Author's response to reviews

Title: The challenges of communicating research evidence within a patient-centred health care culture: perspectives from UK health visitors and practice nurses

Authors:

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Version: 2 Date: 7 February 2013

Author's response to reviews: see over
Dear Dr Tom Rowles,

Thank you for inviting us to revise and submit our paper to you. We would very much like to thank the reviewers for taking the time to provide us with such a comprehensive review. We found the comments to be very useful and, as a result, we feel that they have helped us to considerably strengthen core aspects of this paper. Please find our detailed responses to the comments below.

Reviewer 1: Mahvash Sasali

1. We have revised the wording of the aim to ensure that it is well defined:

   This paper presents a qualitative interview study, which builds on the previous survey data to explore in greater depth how health practitioners based in local community practice settings negotiate the challenges of communicating health information and research evidence in a patient-oriented culture.

2. We included our reasoning (within the aim section) for why this methodological approach was chosen:

   Our present study follows on from this work [31] and forms part of a larger research project called Communicating Health Information & Research into Practice & Policy (CHIRPP), which focuses on health professionals’ engagement with research evidence. This paper presents a qualitative interview study, which builds on the previous survey data to explore in greater depth how health practitioners based in local community practice settings negotiate the challenges of communicating health information and research evidence in a patient-oriented culture.

3. We understand that the reviewer was a little confused about our use of the terms ‘health visitor’, and also ‘patient-practitioner’ so we changed some of the terminology in our title and throughout the manuscript in an attempt to make it clearer to readers (please see underlined sections on the submitted manuscript).

4. The reviewer appeared a little confused about the participant data we have. We only have data from practitioners and as mentioned above, we have tried to change the text in the manuscript to make this clearer.

   We considered the comment about there being no explanation as to why all health visitors and practice nurses were female in our study. In many instances, this kind of comment would be a valid concern. However, we felt that such an explanation may be redundant in this instance as an extremely high proportion of these professionals are female (99%). Other authors who carry out similar research with these professions rarely provide an explanation about their all-female samples, and we felt if we added one it may look out of place given the professional demographic.

5. We have expanded the limitations section and tried to be as transparent as possible about these:

   A potential limitation of this research is that the practitioners who took part in this study were self-selected and may represent a highly engaged sub-section of their profession. It is also important to recognise that small-scale qualitative studies, such as this one, provide contextually bound in-depth accounts for one group of people. Therefore, the data generated is not necessarily generalisable to other contexts or groups. Additionally, as previously mentioned, our data was collected in 2008/2009 and UK health care policy and training has undergone significant changes in recent years. For
example, undergraduate and post graduate university education increasingly form a core aspect of nursing and midwifery training, and new policies have lead to the changes in the roles, responsibility, expertise and professional boundaries of multidisciplinary health care teams [44, 60]. However, issues relating to unacceptable variation in the quality of everyday care continue to pose challenges, with specific issues emerging around the need for nurses and midwives to be technically competent, well educated and patient-driven [44].

p.17/18

7. We have incorporated a number of recent references from 2010, 2011 and 2012 in the introduction and discussion sections of the paper (please see the reference list in our submitted manuscript).

8. We have amended the abstract to make it clearer about who our participants are, and we have removed unnecessary use of the phrase ‘practitioner-patient relationship’ to prevent any confusion this may have caused (please see the underlined sections in the abstract).

9. We have made substantial changes to the discussion section (in line with recommendations from the second reviewer) and we hope that you will find the writing to be of a good standard. The specific example the reviewer pointed to on p.10 is no longer there but we have taken on board their advice to ensure we do not write ‘this study found’ within the paper.

Quality of written English: We have revised the language in numerous places in the introduction and discussion to make sure it is clear and grammatically correct (please see the underlined sections in our submitted manuscript).

