Author's response to reviews

Title: Oncology patients' and professional nurses' perceptions of important nurse caring behaviors

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Author's response to reviews: see over
Dear Editor

Hi, wish you are fine

We would like to thank you for submitting and reviewing of our article “Oncology patients' and professional nurses' perceptions of important nurse caring behaviors in Iran” in BMC Nursing and your excellent kindness and cooperation. We followed out all of the subjects that reviewers mentioned them, but we have few explanations for them in some parts. If it is possible for reviewers, please request them to guide us about our incorrect revisions (we should mention that we highlighted with different colors in original article all of our corrections that reviewers suggested them (violet-color for suggested revisions of Dr Ande Charalambous, green-color for suggested revisions of Dr Lyne Callister, blue-color for suggested revisions of Dr Maura Dowling and red-color for suggested revisions of Professor Kader Parahoo (Native-English revisions). We represented our explanations for all of reviewers in here:

Section: 1- Dr Maura Dowling

Section: 2- Dr Lynn Callister

Section: 3- Dr Ande Charalambous
1- Dear Dr Maura Dowling

Minor Essential revisions:

- Please correct incorrect use of apostrophe is some instances, especially with plural;
  e.g. nurses' perceptions; patients' and nurses' perceptions; patients' satisfaction
- We corrected in abstract and discussion and showed by blue color.
- Under 'ethical considerations', should the following be 'written and oral informed consent'?
  (In the text, it appears as 'written or oral informed consent').
- We got both of oral and written consent and therefore we changed the word of or to and.
- In the discussion section, the word 'manual skills' is better replaced with 'psychomotor skills'.
- We changed to clinical skills.

- In the discussion section, in the paragraph beginning with 'The study also found that...',
  should it be written 'The study also found that there are some agreements...' (Instead of 'the study also found that these are some agreements...').
- Thank you very much for your attention. We applied it in the discussion section.

Discretionary revisions

- It would be useful to mention something about the different stages of the cancer trajectory
  that the patients were on and how they still were in agreement on the meaning of caring to them.
  I mention this because of other work which suggests that cancer patients early in their treatment
  journey focus more on the nurses' psychomotor skills and those later on in their recovery
  focus more on the psychological aspects of care delivery.
- Thank you for this recommendation. Our finding is consistent to scientific results and your study.
  We added the reference with its explanations in our discussion and showed with blue color.
These are essential revisions.

- Study design should be indicated in the abstract
  - We wrote it in the abstract.
- A clear case has not been made to conduct the study
  - For these suggestions, I did try to present the introduction section more concise and I think with writing briefly and clearness of this section. Some sentences deleted and the significant and rationale of study as native and international addressed in paragraph 2, 3, 9 and the end paragraph that we showed by green color.
- The purpose statement should be stated earlier in the manuscript
  - We stated earlier it in third paragraph.
- The question is well defined and appropriate method used
  - Thanks
- The study was conducted ethically
  - Thanks
- Under data collection, The Caring Assessment Questionnaire (Care-Q), which subscales were so low (0.61 and 0.41)? This should be cited as a limitation for the study
  - We stated as of limitation in our article.
- The manuscript is lengthy--should be more clear and concise
  - Ok. We applied it in introduction and result section.
- The findings discussion is lengthy and somewhat confusing--would suggest less narrative and more reference to the tables
  - We done it
- Under the discussion section, 9th paragraph, the Leininger quote should be cited with the page number since it is a direct quote
  - Yes, we applied it in the end of quotation’s mark.
- Implications for clinical practice should be strengthened
  - We strengthened it in conclusion and we showed by green color.
- Quality of written English: Needs some language corrections before being Published
  - Professor Kader Parahoo checked and we inserted all corrections and we showed them by red color.
3- Dear Dr Ande Charalambous

In response to Major compulsory revisions for items:

• I am concerned about the inclusion criteria set for the patients (why choose patients over 15 years old and not over 18? - these are minors and need a consensus by their parents, something that the authors do not comment on their ethical section)

• We selected these patients in our study (over 15 years); because people under 15 were hospitalized in children medical centers and over 15 years were hospitalized in adult ones. Of course, we also did try to get satisfaction from the parents of patients less than 18 years. We also consider this issue in ethical consideration (I added it in original article).

