Author's response to reviews

Title: Knowledge of risk factors, beliefs and practices of female healthcare professionals towards breast cancer in Lagos, Nigeria.

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Title: Knowledge of risk factors, beliefs and practices of Nigerian female Healthcare professionals towards breast cancer: A cross-sectional study.

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Response to comments of reviewer 1

Major Compulsory Revisions

1. Title: The title needs to be reframed since the study was conducted in one institution. The present title gives the impression that the study was conducted in diverse sites.

Response:

Title is changed to: Knowledge of risk factors, beliefs and practices of female healthcare professionals towards breast cancer in Lagos, Nigeria.

Introduction

2. Although the author referenced at least 8 Nigerian studies on breast cancer, the key issues from these studies should have been used in presenting a stronger justification. It is unclear what the operational definition of ‘Regular Breast examination’ as used in the text is. This must be properly defined.

Response:
a- Introduction is expanded to highlight justification for this study.
b- “Regular Breast examination” is changed in the text to “Breast self-examination once a month”

3. While the author presents an introduction reflecting the importance of cancer research, the justification for conducting this study is not adequately described. The research questions, study Hypothesis and conceptual framework are not available for review. Furthermore, the sampling and data collection processes are not clearly described.

Response:
a- The research questions, study Hypothesis and conceptual framework are included in the introduction.
b- Sampling and data collection processes are further described under “Methods”

4. Although the author selected 207 respondents randomly from the eligible population, the process of selection is unclear. It is difficult to determine the appropriateness of the technique in the absence of full description.

Response:
The process of selecting 207 respondents is fully described under “Methods” in page 5.

5. In page 5, the statement: "The institution had about 65 female health care professionals......" is of concern as accurate number of female professionals in the study institution is vital and must be provided.

Response:
Accurate number of female professionals in the study institution is provided.

6. The administration of the study tool needs to be clarified. Were the questionnaires completed immediately on receipt by the respondents in the presence of the author or were they collected and returned some hours or days later?

Response:
Administration of the study tool is clarified in page 6 to answer questions raised by the reviewer.
7. While the sample size selection based on proportional allocation is in theory desirable for this study, the final sample sizes of different professionals in this study is skewed much in favor of nurses (141 respondents) and doctors (45 respondents) compared with other professionals -laboratory scientists(13 respondents), pharmacists(4 respondents) and physiotherapists (4 respondents). This raises serious validity concern which the author must provide convincing explanation.

Response:

Female professionals who were neither doctors nor nurses were relatively fewer in the study institution as highlighted in ‘Methods’. This is responsible for the skewed sample size following proportional representation.

8. Comparison of groups of professionals with skewed sample sizes diminishes the opportunity for reaching valid conclusions. A comparison of the two dominant professionals (nurses and Doctors) might help address this concern. This is critical and needs full explanation.

Response:

Further statistical analysis comparing the two dominant professionals is carried out and findings added to ‘Results’. This is to address the concern raised.

9. Grouping the knowledge scores into > 50 =’Good’ and <50= poor’ seems less discriminatory for health workers given their professional preparation.

Categorizing the scores into four dimensions ‘Excellent’ ‘very good’, ‘Good’ and ‘poor’ will provide deeper insight.

Response:

Knowledge scores are re-categorized into four dimensions and statistical analysis carried out based on the new grouping. Results are modified to reflect the changes.

Results

10. Re-present the demographic characteristics of the study professional groups in Table 1; and disaggregate in other tables.

Response:

Demographic characteristics in Table 1 are re-presented and disaggregated in other tables as advised.

11. Although laboratory scientists were merged with pharmacists (4 respondents)
and physiotherapists (4 respondents), these sample sizes were
disproportionately lower compared with the two dominant groups—nurses (141
respondents) doctors (45 respondents), raises serious validity concern. The
author needs to justify this.

Response:
Pharmacists, physiotherapists and laboratory scientists were much fewer in the
study institutions. This accounted for the smaller number recruited. Further
statistical analysis comparing the two dominant professionals are carried out and
findings added to ‘Results’. This is to address the validity concern.

Measurement of Breast Cancer screening practices
12. Two statements under the measurement of Breast Cancer screening
practices: “Two hundred and five participants (99%) were aware of BSE” and
“However, a lesser proportion of (85%) was familiar with CBE” are NOT
measures of BSE practice. Similarly awareness of mammography does NOT
constitute practice. These should be expunged and put under awareness and
knowledge sub heading.

Response:
The two statements are expunged and put under awareness and knowledge sub
heading.

13. While one of the objectives of the study is to assess beliefs concerning breast
cancer treatment, a few variables Some variables that were measured such as,
“cancer is major problem in Nigeria” and “There is significant breast cancer
awareness in Nigeria” are not direct measurements of breast cancer
treatment.(pg 22). These should be deleted from the analysis.

Response:
The two variables that are not direct measurements of breast cancer treatment
are now deleted from the analysis and put under awareness and knowledge sub
heading.

14. The comparison of BSE practice between the different professional groups
with skewed sample sizes raises validity concerns.
Response:

BSE practice is compared between doctors and nurses and the result is now included in the results of the study.

Discussion

15. The author in many instances, inappropriately compared findings from community based studies on BSE knowledge /awareness with this hospital-based study.

Response:

Statements on findings from community based studies used in comparing BSE knowledge/awareness are modified to emphasize that they were from community based studies.

Minor Essential Revisions

16. The statement in the last paragraph, “Mammography is a more .... sensitive method ...... breast cancer in Nigeria” does not add value to the discussion but can be reframed around health care professionals.

Response:

The statement is expunged from the last paragraph.

Response to comments of reviewer 2

Methodology:

Statistical analysis – the author stated in several places that the statistical significance of some factors in relation to different professional groups was not influenced by age, but did not mention what kind of statistical model was used to adjust for age. The author should describe it in details in Analysis.

Response:
Statistical model used to adjust for age is described in analysis (page 7). A chi square analysis using age and professional grouping was performed to control for the influence of age.

Results:

Age might be related to the knowledge of breast cancer in this group. It would be interesting to see the distribution of age and professional qualification by professional groups in Table 1 to determine if knowledge differences among participants were strictly related to professional qualification or if age itself may be an associated factor, independent of professional qualifications.

Response:

Table 1 is modified to show distribution of age and professional qualification by professional groups.

Comments: According to the author, “each respondent was scored on knowledge of risk factors…” There are only eight questions related to risk factors of breast cancer (Part 2 of the questionnaire) being collected. The distributions of the answers among different professionals were shown in Table 2. The results seem to indicate that breast cancer knowledge among doctors is satisfactory, but not among other professors. If it is important to enhance the knowledge of breast cancer risk factors among healthcare providers other than physicians, the author should make statement accordingly.

Response:

Statement is made in ‘conclusion’ emphasising that it is important to enhance the knowledge of breast cancer risk factors among healthcare providers other than doctors.

Comments: On Page 12, the author stated that BSE, CBE and mammography are recognized methods of screening… has led to reduction in mortality from the disease.” The literature is not consistent in support of the reduction of breast cancer mortality by BSE. The author should alter the language to reflect the
literature properly.

Response:
The language is altered to reflect the literature on page 14.

Quality of written English: Needs some language corrections before being Published

Response:
In general, language corrections are made.