Author’s response to reviews

Title: How school nurses experience and understand everyday pain among adolescents

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Author’s response to reviews:

“NURS-D-16-00128

How school nurses experience and understand everyday pain among adolescents

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BMC Nursing

Dear Dr Høie,

Your manuscript "How school nurses experience and understand everyday pain among adolescents" (NURS-D-16-00128) has been assessed by our reviewers. Based on these reports, and my own assessment as Editor, I am pleased to inform you that it is potentially acceptable for publication in BMC Nursing, once you have carried out some essential revisions suggested by our reviewers.
Their reports, together with any other comments, are below. Please also take a moment to check our website at

http://nurs.edmgr.com/ for any additional comments that were saved as attachments.

Once you have made the necessary corrections, please submit a revised manuscript online at:

http://nurs.edmgr.com/

We look forward to receiving your revised manuscript and please do not hesitate to contact us if you have any questions.

Best wishes,

Bridget Johnston

BMC Nursing

https://bmcnurs.biomedcentral.com/
Dear editor and reviewers:

We thank you very much for the informative and constructive comments. We have revised the manuscript in line with these reports thoroughly.

A point-by-point reply follows the reviewers’ comments. The indications of pages and lines refer to the version with track.

Magnhild Høie
(corresponding author)

Reviewer 1: Louise Condon

This is an interesting study in which school nurses were asked about their experience of adolescent pain and their perceptions of the causes. Less is written about their work to support adolescents experiencing pain, but the conclusion is drawn that despite scepticism about the biomedical model referrals are made for health checks. Points for the authors’ consideration are listed below.

Abstract:

#R1: In the abstract, the figure of 60% of children and young people (8-18) reporting episodic pain is given (unreferenced). The statistic does not appear to recur in the text (where the more modest figure of 15-30% of adolescents suffering from pain is quoted and referenced) - if used, this statistic should be clearly referenced.

#1: The figure of 60% has been changed to “about 15-30%”, in accordance with the text (p 2, line 26).

Language clarifications:

#R1: The English sometimes requires clarification, (e.g. p3, line 63 'a social (etc) interwoven phenomenon’; p3, line 69 'were sceptical’ is grammatically correct in this sentence; p5, line 103 expand on what is meant by 'SNS are close to C and YP and their pain'; p11, 240 clarify 'symptom carriers- what exactly did the SN mean here?; 'carriers of interplay' (p11, 245) is
unclear (maybe this was translated from Norwegian?); the sentence beginning 'Consequently…' (p17, line 391) does not have a clear meaning.).

#R1: p3. line 63: “a social (etc) interwoven phenomenon”

#2: The sentence has been changed to…”is a social, physical and psychological phenomenon” (p 2, line 42).

#R1: p3, line 69: 'were sceptical' is grammatically correct in this sentence

#3: Changed (p 3, line 50).

#R1: p5, line 103: expand on what is meant by 'SNS are close to C and YP and their pain'

#4: To clarify we have changed to … “School nurses (SN) meet children, adolescent regularly” (p 4, line 840).

#R1: p11, line 240: clarify 'symptom carriers- what exactly did the SN mean here?'

#5: We think that the following sentence explain what we mean in a better way: “The SNs claimed that young people adapt to family issues and problems...” In addition, we change the phrase “I think adolescents are symptom carriers of…” to “I think adolescents adapt to an unhealthy…” (p 10, line 233-236).

#R1: p11, line 245 is unclear.

#6: We remove the last part of the sentence to make it clearer (p 9, line 2363).

#R1: p 17, line 391: The sentence beginning 'Consequently…' does not have a clear meaning.

#7: The sentence was changed to “Consequently, the researchers were particularly aware of that all participants came advocated” (p 17 - 18, line 403-404).
Background:

#R1: The background is informative, although more critique could be included on the strength of the evidence cited throughout. Two areas which require further detail are the nature of school nursing in Norway (do school nurses have a postgraduate specialist qualification? Or are they simply nurses working in schools?) and the school system (mention and clarify what is a 'junior high school' (e.g. age of children). Clarification of these points will make the article more meaningful for international readers.

#8: Thank you for this suggestion. To clarify “the nature” for school nursing in Norway we have added the sentences “Every school must have a school nurse with specializing in public healthcare. Someone has a master degree” (p 4, line 85-86).

