Author’s response to reviews

Title: "Do you see what I mean?" Staff collaboration in eating disorder units during mealtimes

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Comments to the Editorial Office

Dear Editor

Thank you very much for the careful reading of our manuscript. We are very thankful for the opportunity to revise and resubmit the paper. Therefore, we have taken care to clarify the text throughout the manuscript, to answer the questions and concerns.

1) Consider a shorter, more succinct title such as “Do you see what I mean?" Staff collaboration in eating disorder units during mealtimes"

Thank you for this comment. We have shortened the title as suggested.

2) Given that EDs include Binge-eating disorder, where patients are often overweight or obese (rather than emaciated), please revise the second paragraph of Introduction, accordingly.
We appreciate the opportunity to clarify this. Our study took place in a practice where patients with binge eating disorders are normally not admitted to inpatient treatment, but we have added a paragraph naming the various ED diagnoses on page 3. “Eating disorders (ED) are classified as mental health disorders and comprise a group of severe illnesses that range from ‘moderate – severe’ through to ‘life threatening’. EDs are categorized in DSM 5 as Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating Disorders and Otherwise Specified Feeding and Eating disorders”

2) Address in “Introduction” how this work builds on and differs from your previously published work (“Time’s up” – staff’s management of mealtimes on inpatient eating disorder units. J Eat Disord. 2015; 3: 13).

We appreciate this comment, and have added a few sentences on p 5 in the introduction section elaborating on this point. “We have previously reported findings, based on video observations of meals, that staff’s meal management involved two main interactional scripts to facilitate a) normalized eating behavior and b) meal completion during the allotted time frame to perform the various activities within a meal [22]. Mealtime management is about balancing these two scripts, which is primarily learned through direct participation in meals, and on-the-job training. The present article builds and elaborates on this finding, focusing on the involved collaborative strategies”.

We have also addressed this issue on page 6 in the Methods section: “The interview data reported in this paper is part of a larger data corpus of video recorded observations of mealtimes and interviews with participating staff members, focusing on teamwork and interaction during mealtimes on EDUs. Data from video-recorded observations exploring the internal structure in a meal and from interviews and video observations exploring staff behavior in staff – patient interactions have been published elsewhere [22 - 25]”.

3) Move the paragraph about CHAT from Introduction into Methods.

Thank you for this comment. We agree, and have moved the paragraph about CHAT from Introduction into Methods, under the subheading of Analysis.
4) Methods; provide more info on Participants’ background (represented disciplines and type of training they had on ED). Address in Discussion how this type of education/training might have affected outcomes.

We appreciate the opportunity to elaborate on this point. We have included more information on participants’ background in the Methods section on page 6 & 7 under the subheading Participants. This section now reads: “Participants were recruited in an information meeting at the unit, attended by the researcher and one of the co-authors. 20 staff members, 18 females and 2 males, consented to participate in the study. They were employed as milieu therapists. The male-to-female ratio is reasonably representative for the staff at the time of the interviews. Mean age of participants was 41 years (range: 26-52). The average work experience at the EDU was 4.7 years (range 0.5-5.5). There is no formal meal support training for staff on this unit. Consequently, their experience with meal support is connected to work experience, exposure and on-the-job training. At a minimum, all staff members held a bachelor’s degree, specifically, 9 were registered nurses (RNs) and 11 had various professional backgrounds, e.g., social workers, child welfare officers, or similar.”

Based on our data material, and given the exploratory nature of the study, we can report findings from interview focusing on what we observed as milieu-therapeutic interdisciplinary collaboration during meal management. Including “how training may affect outcomes” is an interesting and important dimension in future studies, and it is a limitation in our study that we did not ask the participants about any influence of their professional background.

5) Ethics; provide institution name issuing approval and approval number, describe how study subjects (staff) were informed and how confidentiality of all video/audio data were secured (elaborate on all aspects of confidentiality).

We have added the requested information in the Ethics section on page 8. This section now reads:” The study was guided by sound ethical conduct, adhering to the principles of informed consent, anonymity, and the right to withdraw from the study at any time. Approval from the Data Protection Committee at Oslo University Hospital, Oslo, Norway was obtained before collection of empirical data commenced (approval number 2013/1157). The data were managed and securely stored in a secured database, according to laws and guidelines regulating research. When presenting raw material, either in written or verbal form, principles for de-identification
were followed, such as omitting information which could lead to the identification of actual persons (patients and staff members).

Participants were recruited at an informational meeting at the unit a few weeks before data gathering commenced. Potential participants were informed about the study, background and procedures for data gathering, and had the opportunity to ask questions. Written information about the study, including consent forms, was handed out during the meeting. Staff members signed and delivered the forms to an independent contact person at the unit after the meeting, to avoid any potential pressure by the researchers to participate.

Patients were carefully informed about the study before data collection, specifically emphasizing the study focus’ being on staff”. All patients signed written forms, consenting to be present during the meals, which were subject to observation. Only one patient chose to refrain from participating in the observed meals. This patient ate meals in a different room, and received the same treatment and level of support as usual. All patients were considered physically stable enough by their treatment teams to participate in mealtimes subject to video observation.

6) Findings; for each participant’s quote provide their position or discipline next to their name (i.e. RN, Social Worker etc). Do findings differ based on position/discipline? Discuss how different disciplines interact with each other (challenges, strengths, etc.). Are nurses more or less prepared than other disciplines? Address all this in Discussion.

Thank you for this comment. We have included participants’ disciplines in the quotes. As stated above, although interesting, we did not specifically explore if or how professional background and type of education affected participants’ choice or use of collaborative strategies in their interactions. For the purpose of this article we have chosen to focus on the collective level and how the teamwork played out, rather than individual differences between participants. However, we did not specifically include topics to explore if differences in participants professional background in the interviews when they talked about factors influencing how they work together. We have added a paragraph acknowledging these issues on pages 18/19 in the Discussion section. “The sample in this study consisted of different healthcare professionals employed as milieu therapist. It could have been expected that differences between the professions were reflected in the findings, particularly in relation to experience. However, this was not the case in our study. Whether there are differences between the various disciplines involved in mealtime support should be further explored.”