Author’s response to reviews

Title: 'I try not to bother the residents too much' - the use of capillary blood glucose measurements in nursing homes

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Author’s response to reviews:

Answers to review comments

Reviewer #1:

The manuscript is better than the first version. However, I suggest to edit the title and shorten the abstract and to be edited by a native English speaker.

We want to thank the reviewer for useful comments to improve our manuscript. We have not edited the title, as the editor has advised us not to. We have shortened some sentences in the abstract to make it easier to read. The abstract is within the journal’s word count recommendation. A professional English editing service has read through and provided linguistic improvements.

Reviewer #2:

The quality of the work has improved.

We want to thank the reviewer for useful comments to improve the manuscript.

Section Editor:

Thank you for your point-by-point response and for following through with all suggestions. The manuscript is significantly improved and can be accepted after the following minor changes have been made:
1) Include part of your response to Reviewer’s 3, question #3 in your text (Methods section) to justify why a theoretical framework was not adopted.

We have now included a paragraph in the Methods section, to justify why we did not use a theoretical framework (page 6, lines 23-25 and page 7, lines 1-5). The paragraph is based on the response to Reviewer 3 in our previous cover letter. It reads:

“The analysis followed the principles for systematic text condensation (STC) [27]. We did not use a theoretical framework for this study, as we emphasised a more descriptive approach. Even though a theoretical framework can support STC analysis, STC is also often used without additional theory. STC is founded on phenomenology and the theory that knowledge is constructed through joint understandings of the world. STC offers a pragmatic, but systematic approach that safeguards transparency, inter-subjectivity, reflexivity and the feasibility of the study [27].”

2) Highlight your finding about the lack of patient-centered care and patient empowerment in regards to CBGM (both in the Abstract and Results).

We find it challenging to highlight lack of patient-centred care and patient empowerment in regards to CBGM in the Results section without crossing over to interpretation. However, we agree that this should be emphasised, and have now highlighted it in the Discussion section, under the subheading ‘Principal findings’ (page 16, lines 19-20 and page 17, lines 1-2). We have also emphasised the discrepancy between promoting the residents’ safety and well-being, and not involving them in care decisions in the abstract (page 2, lines 19-24, and page 3, lines 1-5).

3) Check for grammatical/syntax errors throughout text (do a careful proof reading).

A professional editing service has proofread the final version of our manuscript.

4) Why is Ref. #11 highlighted? Check for proper referencing.

When corrections were made to the manuscript previously, this reference were inserted, but unfortunately not edited to comply with the journal’s reference guidelines. We have used the reference template provided at the BMC Nursing’s webpage, so that all of our references now comply with the journal’s reference guidelines.

5) Delete “Authors’ Information” and move authors’ credentials and expertise into "Authors’ Contributions" section (in a more concise way).

We have now deleted “Authors’ information” and included information about the authors’ credentials and expertise into “Authors’ contributions” (page 22, lines 2-6).

6) Make a note about this study being part of LMA’s PhD project in the Background section (in the last paragraph presenting study aim). Briefly explain necessity and importance for this PhD study to set the stage for this particular article.
We have now included a paragraph about LMA’s PhD project at the end of the Background section, preceding the study aim (page 4, lines 15-20). It reads as follows:

“This study is part of LMA’s PhD project on diabetes in nursing homes. In a previous study we investigated diabetes therapy and glycaemic control. One of our findings was that 60% of the nursing home residents had at least one CBGM reading that was consistent with risk of hypoglycaemia [23]. Together with observations during data collection indicating that CBGM was an area of concern to the healthcare professionals, this led us to question whether the practices relating to CBGM were adequate to ensure the resident’s safety and well-being.”

Consequently, we have removed this information from the Authors’ information section.

7) Title does not need to be shortened; it conveys key topic from a qualitative approach.

OK, we have not shortened the title further.