Author’s response to reviews

Title: What establishes an excellent nurse? A focus group and Delphi Panel approach

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Author’s response to reviews:

Professor Bridget Johnston
Editor-in-Chief
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Re: Manuscript ID NURS-D-16-00134R1

Dear Prof. Johnston,

Please find attached a revised version of our manuscript entitled: “What establishes an excellent nurse? A focus group and Delphi Panel approach”, which we would like to resubmit for publication as a research paper in the BMC Nursing.

The reviewer’s comments were very insightful and enabled us to further improve the quality of our manuscript. On the following pages are our point-by-point responses to each of the comments of the reviewers.
Revisions in the text are visible as we used the track changes mode and uploaded it also in the track changes mode. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in BMC Nursing.

We have also uploaded a ‘Change of authorship request form’ since we would like to add Dr. Patricia Robbe as a co-author. As you can read in the form, Dr. Robbe has greatly contributed to this manuscript and all coauthors agree that she deserves authorship of this manuscript as well.

We look forward to hearing from you at your convenience.

Sincerely,

(On behalf of all authors)

Wolter Paans

Editor Comments:

You still miss some literature related to the expert nurse see for instance


Response 1: Thank you for the opportunity to resubmit a reviewed version of our manuscript and also thank you for this literature suggestion. We have carefully included these and other additional literature related to the expert and excellent nurse to the discussion section.
Reviewer reports:

Virginia Plummer, PhD (Reviewer 1): Dear authors,

The first half of the paper is changed significantly however the abstract has not been changed to match. Further, it would be helpful next time if changes are made clear to the reviewers in track changes or in text highlights.

Response 2: We are very sorry that the changes were not marked last time. We have now uploaded the file with the track changes mode on. Furthermore, we have changed the abstract to match with the rest of the article.

Background - the notions of innovative behaviour, generating new ideas and reaching excellent accomplishments seem vague and distant and the concepts of excellent professional, professional excellence, imply we may be talking about relevance to a mix of disciplines (although the authors refer to nursing as a 'field'). The reader does gain a convincing picture of what the recent literature says on the precise topic for nursing. An 'excellence' nurse is later described as one with outstanding competence, but it could be determined that one is either competent or not. The discussion on honours students is interesting in the clinical context as it is most often considered a research degree.

Response 3: We have tried to clarify these concepts in light of the current literature, but we agree with the reviewer that these are complex concepts. Sternberg relates the terms “superior competence levels” and “outstanding competence” to describe “expertise” but, other than when citing this author, we have avoided giving adjectives to the term “competence” as we agree with you that it can be argued whether a professional is competent or not. Therefore, we preferred to discuss competences, attributes, and personality traits that characterize an excellent nurse in our manuscript.

Purpose - there appears to be a mismatch between the larger study upon which this is drawn, from palliative care and home care, and community care and family care and the mental health care and hospital nurses in the focus groups.
Response 4: Thank you for this feedback, we agree with you that this sentence was confusing. In this manuscript, we have focused only on the perceptions of nurses working in clinical hospitals, mental health care institutions, or at a health center for psychotherapy. Therefore, we have removed the following sentence from our manuscript:

“This study is a component of a more comprehensive study involving professional excellence including patients in palliative care and home care as well as nurses in other domains, such as community care and family care.”

It is not clear what is meant by the aim at line 39 page 6.

Response 5: We agree with the reviewer and understand that our phrasing may have been unclear. To clarify the choice for this group composition, we have rewritten this section as follows:

“The group composition in segmented groups of hospital and mental health care nurses was meant to create homogeneity in the degree of shared experience of the discussion topic as similarity in background fosters an open and productive discussion among participants [30]. To be able to generate enriched data, we included nurses from various wards and health care institutions with a variety of background characteristics and specialties within the segmented groups. This resulted in dynamic sessions and allowed the collection of a diversity of perceptions and opinions.”

No need to put the length of the focus group discussion time in both the data collection and the recruitment sections.

Response 6: We have removed this information from the ‘data collection’ section.

