Author's response to reviews

Title: Acceptance of illness and satisfaction with life among malaria patients in Rivers State, Nigeria.

Authors:

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Author's response to reviews: see over
Covering letter with a point-by-point description of the changes made

Abstract

1) We used one asterisk instead of three to mark the significance.

2) In the abstract we changed exact value into \( p = < 0.05 \).

3) We removed “patient-physician trust” and “patient-nurse trust” from the key words section, and changed the order of words.

4) In the abstract the erroneous indication of correlation was corrected from \( p = 0.56*** \) to \( R = 0.56 \) \( p = 0.0000*** \).

5) Background. We corrected the grammar of the sentence that states the purpose of the study, and removed the following fragment:
   “and the demonstration of any correlations between the study parameters.”

6) Conclusions. We removed the colon in the second sentence. We added space at the beginning of the last two sentences.

7) Background.
The background chapter is too long. The connection between various concepts should be made more explicit – we shortened the chapter. We removed the following fragment: „In analyzing the patient’s situation, one should consider their current knowledge of various diseases, including their own disease, its type and duration, the patient’s previous experience with medical institutions or hospitals, the diagnostic procedures and treatments performed as well as the patient’s personality [8]. The doctor-patient relationship depends on the patient’s previous observations of contact with healthcare providers. The influence of the family environment is important [8]. This has a significant effect on motivation to fight the disease, perception of the disease, relationship with a doctor and therapy. Moreover, features of a doctor’s personality play a role in the doctor-patient relation, along with the doctor’s professional preparation”.
We removed the following fragment: ”In addition, doctor-patient communication can be considered to be a combination of observable verbal and non-verbal behaviours and elements that are more difficult to observe or quantify [11]."
We removed the following fragment: “, in which the physician is on one side, and the client in the other”, “where the physician deals with a consumer”,
“in which the relationship between physician and patient is limited to the negotiations or the conclusion of a contract”, ”in which the relationship between the physician and the patient is seen as a promise, a moral and religious obligation”.  
We removed the following fragment: ”It is also worth noting that the achievement of good therapeutic results requires the professionalism of health-care workers on the one hand, and satisfaction with therapy – a subjective evaluation of the quality of medical services – on the other.”
We added: “The determination of the level of illness acceptance broadly matches the more and more common interest of medicine studies in the issues related to the quality of life. This stems from the transformation observed in the ideology of medicine which recognises the need to assess the patient’s health holistically, including the description of the standard of living of the patient and the social status they enjoy in the environment in which they function. WHO defines the quality of life as individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns set by the features of their environment. As a source of tension, illness poses a challenge to the quality of life and satisfaction with it. Higher level of fear, anxiety and tension results from hindered adaptation to progressing illness. Although malaria affects many patients, the currently available literature lacks publications by other authors on the quality of life or the level of illness acceptance among patients suffering from this disease.”
We added: “The aforementioned study analyses the level of malaria patients’ satisfaction with life in the context of their trust in the doctor/nurse and the level of acceptance of the disease.

In the opinion of authors the subject is justified both from the cognitive and practical point of view and is also found in the scope of health sciences.

At this point, it is worth noting that gaining good results from treatment involves the professionalism of healthcare professionals on the one hand, and the patients’ satisfaction with treatment – that is their subjective evaluation of the quality of healthcare services – on the other. It should be remembered, that nowadays, apart from involvement in making therapeutic decisions, patients expect medical services corresponding to the requirements of the current medical knowledge. The contemporary healthcare system has caused the patient to be transformed from a passive recipient of medical services into a party that evaluates and
expresses opinions on the services rendered by a medical centre. A patient and his/her family, who play the role of a client, have the right to ask questions, choose and evaluate, and a service-renderer has to take his/her opinions into account. The quality of care and therapy is therefore a level of agreement between the purpose of doctors’ and nurses’ activities and an actual care. The patient’s negative feelings may be intensified by his/her poor health condition and an inability to understand the professional language used by healthcare professionals. Literature on the subject underlines that the higher the level of acceptance of a disease is, the better the adaptation and lower intensity of negative emotions in patients is.

Therefore, in the aforementioned evaluation, a very significant role is played by an objective evaluation of the conditions in which the patient is cared for, and by an analysis of doctor-patient or nurse-patient relations and the level of the patient’s acceptance of a disease.”

