Author's response to reviews

Title: Will the community nurse continue to function during H1N1 influenza pandemic: A cross-sectional study of workplace survey in Hong Kong

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Author's response to reviews: see over
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Miss Colette Homan
The BioMed Central Editorial Team

Dear Miss Homan,

**Re: Manuscript MS: 5492843333196673**
“*Will the community nurse continue to function during H1N1 influenza pandemic: population-base survey in Hong Kong: a cross-sectional study*”

We are very grateful for your letter on 22 Jan 2010 concerning this manuscript, and the offer to allow us to revise it in accordance with the comments of the reviewers and editorial team.

We appreciate this opportunity to submit a revised manuscript and trust that you and your reviewers will find it sufficiently improved to justify publication in the *BMC Health Service Research*.

Yours sincerely,

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Response to the comments of the reviewers and editorial team in relation to the manuscript:

**Manuscript MS: 5492843333196673**

“Will the community nurse continue to function during H1N1 influenza pandemic: population-base survey in Hong Kong: a cross-sectional study”

Comments are written in italics and responses in normal text. Sections taken from the manuscript are marked by parentheses.

**Associate Editor Comment**

1. Define their research question clearly at the end of the Background section

**Response:**

The research questions are added at the end of the Background section as follows:

“Thus, this study is to explore the willingness of community nurses to continue to work during the H1N1 influenza pandemic.” (page 5, line 18-19)

2. Note briefly other topics covered by the survey, if any.

**Response:**

The overall topics of the survey were mentioned under the survey design as follows (page 7, line 12-19):

“The content of this questionnaire was based on the conceptual framework suggested by Patel et al [18] and consisted of 6 aspects with 44 questions: (1) clinical services change as a response to pandemic influenza; (2) internal environment changes as a response to pandemic influenza; (3) macro-environmental changes as response to pandemic influenza; (4) professional and public health responsibilities with respect to pandemic influenza; (5) attitude and psychological responses to pandemic influenza; (6) willingness to continue to work during H1N1 influenza pandemic; and (7) demographics and year of education of respondents.”

3. Discuss response rate to the survey

**Response:**

Discussion of the response rate of 66.6% is supplemented under the Discussion section as follows (page 14, line 15-19; page 15, line 1-2):

“Our strength includes an acceptable response rate of 66.6% which is higher than the last survey exploring hospital staff’s working attitudes towards influenza pandemic in 2006 in Hong Kong (39%) [5]. The response rate of other western studies covering similar topics was varied ranged from 34% to 79% [6,10,20]. Therefore, the SAR territory wide representative covers of all nurses working in the community nursing services in Hong Kong.”

4. specific p-values in the narrative.

**Response:**
The specific p-values are added in the narrative as follows (2nd paragraph under willingness to work & characteristics of Results Section, page 10, line 12-16):
“Multivariate analysis of the relationship between professional development and their willingness to take care of patients during H1N1 influenza presented in Table 2 showed that their unwillingness was marginally significantly associated with the request of further training of the use of infection control clinical guideline (OR: 0.51; CI: 0.25-1.02; p=0.057) (Table 2).”

5. Add a section or paragraph on limitations

Response:
The limitation of the study was discussed at the last paragraph of Discussion Section (page 15, line 4-6). I have added the subheading “Limitation” for clear presentation.

Reviewers #1 (Wayne Triner)

1. Since this paper reports on only the issues related to community nurses feelings about participation during the outbreak, I am left wondering what other issues were addressed in the survey. This places the editors in the uncomfortable position of questioning whether “data-splitting” is occurring. This can easily be resolved by a single sentence that lists the other topics covered in the survey.

Response:
Sorry for the confusion; the overall content covered in the survey were mentioned in mentioned under the survey design as follows (page 7, line 12-19):
“The content of this questionnaire was based on the conceptual framework suggested by Patel et al [18] and consisted of 6 aspects with 44 questions: (1) clinical services change as a response to pandemic influenza; (2) internal environment changes as a response to pandemic influenza; (3) macro-environmental changes as response to pandemic influenza; (4) professional and public health responsibilities with respect to pandemic influenza; (5) attitude and psychological responses to pandemic influenza; (6) willingness to continue to work during H1N1 influenza pandemic; and (7) demographics and year of education of respondents. This paper only reports the community nurses’ willingness to work during H1N1 influenza pandemic and its associated factors.”

2. The response rate is not addressed. Does this indicate a selection bias?

Response:
The response rate of 66.6% was mentioned under Demographics of Results Section (page 9, line 9). Discussion of response rate is further highlighted as follows (page 7, line 12-19):
“Our strength includes an acceptable response rate of 66.6% which is higher than the last survey exploring hospital staff’s working attitudes towards influenza pandemic in 2006 in Hong Kong (39%) [5]. The response rate of other western studies covering similar topics was varied ranged from 34% to 79% [6, 10, 20]. Therefore, the SAR territory wide representative covers of all nurses working in the community nursing services in Hong Kong.”
3. Additionally, the use of “marginally significant” is intellectually dangerous. Many investigators prefer to report the p-value or confidence intervals they found and then comment on issues such as confounders and sample size in a discussion of limitations.

Response:
Sorry for the use of “marginally significant” and the exact p-values are provided. (page 3, line 2; page 10, line 16)
The comment on the sample size and response rate were included in the limitation section. (page 15, line 11-4).

