Author's response to reviews

Title: Mothers’ Experiences in the Nurse-Family Partnership Program: A Qualitative Case Study

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Dr Christopher Morrey
Journal Editorial Office
BioMed Central

Dear Dr. Morrey:

Re: BMC Nursing Manuscript  MS: 1819105319665096

Thank you for considering our manuscript ‘Mothers’ Experiences in the Nurse-Family Partnership Program: A Qualitative Case Study’ for publication. I would like to thank the reviewers for their thoughtful comments and suggestions. We have considered all the comments and suggestions and address each reviewer’s feedback in turn below.

Referee 1 Virginia Schmied

Use of Case Study Design: Our study is part of a larger case study examining the acceptability of the NFP intervention to stakeholders within a Canadian context, i.e. in the city of Hamilton, Ontario during the NFP feasibility study (as described in our introduction). Case study design was an appropriate choice to address our research questions as we were exploring the acceptability of an intervention, i.e. the NFP to mothers (and other stakeholders) within a specific context i.e. in the Canadian health care system in Hamilton, Ontario, Canada and at a specific time, i.e. during the feasibility study as described in the manuscript. We agree that the study is exploratory and descriptive which is in keeping with Yin’s approach and identification of different types of qualitative case study. We have provided further explanation in the methods section regarding our choice to use case study on page 8: “Case study involves exploration, description and explanation of phenomenon within the real life context bounded by time and place.”

We have changed ‘audio recorded’ in the abstract to ‘digitally recorded’.

We used Conventional Content Analysis as described by Hsieh and Shannon. Our description of how we did our Conventional Content Analysis follows the steps outlined by Hsieh and Shannon. Conventional Content Analysis as described by these authors includes the steps of thematic analysis outlined by Miles and Huberman (Hsieh and Shannon reference Miles and Huberman in their paper). Hsieh and Shannon point out that the “advantage of the conventional approach to content analysis is gaining direct information from study participants without imposing preconceived categories or theoretical perspectives” (p.1279-1280). This is not necessarily a component of all types of thematic analyses but was important to us in this initial exploratory descriptive stage of understanding mothers’ experiences.

We clarified in the manuscript that the data discussed in the manuscript came from all 18 women who participated in the interviews.
The key focus of our study was on the overall experiences of mothers in the NFP program. Our primary focus was not on why mothers did not feel that they were under surveillance, but this was one of our findings. As suggested by the reviewer we have expanded our literature review to include findings of other studies on this issue including Briggs. See page 25 and 26.

The reviewer asks an interesting question? “Are personality and attributes something inherent in the person and does this mean that non judgmental approach, being honest and reliable cannot be learnt skills?” We believe that providers can learn the skills necessary to engage in therapeutic relationships. However to fully address the reviewer’s question more research is required to determine whether it can in fact be learned. Addressing this question is beyond the scope of this paper.

Re. training needs of nurses “if they are to do this successfully in a ‘roll out’ of the NFP to an RCT”, we have expanded the background section on page 6 and 7 to elaborate on the training nurses providing the NFP program receive. “In order to ensure fidelity to the NFP program all NFP nurses and their nurse supervisors receive training from the Nursing Practice Team at Nurse-Family Partnership National Service Office in Denver, Colorado, USA. The comprehensive training includes a theoretical review of the NFP program elements, an overview of NFP program elements and application of the curriculum, and advanced skill development in nursing assessment and intervention.” [The program training of NFP nurses and their supervisors is not negotiable. The Nurse-Family Partnership Office in Colorado, USA (http://www.nursefamilypartnership.org) controls the training, and provides training and support services to all providers of the NFP program to ensure fidelity to the NFP model leading to improved outcomes for both mothers and children.]

Referee 2 Lynn Kemp

As recommended we have included some discussion of the congruence between mothers’ experiences in the program and the goals of the NFP program. See page 20.