8) We moved the following fragment as the last paragraph in the “Background” section: “The advantage of our study is its uniqueness. The results of the study conducted among patients with malaria cannot be compared to studies conducted by other authors, because no studies have been conducted in this country so far using these methods.

Our current study, conducted in Nigeria on a group of 140 patients with malaria, was to demonstrate and diagnose life satisfaction of patients with malaria, diagnose the degree of acceptance of the disease and diagnose the degree of trust in the physician and nurses and to show any relationships between the studied parameters. Our study, which differs from another study conducted among 120 patients with malaria, in which we diagnosed the quality of life of patients with malaria, as well as satisfaction with life and acceptance of the disease of these patients, and we have analysed the relationships between the studied parameters.”

9) We removed the following paragraph from the Background section: “Madonna University in Elele was established in 1999 and is the first Catholic university in West Africa. Formally, it was managed by the Congregation of the Fathers and Sisters of Jesus the Saviour. By the connection of the following centres, which were the nucleus of the Madonna University Teaching Hospital: Maternity Hospital/Elele (1988), Motherless Babies Home/Elele (1988), Rehabilitation Centre/Elele-care of the poor and needy-(1986), the Madonna University Teaching Hospital in Elele was established in 1999 and operates to this day. Elele has 100,000 inhabitants and there are no other alternative clinics/hospitals in the area.”

10) We addend some information at the end of the last paragraph in the “Study area and population” section: “The inhabitants of the Elele village come to the Madonna University
Teaching Hospital in Elele where they receive medical assistance. Elele has 100,000 inhabitants and there are no other alternative clinics/hospitals in the area.”

11) Results. Correlations between selected scales.

The correlation between the level of the acceptance of the illness and self evaluated satisfaction with life had a P value of 0.56 and this was considered statistically significant this should be reviewed: Corrected. We wish to thank the Reviewer, as we erroneously wrote p = 0.56***. We corrected it to R = 0.56 (p = 0.0000***) – we provided the correlation coefficient (R) and stated its statistical significance (p) in brackets.

12) In: “Trust in the physicians and trust in the nurse” we replaced the word “free” with the word “single” - corrected

“However, differences are smaller than in the case of analysis of the age factor and are probably a consequence of age differences between the compared groups –the majority of single individuals were between 19 and 30 years old, and the majority of married ones were between 31 and 50 years old.”

13) Discussion

Although a comparison is made with results of other studies often the results obtained in this paper are not explained. The repetition of results in the discussion is still rather rampant and could be reduced. :

- Corrected. We compared the results obtained in our studies with the results of studies by other authors conducted for various disease entities or with the results of our own studies conducted among patients with the same disease entity.

In: Satisfaction with life scale (SWLS)

We removed the following fragment: "approximately 16.5 points, which may be defined as a”,"result” “considering the range of possible results from 5 to 35 points”, “result. Following the transformation of point scores into an adjective scale, it turned out that over 80% of participants were dissatisfied with their life, although most commonly on the lowest level – approx. 60% of respondents were classified as “rather dissatisfied”. “

In: Acceptance of illness scale

We removed the following fragment: “, where as many as 65% of respondents fit into the
score range of 8-12 points, and following the grouping of the AIS scale values and its transformation into an adjective scale almost all responses (94%) qualified into the “no acceptance” category.

In: The patient-physician trust scale
We removed the following fragment: “, and which is also reflected by high scores in the patient-physician trust scales, where as much as 42% of respondents fit into the score range of 52-55 points.”

In: The patient – nurse trust scale
We removed the following fragment: “The vast majority of participants trusted their nurse, which is reflected by high scores in the patient-nurse trust scale, where as many as 46% of respondents fit into the range of 52-55 points.”

In: Correlations between selected scales
Trust in personnel and acceptance of illness and satisfaction with life
We removed the following fragment: “: the correlation between trust in the physician and the acceptance of the illness is -0.20*, the correlation between trust in the physician and SwL is -0.27**, the correlation between trust in the nurse and the acceptance of the illness is -0.19*, the correlation between trust in the nurse and SwL is -0.27**. Results of the study are presented in Table 7.”

In: Acceptance of illness scale (AIS)
We changed “by almost 72% of the respondents” to “by the majority of respondents”.

14. We removed from the Abstract

Background
“and has a crucial effect on the adaptation to disease-imposed limitations.”

