Author’s response to reviews

Title: Frailty: An in-depth qualitative study exploring the views of community care staff

Authors:

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Author’s response to reviews:

Thank you for reviewing our manuscript and giving us an opportunity to revise it in-line with the helpful comments and suggestions from the reviewers. Please find below a point-by-point response to the reviewers’ comments. We have also provided an amended manuscript with track changes and a revised manuscript. We hope that our responses and amendments are to your satisfaction and that the revised manuscript will be acceptable for publication.

Reviewer 1

Comment 1: This is an interesting qualitative study investigating the understanding of frailty from the perspective of community health and care workers in England. The aim of the study is clearly defined and has three aspects: to explore the concept of frailty, to examine whether the professionals share a common understanding, and to inquire about the assessment methods applied for frailty. The subject is important because managing frailty requires co-operation within the primary care team in terms of a common basis of understanding, diagnosis and care provision. Overall the study is well conducted and well written. However, some revisions could add to the clarity of the paper and to its practical implications.

Response 1: Thank you. The results section has been revised to add clarity to the paper as suggested. More information about the practical implications of these findings have also been included in the results and discussion sections.

Comment 2: The methods seem adequate. However, they are a little briefly described. Members of the neighbourhood teams with different professional backgrounds were interviewed employing a piloted semi-structured interview guide. This guide could be explained further or appended as an additional file to find out what aspects of the three key themes were included.
Response 2: We have included more details in methods section about Braun and Clark’s 6 phases of thematic analysis; recruitment strategy, data collection and data analysis. The details of the interview guide have been expanded upon in the core text of the article (lines 171-175) and the interview guide has been included as an additional file.

Comment 3: The findings of the study are plausible and in parts "catchy" in a positive sense. The first finding relates to the comprehensive description of the concept of frailty. Frailty is seen as an "umbrella term" encompassing physical, psychological, social, environmental and ecological factors that interact. Some factors have been described as contributing towards frailty and others as being more of a consequence of frailty (cause-effect relation). And here it becomes a bit confusing. E.g. the negative emotional state has been described as a consequence of frailty: "the loss of independence… (p. 8, 208) (as part of the frailty state) fosters a negative emotional state". Other factors seem to have a more contributing role, like physical state, mental state, little social engagements, living environments and economic factors. I wonder whether the two aspects, contributing towards frailty or being a consequence of frailty can be more clearly mapped out. Components, such as loss of function (mobility, ADL, falls), negative emotions, loss of autonomy and isolation seem to be an interactive blend that are core features frailty.

Response 3: The results section has been restructured to better illustrate the interactive nature of the various elements of the frailty umbrella. Efforts have been made to try and show where the various components of the frailty umbrella in and of themselves were described as indicators of frailty and where they were described as factors that influenced and were influenced by the other elements of the frailty umbrella.

This study aimed to explore how community care staff viewed frailty and found that they viewed as an umbrella of interacting factors. We did not question or further probe the nature of these interactions during our interviews and have analysed and presented our descriptions on the nature of the interactions on a semantic level. Consequently, further study will be required to elucidate cause and effect as this is beyond the scope of this current study. We have cited this an area for further research in the discussion (lines 526-539).

Comment 4: There are no findings that deal with the (dynamic) course of frailty, the delimitation towards disabilities and robust people. Instead the conception of frailty comes across as rather static and well advanced.

Response 4: We have included more in the results section (lines 229-236) on the dynamic nature of frailty as described by community care staff in support of the statement in the conclusion.

Comment 5: The discussion is generally well written. Yet I think it remains a bit too much on the level of comparing the results with those from literature. Instead it could also reflect more upon the implications of the findings for health care. Especially as there are some results that relate to diagnostic, rehabilitative and supportive measures.
Response 5: As suggested, more content on the application of these findings in current practice have been included (lines 536-539, 561-564 and 566-573).

Comment 6: Give more details about your interview-guide (see above)

Response 6: More details have been given about the interview guide (lines 171-175) and the interview guide has been included as an additional file.

Comment 7: Is it possible to gain more clarity about the (cause-effect) relations of the defining factors with the frailty state (see above)?

Response 7: Please see response 3.

Comment 8: Are there any statements that attest to the dynamic feature of frailty as stated in the conclusion (page 16, 442)?

Response 8: We have included more in the results section (lines 229-236) about the dynamic nature of frailty as described by community care staff in support of the statement in the conclusion.