Discussion of what mothers were perceiving and consistency with the training and intention of the program are threaded throughout the discussion. Some examples are on page 22: “Consistent with the NFP nurses’ strengths-based focus, it is likely that the nurses practiced a “caring strategy of watchful waiting” and “expectant management” rather than that of surveillance which has been postulated to undermine the development of strong nurse-client therapeutic relationships” and on page 23-25 “The approach is consistent, if not imperative to the effective implementation of the NFP’s strengths based visit guidelines in which the nurse recognizes that the mother is the expert in her own life and helps her identify her desired goals. The nurse together with the mother focuses on the mothers’ strengths and the resources needed to move toward these goals, and on solutions to issues, small steps and provision of feedback [2].”
The women who were lost to follow-up for the second interview or who refused to participate in the second interview did not all drop out of the NFP program as the reviewer suggests. We have clarified this in the manuscript. On page 9 we state “However, of the 18 women who participated in the initial interview 10 completed the NFP program. Of the participants who did not complete the NFP program, one moved, two lost custody of their infants and the remaining 5 left the NFP program after their infants turned one year of age.” In addition we have added to the Strength and Limitations section on page 25: “Although our second interview with participants indicated that they continued to have positive experiences within the NFP program we were only able to re-interview 7 of the 18 participants. It is possible that women who did not participate in the second interview were unhappy with the program, however this may not be the case. Three participants had exited the NFP program at the time of the second interview for the following reasons; one had moved out of the region and two had lost custody of their infants and no longer wanted to participate. Five of the participants who did not partake in the second interview graduated from the NFP program when their children turned 2 years of age, and the remaining 3 participants who did not participate in the second interview exited the program after their infants turned one year of age (after the time of the second interview).”

We have incorporated more current literature on the experience of mothers in nurse led home visiting programs. See pages 4, 5, 22-25. Unfortunately there is a paucity of literature on nurse led home visiting. As recommended we did include more literature on mothers’ experiences with home visiting in general.

We agree with the reviewer that our findings can only speak to factors identified by the participants that influence their continued participation in the program. We have changed the statement on page 5-6 to “Knowledge of women’s experiences and perceptions of the NFP program will provide insights into what women like and value about the program and factors that influence their continued participation in the program”.

We have clarified the method of recruitment into the NFP program. The initial recruitment into the NFP program for the feasibility study was through prenatal referrals to the universally available HBHC program which has both a prenatal and postpartum component (Page 7).

We have addressed the issue of attribution regarding the mothers’ positive perceptions of the program in the Strengths and Limitation section.

We have changed the conclusion that the social support provided by the nurses enables mothers to engage ...healthy parenting to a more tentative statement, i.e. “Thus the social support given by the NFP nurses may provide an often absent foundation of support needed by young mothers who are disadvantaged, enabling them to engage in activities that will move them forward to employ healthy parenting and healthy self development.” We postulate this hypothesis based on the mothers stories and the theory related to the impact of stress on parenting.
We have expanded the limitations section of the paper.

As recommended we have tried to address all the formatting errors.

**Referee 3 Ruth Paris**

The focus of our study was to explore the experiences of mothers in the NFP program, an intervention with proven effectiveness in improving maternal and child health and social outcomes. At this time it was not our goal to contrast the unique aspects of the NFP program to other home visiting programs. Rather, our goal was to address the knowledge gap in the literature, i.e. the paucity of research on mothers’ experiences in the NFP program in particular (a program that had demonstrated effectiveness substantiated through rigorous research) and mothers’ experiences in ‘nurse’ led home visiting programs in general.

We agree that future research needs to be undertaken to compare the unique aspects of the NFP program to other home visiting programs.

As recommended by the reviewer we have integrated more findings from the literature on the experiences of mothers in other home visiting programs into the discussion of our findings.

We would like to clarify. We do not believe that the NFP program is the only program with demonstrated effectiveness. In our manuscript we state: “Wiggins and colleagues suggest that it is the mix of well trained nurses, their strengths-based approach to families and the content and length of the program that sets the NFP apart from other home visiting programs, many of which have not been found to be effective [17-19]” (page 4)

We do agree with the reviewers that more research is also needed to examine what type of provider is most effective but this was not the focus of our study.

Our study does not address the question of the benefits of nurses over other
providers. We agree with the reviewer that this is an important topic, but our data does not allow this type of comparison.

Please see the references below.

Thank you for considering our paper for publication in BMC Nursing.

Sincerely,

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References


