Author’s response to reviews

Title: ‘It’s what you do that makes a difference’ An interpretative phenomenological analysis of health care professionals and home care workers experiences of nutritional care for people living with dementia at home

Authors:

Louise Mole (louise.mole@plymouth.ac.uk)

Bridie Kent (bridie.kent@plymouth.ac.uk)

Mary Hickson (mary.hickson@plymouth.ac.uk)

Rebecca Abbott (r.a.abbott@exeter.ac.uk)

Version: 1 Date: 21 Aug 2019

Author’s response to reviews:

REVIEWER 1

Comments to the authors:

Thanks for the opportunity to read and review this interesting manuscript concerning a very important topic. Overall the manuscript is well written, the choice of method is relevant, and the result is presented in an adequate way. I have only a few comments.

Response: We would like to thank the reviewer for the feedback, and feel that the changes made have improved the manuscript.

Page 7, Line 135: It might be of value if more information about the recruitment of the participants were added. Why seven, did anyone decline to participate (of which profession?). Data saturation?

Response: Many thanks for your comment. We have added some more detail regarding the recruitment of participants, including justification for seven. Data saturation is not usually a consideration when using an IPA approach, as it recognises that each participant’s experience of the phenomena will be unique. It is not the purpose to generate theories from the participant’s accounts. More information has been added to make this clear:
‘This sample size aligns with other IPA studies involving health care professionals, to provide a manageable number of detailed individual accounts [14, 15]. This study did not intend to generate theory, therefore theoretical saturation (or data saturation) was not considered [16].’

No participants declined to take part in this study.

Page 8, Line 161: What role did the other authors have in the analysis of the data?
Response: Themes were shared and discussed with the other authors throughout analysis. A line has been added to make this clearer:

‘Throughout analysis, emergent and superordinate themes were discussed with MH, BK and RA.’

Page 8, Line 164: "The impact of an existing…” This topic could perhaps be further discussed in the discussion section. Is it a possibility that the theme "Responsibility to care" was influenced by the relationship between the participants and the interviewer?

Please discuss how the result could have been affected (line 556)?
Response: Thank you for your comment. As IPA is a double-hermeneutic approach, themes represent a combination of the participants making sense of an experience (in this case providing nutritional care), and the researchers interpretation of this. This topic has been explained in some detail in the Strengths and Limitations section. Themes were therefore influenced by the relationship between participants and interviewer, which is one of the components of IPA.

On reflection, the sentence referred to has now been deleted:

‘Participants may have only provided information that they felt was relevant to the lead researcher’s study’

Page 12, Line 238-241: This is important and should perhaps be emphasized even more in the manuscript.
Response: We thank you for recognising this important point. It is a finding related to issues with overall care provision which was mentioned by participants so was included, but is not related to nutritional care, so is not emphasised.

Page 13, Line 255: Maybe the concept of Memory cafes should be shortly explained for the "international audience"?

Response: This is a valid observation. We have added a brief explanation of the memory café concept so that the paragraph now reads:

‘Memory café’s (which support people with dementia and their family members in a safe, social setting) were viewed as a valuable resource by the GP, and one which differs to that of formal health provision services, such as memory clinics.’

Page 14, Line 280-283: Is this a result or part of the discussion of the results?

Response: This is part of the results, and the quote that follows reinforces the interpretative narrative.

Page 25, Line 528: Perhaps it should be mentioned that these references (29,30,31) are not specifically about people with dementia. As your results also show, (for example line 397), problems with delivered meals could be different for persons with dementia compared to others.

Response: Thank you for this comment. We agree, and have made this clear:

‘Delivered meals have been found to improve nutritional status and dietary intake in older adults (without a diagnosis of dementia) who reside in their own home [31, 32]. Despite this, some studies have found that this group tend to associate negative meanings with convenience food [33]. There is a paucity of studies exploring the effects of delivered meals for people living with dementia at home.’

