Author’s response to reviews

Title: The Exploration of the Knowledge, Attitudes and Practice Behaviors of Advanced Care Planning and Its Related Predictors among Taiwanese Nurses

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Version: 1 Date: 03 Oct 2019

Author’s response to reviews:

Response Letter

Oct. 2nd, 2019

Dear Editor-in-Chief Prof. Gummlich,

This letter is to respond to reviewers’ comments on the manuscript entitled “The Exploration of the Knowledge, Attitudes and Practice Behaviors of Advanced Care Planning and Its Related Predictors among Taiwanese Nurses” (PCAR-D-19-00055) and we very appreciate those insightful comments for making our manuscript clearer and comprehensible to the readers. According to comments of the reviewers, an itemized, point-by-point response is listed below; please feel free to contact me at swjane@gw.cgust.edu.tw for any concerns or questions of this revision.

Once again, thank you in advance for your kind assistance in our academic work and look forward to hearing from you about the progress of the resubmission.
Sincerely,

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Reviewer 1:
Comments Response
1. pg 2, linen11, word should be messengers not massagers
   Response: The massagers has been corrected as messengers at page 2, line11.

2. pg 8, next to bottom line, hour should be hours
   Response: The hour has been corrected as …and hours of hospice continuing education at page 9, line 6.

3. pg 10, Line 5, omit "According to" and start the sentence with The results from........
   Response: The deletion of “according to” and start with The results from ACP-A indicated that nurses’ attitudes at page 10, line 12.

4. pg 12, line 6, insert "indicating" between "54% of respondents" and "that terminal patients"
   Response: The insertion of “indicating” at with 65% of respondents indicating that terminal patients continue… at page 12, line 14.

Reviewer 2:
Comments Response
1. This is a survey of nurses knowledge, attitude, and practices (ACP) in one Teaching Hospital in Taiwan regarding advance care planning (ACP). More knowledge on the attitudes of nurses regarding ACP in hospitals and nursing homes is crucial for the implementation of ACP in a national policy to foster palliative care, and proper End-of-Life decisions. The originality of this study lies with the focus on nurses not working with cancer patients but involved with chronic care patients.
   The methodology is sound, and based on a well established international example (Zhou et al.). The background, discussion and reference list testify of a thorough knowledge of the problem.
   The presentation of the results is complicated, as numerical values of scales may not convey their clinical meaning easily. The tables are however well constructed. The reader can see that
differences are often limited, and the numbers in subclasses may go low (eg. Only 7 assistant head nurses).
The findings with statistical significance are plausible, make sense, and are useful for a Barrier/facilitator approach in a theory of change.
The discussion is elaborated and includes discussion of external literature at the appropriate places.
The conclusions are within the scope of the data, although the recommendations for further policy may need more ground.
Response: Thank you for these positive feedbacks on this MS.

Minor comments:
1. The type of nurses (and their ladder) needs more explanation in the beginning or in the methods. see: N nurses, N2 nurses, Lead nurses, assistant head nurses, head nurses, APN nurses (in the ZHOU study), with some relation to years of professional training (college, bachelor, master).
Response: The explanation of nurses’ clinical ladder was provided at the bottom of Table 1.

2. Some phrases are incomplete or are confusing. Revision by a native speaker may be needed.
Response: The co-author, Dr. Beaton who is native speaker, re-reviewed the entire MS.

Reviewer 3: STATISTICAL REVIEWER COMMENTS:
Comments Response
A useful review of the literature at the start. The study has the equivalent of ethics committee approval. An interesting and important study
Tables 1 to 6 are detailed and informative
Response: Thank you for these positive feedbacks on this MS.

1. If the study is to be representative of Taiwan why is just one hospital surveyed? Why is surgery excluded? Are there not a lot of cancer cases I surgical patients?
Response: The purposes of this descriptive study were to explore the implications of ACP or hospice care for nurses caring for patients with non-cancer chronic illnesses at a regional teaching hospital in southern Taiwan; and, to identify predictors of nurses’ knowledge, attitudes, and actions toward ACP. To avoid the confusing, the purpose of this study was restated at page 3, line 5-6.
In Taiwan, the conversations of ACP issues between healthcare providers and patients or their family members wouldn’t be initiated while the patients approaching EOL or advanced stage. Often time, there are rare patients admitted at the surgical units, thus, we excluded the surgical unit in this study.

