Author's response to reviews

Title: Patient neglect in healthcare institutions: A systematic review and conceptual model

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Version: 3 Date: 12 November 2012

Author's response to reviews: see over
12th November 2012

Natalie Pafitis MSc
Senior Executive Editor, BioMed Central
236 Gray’s Inn Road, London, WC1X 8HB,

Dear Ms Pafitis,

Thank you for reviewing and requesting a second revision of our manuscript ‘Patient neglect in healthcare institutions: A systematic review and conceptual model’ for BMC Health Services Research.

We have attempted to fully address the comments made by the reviewer. I have attached a list of responses to each point made. We thank again the reviewers for helping us to develop the conceptual and presentational aspects of the paper. If you have any further questions regarding the manuscript, please do not hesitate to get in touch.

Sincerely yours,

Tom Reader
Please find below our responses to the comments made by the reviewer in their assessment of the paper “Patient neglect in healthcare institutions: A systematic review and conceptual model.” References to page and paragraph numbers indicate where changes have been made to the manuscript (in red font) in response to reviewer’s comments

Reviewer 1

Essential revisions

1. “Please check page numbers for all direct quotations e.g. this one from page 18: Research in geriatric care [36] shows that 21% of family members with a relative in a nursing home had observed neglect “such as failure to rotate or flip this person to prevent bed sores, failure to provide a person with food, water, shelter, hygiene, medicine, comfort, or personal safety or ignoring request for help” during the preceding 12 months.”

We have done this on page 11 and page 19 (although not for the newspaper headlines at the beginning of the article, as these come from internet news sites).

2. Typo at the start of the discussion: “In order to contribute to public dialogue and academic analysis,”

We have amended this on page 25

Discretionary revisions

3. “and nurses tend to report higher levels of neglectful behaviours in other nurses than themselves” (abstract p2) This is somewhat ambiguous. I think it probably means "nurses are more likely to report instances of others' neglect rather than to self-report their own neglectful behaviour" rather than "nurses say others are generally more neglectful than themselves" which is one way it can be read; later on this is perhaps clearer in the following: "Nurses tended to report on instances of other staff showing neglectful behaviours" (bottom page 8) If the meaning is as I have assumed - maybe a small rewording would help clarify.

Yes, the reviewer is correct in their interpretation of the statement. We have tried to rephrase this in the abstract (page 2). It is now “Patients and their family members are more likely to report neglect than healthcare staff, and nurses are more likely to report on the neglectful behaviours of other nurses than on their own behaviour”.

4. “Procedure neglect refers to objective failings in care that fall short of institutional standards” (page 13)

“Caring neglect refers to staff behaviours which lead patients, family and the public to believe that staff are unconcerned with patients’ emotional and physical wellbeing” (page 14)

This second definition, as part of the distinction between procedure and caring neglect in the centre of Fig 2, does not really distinguish this category from procedure neglect as defined above. In the Figure, further qualification says that caring neglect falls “below the threshold of being proceduralised” and in the discussion “yet
may not be quantifiable”. I think that something similar needs to be inserted after ‘staff behaviours’ in the above definition. Otherwise “staff behaviours which lead patients, family and the public to believe that staff are unconcerned with patients’ emotional and physical wellbeing” would seem to very much apply not just to lack of urgency, rudeness, etc. but to all the procedure/objective failures as well.

The reviewer is quite correct in the ambiguity they highlight between procedure and caring neglect. We have tried to incorporate a clearer definition, leading from the figure. We now use (on page 14) “Caring neglect refers to failings in care that are subjective and below the threshold of being proceduralised (and are unlikely to cause immediate harm), yet lead patients, family and the public to believe that staff are unconcerned with the emotional and physical wellbeing of patients.”

On the following paragraph we try to distinguish further between caring and procedure neglect, highlighting where they overlap and where they are clearly distinct. In particular, caring neglect can be a form of early-warning signal prior to patient harm (e.g. through procedure neglect), and this is why we think it is important that the two concepts are seen as diverging. We thank the reviewer for aiding us in this process of distinguishing between caring and procedure neglect.

5. I feel the discussion is somewhat light in referring the findings back to specific literature. Especially where there is reference to ‘psychology theory’ on page 25. One or two citations could also help contextualise the discussion on procedure/caring neglect by showing how the paper has built on what has previously been reported.

On page 25/26, we better link the literatures that we draw from with the ensuing discussion. To provide the background to the discussion, we state:

“To understand and explain what patient neglect is, and why it occurs, it has been necessary to draw on a range of psychology literatures. These include the error and workplace deviance literatures [50, 62, 64], the patient safety, organisational psychology, and non-technical skills literatures [23, 27, 100], and social psychological research on perspective taking, burnout, and caring [54, 58, 60, 67]. Using these literatures, we have conceptualized patient neglect as clearly distinct from error (purposeful actions with unintentional consequences) and abuse (purposeful attempts to inflict physical or emotional harm).”

On page 26 we also add

“Consistent with literatures on accident causation [25, 101], a range of proximal factors (e.g. workloads) were found to shape the medical and nursing care provided to patients, and these were in turn influenced by distal (e.g. institutional) factors such as organisational leadership.”