Author’s response to reviews

Title: Knowledge and experience sharing practices among health care professionals in hospitals under Addis Ababa health bureau, Ethiopia

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Author’s response to reviews: see over
To BMC Health service research journal editors

Subject: Submitting corrected manuscript with feedback points

Hey dear BMC journal editors, how are you doing? I am well. I accept most of your comments given to my manuscript to be incorporated. I found them valuable and also tried to see the whole part of the paper based on comments for other similar comments.

For sure, the following senior researchers together with the author tried to edit it starting from the cover page to the annexes by using your comments as pillar.

1. Dr. Abera Kumie (MD, MPH, PhD, Associate professor)-He is a PhD coordinator of Addis Ababa University, Environmental health science department head, top editor of Ethiopian biomedical journal.
2. Dr. Thomas syrie (PhD, associate professor, Associate editor of American Biomedical journal): Now, he is a guest researcher at Gondar University, institute of public health. He is now working as editor for Ethiopian Biomedical Journal and Ethical review and approval committee of Gondar University. He is also a consultant and focal person for manuscript edition.
3. Dr. Gashaw Kebede (BSc, MSc, PhD, Associate professor): He is a senior researcher in Addis Ababa University, Information Science Faculty. He is also a guest lecturer in Kenya and South Africa. He is coauthor and my second advisor
4. Mr. Zelalem Birhanu (MPH, Assistant professor): He is a young researcher at Gondar University and has more than six publications on your site.

The following corrections are done to the manuscript based on the given comments from the respected reviewers.

1. All the minor comments like spacing, reference corrections, abbreviations and table names, etc are accepted and corrected since they were editorial errors. I can say all their sections are edited and modified more. Even, the data was analyzed again to increase the quality.

2. About the abstract:
   - The background section should indicate the study area
It is corrected as “…..in Addis Ababa, Ethiopia”, page2: background, paragraph1, line7.

- The abstract can be shortened with deletion of some details e.g. “A one-day training was given for three data collectors and two supervisors”.

  It is deleted and others also edited. (Methodology of the abstract part)

- The conclusions in the abstract are not supported by the results presented.

  It is edited as much as possible. More tense changes and grammar editions are done.

- “A majority, 219 (70.0%) of the respondents had willingness to share their knowledge and experiences”

  Corrected as “A majority, 219 (70.0%) of the respondents were willing to share their knowledge and experiences”. Result section of abstract, line 19-20, page2.

3. The study is intended to serve as “baseline” evidence, why? For what purpose?

The major reason is since there is no previous study conducted there and its benefit is to make interventions.

It is explained as “Since there is inadequate evidence on this topic in the study area, findings of this study will serve as important evidence for health administrators, policy makers, Health professionals, NGOs and researchers to plan and make interventions to improve knowledge and experience sharing practices in the study area”, page4, last paragraph, line 24.

4. On methodology section, Page 6, 3rd paragraph, line8-11: the author said “supervisors and principal investigator…….daily”. Can the author specify what was done during the supervision?

It is corrected as “Supervisors and principal investigator did strong supervision of data collectors like data collectors approach to respondents, time utilization, responsiveness of data collectors, real appearance to the study area, communication with respondents, data confidentiality issues, checking data completeness and follow up of their respondents to return collect their questionnaire timely.” Page 6, 3rd paragraph, line8-11.
5. Please provide labels of tables?

All the tables and figures are labeled and their titles were put next to reference part or page 15, end page. But, now all tables and figures put with their appropriate title. All the tables are edited since there were some changes while editing the data and reanalysis it again.

6. **Page 6, last two sentences**: Was there any criteria for a variable to be in the multivariate model? Please give detail

It is corrected as “Variables with p-value of < 0.2 were subjected in a multivariate logistic regression analysis to evaluate the consistency of the effect after adjusting other variables. The reason of taking variables with p-value < 0.2 is in order not to miss variables which may have impact on the outcome variables.” When more variables compute together, the significance of them will be changed, either increase or decreases or become none significant, so to test that and get the real variable, it is good to give chances for variables with p-value <0.2. (= **Page6, paragraph4, line16-20**).

