Author’s response to reviews

Title: Compassion fatigue, watching patients suffering and emotional display rules among hospice professionals: a daily diary study

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Author’s response to reviews:

Dear Editor,

Dear Reviewers,

Thank you very much for reviewing our manuscript. We also appreciate your interesting comments and suggestions.

Below we explain how we have incorporated them into this new version of the manuscript. Your original comments are reproduced in italics; our responses follow each comment.

Technical Comments:

1. Please include the email addresses for all authors on the title page. The corresponding author should still be indicated.

   \ We added the email addresses for all authors.

2. Please rename 'Conflict of Interest statement' to 'Competing Interests'
3. Please rename 'Acknowledges' to 'Acknowledgements'

4. Please remove the figure legends embedded within the figure files

Reviewer reports:

Reviewer 1:

In my opinion, this is a good job because it deepens the therapeutic relationship in the field of palliative care and this is of great significance for the reasons presented in the introduction.

Thank you very much for your kind words of appreciation.

About "Participants and procedure", it would be interesting to have more information on how to select the two hospices.

We totally agree with this important point. We added the following text in the manuscript:

“At the time of this study, there were two not-for-profit hospice organizations in the Local Social Health Area (ASSL). Both hospices (34 beds in total) were approached by the research team to inform them of our study and both agreed to participate in our study. The target population for the present study included physicians, registered nurses (RNs), psychologists, and health assistants who met the following inclusion criteria: (1) will be still employed by a hospice organization during the study (1 month), and (2) interact directly with patients and their families. A total of 47 healthcare workers were eligible to be involved in the study.”

Moreover, I would appreciate if the authors describe in more detail the two selected hospices, they should answer to questions such as: what population do they attend? How many workers do they have? How is it funded? etc.

Thank you for your valued suggestion. We expanded this section by describing the essential characteristics of the involved hospices:
“In the first hospice (18 beds), a staff of 28 hospice professionals provide care for cancer patients. In the second one (12 beds), a staff of 22 hospice professionals provide care mainly for patients with cancer, dementia, Multiple Sclerosis, ALS, and other serious illness that has received a terminal diagnosis. “

The authors said: "A total of 47 health workers were eligible to participate in the study" and I wonder what those criteria would be to be eligible.

◊ We totally agree with this important point. We added the following text in the manuscript:

“[…] The target population for the present study included physicians, registered nurses (RNs), psychologists, and health assistants who met the following inclusion criteria: (1) will be still employed by a hospice organization during the study (1 month), and (2) interact directly with patients and their families. A total of 47 healthcare workers were eligible to be involved in the study.”

The main weakness of this study is its research design because it has some flaws. The authors used a diary booklet to assess daily fluctuations of two variables: emotional job demands and emotional work requirements. Both are evaluated using adapted scales and the authors do not describe sufficiently well the method they used to obtain the final elements. In my opinion, information on this problem is missing.

◊ It is an important point and we partially agree with the reviewer’s point. According to Lischetzke (2014) “Daily Diary Methodology is a set of assessment methods that allow researchers to study individuals’ experiences, behavior, and circumstances in natural settings, in or close to real time, and on repeated measurement occasions over a defined period (ranging from a few days to months)”.

Furthermore, an advantage of diary studies compared to survey studies is the reduction of retrospective bias (Reis & Gable, 2000), which is known to threaten the validity of more general survey measures (Ohly, Sonnentag, Niessen, & Zapf, 2010). However, Reis and Gable (2000) recommended that daily assessments should not exceed 5–7 min in total. Because of these restrictions, scales consisting of five and more items are usually not suitable. Preferably, abbreviated and adapted scales as well as single items are used in diary studies. A frequently used strategy is to select items with the highest item total correlation from multiple-item scales. According to Ohly and colleagues (2010), reliability and validity of the measures is a crucial issue (Bolger et al., 2003). Those authors advised to conducting diary studies using validated scales or showing proof of validity of measures when using newly adapted scales (see van Hooff, Geurts, Taris, & Kompier, 2007).

In this sense, we did not develop any new measure but we adapted validated measures by selecting items with highest correlation. Specifically, we considered two different (daily) emotional job demands: (1) the death of a patient with whom you developed a close relationship
and (2) watching a patient suffering. These items were not considered as a composite measure of emotional job demand but we considered those individually.

Concerning (daily) emotion work display, we adapted three items from a validated measure, the Emotion Work Requirements Scale. However, we recognise that this is an important limitation of our study. Actually, there is an important lack in the diary literature concerning the measurement validity of abbreviated measures. We discussed it in the “Limitations” section.

The Cronbach's alpha value for the "Daily emotional job demands" is missing.

Concerning this point, Cronbach alpha is possible for measures with three or more items. That is the reason why we did not report it.

In addition, related to socio-demographic elements, to protect anonymity, important information is lacking. I think that other ways of ensuring an anonymous response could be used.

We totally agree with the reviewer’s point. However, it was an explicit request from one of the hospices to ensure anonymous response by limiting socio-demographic information. Actually, it was not an important problem as we did not plan to consider these kind of variables as covariates in our analyses.

