Author’s response to reviews

Title: Non-Spouse Companions Accompanying Older Adults to Medical Visits: A Qualitative Analysis

Authors:

Orla Sheehan (osheeha1@jhmi.edu)
Anita Graham-Phillips (agphil@THREADInstitute.org)
John Wilson (dwilson@threadinstitute.org)
Deidra Crews (dcrews1@jhmi.edu)
Cheryl Holt (cholt14@umd.edu)
Jennifer Gabbard (jgabbard@wakehealth.edu)
Katherine Smith (ksmit103@jhu.edu)
Jennifer Wolff (jwolf2@jhu.edu)
David Roth (droth@jhu.edu)

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Author’s response to reviews:

Response to reviewer’s comments:

Many thanks to both reviewers for again taking the time to review our manuscript. We appreciate the opportunity to address the comments below.

Technical Comments:

1. Please place the List of Abbreviations under the Declarations section.
Response: We have done this, thank you.

2. Tables: Please place your tables in the main manuscript file after the references.
Response: All tables are in this position, thank you.

Editor Comments:

Reviewer #1: The highlighted changes have improved the paper considerably and I have no further issues with the content. There are a number of punctuation and spelling errors in the participant quotes and at least one possible transcription error in the quote on p14 line 288 but a thorough copyedit should deal with these.

Response: Thank you for your kind words. The transcription error has been corrected. We have also reviewed the quotations for spelling errors. Although we don't want to change the individual voice or the speech/style preferences of the participants we have edited the text where necessary for clarity.

Reviewer #2: Thank you very much for the opportunity to review this revision of a manuscript describing the experiences of non-spouse medical visit companions. This research represents the active collaboration of community and research partners to address this timely research question. In this revision, the authors have attended to some limitations in the presentation of the qualitative analysis and results. There remain some additional issues to address.

Substantive comments:

1. The title and sample descriptions suggest you are examining the experiences of "non-spouse" MVCs, yet the results include a number of statements given by spouses (pp. 18, 20, 23).

Response: Thank you for noting this – you are correct, this was an error on our part. During the interviews although participants were asked to discuss their experiences accompanying non-spouse companions a few referred to experiences that occurred when they were accompanying a spouse. We have removed these quotations and replaced them with other representative quotes from companions discussing their experiences accompanying non-spouses.

2. In the last paragraph of the introduction, the technical term social facilitation is introduced. It is not defined, and it is not made clear how social facilitation operates in the relationship between MVCs and patients during health visits, or how this construct is related to the research goals.
Response: Thank you for your comment. This term was introduced by us in response to a request from reviewer 1 to expand upon our research paradigm and theoretical framework. We hypothesize that social facilitation, the tendency for people to perform differently when in the presence of others could also apply to experience. In the case of medical visits we feel that the patient’s experience of the medical visit could potentially be improved merely by the presence of a companion. A first step in testing this theory is to learn more about the companion experience which we do in this study.

We have defined social facilitation and expanded on our thinking in the last paragraph of the introduction lines 96-102.

3. Be sure that the objectives of your study mirror the analysis and results. Your primary focus seems to be on MVC roles before, during, and after the visit rather than on MVC experiences. The final paragraph of your introduction should make this explicit, and the arguments made in the introduction should support that research goal. (Generally, they do: just make sure that your paragraph about research objectives integrates each research question. See also #15, below.).

Response: Thank you for your observation. We have edited the final paragraph of the introduction to clarify this in lines 100-104.

4. In the methods section, since you have noted that you are using a CBPR approach, this deserves more attention. For instance, you could cite the works that are guiding your approach to CBPR for readers' further reference. In doing so, it would also be appropriate to provide examples of the ways in which your approach aligns with that described in the cited works. For instance, CBPR is intended to benefit both research and community. You have explained this reciprocity in very general terms at line 106-109. More detail would be helpful. What are the basic goals and expectations of the partnership on both sides? You have noted that your community partner both recruits the participants and pays them for their participation. How does the partner organization benefit? Is the partner organization involved at all stages of the research?

