Author’s response to reviews

Title: Pharmacists’ knowledge, attitude and involvement in palliative care in selected tertiary hospitals in southwest Nigeria

Authors:
Rasaq Adisa (adisaras73@yahoo.co.uk)
Aderonke Anifowoshe (ronkeanifowoshe@yahoo.com)

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Author’s response to reviews:

POINT-BY-POINT RESPONSE TO REVIEWERS AND EDITOR’S COMMENTS IN RESPECT OF OUR MANUSCRIPT CODED: PCAR-D-19-00163R1

Dear Editor,

BMC Palliative Care

We are very grateful for the comments received in respect of our Manuscript coded: PCAR-D-19-00163R1 and titled “Pharmacists’ knowledge, attitude and involvement in palliative care in selected tertiary hospitals in southwest Nigeria” We have found the comments quite useful.

Kindly find below the point-by-point response to reviewers and editor’s comments in respect of our manuscript. Details of clarifications and modifications made to the original manuscript are included in appropriate sections of this revised version. The locations for modifications and inclusions in the revised manuscript are indicated in this response letter.

Reviewer reports:

Ebiere Clara Herbertson, M.Pharm, M.Phil, MHPM (Reviewer 1)

The grammar errors identified in my earlier review were corrected.

RESPONSE

We are very grateful for the commendation by the reviewer 1 - Ebiere Clara Herbertson

Bridget Candy (Reviewer 2):

The authors have made a good job at revising this informative paper. There are a few minor revisions that are still needed before I feel this is publishable.
RESPONSE

We are also very grateful for the commendation by the reviewer 2. The minor corrections pointed out have been duly effected in the revised manuscript.

A careful read through of English is required. There are I note some minor corrections needed. For instance, in the discussion section, second paragraph in first sentence please remove the word 'only'

RESPONSE

The entire revised manuscript has been carefully and thoroughly edited for any other grammatical or typographical errors, and specifically the correction pointed out in line 250 under the discussion section. See the entire revised manuscript for the minor correction effected, and specifically page 12, line 253 in the discussion section for the deletion of the concerned word.

Abstract:

Background last sentence - need to add who was being hindered- as in pharmacists’ participation in PC.

RESPONSE

The correction pointed out in this regard has been appropriately effected. See page 2, line 27, background section of the abstract in the revised manuscript for the corrections.

Method - add in sentence on overall score that the 'domains were developed for the purposes of this study into a binary category'. In method section, you also need to state that the general knowledge questions were relating to palliative care.

RESPONSE

The corrections in respect of the reviewer’s comments in these regards have been appropriately effected. See page 2, lines 30, and 31-33 of the method section of the abstract in the revised manuscript for the corrections and inclusions.

Results- need to add a first sentence to state actual number of pharmacists that responded and the response rate. Current first sentence needs to make it clear who is judging that they don't have adequate knowledge. Last sentence either take out or make it clearer what attitude-related statements you are referring to.

RESPONSE
The comments of the reviewer in these regards have been appropriately effected in the revised manuscript. See page 2, abstract section, lines 37-38 and lines 45-46 in the revised manuscript for the corrections and modifications.

Background

Can you clarify whether your study is the first of its kind in Nigeria and if not apart from looking at factors that may hinder participation what else does it add?

RESPONSE

We quite appreciate reviewer’s comments in this regard. We have found them very useful. In Nigeria, there is dearth of evidence-based research that directly focus and explore pharmacists’ knowledge, attitude and involvement in palliative care. Though, few studies have evaluated knowledge, perception and sometimes attitude of healthcare workers in palliative care, in which a small percentage of some category of pharmacists were incorporated. However, to the best of our knowledge, none of these studies have extensively looked at the involvement of pharmacists in palliative care, as well as barriers to pharmacists’ participation in palliative care. Thus, this forms part of the main reasons and the impetus that propel us to embark on our research study, more so both authors have undergone training in palliative care within and outside the country, where we have identified the relevance of pharmacists’ contribution in the provision of palliative care service, especially the hospital pharmacists in tertiary healthcare facilities where most patients requiring palliative care usually accessed for their care. However, to effectively explore hospital pharmacists’ involvement in palliative care we deemed it fit to comprehensively evaluate the knowledge and attitude which has not been thoroughly explored among pharmacists by any of the few studies that were conducted among the healthcare workers generally. Specifically, our study is therefore set to provide evidence-based information on the extent of involvement of pharmacists in palliative care services, while exploring the factors that may hinder their participation in palliative care. The information obtained from our study may help to identify areas of focus for future advocacy and intervention to address any practice gaps among hospital pharmacists which is the focus of our study and by extension the community pharmacists. Thus, this is the contribution that our study will add to the existing knowledge in palliative care. See page 4, lines 89-91, and page5, line 94-95 in the revised manuscript for the inclusions and modifications to reflect our study contribution.

Method

Instrument for data collection please clarify how it was developed for the study.

RESPONSE

The reviewer’s comment in this regard is quite useful. Actually, the concept and design of the questionnaire was developed by the investigators following extensive review of relevant studies, as well as utilizing their previous experience from palliative care training. Specifically, the
corresponding author is a certified palliative care practitioner, who has undergone palliative care initiator course in Hospice Africa Uganda (HAU) and has been a facilitator and resource person for palliative care training in Nigeria. The second author has also participated in palliative care training locally in Nigeria. Both authors therefore have wealth of experience in palliative care, as well as possess the needed skills that have helped in the design and development of the questionnaire used for the study. Clarifications on the development of the questionnaire have been included in the method section, page 6, lines 128-130 in the revised manuscript.

Thank you.