7. Last paragraph of the method section: The author said that data was double entered only on 20% of data. If this is the case, it may lead to data entry errors that in turn can have catastrophic effects on the results and conclusions.

The reason of double data entry to see if there is data entry variation while entering data at a time by different imputers. The reason of checking it only at 20% of data is just in order not to waste time and resource if there is no any discrepancy. If there is discrepancy, double data entry will continued. Most of the research books support this idea and I also referred it from different books and articles. Even, most of the articles used less than 20% of their data to check the consistency using double data entry techniques. The reason of using double data entry is just to increase data quality.

8. **Sample size calculation**: As the study recruited in many places, I am wondering whether you should not take into account the design effect in your sample size calculation.(the question of two reviewers by assuming it as multi stage sampling).

The reason of not using design effect is explained as follows:

The reason of using design effect is to componset errors while taking sample from different places that have stages, but in the case of this study, even though the sample was taken from different places, there is no any stage from source to data collection place. The study area is
hospitals in Addis Ababa. Addis Ababa health bureau has five hospitals and the sample is taken from those hospitals using simple random sampling, so where is the stage? If there was a zone and under that there were woredas having hospitals, I may have two stages and will take 2 as design effect, but here the sampling place and source are the same. At the beginning, the investigator and respective senior advisors discussed on the issue and no need of using design effect. In short, it seems multi stage, but not multi stage sampling.

9. The current objective of the paper, and where its contribution to the overall field lies, is not specified clearly enough at present. Some increased clarity in the definition of the question posed by the author is required. I would recommend drawing this out more clearly in the background- for example what was the real driver for this study in Ethiopia, the need for it, the purpose to which its results can be put, the motivation and rationale behind conducting it?

(Introduction part)

It is corrected as follows: page 3: last paragraph, line 28-31 and page 4: first paragraphs.

line1-5: “As indicated by different studies from Ethiopia, information and experience sharing practices are poor in health care institutions due to several reasons. Health care workers in most of the health institutions are working simply by referring their handouts and memorizing their school trainings [26, 27]. Some of the reasons are poor infrastructure for information sharing, poor health personnel initiation, poor peer education, poor management, absence of internet services and poor information culture among staffs [22, 23, 26, 27]. The presence of knowledge gaps, competitive environment, government needs and questions from patients pushed respondents to have up-to-date health information and experiences [22, 26, 27].

Page3: paragraph3 and 4 (line 15-27), page4: paragraph 3 and 4 (line 15-27) are also the supportive reasons to show the presence of problem and need of conducting this study.

Page 4, last paragraph clearly shows the objective of the study and the possible benefits of the study. You can also find it on the background of the abstract part, last paragraph.

10. In the last sentence of the first paragraph of the Background “Health care knowledge sharing…” a quote, if so it should be referenced as a quote.

It is a quote and your comment is accepted. It is corrected as “…..a set of principles, tools and practices that enable people to create, share, translate and apply knowledge to create value and improve effectiveness [3-6].”= (Page3, first paragraph, line4-6.)
11. Please specify what the situation was with regards to seeking informed consent from participants.
   I accept it, it was editorial problem and is corrected as “Informed verbal consent was taken from the heads of each hospital and respondents after conducting clear explanation about the purpose, duration and required samples.”= (Page6: paragraph2, line4-6).

