Author’s response to reviews

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

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Author’s response to reviews:

Editor Comments:

Editor: Thank you for resubmitting your revised paper. The authors have provided a detailed letter outlining how they have addressed the two reviewers’ comments. Overall, the paper has improved but before accepting for publication there are a number of grammatical or typological errors in the paper which would need to be corrected and the paper would benefit from being proof read again. Also, the results are mainly reported in a general manner in language such as ‘was said’ for example, rather than by whom (i.e. which HCP group) and discussing similarities and differences between HCPs (see my comment below), and in places using more qualitative language, such as ‘perceived by’ (particular HCP groups). The significance of some points below also needs to be explicitly drawn out.

Authors: Thank you for the comments and the feedback. The manuscript has been re-read to correct grammatical and typological errors. We have reworded certain sections of the manuscript to make it clearer where differences occurred in the narratives of various HCP.

Specifically:

Abstract

Editor: Fine

Authors: We proof read and made a few grammatical changes [Lines 57-63, 65, 68, 70, 78]
Background

Editor: Fine

Authors: We proof read and made a few grammatical changes [Lines 117, 123, 130-131, 132-135]

Methods

Editor: Page 5, line 156 should read ‘are’ provided not ‘is’ and should be four NTs not 4 NTs, and also throughout the methods (and results section) use words for numbers 9 or less.

Authors: This has been changed to “are” as suggested [Lines 154-155]. All numbers 9 or less have been changed to words throughout the manuscript as requested.

Editor: Page 5, line 162 Can just use MM as the authors had already spelt out and abbreviated community Matron. Also, why is MM used for community matron and not CM?

Authors: The text has been rewritten to make it clearly that the Maria Martin (one of the authors) is a community matron and was the one who liaised with the managers of NTs and recruited participants into this study [Lines 155-166].

Editor: Page 6, line 177 add “the” before neighbourhood teams.

Authors: This has been done as requested [Line 176].

Results

Editor: Page 7, all abbreviations for different health care professionals (HCPs) should be spelt out under Table 1, so it is clear what the abbreviations mean after the included quotations in the results section (rather than being placed at the end of the paper).

Authors: This has been done as requested [Page 8].

Editor: Page 8, line 208 it is not clear what ‘nor was it precluded by youth’ means, so please rephrase this.

Authors: As suggested to enhance clarity this sentence has been reworded to read as follows:
There was a general consensus among participants of all specialities that although frailty was associated with increasing age, it was not a requisite of ageing. [Line 227-228].

Editor: Page 9, line 234 use quotation not ‘quote’ here (and throughout the results section).

Authors: This has been done here and throughout the manuscript as requested [Lines 200,254,303,320,343,362,377,451].

Editor: Page 9, line 256 spell out ‘social engagement’ of what or who?

Authors: This sentence has been expanded to make it clear that the authors were referring to the ability of older adults to engage in the social world around them [Lines 275-278]

Editor: Pages 9-10, lines 255-282 The authors use phrases like ‘mobility was said to’ (255), ‘Mobility was thought to’ (256-7) ‘was said to influence mental health’ (260), but these are very general statements. By whom? The authors need to contextualise the findings by including which HCP group/subgroup spoke about this here. This is also the case throughout the results in which themes are discussed in a similar general way like this. It is better to discuss similarities and differences between professional groups and which subgroups of professionals spoke about which themes/sub-themes. This then contextualises the results and lifts the reporting of the results from a general description; how the results are currently reported suggests that all HCPs held similar views. In addition, use sometimes more qualitative language, such as perceived by (a HCP group) etc, and also indicators of proportions, such as the majority, a minority of, or sometimes include numbers of types of professionals who reported a particular theme/subtheme.

Authors: Yes, indeed the way the results are written does suggest that all HCP held similar views as that was in fact the case on the whole. To make this clearer, we have added a sentence in results to clarify that unless otherwise stated, it should be assumed that the findings presented were voiced across all specialities i.e. by at least one member of all seven community care specialities [Line 201-203].

In addition to this, in instances where specific HCPs had differing opinions, these differences have been presented e.g. [Lines 237-239, 303-305, 317-318, 339-343, 359-362, 405-407, 410-413, 427-428, 433-442, 461-477, 489-491, 513-516, 518-520, 527-536, 550-553, 570-572.

