Author's response to reviews

Title: Watchfully checking rapport with the Primary Child Health Care nurses - a theoretical model from the perspective of parents of foreign origin.

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Author's response to reviews: see over
Watchfully checking rapport with the Primary Child Health Care Nurses - a theoretical model from the perspective of parents of foreign origin.

Dear Editor,
Thank you for the valuable and constructive comments from your two referees. We have tried to answer their questions and made changes according to their suggestions. We hope you will find the corrected manuscript improved and suitable for publication in BMC Nursing. Below please find our specific answers to the referees’ comments, cited in italics. We do hope that these comments will be specific enough to make clear what types of changes we have made. All the changes in the manuscript are yellow coloured to make them easier to find.

Sincerely
Anita Berlin, Lena Törnkvist and Ingrid Hylander

Referee 1:

Major Compulsory Revisions: the article is missing the abstract and keywords, which needs to be added

Answer: Title page, Abstract and Keywords are now included in the revised manuscript.

1. Chapter Design p.3 needs changing the references (Glaser & Strauss 1967 missing from the References), Charmaz 2005 to Vancouver system.

Answer: we have omitted the reference to Glaser & Strauss 1967 and changed Charmaz 2005 to Vancouver system reference [19].

2a. Chapter Data collection and participants: what do you mean "two parents gave pilot interviews?" wording of the sentence should be changed.

Answer: We have now omitted the sentence since these interviews were included in the analysis and results.

b. Did you reach the saturation with the data collection? That could be a valuable addition in your Discussion.

Answer: Information regarding this is now added to the Discussion.

c. I suggest omitting the Table 1, due to the possibility of recognition of the participants. You could only describe the characteristics of the participants in the text. See, that also when discussing the study ethics.

Answers: We have now omitted Table 1 and describe the parent’s characteristic in the text.

3. Study ethics should be described in more detail: who knew the names of the participants; how the tapes were kept; when destroyed?

Answer: We have now added a more detailed description of study ethics.
4a. The logic reminded unclear for me - why it start with "an introduction" to Discussion and then continues to Watchfully checking rapport?

Answer: We understand that the heading Watchfully checking rapport was confusing and have omitted it.

b. Again in p 15 reference Olin Lauritzon 1990 should be changed to the Vancouver style.

Answer: We have now changed reference Olin Lauritzon 1990 to Vancouver system reference [4].

5. Credibility and limitations of the study needs more in-depth views of the study process and the role of researchers.

Answer: We do agree and have now added views regarding this.

6. Conclusions are based on the results. But I would recommend to have additional thoughts about the implementation of your model in practise. Could it be used in public health nurses education?

Answer: We have added text regarding this suggestion.

7. Reference list was missing two references mentioned above.

Answer: The reference list is now corrected.

8. Discretionary Revisions: some of the sentences are very long and complicated, thus it would be valuable to look through the text and split some sentences, e.g page 1 2nd chapter: Because PCHC nurses...

Answer: We have considered this aspect and made some changes.

9. The place of the chapter "Setting" could be more informational to move it already as a part of the Background. The PCHC system in Sweden should be clarified.

Answer: We have considered the referee’s suggestion to move the chapter “Setting” to the Background but believe that it suits better in the Material Method section. By adding an important reference we clarified the PCHC system in Sweden. We also added information regarding the PCHC nurses professional role.

Referee 2:
Reviewer's report

1a. I do not understand the following sentence (p2, line 8) “To the best of our knowledge, no in-depth analysis has previously been done on the interaction between parents of foreign origin and health care providers” in relation to the aim of further understanding of the variety of experiences of parents of foreign origin regarding their interaction with the PCHC nurses…”. Wouldn’t then both the parents and the nurses perspective be included in the same study or the text be expressed in another way?!
Answer: We have now omitted this text in order to avoid confusion.

1b. A question that is worth considering as studying the aim is whether it is possible “to construct a theoretical model that could explain…” (p 2 line 11) when using a qualitative research methodology?! Is explanation the aim of using qualitative research?

Answer: Thanks for this comment! We have changed in the Aim and write understanding instead of explanation as we rely on a constructivist approach.

2a. As concerns the definition on page 2, I think the authors generalise too far about the concept of ethnicity and that it is not used to classify inhabitants in Scandinavian countries (what reference source is used??). There are studies using ethnicity but what is important here is to tell what definition that is used in the study and also to clarify that according to the official statistics in Sweden the definition used when describing persons originating from other countries (immigrants/refugees etc) or being born abroad is stating the country of birth – thus being foreign-born -which means that also people born in Scandinavian countries can be included. In order to not confuse the reader it is then better to tell what definition that is used in here and give a reason for excluding some groups.

Answer: We do agree with above statement and are now explaining the definition used i.e. “parents of foreign origin” a definition used by the PCHC services in Stockholm County.