• The authors have decided to change the Care-Q questionnaire but not offer a rationale for this (at least not one that is methodologically evident)

• Yes, we have decided to change the Care-Q questionnaire, because we need an Iranian version of that and so we should assigned cultural issues for any foreign scales. In this study only 7 items were added to original version which only 3 items were added and 4 items of original ones that convey different concepts were separated into two items. I added these explanations in our article.

• Using forced-choice format is not evident by the authors. The fact that it has been used in another study is not an evident. You need to discuss how is related to your study.

• Of course, We used free choice format (likert scale) not forced-choice format(Q method).To discuss of this, we explained in methodology section which the reason for this is that in our pilot study was determined that besides the lengthy time required completing the Care-Q with forced-choice format(Q method) in comparison with likert(free choice format), another problem is that some participants could not sort the cards according to the directions of that (also, Andrews et al. (1996 ) highlighted this issue). The results of Widmark-Petersson et al. demonstrated that forced-choice vs. free-choice response formats did not affect patient or staff answers. Thus, we selected free-choice or Likert format in this study.

• The fact that the samples were retrieved severely limits the strength of the article as to the generalizability of the findings. I am not sure that the findings can even be generalized to the Iranian population, as the other centers might also be different than the one where the study was undertaken. The authors do not provide a rationale why they have limited their research just to that one specific site.

• This medical center which we assigned for our study is a center that covers all of cancer patients in Northwest of Iran which is one of the greatest areas covered. Of course, we mentioned this issue for generalization of findings to whole of Iran. We can delete “Iran” from title or write Northwest of Iran. Please guide us about this
issue. Furthermore, we explained in our study that, lack of perceptual agreement between patients and nurses in previous studies has been attributed to samples that combined different types of patients and different types of hospital setting and thereby disregarded the possibility that perceptions of caring were influenced by the context in which the interaction occurred. Therefore, the present study was designed to determine patient's and nurse's perceptions of caring behaviors from one subspecialty area and one institution to obtain better results.

- What is the international relevance of the paper?
- We will have to determine this problem because there is cultural issue about caring concepts and should be done similar researches in this field. I wrote this issue in second paragraph.
- In the discussion you refer to unique findings in relation to other studies, however it is important for the audience to know what these studies are
- This is a good point, we did apply it.

In response to Minor essential revisions

- the terminology used by the authors is not consistent throughout the article (i.e. cancer patients, patients with cancer, oncology patients)
- Ok, we did it (all of them were consistent throughout the article and were changed to oncology patients.
- Use of terminology (i.e. manual skills --- do you mean clinical skills?)
- Yes, we will change it to clinical skills.
- In conclusion section, you make a connection between individualized care and caring behaviors, however this does not appear to be a result or a conclusion rationally based on this study's findings.
- We would thank you for this precise attention and this section changed to this paragraph:

The current study comprising oncology patients and nurses from one cancer institute determined that perceptions of caring were very highly concordant in this sample. Increasingly high extent agreement between patients and nurses as to the importance of caring behaviors could have great potential for improving the quality of nursing care. Furthermore, the “Being accessible” and “Explains and facilitates” subscales were more value by patients than nurses, so it is needed that nurses notice this issue in clinical work. Also, both the oncology patients and nurses perceived highly physical aspects of caring. However, for delivering holistic care, oncology nurses must value affective / emotional aspect of caring, too.
• Quality of written English: Needs some language corrections before being published
• Professor Kader Parahoo checked and we inserted all corrections and we showed them by red color.