The authors chose not to include descriptions of count/frequency in the results. We are aware that this is a controversial topic (Guest, 2012). However, we feel that quantifying the results is not in-line with the aim (to explore the narrative around frailty among community care staff) and design of this particular study, thus would not enhance the validity or clarity of the findings or conclusions.
Editor: Page 10, line 270 add ‘were’ presented as.

Authors: This sentence has been restructured to ensure its clarity [Lines 291-293].

Editor: Page 10, line 273 what does ‘further disabling themselves’ and line 274 ‘tried to enable themselves’ mean? Please rephrase more clearly.

Authors: This sentence has been rephrased as suggested [Lines 293-297].

Editor: Page 10, lines 279-81 the authors discuss physiotherapists’ views but then include a supporting quotation by a health care assistant rather than a physiotherapist. Also, this happens again on page 11, lines 293-5 and then the authors include a quotation by a TA1.

Authors: The quotation by the healthcare assistant was given to illustrate the previous point about the influence of mental health and psychological factors on other facets of the frailty umbrella rather than the views of the physios. These section has been rewritten to communicate that better [Lines 299-305]. Similarly, Lines 316-321 have also been rewritten to make it clear that the quotation from TA1 referred to the perceptions of proactive older adults held across the various specialities.

Editor: Page 11, lines 287-89 the authors repeat ‘frailty umbrella’ three times in one sentence, so too repetitive and better to rephrase this.

Authors: This has been rephrased as suggested [Lines 311-313].

Editor: Page 11, line 304 Use a better word here and throughout than ‘performance’ of activities of daily living’ and of ‘rehabilitation activities,’ for example ‘provide support with daily activities’ etc would be a better choice of phrasing. The word performance does not quite fit and seems too medicalised language.

Authors: As suggested, this section has been rewritten and the use of the phrases ‘performance’ of activities of daily living’ and of ‘rehabilitation activities,’ have been avoided throughout the manuscript [Lines 278, 280, 301, 305, 316, 330, 331, 391].

Editor: In the results, the authors sometimes use patients, but in in background they use ‘older adults with frailty’. In my view it would be better to use the latter throughout the paper where possible as ‘patients’ is a very medicalised term and assumes/suggests a dependence on HCPs which does not reflect the community rehabilitation/support context in which HCPs are working (arguably patient is more often a term suited to biomedical hospital settings).
Authors: We have avoided the use of the word ‘patient’ throughout the manuscript where possible and have used ‘older adult’ or ‘older person’.

Editor: Pages 11-12, lines 312-13 rephrase ‘could disable patients’ as this is not clear.

Authors: This has been rephrased as suggested [Lines 338-340].

Editor: Page 12, line 315 In line with my previous point above use quotation not ‘quote’ here and throughout.

Authors: We have used quotation throughout the manuscript as requested [Line 343].

Editor: Page 12, lines 326-28 rephrase the first sentence of this paragraph more clearly as this is not clear.

Authors: This has been rephrased as suggested [Lines 354-357].

Editor: Page 12, line 328-9 spell out how social environmental factors ‘potentially influenced care and the physical health aspects of frailty?’

Authors: As suggested this has been expanded on [Lines 357-359].

Editor: Page 12, line 331 avoid abbreviations such as they’re and use they are instead.

Authors: This has been corrected [Line 361].

Editor: Page 12, line 336 introduce this quotation as being from a TA otherwise there is no introduction and it is just placed there on its own with little context.

Authors: As suggested the quotation by the TA has been introduced [Lines 359-362].

Editor: Page 13, line 342 it is not clear what ‘the living environments of older adults was said to highlight frailty’ means? And again, by whom? Which HCP group?

Authors: This has been rephrased for clarity as suggested [Line 372-374].

Editor: Page 13, line 342 as above use quotation not ‘quote’ and throughout, for example, also in line 405.
Authors: We have used quotation throughout the manuscript as requested [Line 377, 451].

Editor: Page 13, line 343 again, it is better to use here ‘the older person’s’ rather than ‘patient’s home’ for similar reasons I have given above.