Response: Thank you for your comment.

We are happy to provide further detail on this. Our CBPR approach was based on the steps and values outlined by Israel et al in “Israel, BA.; Schulz, AJ.; Parker, EA.; Becker, AB.; Allen, AJ., III; Guzman, JR. Critical issues in developing and following community-based participatory research principles. In: Minkler, M.;Wallerstein, N., editors. Community-based Participatory Research for Health. San Francisco: Jossey-Bass; 2003. p. 53-76.”
Our decision to adopt a CBPR approach grew from a need identified by community members to be better prepared to accompany people to healthcare visits. We were surprised to learn that many people felt uncomfortable and underprepared for this task and that there were often certain people within families or communities who accompanied all members to visits as they were the person in their family network who “knew what they were doing”. We wish to ultimately develop some online training materials for people who feel unprepared for healthcare visits but first need to learn about the roles and experiences of patients and companions. We felt that basing our work in a healthcare or academic setting would not allow us to understand many of the social and economic complexities that often motivate behavior. The director of the THREAD institute (AGP) was involved at all stages of the project from conception to editing of the manuscript. She helped us to reach people within the community but also to identify relevant questions and issues as well as interpret responses. We helped THREAD to achieve their goal of conducting research by providing access to our research team, taking the lead on drafting ethics approval, protocols, consent forms and interview guides, and giving them the opportunity to disseminate information through manuscripts and community and academic presentations. The citation above and further details on team roles have been added to the first two paragraphs of the methods section.

5. The additional details about your approach to analysis are very helpful. Please provide some additional detail about the training/experience of the analyst, as you did for the interviewer. Also, specify how you approached analysis of material related to different points in time (before, during, and after the visit), to further resolve earlier concerns from both reviewers.

Response: We are happy to provide this and have added detail on the experience of the lead analyst in lines 138 and 139 of the manuscript. The lead analyst did not consider time points when she initially analyzed the transcripts for themes but when we met as a group it was felt that many themes fell into three major categories based on timing before, during and after the visit and that remaining themes were captured by the concept of companion experience. These became our four overarching themes. We have expanded on the approach to analysis of times points in lines 140-144.

6. Since there was only one analyst at the earliest stage, how did the research team contribute to consensus around themes? Were all members of the research team at this meeting? If not, then who? Your results section contains 4 major headings, 3 of which are also headings in the interview. Were these the themes group the came up at this juncture?

Response: The lead analyst presented an initial list of themes to the group of four coders. Over the course of a day all four coders discussed the initial themes and reviewed the transcripts for additional themes before moving on to codebook development. The transcripts, major themes
and codebook were then shared with all members of the research team who had the opportunity to comment and suggest edits before the four coders proceeded with their analysis. You are correct that three of the four major headings are also headings in the interview. We discussed this in detail at that juncture but felt that the roles and experiences of the companions before, during and after the visit worked best as major themes within which many codes emerged.

7. I am not sure what you mean by the new line added at line 137 ("each coding pair was assigned two organizing themes before…"). To which themes are you referring? The 4 major themes? What do you mean by "before coding all transcripts" (were the analysts looking for material related to just 2 of the 4 themes, in all of the transcripts)?

Response: We would be happy to provide further clarification. Yes we are referring to the four major themes. To clarify this we have edited line 143 to read "a preliminary consensus list of four major themes was created". Yes, your interpretation of “before coding all transcripts” is correct. Each coder examined all transcripts for material and codes relating to two of the four major themes. It should be noted, however, that in the earlier stage of codebook development the lead coder reviewed all transcripts when preparing the initial list of codes and during a daylong meeting where the four major themes were identified and the codebook was developed and refined, all transcripts were reviewed by all coders.

8. At line 138, the term "validity" has been actively debated, as it relates to qualitative research. As a result, you'll need to make case that it is the right choice for you. The easiest way to do this is to provide a citation, but it is important that the citations and text you rely on to explain your approach to analysis align and reflect a single, coherent approach.

