Author's response to reviews

Title: Perioperative nursing in public university hospitals: an ethnography.

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Author's response to reviews: see over
Dear Editorial team,

Enclosed you find online files of the theoretical paper “Perioperative nursing in public university hospitals: an ethnography”, which we would like to re-submit for publication in BMC Nursing. We have not submitted the paper elsewhere.

We very much appreciated the advice for revision and thus the opportunity to qualify the manuscript, and your willingness to reconsider publication after thorough revision. We have revised the manuscript thoroughly, being as faithful as possible to your advice. This revision process has been much stimulating, and we hope for a positive response from you.

Please correspond with the first author Erik Elgaard Sørensen, ees@dcn.aau.dk regarding further information, revision and publication.

We have considered the comments of the editor and the reviewer, and here follow our additional refinements:

In general
- We have improved the style of written English by consulting Edanz.
- We have ensured that our revised manuscript conforms to the journal style (referencelist, syntax/grammar).

The abstract
- We have provided the background including a clearer outline of the aim of the study and its value (reviewer 1) by mentioning the research question. To demonstrate the advantage of technique expertise and nursing care (reviewer 1) we have changed the research question a little (how nurses facilitate the interaction between nursing care end technology).
- We have articulated the conclusion more clearly (reviewer 1).
The main text

• **In the background** (page 2) we have improved the explanation “multiple art of transitions” (reviewer 1) to: A recent review highlighted the transitions that increased patients’ anxiety [16], adding importance to the implementation of individualized nursing care in the perioperative setting.

• **In the background** (page 2) we have improved these unclear sentences: “Perioperative nursing however involved a caring perspective e.g. by using the term advocacy when nurses care for patients in the OR. A descriptive study about OR nurses' perceptions of the content within the concept ‘advocacy’, included interrelated overlapping themes such as protection, communication/vocalizing, doing, comfort and caring (Boyle 2005)” to: “However, the involvement of such care (e.g., when using the term “advocacy”) in perioperative nursing in the OR is unclear. A descriptive study of OR nurses’ perceptions of the implications the concept “advocacy” included interrelated and overlapping themes such as protection, communication/vocalizing, doing, comfort, and caring [17]” (reviewer 1).

• **In the background** (page 2) We have improved the sentence: “Likewise, perioperative nursing in three steps demonstrated continuity created through a preoperative dialogue, manifested in an intraoperative dialogue and closed in a postoperative dialogue (Lindwall & Post 2009)” to: “Likewise, another study demonstrated the creation of continuity through preoperative dialogue, its manifestation in intraoperative dialogue, and its closure in postoperative dialogue [20]” and we have made a further explanation to elucidate the nursing dialogue (reviewer 1).

• **In the Methods** (page 3) we have explained a rationale for choosing ethnography in this way: “We directly observed OR nurses in the field and interviewed them about their experience to capture the concrete, everyday practice in ORs and understand the content of perioperative nursing” (reviewer 2).

• **In the Methods** (page 4) we have added the numbers of how many researchers (and who) took part in the field observations and interviews (reviewer 2).

• **In the data analysis and preunderstanding** (page 4) we have added the numbers of how many researchers (and who) took part in transcribing field notes and the analysis phases (reviewer 2).

• **In the Ethical considerations** (page 6) we have clarified the ethics approval and the statement of consent (editor) and we have added the researchers who have the contact to gatekeepers and informants (reviewer 2).
• In Conclusions and clinical recommendations (page 19) we have added: The present findings also have some potential in relation to other areas where technology is increasing in the nursing field; e.g., the use of telehealth and technology to support older people in their homes as well as other highly technical areas such as high-dependency units and intensive (coronary) care (reviewer 2).

Thank you for your consideration.

Sincerely,

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