Method- explain why the two methods were used concurrently and how the data sets merged

Response 7: The focus group discussion method was chosen to investigate experienced nurses’ perspectives and opinions on the competencies that distinguish an excellent nurse because
disclosure of perspectives during group discussions may expose information that would not have surfaced during individual in-depth interviews or in a survey. Analysis of the transcripts of the focus group discussions allowed us to establish a preliminary profile with nurse’s perceptions on the characteristics that distinguish excellence. Hereafter, the content of this preliminary profile was validated by means of a Delphi pane, in which participants were asked to indicate whether each characteristic of the preliminary profile was “essential”, “important, but not essential” or “not necessary” to characterize an excellent nurse. Only characteristics regarded as essential by the participants were included in the final profile. We believe that, by combining both methods, we could explore the perceptions of experienced nurses and confirm these perceptions with another group of participants that are regarded as experts in the field.

Data analysis, - rather than grounded theory, it would be better to say insights were drawn from grounded theory approach.

Response 8: We have made this change in the text, according to your suggestion.

Sections out of order- Delphi survey should come before data collection

Response 9: The ‘Data collection’ section refers to the collection of data from the focus group discussions. The Delphi survey was performed after the data from the focus group discussions were analyzed and a preliminary profile could be established. Contents of this preliminary profile were then validated with the Delphi survey. We have made textual changes to this section to improve clarity.

Discussion - an excellent nurse and outstanding health professional are again paralleled, can an entire cohort or workforce be excellent in which no-one is outstanding from the standard which is consistently high?

Response 10: We have removed any comparison between nurses and health professionals in general as we understand this can create confusion. In this study, we have focused on the characteristics of an individual excellent nurse according to experienced nurses. Although the
importance of being cooperative and a good team worker have been recognized by nurses as being essential for an excellent nurse, the concept of ‘excellent team ’or ‘excellent workforce’ have not been investigated.

Further, how can an excellent nurse ‘employ an ensemble of particular competencies, when we know that competence is context specific.

Response 11: We agree with the reviewer that competences are context specific, and we recognize that the answers of the participants regard the context of their work practice. For this reason, we disclose in the limitations that, as our study focused on only two specialties in nursing (hospital nurses and nurses in mental health care), transferability of the findings may be limited.

The paper struggles to have real application in contemporay nursing and doesn't bring the literature and results together for discussion on implication for practice policy education and research

Response 12: Thank you for this feedback. We have made major changes to our discussion section, improving the relationship between our results and the current literature, addressing the practical implications of our findings for educational and professional practice, and giving suggestions for future research.

Kathryn Pfaff, Ph.D. (Reviewer 3): I commend the authors on the thorough responses to the reviewers' comments. The manuscript is much improved, particularly with regard to the description of the methods. This is much clearer.

Response 13: Thank you for this comment. We have done our best to enhance the quality of our manuscript, and we feel that with this second phase of revisions, our manuscript is even further improved.
There are still many spelling grammatical errors that require revision. For example, the word, "analytical" is incorrectly spelled in Figure 1.

Response 14: This has now been corrected.

Line 23 "A challenge...." is an incomplete sentence.

Response 15: We believe that this sentence was correct, but to avoid misinterpretations we have reformulated this sentence.

Line 33 - what is "these"?

Response 16: “these” has been replaced by “them”

There are also a number of statements that require citation and referencing. For example, lines 19 to 23 and line 43, "Honours programs are..." require citation. There are many more.

Response 17: We have included citations to these statements and have screened the whole manuscript to correct uncited statements.

I suggest a strong external editorial review.

Response 18: Thank you for this suggestion. An external editorial review has now been performed by a native English speaker. We are confident that all mistakes have been corrected.

I am concerned about your assumption that the cultivation of honours programs in nursing necessitates a conceptual definition of an "excellent nurse". One could argue all nursing programs (regular and honours) should strive for producing "excellent nurses". Does this assumption imply that those nurses who do not graduate from honours programs are not excellent or less excellent? I am not sure how to rectify this, other than eliminating this focus on honours programs, and emphasizing the increasing acuity of patients and the complexity of the
health care system in which nurses are now required to practice. All nursing programs globally are being challenged to prepare nurses who are equipped to practice safely with accrediting bodies are pushing for increasing the competency of graduating nurses. This work shouldn't fall just on nursing educators. Many programs of nursing and health care institutions include "excellence" as a core value or vision. These ideas might support the need for the important work that you have done.