We replaced the following:

Methods
A method of diagnostic survey, based on standardized scales: The Acceptance of Illness Scale, The Satisfaction With Life Scale, an Anderson and Dedrick Patient-Physician Trust Scale and a Patient-Nurse Trust Scale were used in this study.
Results

The mean level of Acceptance of Illness Scale was 12 points. The mean level of SwL in the SWLS scale was 16.5 points. The average level of trust in the physician was 50.6 points and in the nurse was 51.4 points. The correlation between the level of the acceptance of the illness and self-evaluated satisfaction with life is statistically significant, with $R = 0.56$. Marital status differentiated the level of acceptance of the disease, where $p < 0.05$ and satisfaction with life, where $p < 0.05$. Employment status affected the level of satisfaction with life, where $p < 0.05$ and the level of acceptance of the illness, where $p < 0.05$.

with:

Methods

The study employs the method of diagnostic survey based on standardised AIS and SWLS scales, as well as Anderson and Dedrick’s PPTS and PNTS scales.

Results

The average AIS level was 12 points, while the average level of SwL at the SWLS scale was 16.5 points. The average level of trust in the physician and the nurse amounted to 50.6 points and 51.4 points, respectively. The correlation between the level of illness acceptance and self-evaluated satisfaction with life was statistically significant, with $R = 0.56$. The marital status influenced the level of illness acceptance with $p < 0.05$ and the level of satisfaction with life with $p < 0.05$. The employment status affected the level of satisfaction with life with $p < 0.05$ and the level of illness acceptance with $p < 0.05$.

15. In the results one finds "There is a statistically significant, moderately powerful, correlation between the level of the acceptance of the illness and self-evaluated SwL (SWLS), with $p = 0.56$" - is is that $p = 0.56$ or that the correlation is 0.56 and $p = 0.000$ as found in the attached word document?

: In the study we erroneously wrote $p = 0.56***$. We corrected it to $R = 0.56$ ($p = 0.0000***$) – we provided the correlation coefficient (R) and stated its statistical significance (p) in brackets.
I Reviewer's report

Title: Acceptance of illness and satisfaction with life among malaria patients in Rivers State, Nigeria.

Reviewer: Elizabeth Ekirapa-Kiracho

Reviewer's report:

please see attached file

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests

Reviewer's report

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Discretionary revisions “Minor issues not for publication”

1. One asterix can be used instead of 3 to indicate significance: corrected

2. For the abstract p= < 0.05 can be used instead of the precise values- corrected

Minor compulsory revisions

Abstract

3. Background. Correct the grammar in the sentence that states the aim of the study. -The grammar in the sentence that states the purpose of the study was corrected.

4. Results. The correlation between the level of the acceptance of the illness and self evaluated satisfaction with life had a P value of 0.56 and this was
considered statistically significant. This should be reviewed. –The erroneous correlation indication included in the abstract was corrected from p = 0.56*** to R = 0.56 (p = 0.0000***).

5. Conclusions. Remove the full colon in the second sentence. Add space at the beginning of the last two sentences –The colon in the second sentence was removed. We added space at the beginning of the last two sentences.

Background

6. Background section is now rather long. It could be made shorter. The linkage between the various concepts could be made more explicit. –corrected according to the Reviewer’s suggestion

7. Start the paper with an introduction rather than background of the Madonna University. The justification for doing the study which is currently presented in the second and third paragraph would probably fit better in the last paragraph of the introduction and background section. Secondly the description given of the Madonna University does not include a description of how health services are delivered. This was the main issue raised in comment 2 of the major compulsory revisions in the earlier review. –corrected according to the Reviewer’s suggestion

8. Correct the grammar of the sentence that begins “As therapy proceeds and the patient’s general feeling improves, the patient may become able and willing to take an active attitude in contact with a doctor, and participate in decisions regarding further therapy [8,10]. -corrected according to the Reviewer’s suggestion

9. Correct the grammar of the sentence that begins “Scientific literature stresses that the higher the acceptance of illness level, the better adaptation and lower intensity of negative emotions in patients, which affects their evaluation of quality of life [19]. -corrected according to the Reviewer’s suggestion
Results

Correlations between selected scales

10. The correlation between the level of the acceptance of the illness and self-evaluated satisfaction with life had a P value of 0.56 and this was considered statistically significant; this should be reviewed. -Corrected.

We wish to thank the Reviewer, as we erroneously wrote p = 0.56***. We corrected it to R = 0.56 (p = 0.0000***) – we provided the correlation coefficient (R) and stated its statistical significance (p) in brackets.