4. There is no consideration of study limitations by the authors

Response:
Sorry for the unclear. The limitation was discussed at the last paragraph of the Discussion Section (page 15, line 4-16)

“Limitation
There were some limitations to this study. First, the marital status and family background of community nurses were not included. Though previous studies showed that HCWs with children were not significantly more likely to be absent, support for child care was reported to be one of the reasons related to the unwillingness to work during influenza pandemic. This may be related to school closure policies rather than hospital management. Nevertheless, this reason was not reported by our participants. Furthermore, we have only reported on the responses to a pandemic amongst general community nurses employed by the Hospital Authority and, nurses who work in private general practice or with elderly or mentally ill in community centers were not included in our sample. In addition, this was only a cross-sectional study and temporal relationships between unwillingness to work and its associated factors could not be confirmed.”

5. For the title, perhaps one could improve this element. This is not a population-based survey. This is a workplace survey of community health workers.

Response:
Thanks for the suggestion and the title has been corrected “Will the community nurse continue to function during H1N1 influenza pandemic: A cross-sectional study of workplace survey in Hong Kong (previous title is “Will the community nurse continue to function during H1N1 influenza pandemic: population-base survey in Hong Kong: a cross-sectional study”)

6. Page 2 Major Response rate should be reported and commented upon.

Response:
The response rate of 66.6% has been reported at page 2 line 15; and page 9 line 9; and the comment is added at page 14 line 16-19; page 15 line 1-2.

7. Page 2 Major The sentence beginning Their unwillingness…is a little confusing. I would suggest re-wording it for clarity.
Response:
Sorry for the unclear. The sentence has been re-worded as follows (page 2, line 19 & page 3, line 1-2):
“The reported unwillingness to report to duty was marginally significantly associated with the request of further training of the use of infection control clinical guideline (OR: 0.057; CI: 0.25-1.02; p=0.057). “

8. page 11 Major When presenting the difference between mean VAS scores, it is more useful to report the means for each comparison group and the calculated p value (such as “willing Xmm, unwilling Ymm, p<0.01). Alternatively, the difference of means can be reported with the calculated p value. This is done in table 3, but lacks meaning as presented on page 11.
Response:
Sorry for the unclear. The means for each comparison group have been added under Psychological concerns and job satisfaction. (page 11, line 2-15)

9. Table 1 Major Many numbers do not reconcile with the total of 267. It may be useful to account for missing by including a “missing or refused to answer” category.
Response:
Sorry for the unclear. The total numbers of questionnaire return are 270 within which 3 questionnaires are incomplete; therefore, there are 267 valid questionnaires. The information has been revised under the Demographics of the Results section. (page 9, line 7-9)

10. Page 10 and table 2 Major How did the authors handle the variables of age and experience being a nurse? Were they dichotomized?
Response:
The variables of age and experience being a nurse are a continuous data. We have tried to perform the data using continuous data and categorical data so as to see the relationship to the willingness to report to duty. But no significance is noted in both approaches (continuous data and categorical data).

11. page 8 Major The 100mm scales sound like Visual Analog Scales. These are actually not Likert scales, I think this may be a typographical error.
Response:
The word has been corrected from “Likert scale” to “Visual Analog Scales” (page 8, line 16-17)

12. page 4 Minor is Escaped the correct word?
Response:
“Escaped” is the correct word which is the word directly quoted from the reference:

13. page 5 Minor I suspect the authors are referring to PRE-EXISTING chronic disease…If not, this finding would need some clarification.
Response: Sorry for the unclear and “Pre-existing” has been added (page 5, line 6)

Reviewer #2 (Geraldine Coyle)
1. Word search terms of correct cultural spelling – among vs. amongst, center vs centre etc.
Response: Thanks, the paper is checked with using consistent cultural spelling.

2. Check for grammar-German vs. Germany and prepositions (pg 5…in community nurses)
Response: The word is corrected from “German” to Germany”. The paper is improved by proof-reading

3. Rewrite last sentence pg 6 first paragraph, it is unintelligible.
Response: Sorry for the typo mistake, the last sentence of first paragraph at page 6 as follows: (page 6, line 12-14)
“Community nurses work closely alongside with the community geriatric service nurse in old age homes and the psychiatric outreach team.”

4. Review the April 06 article from Johns Hopkins on Maryland’s public health workers on willingness to care for patients in the community. This seems to be a glaring omission.
Response: Thank you very much for the suggestion. This relevant article has already been quoted as a reference in the discussion section.

5. I believe you would strengthen the paper by suggesting specifically how “to pay special attention” to more junior nurses (pg 13).
Response: The paragraph has been rephrased as follows (page 13, line 11-19; page 14, line 1-3):
“Lack of knowledge, ambiguity regarding one’s exact tasks, and questionable ability in performing one’s role as risk communicator were all significantly associated with a higher perceived personal risk and a two-to ten fold decrease in willingness to report to duty (new suggested one). Special attention should be paid to this group of more junior community nurses who need more training and guidance in dealing with an emerging infectious disease especially in the community setting. Currently infection control training has focused on infection control
in the hospital settings, and our findings suggest that regular clinical training should be enhanced for HCWs working in the community in order to increase confidence among all HCWs including nurses in taking care of patients with influenza and reducing the occupational related psychological stress [10]. “

6. conclusions- what specific training is lacking?

Response:
The sentence has been rephrased as follows (Page 16, line 3-5):
“Our study also suggests that community nurses need additional training on infection control in the community setting.”