Author’s response to reviews

Title: The Validation of Organisational Culture Assessment Instrument in Healthcare Setting: Results from a Cross-sectional Study in Vietnam

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Version: 3 Date: 30 Dec 2019

Author’s response to reviews:

30th December 2019

Dear Dr. Bonnie Jerome-D'Emilia

Re: “Perceived Barriers to Early Diagnosis of Breast Cancer in South and Southwestern Ethiopia: a qualitative study”

Thank you very much for your email dated 27th December 2019 and for the editorial comments and suggestions provided. We have accordingly made edits of the manuscript and made necessary revisions on the paper.

For your kind consideration, please find the following documents submitted:

1) A new revised version of the manuscript with yellow highlights made on the sections which are edited or amended.

2) A “point by point” response to the comments and suggestions of the reviewer (pages 2-3 of this letter).
We hope that you will find the edits as per your expectation and we look forwards to hear from you soon.

Yours Sincerely,

Dr. Adamu Addissie
Email: adamuaddissie@gmail.com

POINT BY POINT RESPONSE TO THE REVIEWERS SUGGESTIONS
Re: “Perceived Barriers to Early Diagnosis of Breast Cancer in South and Southwestern Ethiopia: a qualitative study”

RESPONSE TO THE REVIEWER COMMENTS
We thank you for all the editorial comments given which are fully accepted and included in the revised version. All new changes have been highlighted in yellow in the main document in order to facilitate review.

Comments and responses:

1. Page 2 line 29 – change proved to provided
   Response: edited

2. Page 4 line 12 – what year is this referring to: prevalence of breast cancer case is 13,987?
   Response: edited to include the year (2015)

3. Line 14 – change account to accounts
   Response: edited

4. Line 19 – change age to ages
   Response: edited

5. Page 5 line 24 change providers to providers’
   Response: edited

6. Change trainings to training
   Response: edited
7. Change screening to – to screening for
   Response: edited

8. Line 26 change above 18 years to for women over the age of 18
   Response: edited

9. Change However, still organized screening modalities to However, organized screening modalities
   are still not in place
   Response: edited

10. What does this mean: “But breast self-examination to raise the awareness and clinical breast
    examination implemented in some facilities despite the lack of specific breast cancer screening and
    care guideline in the country.”?
    Response: edited with these text " Despite lack of specific breast cancer screening and care guideline
    in the country, clinical breast examination services are provided in some facilities "

11. Line 53 – change A qualitative in-depth interview method designed to explore perceptions to A
    qualitative in-depth interview method was used to explore perceptions of barriers remove the line that
    starts with This study preferred to conduct qualitative in-depth
    Response: edited

12. page 6, line 31 change to: Breast cancer patients receive follow up are in surgery departments only
    as there are no oncology clinics available at those sites. Therefore health care providers were invited
    from those surgery departments.
    The patients were recruited through discussions with surgeons and nurses from surgical department and
    oncology units on the basis of their lived experiences and understanding of the study.
    Response: edited

13. Line 55 – change Mainly they were introduced the overall purpose of the study, the objective,
    benefit of the study, and voluntary participation to the interview.
    Change to: The research team gave all the hospitals, health-care providers, and patients a description of
    the study including the objectives, the benefit expected from the study findings and the fact that
    participation in interviews was voluntary.
    Response: edited

14. Page 7: change: Their participation is voluntary and informed to withdraw at any time during
    interview.
    Change to: participants were notified that their participation was voluntary and that they could
    withdraw at any time during the interview process.
    Response: edited
15. Delete this: However, they were informed their participation is beneficial for further understanding on the problem for program planning and policy implantations.
Response: edited

16. Top of page 8 change to was continued until the data reached saturation Change to The analysis was mainly performed by the author and all co-authors reviewed and approved the different scripts and developed themes and sub themes.
Response: edited

17. On page 22 – please add a paragraph about the inability of primary care doctors to adequately diagnosis breast cancer. Has that been found in other countries?
Response: an additional point about the primary care providers given in the last paragraph before last with a citation of related study.

We hope the edits made will meet with your favorable consideration.

Yours Sincerely

Dr. Adamu Addissie