Author's response to reviews

Title: Attitudes of clinical staff towards the causes and management of aggression in acute old age psychiatry inpatient units

Authors:

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Author's response to reviews:

Dear Editor and referees,

We apologise for the delay in re-submitting our manuscript. The initial email from BMC Psychiatry went into my (TMC) Junk Mail folder and was missed.

We would like to thank you for your helpful and constructive feedback about our Manuscript ‘Attitudes of clinical staff towards the causes and management of aggression in acute aged psychiatry inpatient units’ Based on the detailed comments from the referees, we have made relevant revisions to the manuscript. We have attempted to keep our responses as brief as possible.

Overall, the manuscript has been amended in the spirit of the referees’ comments. We hope you agree.

Yours in appreciation,

The Authors.

Reviewer 1: David Pulsford

I note that this is a revision of a paper previously reviewed by others; my comments refer to the version before me.

Major Compulsory Revisions:

It isn't clear to me what the real focus of this paper is. This is because 'Attitudes' are not mentioned in the introduction other than to comment on the lack of research on staff attitudes in older adult settings. The introductory section considers conceptual models of aggression and the role of restraint and seclusion in its management (why not other management strategies?), but doesn't say where staff attitudes come into the equation. This also makes the discussion section hard to interpret: are the authors using their findings as evidence for the validity of the Frustration-Aggression model and for the value of the particular management strategies mentioned? If so, this is surely not valid, as these are just the views of a small sample of staff. The study is really about what those staff believe and the implications of their beliefs for how they look after
older people in their care and I feel the paper should be reworked to reflect this more clearly.

Response. We thank you for these comments. We have re-written parts of the background section to sharpen the focus on attitudes, including the inclusion of a new section on attitudes toward aggression. In addition, we have considered your questioning of the inclusion of literature on the Frustration-Aggression model, in the background and discussion sections, and have decided to remove reference to this model. Therefore, the primary focus of the paper is now clearer – attitudes of staff toward aggression and the consequences of these beliefs on the way they respond to this behaviour.

The authors don't state whether the wards in which the study took place were for people with dementia or for other severe mental illnesses, or both. All older people with mental health needs are lumped together, but the issues for those with dementia are not necessarily the same as for those without. Staff may have different attitudes towards people with dementia and believe their aggression has different causes. Different explanatory models may be appropriate (e.g. the Needs-related dementia-compromised model). Management strategies may also vary - medication may be appropriate for someone acutely psychotic but not for a frightened person with dementia who is struggling to meet her needs and I can see little justification for seclusion with people with dementia. The authors should be more discriminating regarding these two groups and be clear about which is being referred to (and please don't label their issues as 'organic' and 'functional').

Response. We thank you for these comments. We have rephrased the sample and setting section to make it clearer to readers that the units provide short-term care for acute mental illness, and are different from residential care/ nursing homes specifically designed for people with dementia (p. 8, para 3). For your interest, we have provided a link for you to the Aged Persons’ Mental Health Program (APMHP) website: http://www.nwmh.mh.org.au/aged-mental-health/w1/i1001221/ Also, the characterisations ‘organic’ and ‘functional’ were provided to us by APMHP staff!

Minor compulsory revisions:
The explanation of the frustration-aggression model, if it is to be retained, should be more clearly stated. Also in the introduction, the authors state that the evidence for a link between pre-morbid personality and aggression is equivocal then give only examples that support such a link.

Response. As stated in ‘1’ above, we have now withdrawn reference to the Frustration-Aggression model. Regarding evidence for a link between pre-morbid personality and aggression, we have amended slightly the systematic review that we cited to read ‘72% of studies detected significant relationships between pre-morbid personality # particularly pre-morbid neuroticism # and challenging behaviour such as aggression; however, several studies found no relationship.’ (p.5, para 1).
The authors state that they are using the most recent version of MAVAS, but the version I have uses a five-point Likert scale, not four points and the question on gender mix relates to staff gender, not patient gender. Can the authors please clarify the version they have used?

Response. I have re-checked my scale and it is correct. Joy (Duxbury) emailed me this version of the scale on 28/7/2010 (I still have Joy’s email). Furthermore, I emailed Joy on 25/9/2011 asking for information about the 3 additional items on cultural/gender: ‘Hi Joy, One more query. All the publications that I have read about the MAVAS, that you have authored, (I probably have not read them all) mention that there are 27 items. The scale you sent me has 30. The additional items are Q. 4, 6, & 10. Is there a reason why you do not report these items? Incidentally, we did a Cronbach alpha test on the 3 items and it was 0.74 (very good). We have named this sub-scale as ‘culture/gender.’

Joy’s response, also on 25/9/2011: ‘That's great Terence. We haven't published anything with amended version as yet although lots of things in the pipeline The extra items were put in for work with a local Trust and seemed sensible to leave in. Kind regards Joy’

Thank you for pointing out the issue about staff gender mix. This has been correct throughout the paper, including the discussion section (p.14, para 1).

Can the authors please clarify the cut-off between an 'agreeing' mean score for a question and a 'disagreeing' one - is it 2.5?

Response. We have taken the cut-off for agreeing as 2.5, and have now inserted this in the instrument section (p.9, para 2).

Level of interest: An article whose findings are important to those with closely related research interests

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

Reviewer 2: Cesare Maria Cornaggia

Major compulsory revisions:
This work touches a problem of great interest nowadays, aggression, referring to the elderly, which is the least studied age. It looks at it from the point of view of the nurse and not only from the doctor’s one. The paper includes a rich and complete bibliography.

The number of cases is still quite small and they come all from the same mental service; this limit is recognized by the authors, but it has to be overcome in further research.

Response. No changes required.
The use of only two scales appears to be a bit limiting. In any case the paper is worth of publishing.

Response. No changes required.

In my opinion, the authors could be a little more cautious in their conclusions that are interesting and agreeable but not totally supported by the limitation and by the lack of strength of the collected data. This could be a suggestion for a minor revision of discussion and conclusions.

Response. We thank you for this comment. We have made some amendments to the discussion and conclusion sections to reflect this recommendation.

Level of interest: An article of outstanding merit and interest in its field.

Quality of written English: Acceptable