Author’s response to reviews

Title: Role of nurses in medication management at the end of life: a qualitative interview study

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Version: 1 Date: 03 Mar 2020

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Reviewer reports:

Aileen Collier (Reviewer 1):

BMC Palliative Care PCAR-D-20-00009 Role of nurses in medication management at the end of life: A qualitative study

Thank you for the opportunity to review this manuscript. This is an important area given the growing palliative care needs of an older population, polypharmacy and multimorbidity. As it stands however, there are some significant issues with the paper that would need to be addressed if it is to be suitable for publication and make a meaningful contribution to the field. I have made some further comments below and hope the authors find them useful.

Overall, the most significant issues, as I see them are terms of situating the study in the literature and reporting of the methodology and depth of analysis. This, in turn makes the claim making somewhat tenuous.

Reply: Thank you for the detailed feedback on our manuscript.
Background

1. The authors refer to the last phase of life (and later in the background 'end of life') - given the audience is international it might be helpful to be more specific earlier in the paper here to contextualise the paper to the population -in terms of the literature. For example, potentially inappropriate medications may be very different for a person at the very end of life as opposed to someone earlier in the illness trajectory of advanced heart failure requiring palliative care. The concept of potentially inappropriate medications needs further critical analysis here to appropriately position the study.

Reply: We adapted the first paragraph of the background. We wrote more about the population and added a definition of PIMs to make the background more clear (Background, first paragraph, page 3).

2. The authors make the claim, beginning in the second paragraph, that physicians pay little attention to medication review and report a variety of reasons for not deprescribing. This argument could be a little more nuanced i.e. it seems a little over claimed in terms of 'all' physicians - For example, I'm not sure Geriatricians and Palliative care physicians would agree with you here. I found it a little off putting for the paper to potentially set up physicians against nurses here - I'm sure this is not the intention, however - I would avoid doing so and instead try to develop a more sophisticated argument.

Reply: We made our description of the role of physicians in the Background more nuanced (Background, line 17, page 3 and line 1, page 4).

3. Line 34 typo? subsist

Reply: Changed into ‘exist’ (Background, line 24, page 3).

4. On line 40 you state there are barriers in communication and collaboration but don't outline what these are.

Reply: We now give some examples of these barriers in communication and collaboration (Background, lines 27-29, page 3).

5. Overall, I found the Background to be lacking in breadth and depth and it appeared to end abruptly. For example nurses already have a significant role in medication - there is also a significant diversity of nurse roles in this regard i.e. specialist, non-specialist. Nurse practitioners obviously have quite a different role in medication management than bedside nurses.

Reply: We agree that there is a great diversity in level of education and experience in nurses. We have included this aspect in the introduction (Background, last paragraph, page 4). We could not
take into account the level of education of the nurses in our study. We describe this in our discussion as one of the limitations (Discussion, line 7-8, page 17).

Methodology

6. The underpinning theoretical framework is not clear from my reading of this section. The authors state this study is a part of a larger study. What the wider study is, the relationship with the wider study and whether there are already publications from this study needs to be made clearer.

You state on line 23 "Their perspectives formed an important part of this investigation" - however how and why is not made explicit. Where you state 'additional analysis' - it is also not clear what this analysis was in addition to?

Reply: We added references of publications from the wider project (Methods, line 3, page 5) and primary study (Methods, line 6, page 5).

The interview study had such a broad scope (norms and values, actual practice, views and perspectives, problems and possible solutions regarding medication management at the end-of-life) that we performed several analyses. The primary analysis was focusing on norms and values (reference (16)). We did a secondary analysis of the role of nurses. We adapted the description of the method to clarify this (Methods, line 7, page 5).

7. The authors state that participants were recruited if they had a life expectancy of less than 3 months. Was it the physician's referring potential participants to the study who decided this? Although you state that physicians were employed in a general hospital, hospital or home care it would be helpful to be more specific about who these physicians were and how they were approached. I am not entirely clear who the researchers were in relation to these settings and physicians- This is important in terms of researcher reflexivity.

Reply: Yes, it were the physicians referring potential participants to the study who assessed their life expectancy. We adjusted the text to make this clearer (Methods, first paragraph about ‘participants’, page 5). Their specialties can be found in Table 1 (Participants’ characteristics).

There was no previous relation between the physicians and the researchers. We noted that in the Appendix 1 COREQ, item 6.

8. a: On page 5 under the heading data collection the authors provide the names of two of the interviews and initials of the others. Again, it would be helpful to know the experience and expertise of these interviewers in qualitative research and their backgrounds.

b: I am unsure why two of the interviewers were named?
c: Also, who the ten 'experts' were and why they were deemed experts is not clear here.

Reply:

a: We added the background of the researchers (Data collection, line 4-7, page 6).

b: Two interviewers were named specifically, because they were no authors of this manuscript. (Acknowledgements, line 3-4, page 19)

c: We changed experts into specialists in palliative care. (Data collection, line 8-9, page 6).

9. The data analysis section is problematic for several reasons. First computer software does not do the work of analysis. The authors say they used a constant comparative method taken from grounded theory. If this is indeed what you did, further explanation is required as to why and how. It is not enough to say that the COREQ checklist was followed. Rather, this section and the entire manuscript need to show that it was followed. Themes do not 'emerge' from data - they are the work of analysis (See for example Braun and Clark) - however, this active work of the researchers is not made fully explicit here, especially in relation to previous analysis and the secondary analysis the authors outline. I would also draw the authors' attention to Prof Sally Thorne's recent editorial here. Beyond theming: Making qualitative studies matter.

Reply: Thank you for the very useful recent editorial of Prof Thorne.

We adjusted the text to describe more precisely how our analysis was done and how it related to the primary analysis (Data analysis, page 7).

Findings

11. Overall, the authors have a significant amount of rich data and from a variety of perspectives. Unfortunately, as it stands, the findings section isn't doing these data justice especially in light of the aforementioned issues with data analysis. That is, the findings, for the most part are provided as descriptive categories. I would prefer to see a much deeper analysis of the data in relation to the research question and the broader literature and given the diverse perspectives of participants.

Reply: We have adapted the description of our findings to better show the depth of the analysis and better relate it to our research question and the diverse perspectives of the participants. (Results, line 6-7; line 13-14, page 8; line 1, page 9; line 12, page 10; line 20, page 11; line 9-11, page 12; line 3, line 7-9, page 13).

Discussion

12. Attending to the issues of the previous section would allow the authors to bring to light the complex interplay they talk about in the conclusion. As it stands the 'so what' of the paper here is
unclear in relation to the issues of polypharmacy, deprescribing and PIMs the authors discussed in the background of the paper.

Reply: We adapted the discussion, more specifically addressing the issues of polypharmacy, deprescribing and PIMs; and the complex interplay among patient, informal caregiver, physician and nurse involved (Discussion, page 13-15)

13. Paragraph 2 - Reid and McCormack - different reference style

Reply: Corrected (Discussion, line 36, page 13)

Carole Parsons, PhD (Reviewer 2): This is an interesting study in an area which is gaining in research interest. The methods are appropriate and well defined, and the results are clearly discussed in the context of the literature in the area. The authors have reported the study according to the COREQ reporting guidelines for qualitative studies. In my view, this paper is acceptable for publication. However, I would urge the authors to consider changing the sentence in the Background from "The shortcomings on the physicians' side" to something more moderate and less contentious/inflammatory.

Reply: Thank you. Please see point 2, reviewer 1.