Author's response to reviews

Title: Exploring views on long term rehabilitation for people with stroke in a developing country: Findings from focus group discussions.

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Version: 2  Date: 6 December 2013

Author's response to reviews: see over
Date: 6th of December 2013

Dr Christopher Morrey
Executive Editor
BMC Health Services Research

Dear Dr Christopher Morrey,

Revised Manuscript MS: 2147035186961968 “Providing opportunity for long term rehabilitation to people with stroke in a developing country: Findings from focus group discussions” for consideration for possible publication in ‘BMC Health Services Research’

I thank the editorial of ‘BMC Health Services Research’ for all the comments given to my manuscript entitled, “Providing opportunity for long term rehabilitation to people with stroke in a developing country: Findings from focus group discussions” which had enabled improvement of the manuscript. Attached herewith, please find the revised manuscript and Appendix A containing the authors’ response to the reviewers’ comments for your kind perusal.

I hope to hear positive reply from the BMC Health Services Research.

Thank you very much.

Sincerely,

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Appendix A: Authors’ response to reviewers’ comments

<table>
<thead>
<tr>
<th>Section</th>
<th>Proposed revisions / comments</th>
<th>Authors’ response</th>
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<tbody>
<tr>
<td>Title</td>
<td>JM: The title does not entirely reflect the study and its findings – I don’t think the study is so much about providing opportunity as about seeking views.</td>
<td>Title amended. New title: <em>Exploring views on long term rehabilitation for people with stroke in a developing country: Findings from focus group discussions</em></td>
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<tr>
<td>Abstract</td>
<td>JM: The abstract is also not entirely accurate. In the paper, family therapy raised as a possibility with a number of concerns and caveats as to its feasibility. The data did not entirely suggest that it was acceptable because of numerous barriers that were identified.</td>
<td>The results and conclusion in the abstract revised to improve accuracy.</td>
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<td>Study aims</td>
<td>JM: They do not define exactly what they mean by long-term rehabilitation rather than discussing the services only in terms of long-term duration it would be more useful to define the services in terms of their function – what they are trying to achieve – basic independence and performance of ADL, or broader recovery in relation to participation in life roles.</td>
<td>Long term rehabilitation defined and the purpose of this service included. (page 3 paragraph 2)</td>
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<tr>
<td>Introduction</td>
<td>JM: It would also be helpful within the introduction to provide some more detailed background information and context for the health service provision in Malaysia.</td>
<td>Information on rehabilitation services to stroke survivors in Malaysia included. (last paragraph of introduction, page 4)</td>
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<tr>
<td>Methodology</td>
<td>ES: It is written clearly and refers to a very interesting and relevant topic however, there is no description of ethical approval of the study which would be required for research of this nature.</td>
<td>In the original manuscript, ethical approval was mentioned in the Participants section, last paragraph, line 2 from below as ‘The Research and Ethics Committee of UKMMC approved this study. All participants gave their written and verbal consent.’ Kindly please advise if this is acceptable or a separate section on ‘ethical approval’ is required.</td>
</tr>
<tr>
<td></td>
<td>ES: It would be of concern if the researchers,</td>
<td>The recruitment process of the</td>
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who may have been involved in the care of the people with stroke, contacted them directly to request participation in the study.

stroke subjects was revised to make clear that the researchers were not involved in the care of the stroke subjects. (page 6, para 2)

ES: Two focus groups is insufficient to achieve saturation on a topic of this nature. A larger number would be required with iterative data analysis to achieve saturation.

This concern is included in study limitation. (page 25 last paragraph).

ES: Perhaps if this study was represented as an exploratory study, it would be more appropriate because otherwise the authors are making inappropriate claims for the methodology and overstating the results in the conclusions.

The title of the article was changed to illustrate the nature of the study been explorative as also indicated by the study objective.

JM: There were no inclusion criteria provided for professionals. The sample seems to have been identified by the managers, rather than through any purposive sampling criteria. Justification of the sampling approach should be provided.

The inclusion criteria for the rehabilitation professionals included and justification of the sampling approach provided. (page 6)

JM: Reasons for the focus groups meeting twice was not fully justified – other than stating that respondent validation occurred at the beginning of the second meeting.

The purpose of the second meeting has been included in the method section (page 7, last line)

FH: 1. How was stroke severity assessed? Add more detail in relation to stroke severity in methods section. 2. How was depression assessed? How was aphasia assessed?

Information on stroke severity, depression and aphasia assessment added. (page 6, last paragraph)

Data analysis

JM: The analysis reported in this study is a thematic analysis that is entirely descriptive of views of participants. The authors should reconsider the terminology used and describe the analysis and thematic.

Revised as recommended. (page 8 para 1).

JM: Comparison of the views of the survivors and the health professionals would also have been useful so that attitudes and beliefs can be addressed when new

Included in the data analysis section, written as ‘The themes that emerged in FG1 were also compared with those arising from
services are being developed. FG2 and similar ideas were noted'.

| Discussion | FH: The discussion section should include more detail in relation to the timeframe for recovery after stroke and how this impacts on the delivery and timing of long term rehabilitation, when should rehabilitation stop, the authors have not addressed this point adequately. Some of the contributors to the focus group describe plateau in recovery. Realistically in health economic terms, for how long should post discharge rehabilitation be provided for? | The concern of timing of long term rehabilitation included in the last paragraph of the discussion section. (page 27) |

| References | JM: Most of the literature referred to is appropriate, however the accuracy of their use of some references is questionable. The study by Rimmer (19) refers to access to fitness centres in which stroke survivors can exercise, not therapy centres where they receive therapy. | Rimmer et al. removed from the paper. |