2b. In settings I do lack a reference to the national program for child health care by the National Board of Health and Welfare.

Answer: That reference is now added.

2c. Using Grounded theory (GT) as a method is a good choice in relation to the studied problem. However, under “Design” and in the methods section I think it is very confusing that so many different sources as concerns GT is used. I do not understand the mix of both Glaser, Strauss & Corbin and Charmaz and not why Charmaz ontology is referred to if using the other older sources. I think the authors need to study the differences between the sources and decide which they are following. (thus the matching between references in text and reference list will also be better as there are now sources in the text which is not in the list!).

Answer: We have clarified our approach in the method section. We do rely on a constructivist approach and on symbolic interactionism. Still we find it important to emphasise that the strategies used are close to classic grounded theory in terms of staying close to data and emphasize conceptualization. We recognize that most GTM researchers do categorize themselves in accord to one or the other of the main researchers, but there are also researchers claiming that it is possible to lean on strategies and aspects from different GTM researchers. It would lead too far to go into this discussion in the scope of this article. Instead we have clarified our approach and referenced other studies using this approach. Also we have used some more recent references.
2d. **What I do lack in the methods section is a clear description of the sampling method according to GT and the analysis of data. In the Methods section and the discussion the authors need to be consequent in therminology and to follow the theoretical sampling strategy.**

Answer: We have added a thorough description of the theoretical sampling procedure.

2e. **I do lack information about whether written informed consent was obtained and I do question whether confidentiality can be guaranteed by showing data as in Table 1 which gives a clear risk of identification of the respondents. The information included can be added as a brief description of the sample characteristics in the Methods section instead.**

Answer: Verbal informed consent was used, that information is now added. We have omitted Tabel 1 and describe the parent’s characteristic in the text.

2f. **In the section I do lack information about how the pilot interviews, why where they made and what they led to?**

Answer: We have now omitted the sentence since these interviews were included in the analysis and results.

2g. **How was Rigour or credibility guaranteed in the study?**

Answer: This is information is now added in the Discussion section.

2h. **What about language when interviewing this group of very heterogenous sample of foreign-born persons? Was an interpreter used?**

Answer: We have added information in chapter Data collection and participants we also discuss the use of interpreter in chapter Credibility and limitation

3. Are the data sound

*The results section is good and the figure gives a good picture of the results. What I do lack is an explanation of how trustworthiness was guaranteed.*

Answer: Credibility and limitations have bee elaborated in the Discussion

4. **Does the manuscript adhere to the relevant standards for reporting and data deposition?**

Yes. See above.

5. Are the discussion and conclusions well balanced and supported by the data?

5 a. **What I do lack in the Discussion of the results are what the characteristics in terms of great cultural distance and migrational background (being refugee or not) of the studied sample means to the results? And whether this is a strength or a limitation of the study with this biased sample?!**
Answer: This is an important issue, which we have considered by clarifying the theoretical sample and the variables used for strategic sampling in order to create a variance in the sample. Other background variables may have an influence, but did not appear as such in the analyses. For an analyses of the diverse influence of different cultural backgrounds we believe that another method of analyses would have been more adequate.

5b. Another question worth thinking of in discussing the results is what does the cultural background mean when it comes to expectations on health care staff from the respondents? In different cultures the expectations might be related to whether health care staff are perceived as having an authoritative or a negotiating role.

Answer: We have added this perspective in the Discussion

5c. I do also lack a discussion of the language, both verbally and non-verbally, and what it implies for the results. This need also to be connected to the importance of using interpreters in health care and their role in establishing rapport.

Answer: In one interview an interpreter was used, giving data that did not essentially contribute with new or extended information to the model. Indeed, getting information from non-Swedish speaking parents would require thoughtful consideration into the study design. This is an important field of further research.

5d. Another thing that is worth considering is the method of getting information from patients, do we always have to ask questions isn’t it better to show interest and try to get patients to tell stories?

Answer: The result is only presenting the view from the parents and they experienced nurses as giving feedback, exploring or fault-finding. What the PCHC nurses actually did we don’t know. Another type of study design, for example observing the interaction, would be necessary to explore that issue.

6a. Are limitations of the work clearly stated? See above, and discussion about rigour or credibility in relation to GT is another thing that need to be elaborated.

Answer: we have added this perspective.

6b. What I do not understand in this section is how the language ability in the respondents were judged.

Answer: this information is added in section Data collection and participants

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? In the introduction as well as in the paper in general there are a lot of old references, e.g no 1, 10, 13, 14, 28 (might be a key reference but?...), and 29. Here I would advice the authors to update these with new materials or delete some. There are for example new Public Health reports published in Sweden that ought to be used instead of a social report since 2006.
Answer: We have omitted the majority of the old references. And added new references as suggested above.

8. Do the title and abstract accurately convey what has been found? 
Title ok.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Declaration of competing interests:

None