Author’s response to reviews

Title: Knowledge about complementary, alternative and integrative medicine (CAM) among registered health care providers in Swedish surgical care: A national survey among university hospitals

Authors:

Kristofer Bjerså (kristofer.bjersa@vgregion.se)
Elisabet Stener Victorin (elisabet.stener-victorin@neuro.gu.se)
Monika Fagevik Olsén (monika.fagevik-olsen@vgregion.se)

Version: 2 Date: 10 March 2012

Author’s response to reviews: see over
Cover letter

concerning referee and editorial comments on the article:

“Knowledge about complementary, alternative and integretive medicine (CAM) among registered health care providers in Swedish surgical care: A national survey among university hospitals”

Thank you for the possibility to improve the article. We have adjusted the manuscript as suggested by you and the referees or where no changes have been made we have commented it below. We hope that it now will be suitable for publication.

Editorial requests

1.  
   - Tables have been moved into the manuscript after the references.
   - Table titles are already at the top of tables.
   - Vertical lines have been removed in all tables.
   - Figures are uploaded as separate files, but referred to after the tables in the manuscript.

2.  
   - The abstract is included in the manuscript and identical to that of the submission system. It also follows the guidelines of the journal.
Referee nr.1 – Wolfang Weidenhammer

Thank you for your comments about our article. We have made corrections to the manuscript as follows:

1. Thank you for the comment, and we are sorry that the ranges were not the same. Adjustments have been made according to the suggestions.

2. The figures in brackets represent number of answers. This is now clarified in the table text.

3. It is an interesting comment to distinguish between the therapies, but this requires an additional analysis which we believe will be too extensive and is not included in the aim of the article.

4. Thank you for bringing attention to this subject. It is of interest and we have done the analyses. The results reveal that there were no statistical correlation/relation between assignment of a therapy and degree of recommendation, when excluding the conventional therapies (Nursing, Physiotherapy and Occupational therapy). We have not added it to the text while the result part is already extensive, and it is not in the scoop of the article. If requested the information can be added.

5. As commented, the length of the questionnaire might very well have affected the response rate. We have added a comment to the Methodological limitation section regarding this.

6. As written in the Discussion section, the term “integrative medicine” is new, both in Sweden (See Carlsson and Falkenberg’s book) as well as internationally (MeSH term since 2009 as pointed out by referee nr.2). Clarification to this matter has been added to the Discussion.

7. Thank you for reflecting on this matter. As, to our knowledge, no previous study has focused on health care professions in the surgical field. The text in paragraph three is now extended so comments about our results are referred to surgical care and context in previous research are described.

8. We believe that due to the low response rate and the difference in population size and gender distribution between the professions (92% of the nurses were women, 75% of the physicians were men) it would be inadequate to use gender as a dependent variable.

9. We also think that the result is interesting in this perspective. Future trials in surgical as well as other medical specialities are needed to put these results in perspective.
Referee nr.2 – Tobias Sundberg

Thank you for your comments about our article. We have made corrections to the manuscript as follows:

1. A Swedish version of the questionnaire questions presented in this article will be submitted as supplementary materials to this article.

2. Results of individual education and practice in the CAM field are now added to the article. Concerning personal usage of CAM we have not added any information while the participants have possibility to list up to four different therapies which each are followed by four different questions. For comparison, a question about visits to regular health care is also included in the questionnaire. Therefore, we believe, it would be too extensive to present in this article, but we will try to include these in a future complementary article.

3. We agree that an addition with results between the professions would make the abstract more informative. However, this is not possible due to the journals instructions with the word limitation of 350 words in abstract.

4. As stated in comment three, the word limitation makes it hard to include all different aspects in the text. While the title of the article and earlier text in the abstract focus on the surgical context, we hope this is sufficient to understand the context.

5. The comment concerning why it matter that health care professions have a lack of knowledge about CAM is relevant and important. However, there are no trials where the use of CAM among Scandinavian surgical patients is investigated. Earlier trials have reported use in the United States, but these results are not comparable to the situation in Sweden. The next step, and we have already planned such a study, will be to focus on the patient perspective.

6. Many thanks for this comment. It has, as suggested, been added as a perspective in the Discussion.

7. This has now been clarified in the Method section.

8. Thank you for calling attention to this error in the text. The figure is now adjusted.

9. Century has been added to the text.

10. The aim of the sentence is to focus on the additional information to the body of knowledge in whole Swedish health care system where we believe our results contribute as a small part. It is not thou a small part in the surgical context where the included clinics correspond to approximately 50% of the Swedish surgical wards. Therefore we have not added “surgical care” to the sentence.