About "Limitations": the authors describe some of the limitations of the study but, in my opinion, they should have developed some problems such as: the small sample, the lack of use of validated scales (adapted scales are not validated), defects of design and the brief "time perspective" they take (to avoid recurring cross-sectional designs, choose this longitudinal design but only for a period of eight business days).

We agree with these important reviewer’s points. Participation in a diary study requires special means to motivate participants. Dropout or noncompliance to study protocols may be crucial in diary studies, specially when day level requires too many daily diaries. Scherbaum and Ferreter (2009) reported that increasing the sample size at the higher (person) level had a greater impact on increasing power than increasing the sample size at the lower (day) level, and that sample size (person level) smaller than 30 may lead to biased results.

In this sense, small sample size may have influenced our results and we discussed that in the limitations. Concerning the number of diaries, it is not a limitation as, at our knowledge, this study is one of the first that investigated compassion fatigue, emotional demands and emotional display rules adopting this methodological perspective. Reviewing the literature on power in multilevel designs (such as diary studies), Maas and Hox (2005) showed the lowest-level sample size and different variance distributions between the levels (different intraclass correlations) do not seem to influence the accuracy of the estimates substantially. In this sense, there is not a clear
rule of thumbs about the minimum number of lowest-level sample size (number of observations at the day level).

We discussed all these points in the limitations. Thank you very much for helping us in improving the quality of our manuscript.

Joaquín T. Limonero, Ph.D. (Reviewer 2):

The authors present an interesting paper where try to relate compassion fatigue of hospice staff when coping with patient suffering.

In general, the article is very well developed, the introduction is interesting and the methodology and procedure are adequate. The discussion is in accordance with the object of study.

Despite the interest of the work, it presents some minor aspects, that the correction of them will improve the quality of work presented.

Thank you very much for your kind words of appreciation.

Changes or suggestions are related to:

Title

The title is too long it should be simplified and should include "a pilot study". For example "The effect of compassion fatigue among hospice professionals: a pilot study"

◊ This title licks the specificity of the methodology we used, as the diary. We shortened the title with “Compassion fatigue, watching patients suffering and emotional display rules among hospice professionals: a daily diary study”

Introduction

The introduction and the manuscript need an up-date of the references. The most recent reference is dated on 2017.

Actually, we cited the most important literature in this field. Many studies in literature considered only nurses and that influenced our references. However, we appreciated the valued reviewer’s suggestion and updated our references.

The authors should describe in more detail the theoretical framework of compassion and stress theories.
In our model, CF and burnout were investigated as independent variables and the theoretical ratio was expanded. However, as our dependent variable is “daily use of positive display emotion rules”, expanding this section, by describing in a broader way stress theories, could be confounding for the reader.

The last paragraph of the introduction should move to procedure (lines 51-58)

We agree with the reviewer’s suggestion and we moved this paragraph to the next section.

Method

Procedure:

The authors need to explain if the professionals that not participated (refuse) are similar to those that participated (e.g. sex, age, experience)

As the participation in this study was voluntary, we do not have any information about those workers who did not participate. In this sense, we are not able to explain this point. The Ethic’s Committee does not provide us the authorization to register those who did not sign the informed consent.

Measures:

Please provide psychometric properties of the scales uses or part of scales (Daily emotional job demands and Daily emotion work display).

As we used one item for measuring emotional job demands, and 6 items for measuring emotion work display, we provided evidence of psychometric properties for the last one measure. Specifically, we investigated the structural dimension by the mean of Multilevel Confirmatory Factor Analysis.

“We conducted a multilevel confirmatory factor analysis (MCFA) to evaluate the factor structure of this measure at both the between- and within-person levels. A maximum likelihood estimation procedure was used. We considered following indices: (a) the Comparative Fit Index (CFI) [40], with values > 0.90 indicating a model is acceptable; (b) the Standardized Root Mean Square Residual (SRMR) [41], with values < 0.08 indicating that a model is acceptable, and the (c) Root Mean Square Error of Approximation (RMSEA) [42], with values < 0.08 indicating that a model is acceptable. The MCFA showed one factor at both within and between-level. A one-factor model yielded acceptable fit: χ² = 48.69; df = 17; p-value < 0.001; CFI = 0.91, and the SRMR between = 0.262 and SRMR within = 0.047; the RMSEA = 0.077 suggested that the model fits well.”
Discussion

Authors should comment as limitations on the sample size that is small and that parts of the scale have been used, which may partly invalidate the results.

We discussed all these points in the limitations. Thank you very much for helping us in improving the quality of our manuscript.

The authors need to explain the practical application of the results of the study.

Thank you very much for this important suggestion. On page 11, we added the following text:

Practical implications

Findings from our study have practical implications for hospices that strive towards promoting healthy workplaces for their employees. For HCPs regularly confronted with high emotional job demands, emotion regulation strategies are a formal part of their job. Therefore, to reduce negative effects of emotional labor linked suffering patients, it should be crucial for hospice organizations to develop training programs on both emotion recognition and deep acting strategies. Furthermore, findings from our study also suggest that preventing burnout from becoming too high might actually reduce the impact of seeing patients suffering on emotion work display, too. In this sense, organizations should enhance specific job resources, such as emotional support from colleagues and supervisors for reducing burnout risk.

References

References need an up-date.

Please check format in many references in special the name of journals.

We updated the references and re-checked the format of every reference as suggested.