Reviewer 2: Alison Kitson

1. We have included text in the methods and limitations sections that addresses the issue of policy changes that have taken place since our data was collected:

   *It is also important to note that UK policy and training for health visitors and practice nurses has undergone some substantial changes since this study was undertaken. However, we feel that the research we present in this paper deals with some current issues that health practitioners working at the interface with the public are experiencing in their daily jobs (see limitation section for further details).*

   p.7

Additionally, as previously mentioned, our data was collected in 2008/2009 and UK health care policy and training has undergone significant changes in recent years. For example, undergraduate and post graduate university education increasingly form a core aspect of nursing and midwifery training, and new policies have lead to the changes in the roles, responsibility, expertise and professional boundaries of multidisciplinary health care teams [44, 60].

p.18

2. We have taken out the term nurse practitioner, which we were originally using as an umbrella term for both health visitors and practice nurses. It has been a challenge for us to find a term that we can use to refer to both professions together. After much consideration, we decided to use the term ‘health practitioner’ as this is a term that was used in a similar study published in your journal to refer to health visitors (Hilton et al., 2009). We have also used the individual terms health visitors and practice nurses more often throughout the manuscript to increase clarity concerning
terminology. We included a section in the methodology to explain why we chose to use both health visitors and practice nurses in this study and we have explained their roles:

Both health visitors and practice nurses were identified as suitable professions to be included in this study as they work with a broad range of publics and deal with a wide variety of health issues. Additionally, both these practitioners work within settings in the community as part of multi-disciplinary general practice teams but often work autonomously with patients on a one-to-one basis. Practice nurses daily work involves treating small injuries, health screening, family planning, running vaccination programmes and running health promotion interventions. Health visitor’s daily practice involves offering parenting support on family health and minor illnesses, new birth visits including advice on weaning, feeding and dental health, and child health checks (http://www.nhscareers.nhs.uk/explore-by-career)

p.5

3. We have elaborated in our methods section about both the interview schedule and the analysis process:

The interview schedule included five broad themes: demographic details (e.g. participants’ caseloads, experience and training); sources of information that they currently use; conflicting evidence; confidence; and assessing research evidence. Probes were used to encourage participants to talk about the health issues that they commonly deal with such as vaccines, weaning, feeding, and new medical treatments.

p.6

The interviews were audio recorded and transcribed verbatim. To ensure anonymity, participants were assigned an individual code and all names were removed from the transcripts. Each transcript was then read and re-read to identify tentative patterns and themes within the data. [40]. Once all the transcripts had been thoroughly read, principles of constant comparative method were used to develop and refine the themes further [41]. The next stage in the process was to use Inspiration software to map out the potential links between the data, the dominant discourses and to ensure that all relevant data were included in the themes. With the developed data maps, the researcher took part in a ‘depth perception’ exercise [42] to help create a more critical analysis into the participants’ accounts. This consisted of the meeting with a fellow researcher, who went through the themes asking ‘why questions about the content, and suggesting ideas that had not been included in the findings. This process lead to minor changes in theme headings and content to ensure the theme headings were clearly representing theme content and to ensure that there was minimal overlap of data between themes.

p.7

4. None of the health visitors or practice nurses in this study discussed having had any additional evidence-based practice training to their statutory professional training.

5. The references have been carefully checked and are formatted correctly (please see references in the submitted manuscript).

Level of interest: We were concerned by the reviewer’s comments that the article was of insufficient interest. We feel as though the essence of the paper is of significance and value for your journal so we have spent a considerable amount of time redrafting parts of the introduction and the majority of the discussion to try and ensure that the paper is to the standard that you require (please see the underlined sections in the submitted manuscript).
Quality of written English: We were equally concerned about the reviewer’s comments regarding our written English and, as mentioned above, we have significantly redrafted key parts of this paper to ensure that the English is of a suitable standard for your journal (please see the underlined sections in the submitted manuscript).

Editorial comments

We used the ‘NHS National Research Ethics Committee’ and have now included this information in our manuscript (p.6).

As mentioned above, we have edited the reference list accordingly.

We have followed the BMC Nursing authors’ checklist for manuscript formatting.

Kind regards,

Jenny van Bekkum and Shona Hilton