Author's response to reviews

Title: Measuring nurses' clinical competence - psychometric testing of the Professional Nurse Self-Assessment Scale in long term and home care contexts in Norway

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Author's response to reviews: see over
Dear Editors,

Please find a revised, second version of the “Measuring nurses’ clinical competence – psychometric testing of the Professional Nurse Self-Assessment Scale in long term and home care contexts in Norway” manuscript available for your consideration.

We are pleased that you are willing to reconsider the manuscript and have revised it in accordance with the reviewers’ latest comments. As per the journal’s “Instructions for authors”, the first version of our manuscript (submitted February 17, 2015) has been sent as a separate document by email to editorial@biomedcentral.com, together with the manuscript ID number. Yellow highlighter has been used in the first version to indicate where changes have been made. Please find our replies to the reviewers’ comments below (pp. 2-5).

Four authors have been involved in the completion of the manuscript, Sigrid Wangensteen (SW), Kirsti Skovdahl (KS), Lisbeth Fagerström (LF), and myself (Elisabeth Finnbakk; EF). The authorship contributions are as follows: study design EF, SW, LF; instrument development EF, SW, KS, LF; data collection EF; analysis EF, SW, LF; and manuscript preparation EF, SW, KS, LF. The manuscript has not been previously published. All authors meet the criteria for authorship and have approved the final manuscript. Lastly, we the authors declare no competing interests.

We hope that you will find our second version of the manuscript suitable for publication and look forward to hearing from you again. Should the manuscript be accepted for publication the corresponding author, Elisabeth Finnbakk, will organize the payment by credit card.

Yours sincerely,

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Reviewer's report

Title: Measuring nurses' clinical competence - psychometric testing of the Professional Nurse Self-Assessment Scale in long term and home care contexts in Norway

Version: 1

Date: 15 March 2015

Reviewer: Kathryn A Pfaff

Reviewer's report:
Thank you for the opportunity to review this paper. Your work is especially important as there is an increased global focus on nurse competence and patient safety.

Major Compulsory Revisions:
You used the Nordic APN model as the theoretical framework underpinning this study. As you are likely aware, there is lack of clarity surrounding the term, "APN", in the literature, and globally there are great differences in academic preparation and utilization of APNs. There seems to be a mismatch between the theoretical framework and your sampling approach. In North America, the APN role is evolving, but it is generally accepted that the APN has advanced education (Master's level) and scope of practice. Your definition of the APN is vague (practising at "greater depth and breadth"). Your sample includes RNs with 0 to 32 years, and the majority were practising at the generalist level, and only 2.9% having Master's level preparation. To many readers, these nurses would not be considered APNs.

1. Please revise by better describing the Nordic APN model and the role of the APN in Nordic countries. You must defend your sample as representing the APN construct and better thread the framework throughout the manuscript.

Thank you for your comprehensive comments. To provide more clarity in regard to your query about the global definition of and/or approach to the term “APN”, we have changed the text and added that a Master’s level degree in nursing including a concentration in an APN role is recommended for those individuals holding an APN role (p. 4, lines 12-14).

Furthermore, we have added that as of today APN roles and models are emerging in the Nordic countries (p. 4, line 17-18) and that our sample consists of registered nurses at the generalist and specialist levels and some who, while having some degree of Master’s level studies in nursing behind them, are not yet actual APNs (p. 8, lines 11-13). We also have included an explanation for why the situation in Norway is thus and why we have elected to refer to the respondents in the text as either respondents or RNs (p.10, lines 8-11).

2. Please clearly articulate your operational definition of the APN.

We have changed the text and added that the Nordic APN model is a modified version of the global perspectives included in the International Council of Nurses’ and Hamric’s definitions of the central competence domains of advanced nursing practice (p.7, lines 6-9). We have also included the ICN’s definition of an APN (p. 7, lines 9-12; http://international.aanp.org/Practice/APNRoles.
3. If you have the data, please describe the sample in terms of advanced practice skills and responsibilities.

Unfortunately we do not have such data.

4. Throughout the paper, you use the terms "nurse" and "RN" generically. This is also confusing given your theoretical framework. Please clarify and revise.

Please refer to our reply to your comment 1 above, and see also in text (p. 10, lines 8-11).

5. This gap in interpretation of the term, APN, also needs discussion as a limitation in light of the above comments, particularly for future users of the Professional Nurse Self-Assessment Scale. Is this instrument for sole use with APN populations?

The instrument has been developed for use with nurses on generalist, specialist and/or APN levels; this study represents merely the first phase of psychometric testing (p. 8, lines 9-10). In that our sample did not include actual APNs, we have added text under the “Methodological considerations” section where we reiterate that the study sample only included RNs at generalist and specialist levels due to a lack of APNs in the specific, Norwegian context (p. 19, lines 22-23). Twice in the text we recommend further future testing of the instrument, including testing that encompasses the advanced level, i.e., APNs with Master’s level degrees in nursing (p. 3, lines 5-8; p. 21, lines 10-12).

Minor Essential Revisions

1. In the abstract conclusion, you state that, "six components support the study’s theoretical framework”. It would assist clarity to include the theoretical framework in the Background section.

We have added to the “Background” section of the abstract that the ProffNurse SAS is based on the Nordic APN model and that the nurse-patient relationship is central in this model (p. 2, lines 7-8).

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests: I declare that I have no competing interests.
Reviewer's report

Title: Measuring nurses' clinical competence - psychometric testing of the Professional Nurse Self-Assessment Scale in long term and home care contexts in Norway

Version: 1

Date: 20 March 2015

Reviewer: Pammla Petrucka

Reviewer's report:
1 Abstract - please refer to Method as cross-sectional survey design.
2 Abstract - please indicate 52.7% for rate.

Level of interest: An article of importance in its field.

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests: I declare that I have no competing interests.

When assessing the work, please consider the following points:
1. Is the question posed by the authors well defined? The research question is well stated and appropriate.
2. Are the methods appropriate and well described? The new content has strengthened the methods section considerably.
3. Are the data sound? There are no significant questions about the data.
4. Do the figures appear to be genuine, i.e. without evidence of manipulation? Yes, there appears to integrity of the data and its presentation.
5. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes.
6. Are the discussion and conclusions well balanced and adequately supported by the data? All discussion and conclusions appear to emanate from the data and the findings are clearly articulated.
7. Are limitations of the work clearly stated? Yes, there is adequate consideration of the current limitations and the potentials for future undertakings to enhance the findings.
8. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? To the best of my knowledge this is adequately addressed. I am not familiar with the unpublished/grey literature attached to this topic area.
9. Do the title and abstract accurately convey what has been found? The title is now appropriate and reflective.
10. Is the writing acceptable? The article is written concisely and clearly.

Please make your review as constructive and detailed as possible in your comments so that authors have the opportunity to overcome any serious deficiencies that you find and please also divide your comments into the following categories:
- Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore).
- Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct).

---In the abstract – please attend to: Methods: the study is a cross-sectional survey design. ... response rate 52.7%.

-Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached).

Thank you for your helpful comments. We have noted your instructions in regard to points 1 and 2 under the “Reviewer’s report” section and have changed the manuscript accordingly (p. 2, lines 9-10).