Author's response to reviews

Title: What is Traditional Acupuncture? Exploring goals and processes of treatment in the Context of Women with Early Breast Cancer

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Author's response to reviews: see over
Response to reviewer given in August 2013 for the previous manuscript: “Uncovering the Theory of Change of Traditional Acupuncture in the Context of Women with Early Breast Cancer”

Dear Editor,

The attached paper is a resubmission for our previous paper (see above), taking on board the helpful advice of the reviewer, Dr Charlotte Paterson, and in particular her recommendation to split the material into two papers, one to report on the findings from the longitudinal study (this is now the focus of the attached resubmitted paper) and the other the Theory of Change (ToC) and revised ToC for traditional acupuncture (TA) that our work has demonstrated (to be the focus of a future paper).

Thus, the attached, resubmitted paper is a complete rewrite to accommodate the change of focus. In particular, the attached paper has:

1. A new title (What is Traditional Acupuncture? Exploring goals and processes of treatment in the Context of Women with Early Breast Cancer)
2. A new aim (to explore what traditional acupuncture (TA) practitioners aim to achieve, their rationale and how they follow this through in their practice).
3. A substantial rewritten content throughout to accommodate this change in emphasis
4. In consequence, key elements of the findings are presented, related to the revised aim of the paper. For example, one dimension of the therapeutic relationship (TR) on here, that its development and use in building trust in order to gather information (disclosure)
5. A revised abstract is presented
6. As the ToC data has been removed from this paper, these points are no longer relevant.
7. Methods: More information is provided on the qualitative methods employed in the longitudinal study, including more detail on the interviews and grounded theory, and the participation of co-authors in the analysis of the data.
8. Findings: as we have now reported in a different paper on the ‘outcomes’ both desired and achieved by participants, findings on this per se are not reported in this paper, except to provide context for an understanding of the why and how these were followed through in TA practice.
   a. We think that this adds to clarity, for instance, in separating out the participants perceived benefits of acupuncture (reported in the outcomes paper) and what they valued about the processes of care (reported here).
   b. The findings now include: demographic data; practitioners’ intended outcomes; processes related to achieving goals – continuous process of treatment; what women valued about the process of TA care.
   c. The first paragraph for ‘practitioners’ intended outcomes’ is re-written and now mentions two elements that were the focus of the desired change of practitioner: relief of immediate symptoms and enabling coping.
   d. We have attempted to ensure that the consequent writing and raw data offers evidence for these two elements. This includes additional data taken from diaries and treatment logs.
9. Reviewer’s comment 4c.p6, relating to the introduction of the concept of Qi: This is now introduced much earlier in the paper relating to its discussion in the ‘background’ section (page 4 paragraph 3).

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10. Reviewer’s comment 4d.p7. The reviewer suggests removing table 1 and focusing on two themes emerging from the data. The original figure/table 1 no longer exists and two core themes are reported on: the continuous process of treatment and the dimensions of the processes of treatment that this embraced.

11. Reviewer’s comment 4e.p8. This central paragraph remains in as was, and figure 2 (now figure 1) remains, but with one change instead of ‘relationship’ it is ‘disclosure’ – a dimension of the therapeutic relationship, and the aspect of the TR pertinent to ‘the continuous process of treatment’. There has been a rearrangement of this section in keeping with the reviewer’s comments, to demonstrate more clearly how the raw data evidences the findings relating to ‘the continuous process...’ such as that on page 10 paragraph 2 from Helen’s diary, extrapolating on ‘history’, and paragraph 3 where Helen discusses why treatment changes. There is further detailed analysis and description in how these elements tie together under the theme of ‘continuous process of treatment’.

12. Reviewer’s comment 4f. Figure 2 re our use of the term ‘history’. As presented in the current paper, this relates to information from the participant’s past, whether health related or context related, and focus on the whole person.

13. Reviewer’s comment 4g.p9. We have a new title for this section as it is not about outcomes, but what women valued about the process of care rather than the perceived benefits of acupuncture. A comment on disconfirming cases is included (as the reviewer raised a query about this).

14. Discussion: As the aim of this paper has changed, the discussion section has been re-written. It explores the findings in relation to the relevant literature, reported in the ‘background’ section of the paper, in terms of what does this new data add to what is already known. An additional comment has also been added towards the end of the discussion section, in exploring the study’s strengths and weaknesses.

In conclusion, this paper is very different from the previous submission and has directly followed the reviewer’s advice to report separately on the findings from the longitudinal study. We look forward to hearing from you in due course.

Sarah Price, Andrew Long and Mary Godfrey

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