Author’s response to reviews

Title: Exploring health care providers’ perceptions about home-based palliative care in terminally ill cancer patients

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Author’s response to reviews:

Dear editor-in-chief,

Thanks for considering my manuscript, PCAR-D-19-00049, with the title “Exploring health care providers’ perceptions about home-based palliative care in cancer patients at the end of life” for review in the journal of “BMC Palliative Care”

I welcome the comments of the reviewers on our manuscript. The manuscript edited by a native English speaker. We tried to revise the manuscript according to reviewer comments.

We answer the ambiguities point by point below.

Reviewer reports:

Mamak Tahmasebi (Reviewer 1):

- Page 2/ Background: " The World Health Organization has identified cancer as an incurable disease... (3)a". I couldn't find any proposition in the reference (3) which match with this sentence.

  Answer: Corrected
- Methods/ Study Participants: "... family members of cancer patients involved in home-based palliative care, care givers and the patients themselves...". Except one care giver I couldn't find any patient or family member, in the tables 1 or 2.

Answer: I’m sorry for this mistake, the title of the study is “Exploring health care providers’ perceptions about ...” and we used care providers’ perceptions in this manuscript. Of course, we interviewed family members and patients and will publish the data in another study about “designing a model of home-based palliative care in end of life cancer patients”.

We corrected the content of the study to be consistent with the inclusion criteria and the participants.

- Data collection: "In order to access authentic and real information, the researcher established a close and direct relationship with the participants." I couldn't understand the intention of this sentence.

Answer: This sentence reveals the rigor of the study in accordance with the views of Lincoln and Guba (1).

- Opportunities/ Cost-Effective for both families and the health system...” How did you find this result from your study?

Answer: We explained this subcategory, and cited more quotations for transparency.

Maja De Brito (Reviewer 2):

General comment: palliative medicine and palliative care are used interchangeably, when palliative medicine is a part of palliative care and not a synonym. Please correct that throughout the paper. I believe the study is about the experiences of home palliative care in general and not just the medical aspect of it.

Answer: It’s corrected and we used palliative care across the text.

Abstract: The aim of the study is to explore, more than explain. I would suggest taking out "to explain", it also doesn't appear in other parts of the paper.

Answer: It’s corrected

What is a "conventional" content analysis? Since the authors of the analytical approach you are using are mentioned, I don't see the need to define it as "conventional". It is quite confusing.
Answer: I think this study is a conventional content analysis, because we used semi-structured and open-ended questions for data gathering, and, for analysis of the data, researchers immersed themselves in the data to allow new insights to emerge, also described as inductive category development. Researchers avoided using preconceived categories, instead allowed the categories and names for categories to flow from the data (2).

The conclusion is a bit weak, more a very general summary of the results. It should contain a strong take-home message worded very precisely and maybe extrapolate to a future perspective. Answer: It was revised.

Background: I found the first paragraph too generalist. Since the study present home care in a country that may be less known to the international readership, more contextual information would be welcome. For example, authors mention that the health system follows a network model, but do not describe what this is. Please say more about the cultural and social context of it.

Answer: We introduced cultural context and the structure of the health system of Iran briefly.

Methods: what does "conventional" method mean?

Answer: We introduced it above.

In study participants you say that family members and patients were involved and even present inclusion criteria, but in the list of participants I cannot find any of these.

Answer: I’m sorry for this mistake, the title of the study is “Exploring health care providers’ perceptions about …” and we used care providers’ perceptions in this manuscript. Of course, we interviewed family members and patients and will publish the data in another study about “designing a model of home-based palliative care in end of life cancer patients”.

What does "length of service" in the participants selection mean? Does it refer to how long the service exist or years of experience?

Answer: Our opinion is experience of health providers in the field of home-based palliative care.

One of the inclusion criteria is "competence to participate". What does that mean considering all the interviewees were health or other professionals?

Answer: It was corrected.

What does "definite diagnosis of cancer" mean?

Answer: Definition of cancer diagnosis was added.
Were there any specific exclusion criteria used?
Answer: Exclusion criteria were mentioned.

Why was there one person with two interviews?
Answer: Because he had extensive knowledge and experience about home-based palliative care and to further enrich the collected data.

The duration of the interviews should be reported in the Results.
Answer: I think it is related to the methodology section.

What does it mean the data analysis was conducted simultaneously?
Answer: It means that after each interview, we listened and transcribed the interview, then analyzed and extracted the codes and subcategories. Then, based on this extracted data and the emerged codes, we would choose the next participant (3).

Why individual interviews and focus group? What was the reason to conduct them? Why not all individual or all focus groups?
Answer: The discussion session of the focus group was held to enrich individual interviews and promote the rigor of the collected data in individual interviews. (This sentence is mentioned in the text).

Why a sample of 17 people, why not more? How do you know this was enough to respond to your research question?
Answer: Sampling continued until data saturation was achieved, and the participants did not offer new information and new data could not be obtained from the interviews (4). (This sentence is mentioned in the text).

First to sentences in the "Ethical considerations" are redundant.
Answer: I couldn’t find any redundancies.

Results: In general, I would suggest the use of more quotes, but I leave that to consideration of the authors.
Answer: We added more quotations.

In "Lack of inter-professional and inter-sectoral collaboration" one of the quotes talks about the police force and security services role in doing the work. For international readership this may sound quite peculiar and would need more contextual information.
Answer: The explanation was improved (The police force could help the security of health care providers in clients’ homes).

I would consider the quote about laws in "The challenges associated with the management …" more representative of "Lack of appropriate infrastructures…" In the "Challenges of transferring patients home" you state that costs are high due to insurance coverage issues, but in "Cost-effectiveness" you say that home care is more cost-effective for both, families and health system. This is a contradiction that needs to be resolved.

Answer: We revised and explained these subcategories.

Discussion: At moments it seems a repetition of the results, when it should be taken on a more of a synthesis. It would be useful to develop some recommendations for clinical practice, training and policy.

Answer: We revised the discussion, somewhat, and mentioned some suggestions for clinical practice, training and policy in the field of home-based palliative care.

Limitations: I would welcome a reflection about the method used, the trustworthiness of the study. You say that the access to interviewees was difficult. Does that mean some were not interviewed because of this? This should be explained also in the sampling part of the Methods.

Answer: We explained that in the methodology section.

Best Regards,

Dr. Heydari

References

4. Speziale HS, Streubert HJ, Carpenter DR. Qualitative research in nursing: Advancing the humanistic imperative: Lippincott Williams & Wilkins; 2011.