Author's response to reviews

Title: Patient experiences of recovery after heart valve replacement: suffering weakness, struggling to resume normality.

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Author's response to reviews: see over
Manuscript: 1923457412876569. Patient experiences of recovery after heart valve replacement: suffering weakness, struggling to resume normality.

Thank you for the very helpful comments and requests for clarification. We have addressed the comments below and indicated where the changes are in the manuscript.

<table>
<thead>
<tr>
<th>Reviewers comments</th>
<th>Authors reply</th>
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<tbody>
<tr>
<td><strong>Reviewer 1</strong></td>
<td></td>
</tr>
<tr>
<td>1 Background: Please add some lines explaining TAVI; how it in general effect patient well-being, length of hospital stay etc compared to open heart surgery.</td>
<td>The background section has been revised pp 4-5</td>
</tr>
<tr>
<td>2 Scientific framework: At the end of this paragraph there is a line starting “This means that in order to improve our practice as nurses...” This is unclear to me. The study describes patient experiences, not improvements in nursing. Is it not the patient who must through this important reflective process and need to be supported by nurses as well as other health care professionals? Please cheque this passage so that its meaning focus on the patients.</td>
<td>Thank you. We deleted the sentence.</td>
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<tr>
<td>3 Methods There should be a paragraph describing the authors’ pre understanding. Awareness of the pre understanding is crucial for the ability to be open minded and for how given information is interpreted.</td>
<td>Done pp 9</td>
</tr>
<tr>
<td>4 Methods: Data collection Who made till transcription of the data?</td>
<td>Included pp 10</td>
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<tr>
<td>5 Results It would be very interesting to know if there were patterns/variations in the experiences depending on the type of surgery.</td>
<td>Yes we agree. We talked a lot about if we should do a comparative analysis or focus only on one operative procedure. We choose however to not distinguish between types of procedure. We believe that we chose the broadest way of including all patients experiencing heart valve replacement and that further studies could look into differences between procedures, different age groups and gender, all factors that potentially influences recovery. We believe that the material is too small to do comparative analyses, don’t you agree? pp19</td>
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<tr>
<td>6 Please name the themes in the result instead of just ‘Theme 1, 2 etc.’</td>
<td>This has been corrected</td>
</tr>
<tr>
<td>7 Theme 1 the last lines about relatives: Did the patients express this or is an interpretation from the authors? Please clarify in the text.</td>
<td>Clarified pp 14</td>
</tr>
<tr>
<td>8 Theme 2 Body. To me this theme describes</td>
<td>We see your point. We clarified that the fear</td>
</tr>
</tbody>
</table>
more than bodily experiences like "fear" "anxiety". Would it not be more appropriate to name it “Body and emotions”?

and anxiety in this theme was related to the body, body activity, symptoms and signals. pp 15-16. We think that emotions could also be integrated into the other themes as emotions were influencing network, recovery and reflections as well. We re-named it “disturbed body” and then we saw that network should also be re-named disturbed network, which we did.

9 Trustworthiness
Please explain how patients could be influenced of knowing about the roles of the investigators. Please also reflect over now an interview in someone’s home can influence the patient and the result.

Done pp 20.

10 References
At least five cited articles are older than from year 2000. Are there special reasons? If not please try to update.

We updated the literature as suggested pp 23.

11 Methods: analysis
Why do the authors write “inspired by”? If the method was followed tell us.

Ricoeur did not view his theory about interpretation as a method. The method used for interpretation of qualitative interviews was inspired by Ricoeur, but not developed by him. It has been widely used.

12 Table 1
The table is very informative but would it be wiser to present the data on group level in order to guarantee the anonymity of the informants?

Done pp 28.

Reviewer 2

1. The authors should clarify that Husserl and Rigcoeur approaches to phenomenology theory and explanations of narrative are compatible particularly when using a semi structured interview as a frame work.

Elaborated on pp 8-11.

2. The Authors should explain when reading the transcripts the manner in which the second interviewer questions added to the analysis.

Done pp 20.

3. In the analysis section three areas of analysis are introduced these each should have a sub heading.

Done pp 10-12.

4. In the naive reading section it should be explained how the validation or invalidation is undertaken within the subsequent structural analysis.

Done pp 10.

5. In naive reading the authors state that contradictory data for units of significance that were not value laden- how was this judged?

Elaborated on pp 11

6. In the results section the overall concepts are presented from the naive reading since this is not the final part of the analysis process how is this justified?

Good point, reworded pp 12.

7. The author states patients struggle to re-

Elaborated on pp 12.
| establish balance in overall living – what is meant by this? | 8. The rigour of the justification of themes could be enhanced by a larger selection of quotes and a more detailed analysis revealing sub themes within the larger theme headings. | Every theme is divided in 3-4 subthemes (significant units) presented in the tables as well as in *italics* in the text where they are elaborated on. We included more quotes, making sure that there are at least 3 quotes for every significant unit in the tables to justify the significant units (subthemes). |