Author's response to reviews

Title: Patient Advocacy: Barriers and Facilitators

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Author's response to reviews:

Dear Eli Haugen Bunch

Thank you for your help which made possible that we improve this manuscript. We made changes in manuscript according to your comments. The following sentences may be useful to make clear more.

1) We add a segment as "context" to manuscript that describes Iranian nursing system and its underlying issues (see page 5).

If you want to know more about nursing status in Iran the following paragraph could be helpful.

Nursing care in Iran before 1915 was carried out by household women or servants. Hospitalized patients were also cared for by untrained personnel. Due to the fact that lack of basic education, social and cultural status, and some religious limitations for women, nursing didn't have much advancement up to this time. However, 1915 is noted as the turning point for nursing in Iran. During that year the American Presbyterian Missionary Society (APMS) pioneered the training of a few nurses in a small missionary hospital. Subsequently, in 1916 a three-year nursing school was established in Tabriz. After 1916 there was a gradual increase of nursing schools across the country.

In 1979 when the Islamic revolution took place, major social and cultural changes occurred. These changes not only impacted the health care system, but nursing services too. Previously, the majority of nurses were female and they were caring for both men and women. After revolution, the government decided that nursing school allowed entering males up to 50 percent, according to this belief that men should care for men and that women be required to provide care for women. In 1980, When the war between Iran and Iraq began this point of view has been continued for many years. But due to the fact that the nursing profession could be more suitable for females in Iranian culture, the number of male student in nursing school has been declined gradually. At present, nurses (male and female) can study at university from the level of a bachelor's degree up to a PhD degree.

However Women have always had a strong role in Iranian life. Their well-known and often influential participation in public political movements has been especially remarkable. The Islamic Republic has made a special point of emphasizing women's equality in education, employment, and politics as a matter of national pride. Although women have served in the Iranian legislature and as government ministers since the 1950's, there are more women in the current parliament than ever served under the Pahlavi regime.

2) Due to there wasn't any code of ethics in national level. We have to teach and use ICN code of ethics in Iran. We think that the larger part of ICN code of ethics is acceptable from our religious and government perspectives. In 2002 Iranian Nursing Organization (INO) was approved by Iran's legislature and the INO established the same year. Now, the INO has the legal responsibility to represent all nurses in all sectors of
nursing. Some of its key objectives are, improving the quality of patient care and developing standards and code of ethics for nursing practice.

3) Due to this manuscript reports only part of findings from a large study, other categories that emerged in this study and their relationship were not included.

4) The negotiation of outcomes occurs through "member checks," in which researchers share interview transcripts and/or analyses with participants. In this study we check only summery of transcripts and emerged themes with participants. We are familiar with that the member check may be problematic for many reasons (basic concepts for qualitative research, Immy Holloway, pp: 100-101), but we believed that member check in this way can enhance the trustworthiness of the findings.

5) For English problems we got help from one of faculty who studied in Toronto University.

Thank you again

Reza negarandeh

Dear arja isola

Thank you for your help which made possible that we improve this manuscript. We made changes in manuscript according to your comments. The following sentences may be useful to make clear more.

1. We made some changes in aim statement (page 4).

2. Due to this manuscript reports only part of finding from a large study, other categories that emerged in this study and their relationship were not included.

3. Scope of this manuscript is presenting the factors that act as facilitators and barriers for nurses' advocacy role. Certainly we will propose a "hypothetical model" based on whole study's findings.

4. We accept this point that results were descriptive. In this manuscript we want to depict what are the barriers and the facilitators for advocacy actions among Iranian nurses.

5. The most relevant literature for "patient advocacy" belongs to 1980s and 1990s decades. In our available databanks we can found and used only some recently published articles. We searched those again and developed references.

Thank you again

Reza negarandeh