Trust in the physicians and trust in the nurse

Replace free with single

“However, differences are smaller than in the case of analysis of the age factor and are probably a consequence of age differences between the compared groups – the majority of free individuals were between 19 and 30 years old, and the majority of married ones were between 31 and 50 years old.” - corrected

Discussion

11. Although a comparison is made with results of other studies, often the results obtained in this paper are not explained. The repetition of results in the discussion is still rather rampant and could be reduced – Corrected. We compared the results obtained in our studies with the results of studies by other authors conducted for various disease entities or with the results of our own studies conducted among patients with the same disease entity.

Acceptance of illness scale

12. Delete data in the sentences where reference is made to literature data and also revise the grammar of the highlighted sections. - corrected

“According to literature data, people accepting their illness are people who understand the disease and are conscious of its course, who – at the same time – demonstrate an optimistic and hopeful attitude to life, trust physicians, trust therapeutic methods, and who actively participate
in therapy [31]. However, a discrepancy has been demonstrated between the results of this study and literature data, for patients do not accept their illness, which is presumably “burdensome” in their lives, despite a complete trust in the healthcare provider.” “According to literature, the higher the degree of acceptance of the disease, the better the adjustment and less severe the negative emotions are in patients.”

Acceptance of illness and satisfaction with life
13. “In the study of malaria patients in Nigeria [28], the authors demonstrated that there is a statistically significant correlation between the level of acceptance of illness and quality of life and satisfaction with life, and the positive sign of the correlation coefficient justifies the statement that the higher the acceptance of illness determines the higher the quality of life.” - Corrected.

II Reviewer's report
Title: Acceptance of illness and satisfaction with life among malaria patients in Rivers State, Nigeria.
Version: 2 Date: 3 August 2013
Reviewer: William Brieger
Reviewer's report:
Acceptance of Illness, Satisfaction with Life among Malaria Patients, Rivers State
Thank you for revising the manuscript. The over text reads well, but the abstract is awkwardly written.: abstract corrected
This second iteration has caused me to review more deeply the concept of acceptance of illness.
The authors in citing reference #17 provide a sentence that nearly replicates what some have referred to as the seminal article on the concept of Acceptance of Illness: "Felton BJ, Revenson TA, Hinrichsen GA. Stress and coping in the explanation of psychological adjustment among chronically ill adults. Social Science & Medicine (1984) 18:889–898."

wherein the authors state: "Acceptance of Illness (8 items. Alpha = 0.83) assessed respondents’ success in feeling acceptant of, and valuable despite, the disability, dependency, and feelings of uselessness which illness occasions." What is important about this seminal article and every other subsequent article I scanned is that the focus of AI studies has been on chronic illness. Most also focus on elderly populations, though not exclusively, since these are people who suffer more from chronic conditions.

I could not find an application to an acute illness like malaria. In fact conceptually one finds it odd to consider acceptance of an acute condition in the same realm as conditions like arthritis, hypertension and cancer. Even the authors' own reference list in mentioning 'acceptance' includes a chronic disease publication, "Ku#ak W, Kondzior D: Acceptance of chronic low back pain in actively working patients. Prog Health Sci 2011, 1:81-88."

In the methods section the authors list the concepts in the AIS which is stated as appears in the text implies a higher agreement would be less acceptance - for example, if this statement were posed "I will never be self-dependent to the extent I would like to be" and one agreed strongly then 5 points would be scored. It is therefore not clear why a lower score means less acceptance. also unless one is currently suffering from cerebral malaria leading to a chronic illness later, the statement itself does not logically apply to an acute illness.

Conceptually the presentation is quite confusing and counter intuitive. It seems illogical that people who feel dependent, embarrassed and a burden on others would be accepting of their illness – unless acceptance means a belief that life is terrible and never will get better so I should accept this horrible state of things?
Even if this were the definition of acceptance of illness, it is not applicable to an acute condition like malaria. And in short is one goes by such a definition, then a low score would be good - meaning the person does not think all these terrible things will happen.

In the results one finds "There is a statistically significant, moderately powerful, correlation between the level of the acceptance of the illness and self-evaluated SwL (SWLS), with p=0.56" - is is that p=0.56 or that the correlation is 0.56 and p = 0.000 as found in the attached word document? – We erroneously wrote p = 0.56*** in the study. We corrected this to R = 0.56 (p = 0.0000*** ) – we indicated the correlation coefficient (R) and stated its statistical significance (p) in brackets. Corrected.

