Author’s response to reviews

Title: Recognising the differences in the Nurse Consultant Role across context: A Study Protocol

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Author’s response to reviews: see over
21 August 2014

Professor Catia Cornacchia
Executive Editor
BMC Nursing

Dear Professor Cornacchia

This letter outlines the changes made to comply with the reviewers comments. Again I would like to thank the reviewers for their additional comments and I have found them very helpful in assisting me to refine this manuscript. I have addressed all reviewer requests and detailed below.

**Editorial requirements**

**Acknowledgements**

**Requested amendment 1**

Please acknowledge anyone who contributed towards the article by making substantial contributions to conception, design, acquisition of data, or analysis and interpretation of data, or who was involved in drafting the manuscript or revising it critically for important intellectual content, but who does not meet the criteria for authorship.

Response from authors

*All those who contributed to the article are listed as authors, no acknowledgements are required for this article. This article including concepts, design and methods in the study protocol were developed solely by the three authors listed. This has been outlined in the Author contribution section at the end of the manuscript.*

**Requested amendment 2**

Please also include the source(s) of funding for each author, and for the manuscript preparation. Authors must describe the role of the funding body, if any, in design, in the collection, analysis, and interpretation of data; in the writing of the manuscript; and in the decision to submit the manuscript for publication.

Response from authors
The concept, design and methods set out in this study protocol manuscript were part of work developed by the PhD candidate (Michelle Giles) and her supervisors (Professor Vicki Parker and Associate Professor Rebecca Mitchell). There was no external funding for any part of this study.

Please also acknowledge anyone who contributed materials essential for the study. If a language editor has made significant revision of the manuscript, we recommend that you acknowledge the editor by name, where possible.

Response from authors

Again there are no other acknowledgements required for this article other that of authors already included in acknowledgment section of manuscript.

Reviewer 1 comments

1. **Need consistent use of either CNC or Nurse Consultant.** Author has used Nurse Consultant consistently now throughout the entire manuscript and abstract. Changed all clinical nurse consultant / CNC out of manuscript.

2. **Abbreviations should not be used before fully explained first.** Authors has corrected all mentioned abbreviations so they are fully explained first. (lines 12, 21 and 74)

1. **Use Nurse Consultant consistently** - Nurse Consultant consistently used and all capitals letters for Nurse Consultant added throughout manuscript.

2. **Add “for Example” to represent NSW domains of practice as an example in Australian context** – added line 85 using NSW awards directive as an example.

3. **Concerns about sample size** – Author has added sample size information on line 308 and is also explanation in data analysis section on factor analysis sample sizes.

Line 308 - ‘Based on organisational workforce data identifying a total of 196 Nurse Consultants employed across the district the desired sample size for the survey with a power calculation that demonstrates a representative sample with a confidence level of 95% is 130.’

4. **Inconsistencies in reference tital capitalisations.** the author has replicated the title capitalisation directly from published article. Some have capitals on all
words and some do not so this is reflected in the reference list as it has been entered into reference management system exactly how published.

Reviewer 2 comments

3. Query on focus group numbers and whether rural and metropolitan focus groups are separate.

Author response: Have added “up to” six focus groups to allow for possibility of earlier data saturation – 345.

Added in line 383 in data analysis section

‘In any particular focus group participants will either be all rural or all metropolitan based to allow isolation of data for analysis and comparison.’

All focus groups will be face to face

For the reviewers interest, my role is Nurse Consultant Research across the entire district and I have been afforded time and expenses in my role to travel across the district to do focus groups as part of my district wide responsibilities.

4. Capitalise Nurse Consultant and be consistent in using this term only – Author has completed this throughout the entire manuscript and abstract. Changed all reference to clinical nurse consultant out of manuscript.

5. CNC needs to be in full first. Author has taken this term out and used Nurse Consultant throughout the manuscript consistently.

6. Line 5 – Change fit for purpose– Author has changed to “appropriateness for purpose”

7. Organisation or Organization – Changed to organisation throughout the manuscript for consistency.

8. Abbreviations should not be used before fully explained first. Authors have corrected all mentioned abbreviations so they are fully explained first. (lines 12, 21 and 74)

9. Usually don’t use references in abstract – Author has removed reference from abstract.


11. Incorrect referencing line 140 – Author corrected the referencing error.

12. Line 161 could read more clearly – Author has reword sentence from line 161 to 164.

13. Change sort to sought – changed this line 345

14. Figures need title – Titles inserted within manuscript and also left at the end after references.

15. Used the word remote as well as rural and metropolitan – must maintain consistency – Author used remote to explain LHD services and boundaries – not in relation to study.
16. **Add section study limitations.** – Author has added a heading in discussion “Limitation of the Study” and added the following to this section

“While the study findings will be derived from situations unique to Australia, evidence within the literature suggests similarities across countries [6, 11, 12]. A notable point is that this study is focused on one LHD with only the one overarching management and organizational structure, and although large with metropolitan, rural and remote health care context there is potential to sacrifice identifying some broader contextual findings across LHD’s. “

Thank you again for taking the time to review this paper a second time

Sincerely

Michelle Giles  
On behalf of all authors