Author’s response to reviews

Title: social meanings and understandings in patient-nurse interaction in the community practice setting: a grounded theory study

Authors:

kathleen m stoddart (k.m.stoddart@stir.ac.uk)

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Author’s response to reviews:

Dear Editor and Reviewers

Thank you for your very helpful and constructive comments. I have revised the paper in line with these comments as indicated below in red. I have provided the page numbers in the submission wherever possible. I have also highlighted the changes made in red in the revised manuscript. The abstract is slightly amended. The references have been expanded. The figures and table remain the same.

I trust that these revisions meet with your approval

Thank you

Reviewer 1

Compulsory revisions

1. Methodology is well described; the size of the study is mentioned but not the length of time in the field which is a much more important parameter as to the depth and rigour of the study.

Page 7: Data was collected from the four health centres concurrently and analysed together within the constant comparative analysis process.

Page 8: Observations, informal interviews and semi-structured interviews that are recognised as core research methods in grounded theory methodology were used (figure 1). These methods are interactive in grounded theory study in that each informs the other and thus analysis. Data collection took place over a nine month period of time.

2. I think the analysis would benefit from some use of other researchers who have used ethnomethodological approaches such as Joanna Latimer

The analysis has been enhanced with inclusion of references to other research, including ethnomethodological approaches, including in the list: 2; 4- 10; 20; 25; 31 – 34
Minor essential change

2nd line from the bottom, p. 10 whilst participants were reflective and somewhat reminiscent.... I don’t think the word reminiscent is accurate here - it means reminded of, so doesn't make sense. Removed

Reviewer 2

Major Compulsory Revisions

1. The research on nurse-patient interactions is comprehensive and yet the literature review in this manuscript is sparse. In this manuscript perhaps more information is required on past studies in this area of inquiry.

The background section page 3 – 6 has been reordered and expanded with more literature on patient-nurse interaction added. More emphasis is placed upon the lack of literature or research that focuses on, or includes, social meanings and understandings in interaction.

2. Four sites were used in the study. What is not clear is was the data analyzed separately for each site and then combined or analyzed together? Are the four health care community services different and might this influence the findings?

Page 6 - 7: The four health centres offer the same level of services in the community with the exceptions of mental health and learning disability. None of these client groups or related nursing staff was included in the participant sample. Data was collected from the four health centres concurrently and analysed together within the constant comparative analysis process.

3. Three different types of data collection procedures were used: observations, informal interviews and semi-structured interviews. What are the possible biases of these methods and what did the authors do to circumvent them?

Page 9: Biases occur in using these qualitative methods in relation to the subjective interaction of the researcher in data collection and analysis and in the potential for observational bias [43, 45]. Observational biases were minimised by strategies such as sitting out of view and adopting a non-engaged posture. Biases were addressed primarily by recognising the role they play throughout the research process and by discussion with colleagues. Also, continual engagement with the research aim and questions served to ground data collection and analysis by providing the essential points of reference [44, 46].

4. The discussion section does not confirm or broaden any literature in this area so it is difficult to determine how this study fits within the area of inquiry.

The discussion section has been enhanced by more reference to relevant
literature. Literature is also integrated in the results section.

5. In the conclusion section the authors suggest that seeking understanding from a social constructivist perspective could make a contribution to enhancing knowledge. Where does this conclusion come from as it is not mentioned in the discussion section?

Reference to social construction has been removed as there is not the opportunity to expand upon it fully enough to do it justice in this manuscript. That removal enhances clarity.

6. Table 1 is not clear. What does population structure mean and what health indicators are being compared?

Page 7: The health centres that comprised the field of study are located in areas with geographic and social differences. Taken together, they are representative of the health status of communities across Scotland (table1). Population structure; educational attainment, household income; unemployment rate and health indicators are annotated in relation to national averages (Scotland). Population structure relates to the demographic of age; higher meaning more older people than average and lower meaning more younger people. Health indicators relate to significant epidemiological factors that are prioritised in health policy including cardio-vascular disease, respiratory disease, mental health, stroke and cancer.

Minor Essential Revisions

7. The background begins with a discussion of the physician – patient interaction and yet the study is on the nurse-patient interaction. More clarity is required to justify this choice.

Taking this and the previous comment into account, the background section page 3 – 6 has been reordered and expanded with more literature on patient-nurse interaction added and the discussion of doctor-patient interaction repositioned.

8. The last section of the manuscript is the limitation section which should be embedded in the discussion section as it leaves the manuscript on a negative note.

The limitation section is now embedded in the discussion section.

9. Definitions of terms in the manuscript are warranted. For example, what is a “traditional grounded theory style” and what “requisite expertise has been transformed” because of the change in teams?

Such terms have been reviewed and clarified throughout the manuscript.

10. Also there are places in the manuscript where the sentences require editing.
and clarification: for example “In addition, a process of conscious reflection about position in the research as nurse researcher and interactive in the process was deployed throughout” and “size did not constrain the research design or the depth of the analysis” – size of what?

The manuscript has been edited mindful of clarification.

Page 11: The size of the research field or the participant sample did not constrain the research design or the depth of analysis achieved in relation to meeting the research aim. Mindful of the interactive role of the researcher within constant comparative analysis, reflection was deployed purposefully throughout the research process – including discussion with colleagues.