Comment 9: Add a paragraph how the results dealing with practical improvements or good practices could enrich current practice

Response 9: As suggested, we have added more content on the application of these findings in current practice (lines 536-539, 561-564 and 566-573).

Comment 10: Minor revisions 1. Revise structure of sentence on page 15, 403.

Response 10: We have restructured the sentence as suggested (lines 547-549).

Reviewer 2

Comment 1: This article extends our knowledge about how healthcare professionals view frailty. The article is very interesting and well-written. However, I have some questions and suggestions. My major concern is the way the results (and subsequently the discussion section) are presented and structured.

Response 1: Thank you. The results section and subsequent discussion have been restructured to add clarity to the paper.
Comment 2: Maybe you could specify the clinical relevance in the Background

Response 2: More information about the clinical relevance of the research has been added (lines 60-62)

Comment 3: Maybe you could specify (some of) the topics or questions that were discussed during the interviews in the Methods

Response 3: These have been specified in the methods of the full article but are reflected in the aims of the study presented in the abstract (lines 62-64).

Comment 4: In the first paragraph of the background, you should mention the multidimensional approach(es) to frailty as well

Response 4: We have made mention of the multidimensional approaches to frailty (line 117)

Comment 5: In the second paragraph you state that 'A few studies have focused on the understanding of frailty among hospital staff.’. It seems relevant to describe these findings a bit more

Response 5: These have been covered in detail in the discussion and reviewer 1 mentioned that a lot of emphasis had been given to the few available studies. Consequently, we have opted not to describe them any further.

Comment 6: Can you describe 'Braun and Clarks' six phases of thematic analysis' (heading Design) in a bit more detail?

Response 6: A brief description of Braun and Clark’s six phases of thematic analysis has been included in lines 142-145. The reference to a very detailed article about these phases has also been provided.

Comment 7: Is 'proximity to the researchers' a good criterion for choosing teams to participate?

Response 7: Due to availability resources, a decision was made to recruit participants from Cambridge city which is a mix of urban and rural. However, as explained in lines 154-158 the community matron involved in recruiting and interviewing participants worked very closely with one of the 4 neighbourhood teams that provide community and mental health services in Cambridge. Therefore, this neighbourhood team was excluded from the study to protect the anonymity of participants. Another neighbourhood team which provides care for one the villages surrounding Cambridge and is a mix of urban and rural was used instead.
Comment 8: Regarding the Data collection (1): please specify in the text which members of the research team / authors conducted the interviews.

Response 8: The members of the team who conducted interviews have been specified in the data collection section of this article (line 170).

Comment 9: I did notice that in the 'Authors' contribution' it is specified that the authors who conducted the interviews, also conducted the analyses. Wouldn't it be better if an 'independent researcher' was involved in the analyses as well?

Response 9: The first step in Braun and Clark’s six phases of thematic analysis is to familiarise and immerse oneself in the data prior to coding. Therefore, we did not see the added value of having an independent researcher involved in the analysis as such a researcher would still have to immerse themselves in the interview data prior to coding to search for meaning and patterns prior to coding.

In the study protocol, it was decided that JC and RS would code the transcripts independently and agree upon a coding frame. In the event of disparity or disagreement in coding, LL would have been involved in the analysis. This however was found not be necessary as no such disagreement or disparity occurred.

Comment 10: Regarding the Data collection (2): can you provide more information on the content of the interview guide?

Response 10: The details of the interview guide have been expanded upon in the core text of the article (lines 171-175) and the interview guide has been included as an additional file.

Comment 11: Did you follow a qualitative data analyses 'guide'/method? Please specify

Response 11: As mentioned in the design section (lines 142-145), Braun and Clark’s six phases of thematic analysis was used to guide the analysis of the interview data.

Comment 12: How many potential participants refused to participate in your study? (and do you know some of their characteristics?)

Response 12: Our strategy to recruit a purposive sample of participants meant that it was only participants who were interested in taking part in the study that contacted the research team. It has been acknowledged in the strengths and limitations section (line 672) that the study consisted of a self-selected group of participants who may have had an increased interest in frailty.
Comment 13: Did the themes actually emerged from the interviews, or were these the topics that were part of your interview guide?

Response 13: The wording of the methods section (lines 186-188) has been modified to make it more explicit that themes emerged both deductively (based on topics in the interview guide) and inductively (emerged as key areas in the interview data)

Comment 14: Could you add a quote that represents the interaction of the different components (i.e. how they might influence each other)?

