Author's response to reviews

Title: The perceptions of Danish physiotherapists on the ethical issues related to the physiotherapist-patient relationship during the first physiotherapy session: A phenomenological approach

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Author's response to reviews:

Cover letter for the revised manuscript.

I want to thank both referees for valuable and constructive feedback on this manuscript. It has been a great help for me to read both your comments, and I have worked hard to meet your comments, suggesting for rephrasing/revising and advises. Thank you so very much.

Below I have addressed your comments in this cover letter, and as you can see in the revised manuscript, all changes are highlighted in yellow colored tracks.

Referee 1:

Major compulsory revision:

1. Methods:

The two interviews were performed as earlier research show that physiotherapists in Denmark have vague ethical awareness, confirmed by Praestegaard in 2001. From this we assumed that physiotherapists may need time to reflect deeper on this issue. We wanted to stimulate the participants' ethical awareness and thereby receiving thickened descriptions for reflected and deeper understandings by having the possibility to re-interview. The second interview made it possible to further explore, verify, refine, and add reflections and acts to the interviewees' earlier descriptions, and may in this way give more valid answers, - why we consider the second interview a triangulation tool.

We have explained this more thoroughly in both the method and the discussion sections.

2. Discussion:

Yes, the aim of phenomenology is to seek a sample rich in experience. And as we state, we refer to participants “novice to private practice” not to physiotherapy and also that ethical reflections ought to appear in every professional session despite the physiotherapist’s clinical experience.

We hope this answer is satisfactory.
Minor essential revisions:

1. Title:
The suggested title is accepted; “The perceptions of Danish physiotherapists on the ethical issues related to the physiotherapist-patient relationship during the first physiotherapy session: A phenomenological approach”.
We will use the term meeting and first session according to the best relevance through the text.
The word “physiotherapist-patient relationship” is changed through the text.

2. Abstract:
a. Accepted and changed.
b. Accepted and changed.
c. The revised sentence is accepted. We mean that the particular patient is to be treated as an equal human being by the physiotherapist. Hope the sentence now states this clearly.
d. The aim has been rephrased as suggested
e. Accepted and changed.
f. Accepted and changed.
g. Accepted and changed.

3. Introduction:
a. Accepted and changed.
b. Accepted and changed.
c. We have rephrased the sentence to: “The asymmetry of power is based on the partner’s power inequality in defining and setting the situation”
d. We placed the aims in the beginning for the reader quickly to realize what this study is about. But we accept the general idea to place the aims at the end of the introduction.
e. We have revised the introduction according to the suggested, and hope it now seems more logic.

4. Methods:
a. The sentence has been rephrased as suggested.
b. We have rephrased the phase like this: “…the interviewees found it very important to distinguish between the first session and the process of physiotherapy.”
c. Accepted. Part of the “sample section” has been moved to the “procedures section”
d. We have added several following argumentations to the inclusion criteria, - please see the text.
e. Please see the text.
f. Accepted and changed.
g. Accepted and changed.

5. Results:
a. We have tried to rephrase the sentence. The confusion emerges because in Denmark we first got a bachelor authorization in 2001, and it is still not possible to post graduate beyond bachelor level in Denmark. The many Danish physiotherapists, who have a master, ph.d. or professor authorization, all have accomplished this in education programs outside Denmark. By further education we mean postgraduate education on a not academic level. We accept the critic and use the term post graduate education and more academic education as means to minimize further confusion.
b. The second theme title has been changed as suggested
c. Accepted and changed.
d. Accepted and changed.
e. In the content description of each theme and its appertaining sub-groups we refer to the proportion of meaning and thereby each quote represents all/the majority/some/a few as mentioned in the condensed description of the theme. I hope this clear the presentation.

6. Tables:
a. Accepted and changed. Please see our comment on 5.a.
b. Accepted and changed.

Discretionary revisions:
1. Methods:
a. We have tried to write the aims more direct and concise.
b. Accepted and changed.
c. Accepted and changed.
d. Accepted and changed.
e. We have changed the word “category” into “theme” as you advise.

In Malterud’s modified description of Giorgi’s phenomenological analyses she uses the word code-group, and in some of the articles where Malterud’s modification of Giorgi it used, she/others use the terms category/theme/code-group. Malterud’s description is in Norwegian and it is difficult to find the correct English translation as they differ in different journals.
f. In Malterud’s modified description of Giorgi’s phenomenological analyses (which I refer to) she only describes four steps and calls them:
1) From wilderness to themes
2) From themes to codes
3) From code to meaning
4) From condensation to descriptions and (possible) concepts
2. Results:
   a. Thank you for your idea about combining the results and the discussion in one section. It differs from journal to journal how the qualitative research results and discussions are presented. We will like to maintain the two separate sections as they clearly show the interviewees’ reflections and actions (results) and our interpretation and discussions of them (discussion).
   b. Accepted and changed.
   c. Accepted and changed.
   d. Thank you for this discretionary revision. We maintain the theme titles but have revised few sentences within the themes to maximize understanding and readability.

3. Discussion:
   a. Accepted and changed.

Referee 2:

Major compulsory revisions:
1. We accept the general comments about the quality of written English and have revised by rephrasing words, terms and sentences several times through the text.
   And yes, we too assume that private practice patients are competent. We hope the rephrased sentence “The asymmetry of power is based on the partner’s power inequality in defining and setting the situation: generally, the one needs help and the other is in possession of appropriate competences to offer the needed help” clarifies.
2. We clearly understand your disbelief of the result. But unfortunately being taught in ethics for a few lessons does not necessarily imply being able to reflect and act ethical in a busy clinical practice. We have tried to clarify more explicit.
3. Accepted and changed several times in the discussion.
4. Accepted and changed.

Minor essential revisions:
5. Accepted.
6. Accepted and changed.
7. Accepted and clarified.

Other requests:
Copyediting:

Title page:
The title page has been included in the manuscript file, and contains title, author list, affiliations and E-mail addresses. The author list and the email addresses are identical in the manuscript file and on the submission system.
Abstract:
The abstract has been included in the manuscript file, and follow the correct structure for BMC Medical Ethics.

Author’s contribution:
The author’s contribution has been placed in a section after Competing interests.