Author's response to reviews

Title: Translating and validating a training needs assessment tool into Greek

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Author's response to reviews: see over
To: the Assistant Editor

BMC Health Services Research

Dear Dr. Kouremenou,

Please accept the enclosed revised manuscript of the original research article titled “Translating and validating a Training Needs Assessment tool into Greek” (MS: 1284105367116557). As suggested, we have prepared the attached point-by-point response to the concerns raised by the three reviewers.

On behalf of all co-authors, we would like to thank you as well as the reviewers for your consideration and the opportunity to improve the manuscript.

Sincerely yours,

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Authors’ response to Reviewers’ comments

Reviewer #1:
1. Rephrased accordingly (page 2).
2. Correction made to cite all 3 authors in the text (page 5).
3. Indeed, “Assistant Nurses” is an exact translation of the Greek professional title. However, in our opinion, the equivalent term “Licensed Practical Nurses” used in the U.S.A. is preferable since it is more recognizable and meaningful to the international readership of the BMC series journals. Also, in terms of consistency, it is important to keep using the same term as in a previously published study (Int Nurs Review 2006, 53:16-18).
4. Full description of test – retest size has been included under the subheading Participants and data collection in Methods - Validation section (page 7).
5. Section B of the questionnaire is not presented in the Results section, since there was no psychometric testing performed (qualitative component). Therefore, we have deleted the confusing sentence from the Discussion section (page 12).

Reviewer #2:
Comment #2:
In regards to clarifying sample realization and test-retest sample, a full description is now provided under the subheadings Setting and Target Population and Participants and data collection in Methods – Validation section (page 7).

In terms of sample size for factor analysis, there is no consensus among researchers. For some, 50 is the required minimum while for others is 100 or even 180, without excluding the use of factor analysis for smaller samples. Usually, the number of items is linked to the sample size (N of cases > N of items) and the determination of minimum sample size is done empirically. Therefore, upon reviewing relevant literature (Mundfrom, et al 2005; MacCallum, et al 2001; Costello & Osborne, 2005), we determined that our sample size was adequate (55 respondents > 30 items). A statement has now been included in the Discussion section (page 11-12) along with citation of relevant references (References 24-26).

In regards to how permission from respondents was obtained, a description has been included under the subheading Ethics in Methods – Validation section (page 8).

Reviewer #3:
1. p=0.000 has been changed to p<0.001 (pages 2, 10).
2. In regards to concerns about the lack of reporting response rate for the main study, we have now included that information under the subheading Participants and data collection in Methods – Validation section (page 7). Response rate for the test group was 46.2% which is considered satisfactory (expected average is 40%), while respondents represented all 14 Health Centres and all of the targeted professional groups. Response rate for the retest group was 100%. Furthermore, we have included the above limitations in the Discussion section (page 11, 3rd paragraph, a and b).