Response 14: We have added a quote that specifically uses the word interact to describe the relationship between the various components of the frailty umbrella (lines 221-222). The final quote used at the end of the description of the components of the frailty umbrella (line 378-382) also illustrates this further.

Comment 15: Please look at the way you have structured and present your findings. Some examples for what I mean by this are: o I wouldn't expect findings such as 'Difficulty or inability to "manage" or "cope" with everyday activities was deemed to be an indicator of frailty.' under the heading Physical health.

Response 15: We have restructured the results section to better illustrate the interactive nature of the various elements of the frailty umbrella in response to reviewer 1. A figure (Figure 2) has also been provided to make it easier to visualise the various components of the frailty umbrella.

Activities of daily living and the ability to “cope” or “manage” these activities were mainly used in reference to the physical aspects of performing these task of which a mobility was a central tenet (lines 256-259). Consequently, we think 'Difficulty or inability to "manage" or "cope" with everyday activities is best placed under physical health.

Comment 16: Related hereto: perhaps it is best to describe the 'interactions' in a separate heading?

Response 16: The initial section on the description of frailty focuses on the finding that frailty is an umbrella of interacting factors. We have dedicated most of this section (lines 210-216) to describing the umbrella and its interactive nature. We chose not to have a separate subheading as the “interactions” and the umbrella are a joint concept and preferred to present them together. Furthermore, we think that it is a better representation of the study findings to present the interactive nature of the frailty umbrella as a thread that runs through every component of the frailty umbrella.

Comment 17: Some of the findings you describe as psychological factors, can also be described as ways of dealing with problems
Response 17: As coping strategies can be psychological in nature, we have chosen to retain the use of the broader terms mental health and psychological factors.

Comment 18: Findings related to the social environment seem to focus on its impact on the (effectiveness of the) care that can be delivered, rather than that the social environment is a part of frailty.

Response 18: The wording of this social world sub-theme has been modified to make it clearer that we are referring to informal care patients received from the family, friends and neighbours who form their social world.

Comment 19: You state 'Economic factors also influenced the suitability of the living environment of frail older adults.' - but isn't your article about how professionals view frailty - and if so: aren't economic factors a part of frailty, rather than that they effect the situation frail older people are in?

Response 19: Community care staff identified that the economic circumstances of their patients were part of frailty which influenced and was itself influenced by other aspects of the frailty umbrella further demonstrating the interacting nature of the various elements of the frailty umbrella.

Comment 20: Could you be more specific about the frailty tools the professionals used? (heading Assessment of frailty).

Response 20: More information has been provided about the specific tools used by community care staff to assess frailty (lines 417-421).

Comment 21: Perhaps the joint collaboration could be described in a separate heading?

Response 21: As suggested, joint collaboration has been presented separately as a theme called working together (lines 447-476).

Comment 22: Perhaps the heading Shared understanding of frailty among care staff could be rephrased into Barriers and facilitators to shared understanding….

Response 22: In addition to citing barriers and facilitators, this theme also presented information about the extent of the shared understanding of frailty which was one of the aims of this study. Consequently, we feel that the heading “Shared understanding of frailty” is more suitable.
Comment 23: Regarding the first paragraph: please note that in the Comprehensive Frailty Assessment Instrument (CFAI; De Witte et al., 2013) environmental frailty is taken into account. In addition, economic factors were mentioned by older people themselves in the study by Dury et al. (2018) - which you did cite later in your article.

Response 23: The wording in the section has been modified to make it more explicit that the physical environment has been identified as by some research as a frailty factor albeit to a lesser extent than other factors such as the traditional biomedical factors, mental health, psychological factors and social factors.

Comment 24: The second paragraph is not entirely clear to me - can you elaborate on this?

Response 24: This paragraph has been rewritten to make it clearer that: (1) The components of the frailty umbrella could interact in a manner that could facilitate either an adaptive response to frailty or a maladaptive response to frailty; and (2) Some of these components are modifiable and pose an avenue to mitigate maladaptive responses to frailty.

Comment 25: Please specify the rationale for your statement that the role of mobility is less apparent in a hospital setting.

Response 25: It is well documented that the level of mobility among older adults in hospital is low. 2 studies have been cited to that effect.

Yours sincerely,

Dr Joyce F Coker, Research Associate.

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