REVIEWER 2

Comments to the authors:

The study is an interesting take on perceptions and experiences, concerning nutritional care, of individuals that encounter persons suffering from dementia whether it be in the form of general care or medical care. I believe the four "superordinate" themes identified are quite translational
to differing populations across the world and professions in the medical community as a whole. There are always questions around nutritional status when thinking about chronic diseases, especially diseases of aging. Specifically, dementia, of all types, has become a major concern as the prevalence grows. What we can do as professionals and caregivers to attenuate components of the disease process, or at the very least, improve quality of life, is at the forefront of many people's minds. This work addresses the important, albeit not often studied, viewpoint of the health professional and caregiver regarding nutritional status and care of persons with dementia.

Response: We would like to thank the reviewer for the feedback, and feel that the changes made have improved the manuscript.

Intro No concerns

I appreciate the author's candor in stating that many healthcare professionals are inexperienced and uncertain of how to give nutritional recommendations. We have to recognize and reflect on our weaknesses for the betterment of our patient populations.

Response: Thank you for this positive feedback.

Page 6, Line 115

(Methods) I assume the interview only happened once; I would like to see that stated though. If it were more, that would be important to the manuscript.

Response: Many thanks for this comment. Yes, the interviews took place once and as recommended we have made this clear:

‘Each participant took part in one semi-structured interview between December 2017 and March 2018.’

Page 7, Line 138

(Table 1) Other demographics including age and race/ethnicity of the study population is important and should be included. Practice years and sex can certainly effect perceptions; I would argue that age and race/ethnicity are just as important.

Response: Thank you for your comment regarding demographics. Although we do agree that it would be interesting to explore how other demographics influence perceptions, participants were
not asked for their age or race/ethnicity in this study as it was not deemed appropriate for the topic.

Results

No concerns

Methodical and thoughtful compilation of the results

Response: Thank you for your positive feedback regarding the results section.

Discussion

Attentive conclusions drawn with thoughtful solutions

Response: Thank you for your positive feedback regarding the discussion section.

Page 25, Line 546 (Discussion): I recognize this is an initial study; however, you draw conclusions and make practice suggestions i.e. line 536, 575. It should be reiterated that this was an extremely small sample n=7 with no follow up and conducted over a 3-4 month period.

I would also suggest iteration of the season. Winter, when the data was collected, can affect many people's moods, perceptions etc. Seasonal affective disorder for both participants and their patients, sun-downing effect being more prominent in those with dementia, but especially during the winter, could lead to more difficulty with patients and thus change the participant's perception.

The study is only generalizable to those in southwest England. I think the concept can translate across the world as previously mentioned, but technically, there is no generalizability beyond your location, given differences, however major or minor, in healthcare systems, professions, and practices.

Response: Thank you for this comment. To avoid confusion, the following sentence has been removed:

‘This may include: raising awareness of the importance of nutritional screening, confidently cooking a suitable meal, and taking the time to understand the significance of mealtimes for those living with dementia.’
We appreciate your comments regarding the time of year when the study took place. Although it is interesting point, it could be argued that there are many factors that would affect participants perception, too many to include and comment on in this paper.

We appreciate your comments regarding generalisability. IPA studies are not intended to be generalizable, even within geographical areas as the themes and interpretations represent the participant’s individual experiences. This point is made in the Background section Line 110-112:

‘Therefore, in-depth interpretative accounts for a small number of participants are presented when using IPA, instead of a generalised account for a larger sample.’

Page 26, Line 573: Include "Our sample of" health care professionals…I appreciate the conclusion drawn however, again this is a sample of 7 with 5 being health care professionals and 1 physician. A larger sample would warrant the generalized statement of "HCP’s and home care workers recognize there are clear benefits…"

Response: Many thanks for this observation. We agree, and have made this explicit:

‘The health care professionals and home care workers in this study recognised that working together as a team can improve care outcomes.’