Author's response to reviews

Title: Experiences of Health Therapy in Patients with Irritable Bowel Syndrome and Inflammatory Bowel Disease

Authors:

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Version: 4 Date: 5 February 2015

Author's response to reviews: see over
Dear Dr Fuschia Sirois,

BMC Complementary & Alternative Medicine

Thursday, 05 February 2015

Dear Dr Sirois,

Paper title: MS: 1803055028146794 The experiences of healing therapy in participants with IBS and IBD; a qualitative study

Thank you for considering the above named manuscript for your journal. I have provided a point by point response to comments made by each reviewer below.

All responses are given in red in order to distinguish the response from the comment made by reviewers. Below the reviewers are considered in chronological order. Tracked changes are left in the text to identify the changes made clearly and simply.

Yours sincerely,

Dr Andrew Soundy (corresponding author), Mr Thomas Kingstone, Dr Lesley Roberts, Dr Rhonda Lee, Dr Pankaj Shah, Dr Sukhdev Singh.
Reviewer 1:
Ingegerd I Bergbom

Reviewer's report:
Dear authors,

Thank you for an interesting report on your studies of healing therapy. I have some suggestions that, hopefully, may improve your paper and also some questions where the text can be made more clear. My mother tongue is not English, so please apologize my Swenglish.

AS et al: Thank you for your detailed comments and the time taken to suggest changes which will improve this manuscript.

1. The aim in abstract and in the paper is somewhat different. My recommendation is to keep the abstract version and then erase "as an adjunct to..." This information could be moved to Design and intervention.

AS et al: This has been removed in order for consistency.

2. In the abstract under Method I recommend you to add a sentence about the method i.e. content analysis.

AS et al: This has been added in.

3. Keywords: add content analysis instead of "qualitative".

AS et al: This has been changed.

4. Background: It is valuable to inform the reader about statistics about IBS etc in UK, but it would be more valuable also to mention some figures about the prevalence of IBS, IBD etc. internationally or in some other countries.

AS et al: Thank you, recent global references have now been provided to both IBS and IBD so the reader can consider prevalence.

5. Aim p4, l 55-56 I suggest that you move the sentence about the interview to the section Interview at p5. Can you add some research questions instead following the aim so that it will be very clear what you wanted to know?

AS et al: Thank you, this has been removed and updated.

6. Table 1. Explanations of "trial arm" and Treatment group" Y and N is needed. What is meant by trial arm and were patients divided in groups? Please, explain, this is confusing.

AS et al: Reviewer 3 requested this be removed as it has no influence on results. Thus it was removed, but this was explained within the text.

7. The abbreviation NHS is not explained see p4, line 65.

AS et al: Thank you, when NHS is first mentioned on page 3 a full name is given now.
8. Recommend that you change Design & Intervention to Design and Intervention so that you have the same style of headings. Please, also erase: at the heading Inclusion and Exclusion Criteria.

AS et al: Both points have now been updated.

9. Each patient received 5 sessions based upon findings from a pilot study? Here is mentioned that the healing therapy was an energy therapy. Could the findings from such therapy be transformed to healing therapy (touch)? This is unclear. Please also explain or give motives for the fact that some patients received the therapy immediately after randomisation and some after a waiting list protocol. Did this influence the findings?

AS et al: Thank you for this comment, details has been added to provide clarity for the reader.

10. At p 5 where the intervention is presented: What kind of environment did the sessions take place. Were all patients treated in the same environment and did the therapist use music or aromatherapy at the same time or as a preparation before the healing session started?

AS et al: Detail has been added to clarify the environment.

11. Concerning the interview: Where did the interviews take place? What question was asked as an introduction to the interview and what ethical considerations was made? At page 5 line 102-103 three interview themes were used in the interview? When analysing the text, why not present subthemes and codes under these themes and do you find all these 3 themes in line with the aim?

AS et al: Thank you, this additional information has been added. The final three themes were utilised as they provided a better reflection of the findings and illustrate the developed made in the analysis (see table 2). In previous versions (thematic development 3 and 4) overlapping concepts were identified.

12. Analysis. Why chosing content analysis, was it only for identifying salient issues of a particular group of respondents? Some of the text about the interview and how they were conducted belongs to the section about "Interviews". The idea of content analysis - see Krippendorf. Did you use manifest or latent or both analysis? An what were your reasons for that choice?

AS et al: The analysis has been re-termed a thematic analysis and a rationale for this analysis together with particular techniques has been used.

13. Please, explain why only 10 of 13 interviews were analysed and then new questions were asked. The process of analysis from patients’ statement to code and further on to sub-themes and themes is unclear. I suggest that you present the three themes and all the subthemes in a table without codes and patients’ statements. Present that table in Results. For illustrating the process of analysis I suggest a table where you only give some examples (2-3) how you analysed from statement to code and to subthemes and themes.

AS et al: Thank you. The purpose for conducting 10/23 then revising the schedule is now given. The techniques used should provide the reader with a better idea, in addition I have created a supplementary files which provides an example (as the data is so big) of the process which can be sent to anyone upon request. This has been detailed in the text. Currently we have not adapted the results table as it provides clear examples and detail of codes (important to illustrate saturation). We would be happy to change the results table if the editor considers this necessary.

14. In the section Results you present a theme "The understanding and expection of healing". Can this theme be included in the aim "patients experiences of undertaking a course of healing therapy"?
Was the aim also to explore the effects of healing therapy? This is unclear—so maybe if you describe some research questions in connection to the aim, this may be much more clear for the reader.