Response: Thank you for your observation. On reflection we agree that “validity” is not the correct choice of word. With this sentence we wished to highlight our CBPR approach where academic research team and community partner worked together to analyze and code the transcripts. We have edited the manuscript (line 148) to reflect this and it now reads “As part of our CBPR approach each coding pair was comprised of an academic partner representative and a community partner representative”

9. At line 98, you indicate a focus on cultural considerations in your analysis, but in the qualitative data analysis section beginning at line 130, you do not describe how you will attend to this (nor to the variability in MVCs relationships with patients). Note that qualitative research does not lend itself well to comparative goals, but qualitative sampling techniques can be used to represent diversity and assist cultural sensitivity, and this can also be a focus within the analysis.
Response: We appreciate your insight and comment. We did note both the MVC relationship and the race of the participant during the coding and analyses to, as you noted, be mindful of cultural sensitivity. To clarify this we have added the following text to the manuscript lines 155-158 “The relationship of the companion to the person they accompanied was noted and a unique identifier was assigned to each participant voice. The identifier also allowed us to consider cultural sensitivities within the data when we conducted the analyses”. As we elaborate on in the results section (lines 364-387) we found that race had little effect on MVC roles but in some cases affected how companions viewed their roles.

10. With respect to the results, in your written reply to the reviewers, you indicated that your themes were saturated, and you provided appropriate evidence of this. You should also include this evidence in the manuscript.

Response: We have added this to the manuscript in lines 154-155.

11. At lines 174-178, the description and quotation seem to better match the "timekeeping" theme than the transport theme. Since the timekeeping theme doesn't seem to add much to the transport theme and is supported by only one quotation, is it possible that it reflects a minor theme that could be discarded? If not, then this theme needs further justification.

Response: On reflection on your comment we agree and have deleted this theme.

12. Be consistent in your approach to describing the themes. At lines 193-197, there are no quotations to illustrate support for the theme.

Response: Thank you. Two quotations have been added to illustrate this theme (lines 213-216).

13. At line 98, you indicate a focus on cultural considerations in your analysis, but here, you do not provide any description of diverse cases. Similarly, you do not address whether results varied based on the relationship of the MVC to the participant (nevertheless, you do appropriately indicate the nature of relationship in the quotations). Most qualitative methods do not lend themselves to direct comparison. However, as you become more intimately familiar with your participants and their voices, you can draw out their voices where relevant. What do spouses say that is different from what church volunteers are saying? What do African American participants say that is different from what Euro American participants are saying?

Response: Thank you for your comments. In this work our sampling strategy does not allow us to adequately compare responses by relationship status as most persons interviewed were related to the people they accompanied and where the companion was a friend or volunteer they had a
close relationship with the accompanied person and had accompanied that person on multiple occasions. In our small sample we did not observe a difference between the participants based on relationship status and hypothesize that the lack of difference between the volunteers and family in this sample are explained by the close relationship of the persons. In the future we plan to study the role of volunteer MVCs further by interviewing volunteers who have no relationship with the person they are accompanying and at that point will hopefully have the evidence to answer your question.

Our sample does allow the examination of differences based on diversity. We like your suggestion of comparing “What African American participants say that is different from what Euro American participants are saying”. We have changed the final section of the results now called (lines 364-387) and added some comparisons of responses based on racial diversity.

14. Related to this, it is good to see that you attended to cultural diversity in your sample within the theme introduced at line 340 and in the discussion. However, race is not a theme unto itself; rather, it's a characteristic of your interviewees. Considerations of cultural diversity need to enter into the descriptions of your themes.

Response: We are grateful for this comment and agree that race is not the correct descriptor for this section. We have changed the title of the section to cultural diversity as we feel that your descriptor more accurately captures what we describe.

