the information shown in the Figures. Furthermore, faces scale has also been explained.

Q4. The study question could be more unambiguously stated in the paper. It should be clear for the reader whether the point is in assessing practical usage of a novel device or in assessing perceived well-being.

A4. In the last chapter of Background the study design has now been clarified (page 3-4).

Q5. I suggest a Table presenting some essential baseline characteristics of the subjects individually.

A5. We added one sentence to the first chapter of Methods-section. However, we think that the table presenting baseline characteristics concerning these test persons would not give any crucial information to assess the feasibility of the device.

Q6. I would expect a conceptual definition of the concept "well-being" in a paper that reports how to approach the measurement of this subjective phenomenon.
A6. We have added two sentences clarifying perceived well-being in the Methods section (Con-Dis device, page 5, first paragraph)

Q7. A more precise description of the study group would provide a better conception for the reader. A baseline Table for ten subjects is justified since the results are presented separately.

A7. We added one sentence to the first chapter of Methods-section. However, we think that the table presenting baseline characteristics concerning these test persons would not give any crucial information to assess the feasibility of the device.

Q8. The abstract text should be more precise in describing methods in that three questions from the RAI were used. Also, the RAVA should be presented more clearly (if not excluded as such).

A8. In the abstract text more thorough information has been added to clarify RAI and RAVA.

Q9. Methods section should include a description of the instruments with ranges, too.

A9. The present study only had Con-Dis instrument.

Q10. The test subject (number 4) was considered as an outlier not understanding the instructions or otherwise unwilling to express his perceptions, because he pressed the “neutral” button every time. The authors seem unwilling to accept this as a real and truthful perception of the subject. It is possible that some persons do perceive their health and well-being as stable and neutral during the two week period of time. All in all there were just three possibilities to choose from. He might have been a person not accustomed to self-observation and recognition of his mood, pain and well-being fluctuations.

A10. The reviewer made a valid point and two sentences have been added to the Discussion chapter on page 10.

Q11. Feasibility of a device, criterion validity of measurements and sensitivity issues are mixed in the paper.

A11. We agree with the reviewer that elderly people tend to perceive their health to be better than the objective health status assessed by professionals. Unfortunately, in the present study, we did not carry out objective clinical examination either on physical or mental health of the test subjects.
Q12. It should not be stated that (page 10) “Con-Dis does not take pain into account specifically when measuring the perceived well-being of a test subject”. It is not a question of the Con-Dis device but the phenomena measured. A better distinction of technical device feasibility appraisals and target phenomena considerations is recommended.

A12. We added a sentence "We emphasize, however, that the basic objective of the present study was not to elucidate the complex phenomena of perceived well-being related to specifically pain." to page 11.

Q13. Do the authors have some ideas on how this device could be further exploited? What kind of things could be measured/recorded by using the Dis-Con device? I suggest that the authors discuss on the possibilities of device which this preliminary study indicates; the device could be utilized in gaining information on any dimension of subjective experience that is sensitive to be assessed with a 3-grade scale, couldn't it?

A13. We added a sentence "According to our preliminary experience, Con-Dis could also be used in non-health assessments in social and health care services such as evaluating quality of services." to page 12.

Q14. A faces scale is worth a sentence or two in a study report like this.

A14. There is already an explanation of the faces scale in Methods section "Test protocol" page 6-7.

Q15. I suggest additions to the Introduction/Background or Discussion sections concerning conceptual definitions of well-being and faces scales for measurements.

A15. We have already answered to this question above in Q6 and in Q14

Reviewer 2:

Q1. The authors have to specify the study design.

A1. The study design has now been clarified in the last chapter of Background, page 3-4.

Q2. What is the full name of RAVA?
A2. The full name of RAVA is Rajala-Vaissi. These are the last names of creators of RAVA. The full name has been added to the Methods section.

Q3. The values for Pearson's correlation need to be double checked.

A3. The values for Pearson's correlation have now been double checked and corrected as suggested, and in the Table 1 - Subject's r-values a sentence has been added clarifying the table values.

Q4. Need to improve the academic writing.

A4. The last sentence from the Abstract/Conclusion-chapter was removed since it did not appear to be academically valid. Also other changes have been made to the text asked by the two reviewers.

Q5. Sampling method and ethical issue need to be specified.

A5. A sentence has now been added in the Methods section (page 4) clarifying that the test subjects were randomly selected so that the results wouldn't be biased. The ethical issue has been specified in the Methods section under "Test Protocol": "The present study has been approved by the ethical committee of the Pirkanmaa Hospital District, Tampere, Finland."

Q6. The names of core homes for the participants should be presented as "A" or 'B", instead of full names.

A6. In the Methods section the names of care homes for the participants have been changed to "A" and "B" instead of H1 and H2 and the full names have been removed.

Q7. How is the sample size estimated?

A7. The present study was a feasibility study of a new device (a sentence has been added to the text, page 10, Discussion). Power estimation of the sample size was not seen essential for this assessment, see also the next question.

Q8. Authors need to address the limitations and suggestions.

A8. We agree and we added a paragraph to page 10. We think that the present data justifies the interpretation concerning feasibility of the Con-Dis device to be used among elderly people.
Sincerely,

Jori Reijula