AS et al: Thank you. Upon your suggestion the objectives have been provided which now makes this clear.

15. Discussion: In relation to the described aim it is a bit confusing that you discuss for example "Impact of healing", Understanding and attitudes etc. The only but very short section that is in congruence with the aim is the paragraph "Experiences of Healing" at p 13-14.

AS et al: Thank you. Given the addition of the objectives I think this becomes clearer.

16. Limitations: Some other limitation that maybe should be discussed is how and by whom the participants were invited and if the number of sessions may have had an impact. The context where the sessions were held is also of importance to discuss and bring up.

AS et al: Details have been added.

17. Table 3-5 are too heavy, see suggestions above. Table 2 can also be changed.

AS et al: As requested by yourself and reviewer 3 changes have been made to reduce the content.
Reviewer 2:
Justin Wu

Reviewer's report:
No further revision needed

AS et al: Thank you for your consideration of the manuscript.
Reviewer 3:  
Maria Arman  
Reviewer’s report:  
This is an interesting, well conducted and well written study. I recommend it for publication, but I have some major and a few minor comments and advice that can improve the article.

AS et al: Thank you for this detailed response  

Major Compulsory Revisions  
1. The interview guide is according to qualitative method very structured and leading. How open was the interview. May be discussed critically as a limitation.  

AS et al: Thank you. This has been added as a limitation.  

2. Table 1 contains too much information. I care about the participant’s integrity. Trial arm is not of interest here. I suggest a summary of this in a new table with sex, age, condition and social for the group.  

AS et al: Thank you. This has been changed.  

Minor Essential Revisions  
3. Abstract: Add aim in the abstract, also remove ages in abstract. What is meant by “universal experiences” written in the abstract? Add therapeutic touch among keywords.  

AS et al: Thank you. An aim has been added, reference to universal experiences have been removed and the key words have been updated.  

4. Context: It is confusing when you do not know the context. What is “secondary care settings”? Can the context be better reported?  

AS et al: a reference has been given to explain this setting within the context of the NHS England.  

5. Method: Who made the interviews and where? How long were they, were they written verbatim?  

AS et al: Thank you this information has been added.  

6. The table 2 is hard to understand, please try to explain better if this table attempt at disclose the analysis process.  

AS et al: Thanks you. The title of the table has been adapted and full details of each stage can be obtained from the primary author as well as a summary detailing examples of the different analytical techniques now detailed.  

7. The presentation of the results is made with three themes that sort out different contents. In my understanding of content analysis, themes rather present a summary of the content. eg. what was the understanding and expectations of healing. Could then be summarized as: variations of sceptical ignorant open and hopeful expectations. Please try if this makes the result more illustrative.  

AS et al: The analysis section has been renamed as a thematic analysis and further detailed to provide a better understanding of this.  

8. The tables 3-5 are in my view unnecessary. It is unclear if the tables contain all the quotes, but I suggest, however, that they are reworked to tables with only a few examples from the data.  

AS et al: Thank you. The content has now been decreased.
9. Please remove names of hospitals and town.

AS et al: this has been done.

10. The title is confusing? I should prefer experiences of healing therapy. Also the word “individuals” I title since “patients” is used in the text.

AS et al: Thank you. This has been changed.
Reviewer:
Fanny Airosa

Reviewer’s report:
Major Compulsory Revisions

Comments to the author
This is an interesting study regarding a patient’s experience in healing therapy. I believe that this study is important and will contribute to a greater understanding of healing. However, I have a few suggestions for revision prior to publication.

AS et al: Thank you.

1. The intervention is a bit confusing for me, is there a special healing therapy? In the background “therapeutic touch” is mentioned, is it about therapeutic touch? You would need to clarify this, as it is a bit confusing, as you well know there are many existing healing therapies (Reiki, Karuna, Therapeutic touch, and Healing touch etc.) Or is the name of the specific therapy in fact “healing therapy”, this needs to be clarified, and what makes it so different from other healing therapies.

AS et al: Thank you. We have added a sentence to help the readers understand the definition use and what it is based on the healing trust definition, use and application. Information is available from the website given in the text.

2. How did you access the patients? Mail, e-mail or phone?

AS et al: This detail has been added.

3. Where did the interviews take place? Were recorded by tape? Verbally transcribed?

AS et al: thank you this has been added.

4. Through your findings you often use the number of patients in reference to a specific subject “the fifth patients said”, as this is a qualitative study it would improve without using numbers, use the word patients instead “i.e. the patient said”, experienced etc.

AS et al: Thank you for this important point. As we have now positioned ourselves within the paper based on a broader methodology, we consider that the current format is suitable for how we have presented it.

5. Discussion, Line 231 “there were undesired experiences” undesired from whom? (Patients or the researcher?)

AS et al: this has been updated.

6. There are a lot of unnecessary tables of analysis that are not required; the work should improve with less of these. Table 1: Confuses me, Trial arm-treatment group is not explained, if you want to keep it like this, please explain what you mean. As I can see, all the other tables are analyzed data material, you could put a label under the analysis explaining how the codes, sub-themes and themes where developed, if you like you could also give a short example in a table of how you did it. I believe the reader would benefit from a more comprehensive description and less tables.

AS et al: We have provided changes as requested by reviewer 1 and 3 and believe this addresses these concerns.

7. The abstract is also a bit confusing, the aim appears to be about the patient’s experience in undertaking a course of healing therapy? But as I read through the study I discovered it is about the patients experience taking part in an intervention of healing therapy?

AS et al: Changes have been made to help clarify this.