Authors: We have avoided the use of the word ‘patient’ throughout the manuscript where possible and have used ‘older adult’ or ‘older person’ [Line 372, 379].

Editor: Page 13, lines 343-4 it is not clear what is meant by ‘how a patient’s home reflected their physical health and economic limitations and highlighted their frailty’, please rephrase this more clearly.

Authors: This has been rephrased for clarity as suggested [Line 372-379].

Editor: Page 14, line 370 should read ‘were’ not ‘was cited’.

Authors: This has been corrected [Line 407-409].

Editor: Page 14, line 378 starting the quotation with ‘wife’ seems a bit strange. Is there a word missing here?

Authors: A section of the quotation was missing and has not been included in the text [Line 416-421].

Editor: Page 14, lines 386-9 under the ‘shared understanding of frailty’ section, can the authors please discuss also why these HCPs thought there was no shared understanding of frailty?

Authors: This did not come up in our interviews and we did not probe for this. Rather, we discussed and presented factors that promote or hinder the existence of a shared understanding of frailty among community care staff of various specialities [Line 428-433].

Editor: Page 15, lines 396-7 there is a word missing here- should it read ‘was facilitated’.

Authors: This has been rephrased for clarity [Line 438-442].

Editor: Page 15, line 412 which participants? All?

Authors: This has been rewritten to emphasise that participants across all specialities voiced this [Line 450, 201-203].
Editor: Page 15, lines 412-3 it is better to write ‘the older person’s’ and not ‘patients’ home’ for the same reasons I have given above.

Authors: We have avoided the use of the word ‘patient’ throughout the manuscript where possible and have used ‘older adult’ or ‘older person’ [Line 459].

Editor: Page 15, line 418 the authors need to define what the Waterlow score is for a non-HCP audience. Also, in this paragraph and the next, the authors need to define what these other measurement tools are for non-HCPs and international audience. It is better to discuss that different HCP groups were using discipline specific assessment tools and explain what these are.

Authors: The authors have provided a brief description of each alongside supporting references to provide more information for non-HCPs and international readers [Lines 463-470].

Editor: Page 16, line 437 draw out the significance of the phrase ‘the dislike of putting patients in “pigeon holes” as this will not necessarily be clear to an international audience.

Authors: As suggested this has been expanded on for international readers [Lines 494-496].

Editor: Page 16, lines 440-1 please rephrase this sentence as it is not clear.

Authors: This has been rephrased for clarity [Line 496-500].

Editor: Page 16, line 448 under Theme 4 ‘working together’, ‘was said’ by whom in the context of holistic assessment of frailty? Otherwise this statement is very general. Which HCPs?

Authors: This has been rewritten to emphasise that participants across all specialities voiced this [Line 507, 201-203].

Editor: Page 17, lines 450-1 which participants rather than ‘some participants’ and ‘while others.’

Authors: As mentioned in the text, there was no clear pattern evident here. There was a variation of opinions across specialities and across neighbourhood teams. However, the sentence has been reworded to try to make this clearer [Line 508-511].

Editor: 17, lines 552-8 described by whom? Which professionals? Again, otherwise the reporting of the findings remains quite general. Use also more qualitative language here and in other places throughout the reporting of the results, i.e. which professionals were ‘perceived to…’ as you are discussing professionals’ perceptions.
Authors: Findings that were general were reported in a general manner. To make this clearer, we have added a sentence in results to clarify that unless otherwise stated, it should be assumed that the findings presented were voiced across all specialities i.e. by at least one member of all seven community care specialities [Line 201-203]. Instances which were not general, have been specifically mentioned in the manuscript.

Editor: Page 17, lines 463-4 define what you mean by ‘did not attend patients visits ‘blind’?’
Authors: This has been rephrased for clarity [Line 524-527].

Editor: Page 17, line 464-6 ‘Was said’ by whom? Which HCP groups?
Authors: The specific HCPs have been mentioned [Lines 527-531]

Editor: Page 18, line 478 under the theme ‘Frailty Training’ begin the first sentence ‘The majority’ not ‘Majority.’
Authors: This has been corrected [Line 545].

Editor: Page 18, line 480 here it is better to use ‘common to all’ not ‘mutual’.
Authors: This has been amended [Line 547].