15. As you have noted in your response to Reviewer 1’s original comments, the three points in time that you are using to organize your results do not represent themes. Rather, they represent your research questions about the roles of MVCs at three points in time. In addition to this, you have seem to have three additional research questions: What is the nature of the MVC's experience?; Does culture influence roles or the nature of the experience?; and, Does the MVC's relationship to the patient influence roles or the nature of the experience? Overall, I have two concerns related to this. First, your response to Reviewer 1 clarifies your approach, but this remains insufficiently unexplained in the manuscript. Second, this is a complex set of questions, and it is very difficult to structure a paper to adequately attend to so many goals. Much simpler would be to say that you wondered what roles MVCs played before, during, and after medical visits, and whether how these roles varied based on the relationship of the MVC to the patient. It is your choice, but if you choose to include all of these research questions, it will be more difficult to structure the manuscript to adequately address them.

Response: We are happy to add further detail to the manuscript on our approach as outlined in our previous response to reviewer one. We have done this in lines 140-143. In response to your second concern and we agree that within the scope of one paper it is not possible to thoroughly
expand upon all of these goals. We have simplified the aim statement for the manuscript to read “In a qualitative study conducted in partnership with a local community-based organization, we aimed to learn more about the roles and experiences of non-spouse MVCs before, during and after a healthcare visit”. (lines 100-102)

16. Be cautious about relying on the terms "positive" and "negative" as themes. These very general terms can sometimes suggest there is more work to do to articulate the nature of participants' experiences.

Response: We appreciate your comment and have taken it into consideration and made some edits to the manuscript. In cases where we feel that positive or negative may not be the correct choice of words we have removed (lines 252, 327, 455) or replaced them (lines 328,350 and 439).

17. These guidelines are useful for reporting qualitative work, and I encourage you to consult both sources:


Response: Thank you for sharing these excellent resources.

Minor comments:

a) In the last paragraph of the introduction, the second sentence does not follow from the first - improve what experience? (It might also be wiser to keep these arguments closer to your immediate research objectives.)

Response: Thank you. We have edited the manuscript and removed the reference to experience. It now reads “A better understanding of the role of MVCs and increasing their use could improve the quality of healthcare received by older adults.” (lines 99-100).
b) A comma and citation are missing at line 180. My preference would be to resolve this by deleting "as is common in the US" since this material is pertinent to the discussion and not to the results.

Response: This has been done, thank you.

c) You sometimes use the term "culture" and other times "race". Be sure that there is reason to use both terms rather than adopting a single term.

Response: Thank you for pointing this out. We have considered our use of both terms and made some changes to the manuscript (lines 364 and 435-437).

d) Sometimes, "companions" is capitalized; other times, it is not.

Response: These have been reviewed for consistency, thank you.

e) For the theme described at line 208, be more specific about how the quotations link to the two aspects of the theme - giving and receiving.

Response: Thank you. We have edited the text to highlight which quotations refer to receiving information (lines 231-233) and which refer to providing collateral information (lines 235-239).

f) Line 381 - what's the evidence? There are no citations to support the claims made in this paragraph.

Response: We have add a citation to this paragraph to support the value of care coordination in reducing hospital admissions and increasing patient satisfaction.


g) The third paragraph remains poorly integrated into the overall argument. Despite some changes to the text, it still doesn't seem to fit. This problem should be addressed.
Response: We appreciate your observation and have removed the third paragraph. The first sentence discussing the aging of our population leading to increased health care costs and growing concerns about care quality has been deleted. The second sentence highlighting how new initiatives to address concerns about care quality fail to consider the MVC even though their presence may improve the quality of the healthcare encounter has been added to the fourth paragraph (lines 89-92).

h) At line 242, the idea of visit summaries being provided by health providers isn't explained to readers who might not be familiar with this idea.

Response: Thank you, we are happy to provide further clarification. We have edited the text (lines 292-294) to do this and it now reads:

One participant when referring to the written summary of the visit often given to patients after a healthcare encounter described: “I make copies and send it to my sisters so we’re all on the same page”. (ID 0505, adult child).