Response 19: We agree with you that all nursing programs should strive for excellence and that many indeed do. Honors programs are developed for highly motivated students who want to do more than the regular program offers. Since the implementation of honors programs at the University of Applied Sciences in the Netherlands, the Ministry of Education has chosen to focus on programs designed to help talented students become the excellent professionals of the future. This does not imply that nurses graduating from the regular programs are less excellent. It only means that the focus of Dutch honors programs is achieving excellence. We have followed your suggestion and have focused more on the increasing complexity of the health care system, but we did not remove the context of honors program completely form our manuscript because this was the context in which we have performed our research. We have also made changes to clearly state that our findings may help students from regular programs as well as novice professionals aiming for excellence in developing their professional identity.

The literature review is much more robust. The addition of Benner's and others' work on being expert or having expertise is important.

Response 20: Thank you for this compliment, we agree that the more robust literature review has contributed to the quality of our manuscript.

You argue a relationship between being expert and being excellence in the literature review. The concept of "expert" is included in the semi-structured interview questions; yet, the findings don't reflect the answers to these questions. I would like to see more explicit discussion of the two concepts, "excellent" and "expert" in the findings and discussion. They are clearly different concepts. According to your study, is there a relationship? Does your work provide clarity regarding the differences? Look at how you might connect these ideas. I think there is a disconnect here.
Response 21: The reviewer makes a strong point. We have added our findings regarding the concepts “excellent” x “expert nurse” to the findings section and have also discussed these results in the discussion section. To the “results” section, the following text has been added:

“Excellent nurse versus expert

Participants in all focus group discussions agreed that a nurse can be an excellent professional while not necessarily being an expert. The concept of expert is, in the perception of participants, related to being a specialist and to years of experience. A remarkable quote in this context is: ‘an expert can be an expert for a long time in one or two specialties, an excellent nurse always goes for an environment with challenges, new situations, and will never be bored’ [FG6]. Participants concurred that nurses are not required to have extensive experience to ask themselves: ‘Am I doing the right thing by using this protocol in this situation, or is this protocol outdated?’ However, a combination of experience and knowledge was considered as a precondition for nursing leadership. According to participants, excellent nurses strive to gain experience in a shorter period of time and learn quickly from others to afford performing in the same resourceful manner as experienced nurses. They do not strive for this in order to be competitive but, instead, to be prepared in the future and to take responsibility.”

And to the discussion section, we have added the following:

“Comparing our results to Benners’ development theory of becoming an expert nurse, participants were not of the opinion that experience is one of the most important issues as a novice nurse can be excellent as well [13]. According to our study, even as a beginner with a minimal level of experience, characteristics can be combined from the previously described nine domains. Participants’ opinions revealed that ‘spending a long time in nursing’ is more a predictor for an expert nurse rather than for an excellent nurse. Furthermore, participants indicated that a nurse specialist (i.e., a master educated nurse practitioner) can be an expert in a specialty area but not a superior coordinator or communicator and would, therefore, not be considered an excellent nurse. On the contrary, a novice who has just completed nursing school may be able to combine characteristics distinctive of excellence, such as act reasonably and empathically in rather complex clinical situations, and exchange knowledge ‘as second nature’ [37-38].”

Your conclusion includes new ideas that should be reported in the discussion. Please revise the conclusion so that it reflects a summary and wrap-up of the research and its implications.
Response 22: Thank you for this feedback. We have now rewritten our ‘conclusion’ section to summarize the importance and practical implications of our findings. Our conclusion now reads as follows:

“Educating future nurses who are able to provide a superior quality of care has become crucial due to the increasing complexity of the health care system in which nurses are now required to practice. Experienced nurses and experts in the field of nursing regard competences related to the following characteristics that distinguish an excellent nurse: analytical, communicative, cooperative, coordinating, disseminate knowledge, empathic, evidence-driven, innovative, and introspective. Establishing the characteristics distinctive for an excellent nurse positively influences the development of personal competences and professional identity thereby increasing quality of nursing care. It serves as a meaningful guideline for the development of educational programs in supporting talented students on their path of becoming the excellent nurse of the future. Educational practice based on guided reflection and a profile of what establishes an excellent nurse as an element of a nursing curriculum may inspire students to broadly improve their attitudes towards the goal of becoming an excellent nurse. This is of special interest for honors programs which aim to guide students to become the excellent professionals of the future. Moreover, this profile can play an important role in supporting talent development of regular students and professionals in health care institutions.”