Author's response to reviews

Title: The need for nursing instruction in patients receiving steroid pulse therapy for the treatment of autoimmune diseases and the effect of instruction on patient knowledge

Authors:

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Author's response to reviews: see over
July 12, 2010

Hans Zauner
Scientific Editor, BioMed Central

RE: MS: 6662347482988180
Title: The effect of nursing instruction in patients receiving steroid pulse therapy for the treatment of autoimmune diseases

Dear Mr. Zauner:

It is a pleasure to be writing you. Thank you for your continued review of our manuscript and for the valuable comments of the reviewers. We have read the comments carefully and revised the manuscript based on their input and suggestions. We are certain that the report is much improved. As requested, we have traced the changes in the revised manuscript and have included the reviewer comments along with our responses below.

Thank you again for your continued review of our work. We are looking forward to you continued correspondence.

Very sincerely:

Yu-Chu Pai

Author’s Point-by-point responses to reviewer comments

Comment from BMC-editor:
We recommend that you further copyedit the paper to improve the style of written English. If this is not possible, you may need to use a professional copyediting service.
Author Response: The manuscript has been revised and edited by a native English speaking professional medical/scientific writer.

Reviewer's comments

This revision is clearer than the original submission, but is still difficult to follow. Major compulsory revisions
1 The abstract and the background both state that the aim of this research was only to
assess the need for nursing instruction. That implies an observational study. However, the title, results, discussion and conclusion are all largely about the effect of a nursing INTERVENTION on patient knowledge. Surely this intervention was the main aim of the study? The aims need to be clarified.

**Author Response:** Thank you for your observation. Our original intent of the study was to determine the need for nursing instruction, but as you have pointed out, the study evaluated not only the need for nursing instruction but the effect of the instruction on patients’ knowledge. We have revised the appropriate sections of the manuscript, including the title to reflect that the study determined the need for instruction and the effect the instruction had on patient knowledge.

2 The abstract conclusion is that this study shows that a nursing intervention can improve patient knowledge. However, the abstract results section that precedes this statement, contains no results on patient knowledge. These must be added.

**Author Response:** We have added results regarding patient knowledge to the abstract.

3 Methods - the authors explain how need for instruction is measured, and how knowledge is measured. However, results are also presented for 'level of symptom distress' which is apparently a 3rd questionnaire. No information on how these data were collected and scored is given in the methods section. This needs to be added

**Author Response:** The “Symptom Distress Scale-Chinese modified form” (SDS-CMF) was original developed and validated by Lai [16] with a Cronbach’s alpha of 0.85 and an expert agreement of > 80% for validity. It is a modified form of the Symptom Distress Scale (SDS) originally developed by McCorkle and Young (1978). The modified SDS-CMF in this study consisted of symptoms associated with pulse therapy in the 9 categories, including cardio-pulmonary, endocrine, musculoskeletal, gastrointestinal, nervous, optic, integument, immune, reproductive symptoms. Each category consists of five items. It is a self-reported questionnaire which rated on a 4-point Likert scale with 1 representing “no symptom” or “no distress,” and 4 representing “severe distress.” Data were expressed as mean score ± SD of five items for each category.

We have included this description in the Methods section.

4 Methods - for the need for instruction questionnaire, we need to know how it was scored. In Table 3 scores are presented for each of the 9 categories but no explanation has been given. Are the scores from 0-5? 0-10? Does a high score indicate a high need? This needs to be explained.

**Author Response:** The need of nursing instruction was evaluated using a 5-point Likert scale. A higher score reflected a greater need, i.e., 5 = large need, 1 = little or no need. We have clarified this in the manuscript.

5 Discussion limitations: The authors should reflect that their main outcome questionnaires on patient nursing needs and knowledge were designed by them, and the test-retest reliability and sensitivity to change are not known.

**Author Response:** The 3 questionnaires, including the need for nursing instruction questionnaire, the modified SDS-CMF, and knowledge levels questionnaire were validated by 5 experts from the related fields of allergy, immunology, and rheumatology based on the level of importance, clarity, and relevance. The evaluation was conducted using a Likert 5-point scale. Items rating below 3 points were removed. The content validity index (CVI) was 0.84. The coefficients of variability determined by Cronbach's $\alpha$ values were 0.966 for the need of nursing instruction questionnaire, 0.812 for the modified SDS-CMF, and 0.896 for knowledge level questionnaire, thus, a high degree consistency was achieved.

We have included the above information in the Methods section.

6 Table 2 reports that patients had increased knowledge after the nursing intervention. Which time point is reported here - immediately after, or at 1 week? or 2 weeks? All three sets of data must be reported, not just one favourable set, so that the reader knows there is no bias in reporting and can judge the results for themselves.

**Author Response:** The tables have been revised and Table 2 is now Table 5. The knowledge level was measured immediately after the patients received nursing instruction. This has been stated in the methods section and in Figure 1.

7 Discussion: The authors state on page 11 that they found 'the overall distress of patients with regards to symptoms decreased after receiving nursing instructions'. However, these data have not been provided in the results section. The data they have presented are about knowledge increase (Table 2), predictors of symptom distress (Table 3), reduced need for instruction (Table 4), and predictors of need for instruction (Table 5), but no results on change in symptom distress. These data need to be provided in the results section, they
cannot just be mentioned in the discussion without evidence.

**Author Response:** Thank you for your observation. You are correct, we did not supply data regarding overall distress. This statement has been deleted from the discussion.

8 If there is reduction in symptom distress, it is not possible to attribute this to the nursing intervention, as symptoms might have been reduced by the steroids and this would need to be addressed in the limitations section.

**Author Response:** Your observation is correct. We have deleted the statement regarding a reduction in symptom distress.

**Minor Essential revisions**

9 Methods - patients received 500mg of what drug?

**Author’s reply:** Patients received steroid pulse therapy with methylprednisolone. We have corrected this in the manuscript.

10 Table 3 - some significant p values have not been marked with an asterisk, and one non-significant p value has

**Discretionary revisions**

**Author Response:** We have corrected this oversight. Please note that the original Table 3 is not Table 2 in the revised manuscript.

11 The authors state in the background and in the discussion that most patients **go home on the same day of their steroid infusion**. However, in this study, 70% of patients stayed in hospital for at least 5 days. Some comment on the representativeness of this sample would therefore be helpful.

**Author Response:** With steroid pulse therapy, a relatively high dose of steroid is administrated for 3 days. If the symptoms are under control after the 3 days of treatment, the patients will typically be discharged immediately or shortly after the treatment is completed. If the symptom persists after 3 days of treatment, the patient will be kept in the hospital while oral steroids are administered and until their condition has stabilized.

We apologize that the description in the original manuscript was not clear. We have included the above description in the revised report.