Editor: Page 18, line 496 here it is better to use ‘range’ not ‘mix’ of care specialities.
Authors: This has been corrected [Line 564].

Editor: Page 18, lines 500-2 please can the authors rephrase this sentence more clearly and draw out its significance to a wider non-academic audience.
Authors: As suggested this has been expanded on for a non-academic audience [Lines 568-571].

Editor: Page 18, line 503 meeting should be plural.
Authors: This has been corrected [Line 572].

Discussion
Editor: Page 19, lines 523-4 please rephrase the last sentence of the first paragraph more clearly.

Authors: This has been rephrased for clarity [Line 592-594].

Editor: Page 19, lines 526-7 it is not clear what is meant by ‘indicators of frailty in and of themselves’- please rephrase this more clearly.

Authors: This has been rephrased to read:

This study found that each of the various components of the frailty umbrella were individually viewed as indicators of frailty, but also interacted with each other in a complex manner.

[Line 596-597].

Editor: Page 19, line 532 perception should be plural.

Authors: This has been corrected [Line 602].

Editor: Page 20, lines 533-4 please can the authors explain what is meant by 'adaptive or maladaptive responses to frailty’?

Authors: This has been further expanded on for clarity [Line 601-604].

Editor: Page 20, line 545 this should read social withdrawal.

Authors: This has been corrected [Line 615].

Editor: Page 20, line 550 omit ‘their’ before 24 participants.

Authors: This has been corrected [Line 620].

Editor: Page 20, line 553-4 Rephrase more clearly ‘whether a shared understanding of frailty existed among themselves and their colleagues.’

Authors: This has been rephrased as suggested [Line 623-628].

Editor: Page 20, lines 559-60 use ‘two’ and not ‘2’ and the authors surely mean qualitative studies not quantitative studies after looking at these references? Pages 20-21, lines 560-1 it is
not clear why the authors are talking about these studies not being adequately powered as a limitation as they are not intervention studies, based on the references that have been included.

Authors: The authors mean quantitative studies. Hermann et al employed quantitative techniques to explore the degree of agreement of the concept of frailty across 3 HCPs and reported kappa statistics to this effect. Unfortunately, the authors have been unable to locate the initial paper document of the Kaethler et al article used when the initial manuscript was written. We have requested another copy from the authors but are yet to receive it. Consequently, we have removed commentary on this paper from the discussion.

Editor: Page 21, line 567 the authors use ‘was said to’ again here (and often throughout the results as I have previously indicated). For a qualitative study like this it is better to use language such as was perceived among (which) HCPs working in community settings and compare similarities and differences in professional perceptions throughout.

Authors: Findings that were general were reported in a general manner. To make this clearer, we have added a sentence in results to clarify that unless otherwise stated, it should be assumed that the findings presented were voiced across all specialities i.e. by at least one member of all seven community care specialities [Line 641, 201-203]. Instances which were not general, have been specifically mentioned in the manuscript.

Editor: Page 21, line 669 Britton’s study requires a reference here.

Authors: Thank you, the reference has been added [Line 643].

Editor: Page 21, lines 577-8 please can the authors explain further why by not including the views of these HCPs was a limitation in this study?

Authors: As suggested, we have expanded on this [Line 652-656].

Editor: Page 21, line 587 it is reflexivity not reflectivity.

Authors: This has been corrected [Line 665].

Editor: Page 22, line 594-6 this sentence is very broad- spell out what you mean by ‘different specialties emphasised the role of certain areas of the frailty umbrella.’ Also, it is better to use ‘HCPs from different specialities’ in this context and elsewhere in the paper.

Authors: As suggested, we have expanded on this [Line 673-678].
Editor: Page 22, line 604 professional should be plural.

Authors: This has been corrected [Line 686].

Editor: Page 22, line 609 it is better to use ‘the use of various frailty tools’ here.

Authors: As suggested we have used ‘the use of various frailty tools [Line 691]

Editor: Finally, in relation to Figure 2, please could the authors confirm there are no copyright usage issues for including the umbrella image in this figure.

Authors: The image in Figure 2 was made by a graphic designer on the request of the JC for the purpose of this study. The authors can confirm that they have copyright use of it.