Author’s response to reviews

Title: Cardiac health knowledge and misconceptions among nursing students: Implications for nursing curriculum design

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Author’s response to reviews:

Dear Editor:

Thank you for inviting us to resubmit our manuscript: “Should cardiac misconceptions be a part of nursing education on cardiovascular disease care?”. We appreciate your detailed review of the manuscript.

Below we explain each of the issues raised by the reviewers and how we have incorporated their suggestions into the manuscript. The changes were highlighted in red for easy references.

Stephen J Leslie (Reviewer 1):

General points

Generally it was well written and interesting. My major concern is that the conclusions do not reflect what the paper was about nor the new data presented in this paper and need to be re-written to reflect the study in hand.
Response:

The conclusion has been rewritten to summarize the results and implications of the findings.

Furthermore, I'm not sure the title reflects the study aims. This study looked at cardiac knowledge and misconceptions in nurses - these were found to be variable and the title and conclusions need to reflect this.

Response:

The title of the paper has been revised to reflect the variables. The new title is “Cardiac health knowledge and misconceptions among nursing students: implications for nursing curriculum design”. The title reflects the variables to be investigated and the conclusion has been rewritten.

Defined 'research questions' would help focus this paper. Were there differences between institutions?

Response:

The research question was added before the study objectives. The three institutions are publicly funded universities in Hong Kong. The nursing curriculum is designed by the Nursing Council of Hong Kong to ensure all nursing students fulfil the core competencies required.

Specific points

In the abstract introduction the sentence 'nursing students are the nurses of tomorrow' does not add anything and should be removed.

Response:

The sentence was removed.

In the abstract results I would suggest that instead of maximum and minimum score - this is simply reported as (range 2 - 17) and (range 0-14). I would remove the term 'fair' it is vague. The knowledge is reported at fairly satisfactory yet some nurses scored 2 / 18 - this is a concern.
Response:

The phrase “fairy satisfactory” was removed as it could be misleading. The score range has been revised as suggested.

The abstract conclusion is true BUT does not reflect any of the data collected in this study nor reflect the aims of this study.

Response:

The abstract conclusion has been rewritten to reflect on the aim and results of the study.

Introduction

Are nurses expected to provide and 'essential role in educating the …… the general public?

Response:

Patient education is an integral part of the job as nurses. The phrase was rewritten as: Nurses are expected to play an essential role in health promotion through delivering health education to patients and the general public.

How was sample size calculated?

Response:

The sample size was estimated according to the formula from a textbook. The formula has been included in the manuscript with reference. The code for the in-text citations and the reference list were amended accordingly.

Data collection - the response rate is very high - how were students recruited to get this so high?
Response:

The questionnaires were delivered during lecture with the assistance of the lecturers. The above information was added into the manuscript.

The response rate should actually be reported in the results section.

Response:

The heading has been revised as “Data collection and responses” to make it appropriate for the contents of the paragraph.

Table 1 - the 'yes' and 'no' responses need verified - look transposed to me.

Response:

Yes. The information has been revised in the results.

Discussion

'Without doubt the curriculum adequately prepares junior nurses …..' where is the evidence for this statement?

Response:

"Without doubt” has been removed to avoid showing no evidence for the statement.

The discussion contained several vague statements that are not supported by evidence. E.g. although benefit of exercise are unquestionable, to ensure a safe practice……physical activity' There are several elements to this sentence that could be challenged.
“although benefit of exercise are unquestionable”, this phrase has been revised as “despite the benefits of exercise as mentioned” to avoid having argument without supported by evidence. Generally the discussion needs re-written to make it more defendable.

Response:
There are new references in the discussion section to strengthen the arguments.

The terms should be defined or changed.
Response: 'fair and significant' has been changed to “moderate and significant”.

Conclusion doesn't reflect the aims or data presented in this paper.
Response: The conclusion has been rewritten to reflect the aim and data presented in the paper.

Kazem Hosseinzadeh (Reviewer 2): Background:
1- Kindly, add the reference number for these statements: "While there are published studies on cardiac knowledge and cardiac misconceptions among healthcare and population groups, the literature relating to the knowledge and misconceptions of nursing students is sparse." in line 25-31.
Response: Five references have been added for the statements.

"Cardiac misconceptions refer to false or mistaken views, opinions, or attitudes about heart problems that can influence patients' interpretations of the recovery journey and their coping strategies." in line 35-40.
Response: A new in-text citation [5] has been included. The numbers for the subsequent in-text citations were revised accordingly.
2- kindly, explain the importance of this study among students in one before the last paragraph.

Response:

A new paragraph has been added at the end of the discussion to highlight the importance of this study.

Methods:

1- Please explain the rationals for the second inclusion criteria ((2) had attended a clinical practicum in a medical unit.), and the last demographic data in table 1 (Are the primary caregiver of clients with cardiovascular diseases in a clinical practicum? yes, no ".

Response:

The rationale for students had attended a practicum in medical unit was to ensure the students had exposures to the caring of patients having cardiovascular diseases. The above information has been added to the manuscript.

The rationale of this question was to investigate whether the caring experience in clinical practicum was having the association with misconception.

Results: good.

Discussion: good.