Author’s response to reviews

Title: A sense of security in palliative homecare in a Norwegian municipality; dyadic comparisons of the perceptions of patients and relatives. A quantitative study

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Dear Editor–In-Chief

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A sense of security in palliative homecare in a Norwegian municipality; dyadic comparisons of the perceptions of patients and relatives. A quantitative study

Thank you for reviewing the manuscript again, for giving us the opportunity to make some revisions and for the positive feedback that our manuscript is potentially acceptable for publication in BMC Palliative Care. We register that reviewer 1 (previously 2) had no further comments. Therefore, we have examined the manuscript in light of the comments from reviewer 2 (new 3) and made some additions and clarifications, which we hope have improved it. Some of the comments did not lead to changes in the manuscript, and we have done our best to explain why we did not make the suggested changes.

The reviewer’s comments are presented in italics and arranged point by point. We refer to the line-numbers at the end of each of our listed revisions in the revised manuscript.

Please note our corrections below.
Reviewer 2 (new 3)

1. (r2). "I, however, have an issue in relation to the language used and so "patient-relative dyads". I had to check the word "dyad" which has different potential meanings and it refers to a pair. What if there is more than one relative? Dyad needs to be carefully defined for this paper please".

The word "dyad" means a group of two. In our study, only one relative of each patient was included. This relative was the one the patient had named as her/his closest relative in the documentation system. To clarify this, we have added the following information in the section pertaining to the participants: "A patient-relative dyad refers to the patient and the person she/he has named as her/his closest relative". (p. 7, lines 143 and 144) (also cf. Henoch et al., 2012 ref. number 27).

2. (r2). "The other word is "security" and I wonder if this is the best word. Security and home care I would have associated with intruders or burglars when this is not what is meant here. This needs to be stated or an alternative words used. It was the first thing I thought when I saw the title again it is just a matter of language and potential interpretations of language. Is security the exact wording used in the QPP questionnaire or has it been modified"

The use of the term "security" has caused us some concern. The QPP-security in this study is a modified version of the original QPP.

The definition of security is "freedom from danger, fear and anxiety", confidence is defined as "a relation of trust", while safety means "being safe from ongoing hurt, injury or loss" (Merriam-Webster’s Online Dictionary, February 2018). In the Norwegian language, these nouns are intertwined in the concept "trygghet". Andersson (1984) made an analysis of the concept "security", which appeared to be multidimensional with some dimensions related to a person’s inner, well-grounded confidence in life, in her/himself and her/his basic trust. Other dimensions are related to the impact of certain events and the individual perception of these events, or state of affairs. "Trygghet" has a lot in common with the description given by Maslow (1970). In his pyramid of human needs, he named the second level "safety" and stated that it includes security, stability, dependency, protection, freedom from fear, anxiety and chaos. "Certainty" in contrast to "uncertainty" could also be included. An event will be judged "uncertain" when a person experiences vagueness, lack of clarity, ambiguity, unpredictability, inconsistency and so on.

However, referring to Milberg and colleagues (2012, 2014) and Sarmento and colleagues (2017) who use the term "security" and to avoid being mixed up with the national "Patient Safety Campaign" from the Norwegian Directorate of Health (Pasientsikkerhetskampanjen, 24/7), we would prefer to keep the concept "security" and hope that it is acceptable.

3. (r2). "Similarly, "municipalities" which means different things in different countries and a single sentence definition would be helpful for the reader".
In Norway, a municipality is a council area that can be a city, town or other district, possessing corporate existence and its own local government. We have included a single sentence about this in the "Setting" section (p. 6, lines 110 and 111).

4. (r2). "To help the reader, maybe help on page 14 to putting these abbreviations in full as well - MT, PT, ID) and so remind the reader".

We have written these three abbreviations in full (p. 14. Lines 312 and 313).

5. (r2). "In the abstract and conclusion some of the actual key findings via statistics / p values may be useful for "Data which were analysed by descriptive statistics, Chi-squared test, T-test and Wilcoxon’s signed rank test."

We agree that it would be interesting to present more detailed findings from the analysis in the abstract and the conclusion. The key findings from Wilcoxon’s signed rank test are presented, but not with mean values and p-values because of the 350 word limit in the abstract. In the abstract we have added the word statistical (p.2, l. 44) in the "Results" section and added "statistically significant" in the "Conclusion" section (p.3, l. 50).

The Chi-squared test, T-test and descriptive statistics were used when analysing the background of the participants. These are presented in Table 1 and in the text on pages 8 and 9 in the "Participants" section as recommended by reviewer 1 in the first review of the manuscript. As there are so few participants and their background no longer constitutes a part of the results, we hope it is acceptable to retain the version from the previous revision. If not, please give us an opportunity to revise the abstract and the conclusion.

In view of the fact that the reviewer had "an issue in relation to the language used", we have made a few minor changes to ensure that the manuscript is clear. These are made after having checked the language again with a professional proof-reader who has English as her mother tongue.

We hope that the revised manuscript is clearer and that it will be accepted for publication in BMC Palliative Care.

On behalf of the research group

Kind regards,

Reidun Hov