12. In the last paragraph of results, it would be useful to the reader to present what approach was taken to modeling e.g. causal or predictive. Specifying more clearly what the main research objective was would also help towards this.
   All the raised issues are presented within the main research paper, but my afraid is just the size of the paper if I included all the detailed points from the main paper. My assumption in manuscript preparation was just putting the main contents of the paper as short/summary/ form. To tell the truth, I am not clear with the question what to mean and the need of expressing it here? It is procedure and what value will add to the manuscript? I think the appropriate place for the raised is methodology, not result section since we need to express which model and which variable were mainly followed and why.
   Anyhow, it is explained as “In general, the causal model approach with forward fitting was used since the main objective is to identify the possible potential factors for the presence of poor knowledge and experience sharing in the study area. Because, the presence of low knowledge and experience sharing was just directly or indirectly known or observed.”= (Page6, last paragraph, line 21-24).

13. It is also important to specify which question or collection of questions shown in table 2 is used to define the outcome.
   I think, it will be redundant to express them as outcome in table2, because most of the significant variables are already expressed on table 4, that was my assumption. And also to say it is a determinant factor for a given outcome, you need to have evidence like odds ratio within certain confidence level and it is indicated on table 4.

14. In table2, the level of initiation to share information: how were the different levels determined? In other word what is the definition of very low, or low…..?
   I accept it and explained it as “In the case of respondents’ initiation level, 167 (54.0%) and 144 (46.0%) of the respondents had low and high initiation level to share their knowledge to their staff respectively (Table2). There were 10 questions prepared to assess
respondents’ initiation level to share knowledge. Those who answered questions ≥7 were considered highly initiated to share their knowledge and experiences.” = page7, before last paragraph, line 21-26.

15. It seems from table 4 that ITCs access is not significant at a 5% level in either crude or adjusted analyses. Please specify whether this was the criteria used to define statistical significance, and if not what was used- or if it is an error, please amend in the results and in the discussion.

I fully accept it as it is editorial error. It is really non significant, it is put there wrongly as significant variable. When the data is analyzed again, it is really non significant, so it is edited or removed (Table4)

16. The second paragraph under “bivariate and multivariate analysis…” in the results reports a mixture of crude and adjusted odds ratios in relation to what is shown in Table 4.

It is true and I fully accept and correct it by making uniform that is I used AOR for all. = (Page9, last paragraph, line 17-26).

17. There is still an incorrect statement (Page 9, last paragraph) where the authors have made a correction to the data based on a reviewers comment. the data has changed substantially but the 95% CI now shows the OR to be statistically insignificant.

I fully accept it and all the contents of the paragraph are changed totally due to the edition and reanalysis of the data again. Page9: 2nd and 3rd paragraphs, line 13-26.

18. Define acronyms when they first appear e.g. HIRs and ITC.

All the acronyms which were not defined fully when appeared for the first time are defined or corrected now.

19. In your discussion part, what about this results generalizability? Can the author state a word about it?

It is corrected or stated as “Regarding to personal initiation to share knowledge and experiences, only 54.0% of them had personal initiation. This may be due to the presence of poor access to information resources (17%), poor ICTs (22.0%), resource limitation (65.0%), job dissatisfaction (56.0%) and poor supportive leadership (67.0%) in the study area.”= Discussion, page10, paragraph1, line 5-6.
20. The author needs to describe better the competences of the respondents and in which specific areas of their profession their perceptions relate to before express knowledge share:

It is impossible to describe all the competencies of health professionals here since it is a manuscript and it is not the objective of the study. But, when we say knowledge and experiences sharing, it is clearly understood that it is competency sharing.

Anyhow, I tried to make it clear as follows: “Nearly half, 152 (49.0%) of study participants did health information (diseases information, patient diagnosis and management) and professional experience sharing.......

21. Information is provided in the results section with little or no correlation with the methods as earlier described, what “intrinsic and extrinsic” motivational factors are is not explained in the manuscript.

It was there, the only thing is giving general names for those mentioned variables. It is clarified as “Generally, factors for information sharing practices can be grouped as intrinsic (individual) and extrinsic (organizational and technological factors)”....intrinsic motivation factors means factors that are from individual level emotiveness like personal initiation, etc, while extrinsic means factors outside individual like working environment, recognition, awards, questions from staffs, etc, Page4: paragraph2, line6.