Overall the authors need to provide some justification for why AIS is relevant for an acute disease and justify the 8 individual items as being relevant or not. If in fact one can interpret a low AIS as meaning the perception of the disease is less serious, then that is logical considering that one would expect perceptions of a chronic condition to be more serious. Until the justification is provided, and better explanation of what the scale actually means in terms of an acute disease, the study is not ready to present.

Thank you for your interesting and inspiring insight concerning the AIS scale and the very notion of acceptance of illness.

We could not find in the literature any similar studies by other authors focused on the acceptance of illness among patients suffering from malaria with the use of the AIS scale, therefore, we believe that it is interesting what results can be obtained with this scale for malaria patients and that it was worthwhile to conduct such studies and publish the results. We also believe that the use of the AIS scale among malaria patients is valid.

We were able to compare the results of our studies with the results of our other studies on “Quality of life and satisfaction with life of malaria patients in the context of acceptance of disease: quantitative studies” by Katarzyna Van Damme-Ostapowicz, Elżbieta Krajewska-Kułak, Emilia Rozwadowska, Waclaw L Nahorski, Romuald Olszański (Malaria Journal 2012, 11:171) where we studied the acceptance of illness among malaria patients. Before conducting the studies we consulted the validity of using the AIS scale among malaria
patients with physicians, dr Nahorski from the Institute of Tropical Medicine in Gdynia and prof. Olszański from the Chair of Marine and Tropical Medicine in Gdynia. We believe in the uniqueness of studies we conducted.

We fund other studies using this concept with regard to acute diseases employing the AIS scale, for example, among patients admitted to the Emergency Room, that is persons affected by sudden threat to their health and life [1], as well as research studies of the acceptance of illness among patients in the surgical wards, including patients operated due to appendicitis or inguinal hernia [2].

The scale of illness acceptance is determined with eight questions describing the consequences of poor health condition [3]. The questions referred to the limitations imposed by the illness, no self-sufficiency, feeling of dependency on others, and lowered self-esteem.

Every question was assigned a five-step scale, and the respondent was to determine their present health condition marking the right number: 1 – I totally agree, 2 – I agree, 3 – I don’t know, 4 – I disagree, 5 – I totally disagree. Total agreement meant poor adaptation to the illness, whereas disagreement pointed to the acceptance of illness.

The level of acceptance of one’s present health condition was determined with the sum of all points ranging from 8 to 40. The AIS scale allowed for the assessment of the level of illness acceptance [3]. It contains 8 statements describing negative consequences of poor health condition. These consequences boil down to the recognition of limitations imposed by one’s health condition, no self-sufficiency, feeling of dependence on others and lowered self-esteem. The higher level of illness acceptance leads to better adaptation to limitations imposed by one’s health situation and weaker feeling of psychological discomfort related to the present illness and health condition. A poor result means no acceptance and adaptation to the illness and no feeling of psychological comfort, which might manifest itself with negative emotions [3]. Specialist literature [quote after 4] emphasises that the higher the level of illness acceptance is, the better the patients adapt and the less intensive emotions they feel.

According to the literature [3], all 8 statements in the AIS scale have a five-step scale, and the patient determines their present health condition marking the right number: 1 – I totally agree, 2 – I agree, 3 – I don’t know, 4 – I disagree, 5 – I totally disagree. The selection of mark 1 means poor adaptation to illness, while the selection of mark 5 indicates full acceptance of illness. According to the authors, the AIS scale can be used to assess the level of acceptance for every disease entity [3].

The determination of the level of illness acceptance broadly matches the more and more common interest of medicine studies in the issues related to the quality of life.
stems from the transformation observed in the ideology of medicine which recognises the need to assess the patient’s health holistically, including the description of the standard of living of the patient and the social status they enjoy in the environment in which they function. WHO defines the quality of life as individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns set by the features of their environment. As a source of tensions, illness poses a challenge to the quality of life and satisfaction with it [5]. Higher level of fear, anxiety and tension results from hindered adaptation to progressing illness. Although malaria affects many patients, the currently available literature lacks publications by other authors on the quality of life or the level of illness acceptance among patients suffering from this disease.

It is largely up to the nurse how the hospitalised patient will cope with their illness, how they will bear the inconveniences related to the diagnosis and treatment process, and how well they will be prepared to go back to their home environment [6].


Level of interest: An article of limited interest
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
I declare that I have no competing interests.