Author's response to reviews

Title: Use of physical restraints in nursing homes: a multicentre cross-sectional study

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Author's response to reviews: see over
Submission of the revised manuscript “Use of physical restraints in Swiss nursing homes: a multicenter cross-sectional study” (MS: 1100154467165147)

Dear Prof. Hamers,

We appreciate the opportunity to resubmit our revised manuscript. We would like to thank you for your helpful comments. We have responded to all comments; please find our point-by-point response below. We hope that the revised manuscript is now suitable for publication in BMC Geriatrics.

Yours sincerely,

on behalf of all authors

Hedi Hofmann, MNS, EdN, RN

Ewald Schorro, MAE, RN
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<th>Editor’s comment</th>
<th>Response</th>
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<td>#1 Although you've addressed most comments of the reviewers adequately, the main comment regarding the added value regarding other prevalence studies is still addressed insufficiently. In your reply to the reviewers you argue that data about restraint use in Switzerland were not available. However, in the introduction of the paper, you present two studies (4&amp;5) presenting data on restraint prevalence (one even in 5 instead of 2 cantons). This seems to undermine your reply.</td>
<td>We agree with the editor. The statement in the reply to the reviewer's comment that “data about restraint use in Switzerland were not available” is too strict. In the manuscript we had already formulated: “Data concerning the frequency of physical restraint use in Swiss nursing homes are scarce” (lines 34 and 110). Our study contributes to an increase in knowledge not only by introducing additional prevalence data but also by presenting the results of a sound regression analysis on residents’ and organizational characteristics associated with physical restraints. The former two studies cited in the background section do not sufficiently explain the Swiss situation. In the study by Feng et al. 2009 [4], bedrails were excluded (line 70) and the data collection was limited to the German-speaking part of Switzerland. We added this point to the sentence in line 70-72. Data were collected in 2006 – a long time before the law concerning physical restraints in Switzerland came into force. The study by Zúñiga et al. 2013 [5] was conducted during the implementation of the new law and confounding of the study results could not be ruled out. Based on this unsatisfying data basis, we conducted our study in order to generate sound data on the use of physical restraints in Switzerland as a precondition for development and implementation of effective interventions.</td>
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<td>#2 Further, you adopted the reviewer's suggestion of studying cultural differences. However, it remains unclear what your expectations were in advance of the study (e.g., what was known from the study that collected data in 5 cantons? Or why and how do you expect the cantons to differ) nor this is elaborated in the discussion section.</td>
<td>We have added the following sentence: “According to the federal structure of Switzerland, a dominant part of the health care system is regulated at the cantonal level, particularly in the case of nursing homes. Nursing practice in the cantons is also influenced by the respective language culture. There is evidence that differences in regulation and common practice may result in differences of physical restraints.</td>
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use (De Vries et al. 2004)” (lines 116-120).
To elaborate on the cultural differences was not the primary focus of our study but having the opportunity to evaluate this aspect and expecting to find culture-related differences, we added this aspect to our analysis. We now argue on these issues in the “Background” section (lines 116-120) as well as in the “Discussion” section (lines 257-262).

#3 Finally, you argue that country-based data are required as a basis for decision-making with regard to interventions. This seems a reasonable thing to do, but again this is not elaborated upon in the discussion section.  

We have elaborated this aspect in the “Discussion” section (lines 305-308).