2. The cronbach alpha scores are given for 6 items used of the original 31 item Zhou study - can such a comparison be made as the whole question Zhou told is not used?
Response: Sorry for the confusing. The primary outcome of ACP measure used in Zhou’s study was a 34-item tool, including 12 items of knowledge, 18 items of attitude, and 4 items of action. Considering the bylaw issues in the area of ACP in Taiwan which were quite different from
USA, three items of measuring knowledge of ACP were not included in this current study. Thus, a total of 31 items were used to measure ACP in this current study. The Cronbach alpha scores are primarily given for an 18-item ACP-Attitude (8-item ACP-A-b, 6-item ACP-A-s, 4-item ACP-A-p) and a 4-item ACP-Action at page 5 line 3-6, but not including 6 items regarding “additional descriptive questions for advanced care planning practice information” from Zhou’s study to describe Implication of Hospice Care and ACP (IHAC) (page 4, line 3-4). At the first 4 items of this 6-item measure were solely reported as frequency (Table 2) (page 6, line 19-25) and the remaining two items were reported with frequency at page 7 line 1-2 (item #5) and Table 3 (item #6), respectively.

3. The ACP-K does not state what an acceptable score but states 0.42 is acceptable Response: According to the Hsu, Hung, & Hung (2011), Kuder-Richardson Formula 20 (KR-20) 0.374 was considered to be acceptable. Thus, the KR-20 of 0.42 was considered as acceptable in this study. To enhance the clarity of this finding, we added the citation of KR-20 at page 4, line 23-25.

4. Where did the ACP-A score originate from? Response: To enhance the clarity of this measure, we added “The ACP-A used to measure attitude toward ACP primarily adapted from Zhou’s study at page 5, line 2-5.

5. It needs to be stated why Cronbach alpha was the statistical measure chosen over other potential statistical methods Response: Thanks for the reviewer’s useful comment. From the methodological viewpoint, any quantities of interest in medicine are difficult to measure its explicitly. We need a series of questions and combine the answers into a single numerical value. Often time, this is done by simply adding a score from each answer. A useful coefficient for assessing internal consistency is Cronbach's alpha [1]. For the ACP questionnaire, when items are used to form a scale then we need to have internal consistency. Due to items measured the same thing, so we would be correlated with one another.


REQUESTED REVISIONS:
6. Previous issues in earlier section and how has a 98.2% response rate obtained? This seems amazingly high.
Response: We postulated that the 98.2% of response rate might be primarily due to the nature of research design with a cross-sectional design. Also, two co-authors (Chiu-Chu Hsieh & I-Chien Chen) are working at this regional hospital and have the opportunity to explain the purpose and importance of conducting such a study in the area of ACP.

7. IHAC has some high p values- I assume this means that they are not statistically significant Response: We combined results of the first two questions of the IHAC at our original submission, leading to the confusion of significant and insignificant findings. Thus, we reported separately the findings of those four questions at page 6, line 19-25.

8. Page 7 - "this model generate" - what does this mean?
Response: Page 7 - "this model generate" means that we used Pearson's correlation coefficients to examine factors correlated to ACP; furthermore used simultaneous regressions to identify predictors of knowledge, attitude, and actions of ACP. To avoid the confusion, we replaced “this model generate’ with “results from regression analyses found that” at page 8, line 1-2.

9. The reasons for using Pearson's correlation coefficient should be stated and similarly Regression analyses
Response: The rationales of employing Pearson’s correlation coefficient and Regression analyses were explained at the statistical analyses section (page 6, line 1-5).

10. The limitations at the end state that it is a small study in one centre and no generalisable conclusions can be made, so perhaps descriptive statistics eg mean, median etc would be enough without the need for these complex analyses. This is how the conclusion is written. I am assuming no generalisations can be made beyond this hospital in Taiwan and so not for Taiwan itself or wider still globally.
All the statistics refer to Zhou's study (reference 21) and perhaps are description of this given and the pros and cons of using this as a validated tool or otherwise
Response: Thanks for the reviewer’s insightful comments. We apologize for the inadequate descriptions. The limitations have been corrected at page 13, line 5-17.