NB. LANGUAGE EDITION

Great efforts are done to improve the language construction with the help of different senior researchers mentioned above and English language teachers.

All the above individuals see the paper with the given comments and they did more also other more comments on it. To tell the truth, we have gotten lots of grammatical errors, editorial errors, redundancy of ideas, and duplication of sentences, etc. I hope such limitations are minimized now.

Examples of editions based on given comments:

A. Example of redundancy “Ethical clearance for this study was obtained from Addis Ababa University Medical Faculty Review Committee before starting the actual work. Letter of support was obtained from Addis Ababa administrative health bureau. Informed verbal
consent of the heads of each hospital was taken after conducting clear explanation about the purpose, duration and required samples”.

By the way it is not redundant, ethical clearance was obtained from concerned offices hierarchically from top to the respondent level. This situation makes your ethical concern sound. It may not have any negative impact on the manuscript; rather it will increase its acceptance. In Ethiopia, unless you did like this, your paper will not be accepted and even you may not get the required data from the actual place.

Any how it is corrected as “Ethical clearance was obtained from Addis Ababa administrative health bureau. In addition, informed consent was also taken from the heads of each hospital and respondents after conducting clear explanation about the purpose, duration and required samples.” = Page6: second paragraph, line 4-6.

B. "Data were collected by distributing the hard copy of the pretested self-administered questionnaire to health professionals physically/face to face/with the help of data collectors, supervisors and heads of each health facility”

It is edited as “Data collectors informed health professionals about the purpose of the study, questionnaire filling process and data confidentiality while distributing the questionnaire. Supervisors and principal investigator did strong supervision of data collectors like data collectors’ approach to the respondents, responsiveness of data collectors, time utilization, communication with respondents, data confidentiality issues and checking data completeness.” = Page6: 3rd paragraph, line 7-11.

C. "Pretesting on 10% of the tool was done in St. Pawulos specialized hospital, which is similar in structure, but outside the study to check its validity”

It is edited as “The validity of the questionnaire was checked by conducting pre-test on about 10% of the tool at St. Pawulos specialized hospital, which is having the same setups as those hospitals.” = page5: last paragraph, line 29-31.

D. "Three data collectors and two supervisors were participated in data collection"

It is corrected as “A one day training on the objective of the study, data confidentiality, respondents’ right, informed consent and data collection techniques was given to the three data collectors and two supervisors prior to data collection date.” = Page6: 1st paragraph, line 1-3.
E. “Knowledge management and experience sharing practices are vital in the health care environment to update health care professionals to deliver quality health care services”. “Common knowledge sharing mechanisms were documents, discussion, lecturing, questioning and answering, conferences, internet, video, audio and other similar media”

It is edited as “Knowledge management and experience sharing practices can help health care professionals to update themselves and deliver quality health care services [9, 10]. Health professionals can share their knowledge and experiences through demonstration, discussion, lecturing, questioning and answering, internet and conferences (videos and audios) [11-13]. Health professionals will access health information from the two basic health information resources (HIRs): formal (hard and soft copies) and informal (human resources) [14, 15].” = Page3: 2nd paragraph, line 9-14.

F. “Losing experienced health care professionals and their knowledge transfer are crises for hospitals in managing their patients properly”

It is removed from the document since it was redundant idea.

Generally, I like all the comments and did by best to make the paper strong. However, there are also more comments given by reviews without reading the content as a whole, because the idea or content is there, but commented to be incorporated. Example: two reviewers comment me to incorporate the objective of the study, rationale or the exact problem that push me to conduct this, the possible benefits of the paper with its detailed explanation why it will serve as a base line evidence for concerned bodies, etc but, all these points are already mentioned there. When i saw such comments, i was thinking about the validity of the rest comments. For those that I have reservation, I gave my explanations why I put them like that in the document.