Author’s response to reviews

Title: How nurses and their work environment affect patient experiences of the quality of care: a qualitative study

Authors:

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Version: 3
Date: 21 March 2014

Author's response to reviews: see over
Dear Editor,

We hereby submit our revised manuscript, entitled: ‘How nurses and their work environment affect patient experiences of the quality of care: a qualitative study’ (manuscript ID: MS: 1316189156112555), for consideration for possible publication in BMC Health Services Research.

We accompany the submission with a document ‘Authors’ response to reviewers’ (annex 1) explaining the revisions made. The language in our manuscript is edited by a native-English speaker, working for UvA Talen, an independent language centre of the University of Amsterdam.

Thank you for receiving our paper and considering it for review. We appreciate your time and look forward to your response.

On behalf of the authors,

Yours sincerely,

Renate Kieft, MSc.

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Annex 1: Authors’ response to reviewers

Title: How nurses and their work environment affect patient experiences of the quality of care: a qualitative study

Authors:
Renate AMM Kieft
Brigitte JM de Brouwer
Anneke L Francke
Diana MJ Delnoij

Version: 3
Date: march 19th, 2014
**Authors’ response to reviewers**

Table: Overview of reviewers’ comments and our revisions

<table>
<thead>
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<th>Reviewers comment</th>
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<tr>
<td>1. Methods section, Research design: Just report the design, i.e. “A phenomenological approach was applied to explore (…)” and delete the first sentence since you’ve mentioned this already above.</td>
<td>1. Methods section, Research design: ‘The main focus of this research is to comprehend the perspective of nurses regarding their own role in achieving positive patients experiences. Therefore a qualitative phenomenological approach was justified (…..) has been changed in: A phenomenological approach was applied to explore areas about which little is known or to gain an understanding of specific areas. Phenomenology is the study of subjective experience, feelings and behaviours of people.</td>
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<td>2. Sample size, composition and data collection, last para, last sentence: It might read: “All conversations were audiotaped and transcribed (…)”</td>
<td>2. Sample size, composition and data collection, last paragraph, last sentence: ‘All conversations were digitally recorded and typed out in order to improve transferability.’ has been changed in: All conversations were digitally recorded and then transcribed to improve transferability.</td>
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<td>3. Results, Collaborative working relationships, first para, second sentence: Delete “an”. In addition, I wonder if you better use the term “professions” than “disciplines” to highlight collaborative practice. In medicine, disciplines do not necessarily distinct its professionals such as physicians which can represent various disciplines such as internal medicine, surgery, psychiatry among others.</td>
<td>3. • ‘An’ has been deleted in the second sentence in the first paragraph: In the view of participants, collaborative working relationships exist when all..... • Instead of using the term ‘disciplines’ we make use of the term ‘professionals’ (p. 8 and p. 11).</td>
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<td>4) Limitations of the study: Given your qualitative study design, generalization of</td>
<td>We revised the paragraph ‘Limitations of this study’ in: We conducted four focus groups, one each with nurses in mental health care, hospital care, home care and nursing home care.</td>
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findings is not intended. It’s rather an in-depth understanding of the phenomenon of interest. This sentence should be deleted. I suggest starting the paragraph with the second to the last sentence and then briefly stating your two limitations.

Although we gained a broader insight into the perspectives of nurses, every sector has its specific dynamics and context. Therefore, one focus group per sector might have been insufficient. However, we reached data saturation as new information did not appear and similar themes emerged within the focus groups.

This study was limited to nurses, but to fully understand the nuances of this relation, it might be interesting to analyse patients’ views.

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**Reviewer 2: Walter Sermeus**

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<td>My greatest comment is on the relevancy of the study. This type of qualitative studies is useful when the research is not well known or understood. This is however not the case. The body of knowledge in this domain has grown from the eighties leading to a wide range of research going from validated scales, descriptive and correlational studies. This study is repeating the qualitative studies that were done in the eighties to find still the same results. The limited added value of the study is in improving the interpretation of quantitative research for which the quotes are helpful. But my major concern is that the study has limited added value to the existing body of knowledge.</td>
<td>We added the following comment (p.4): In 2006, the Dutch government started to move towards a healthcare model of responsible consumer choice and care services competition [27]. Because of this entrepreneurial approach, healthcare organisations transformed their policy towards a cost-efficiency and productive care system (e.g. a shorter length of stay per patient) [28]. Furthermore, today’s patients tend to suffer from multiple disorders or illnesses, which results in a higher complexity of care and an increased nursing workload. The increasing complexity of patient care requires well-trained nurses who are capable of creating a safe and patient-centred environment [29]. In 2011, the Netherlands Institute for Health Services Research conducted a literature study to investigate the roles and positions of nurses in Belgium, Germany, the United Kingdom, the United States and Canada, and found differences in levels of education and nursing job profile or job description in all five countries [30]. Given the circumstances and changes with which Dutch nurses are confronted, it is important and relevant to examine and comprehend their views on how their work and work environment contribute to positive patient experiences.</td>
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