Author's response to reviews

Title: A taxonomy of nursing care organization models in hospitals

Authors:

Carl-Arty Dubois (carlardy.dubois@umontreal.ca)
Danielle D'Amour (danielle.damour@umontreal.ca)
Eric Tchouaket (eric.tchouaket nguemeleu@umontreal.ca)
Michèle Rivard (michele.rivard@umontreal.ca)
Sean Clarke (Sean.Clarke@uhn.on.ca)
Régis Blais (regis.blais@umontreal.ca)

Version: 2 Date: 27 March 2012

Author's response to reviews: see over
Re: Responses to reviewers’ comments

We are very grateful to the reviewers and the editorial team for the attention given to our article, their positive appreciation of the paper and their comments. We address these comments below under five headings and highlight the changes that have been made in the paper:

1. **Objective of the paper.** We agree with Reviewer 1 that the objective of the paper could have been formulated more explicitly. As suggested by the reviewer, we have added on page 11 the two main objectives of this paper: 1) to identify and classify the types of nursing care organization models most commonly used in acute care units in Quebec; and 2) to describe and compare the distinctive features of those models based on a range of data that account for key aspects of nursing care. We would also like to point out that throughout the introduction and the presentation of the conceptual framework we have endeavoured to highlight the contribution of this study, which relies on a complex set of variables to describe configurations of nursing care organization.

2. **The strong nursing focus of the organizational models.** We are well aware that nursing care is often provided in an interdisciplinary context and often embedded in larger systems at both micro and macro levels. Nevertheless, in our study, we deliberately chose to adopt the standpoint of focusing on specific characteristics that help to better delineate nursing care organization. The intent of our study was to grasp more specifically the configuration of factors that define nursing services organization and nursing practice, as a potentially useful foundation for better understanding nursing’s contribution to health services outcomes. To respond to the reviewers’ comments, we have added on page 7 a note explaining our deliberate choice to focus in this study on characteristics specific to nursing, without losing sight of the interactions that also must be taken into account between nursing organization models and larger systems involving a variety of other professional groups.

3. **Data collection.** Apparently, there has been a misunderstanding about the use of the focus groups. Corrections have been made on page 13 to make it clearer that the focus groups were used not to come to a consensus, but to collect information directly from the nursing team at the unit level on the capacity for innovation and other unit characteristics. Collected data were then analyzed independently by two reviewers.
4. **Data analysis.** As requested by Reviewer 1, the data analysis section has been revised (*pp. 16-19*). We realized, based on the comments, that some aspects of the analysis may not have been very well understood as presented in the initial manuscript. The revisions are particularly intended to document further the analytical steps followed in the study. We have added two detailed tables (*Tables 2 and 3*) that present the results of the reduction process and the categorization of the units for each component of our framework: scope of practice, nursing practice environment, capacity for innovation and staffing. Furthermore, a note on limitations has been added to the discussion section to highlight the inevitable process of reduction of a complex reality resulting from the classification exercise (*page 26*). We also make it clearer that the unit of analysis in this study is the care unit (*page 16*). While some data were collected at the nurses’ level, they were aggregated at the unit level. With a sample size of 22 units, we kept a *p*-level of 0.10 to identify the organizational characteristics that define each model, which is considered appropriate for sample size in this range (references in the manuscript). Given this sample size, using a *p*-level of 0.05 could lead to the inappropriate rejection of certain characteristics.

5. **Ethics.** As requested by the editor, a note has been added *on page 19* regarding the ethics approvals. This study obtained approvals from: 1) the research ethics committee of the University of Montreal; and 2) a multicentre research committee led by the research ethics committee of the Centre hospitalier de l’Université de Montréal and involving all the local institutional research ethics committees in the 11 hospitals where data were collected.

Finally, as requested by Reviewer 2, a note has been added *on page 26* to highlight the fact that because the units selected were all in Quebec, they reflect primarily the organization of the Quebec health care system and may not capture specific features that may prevail in other jurisdictions.

We hope that the changes made to our article will satisfy the concerns of the Reviewers and the Editorial Team, and we thank you for your further consideration of this article for publication.

Carl-Ardy Dubois  
Associate Professor  
Faculty of Nursing Sciences  
University of Montreal