Moreover, to clarify the school system in Norway we have added the age group of the junior high school (age 13-16 years) (p 5, line 115).

Methods:

#R1: Methods- please add a reference and more specific evidence to the statement about insights gained from individual interviews compared with focus groups.


Recruiting and sample:

#R1: Do you have an understanding of why less than 50% of the SN contacted agreed to participate?

#10: Unfortunately, we do not know why.

#R1: In 'data collection' you describe both researchers as leading the focus groups but elsewhere you describe one as moderator and the other as co-facilitator (p20, 453-457)- ensure consistency throughout.

#11: The description of the researchers’ task during the interview was clarified in “data collection” in the following sentence: Two researchers participated in the interviews, one as moderator and one as co-facilitator (p 5, line 126-127).
Data analysis:

R1: The description of data analysis is detailed and thorough, but more explanation is needed about how you reached the overall impression given on p7, line 160.

#12: To clarify how we reached the overall impression, the explanation was elaborated in the following sentence: “After reading all the data material, the overall impression was that SNs’ perceptions of pain in adolescents are a complex phenomenon (step one)” (p 7, line 145-146).

R1: This idea about relationships and Norwegian values is not referred to in the findings or evidenced by use of quotations.

#13: We have removed this “link” between relationship and Norwegian values as the overall impression of the SN’s perceptions of pain, replacing it with “the overall impression was that SNs’ perceptions of pain in adolescents are a complex phenomenon” (p 7 line 145-146). We have also removed «in Norway” in the description of pain problem as a rapidly growing health problem, since we understand the problem as an international issue as well (p 2, line 36).

R1: A summary of the topic guide or more detail about key questions could usefully be provided to aid the reader in interpreting the findings.

#14: We added three examples of key questions to accommodate this useful input: (Examples of key questions: “How do you experience pain among adolescents? What is your opinion about how adolescents cope with pain? What are your thoughts about the causes of pain among adolescents?”) (p 6, line 130-132).

R1: It is not clear whether the focus groups were carried out in Norwegian or English. If in Norwegian were the quotations translated by the authors?

#15: To clarify this question, the following sentence has been added: “The Focus groups were carried out in Norwegian. The quotations were translated by a professional translation agency” (p 7, line 154-155).

Results:
In reporting the findings you do not give a participant number or any details of the person next to each quotation. This means that it is not possible to tell if quotations are said predominantly by the same person, or people from the same school, or age of person, or type of area (rural or urban). Having stated that you selected urban and rural areas to give a range it would be preferable to link these to participants, and also analyse whether findings from each area differ.

To clarify this relevant question, we added that… “All SN participated in the discussions and are represented in the quotations. The findings did not reveal any differences between SN from rural or urban schools, regarding their experiences (p 8, line 169-171).

In section 1 (reflecting high expectations) quotations need to refer more consistently to pain as the topic of the article. It would be illuminating to be shown how SNs linked their views relating to 'high expectations' to pain. For instance, the reference to mental pain (p9, line 207-208) could be evidenced by a quotation.

Thank you for this suggestion. We have added the following quotation to make it more consistent: “One of the SN said; Sometimes, with those I know better… I understand that they have extremely high demands on themselves ...or from their parents... first, they talk about their daily physical pain. Sometimes, someone also touch upon issues such as being sad, anxious, and lonely” (p 11, line 243-246).

Sports injuries are mentioned for the first time in the discussion and, if important in relation to referral, should be presented in the results section.

Sports injuries have been removed from the discussion because it was not an important finding (p 14, line 316).

Discussion

Discussion- reference is made to 'geographic variation' in the sample of schools, but no inferences drawn from this.

We have added the following clarification to shed light on this input: “All SN participated in the discussions and are represented in the quotations. The findings did not reveal any differences between SN from rural or urban schools, regarding their experiences” (p 8, line 169-171).

Page 14, 313 'SNs underlined pain was real for adolescents' seems to assume all adolescent pain is psychosomatic, whereas this cannot be assumed, for instance with sports injuries as a source of pain.
# 20: To consider this useful input, we added “either the pain clearly had a physiological cause, or it was understood as linked to psychosocial conditions” to the sentence which started with “Above all, they underlined that pain was real for the adolescents and had to be taken seriously…” (p 14, line 323-324).

Darin J. Correll (Reviewer 2):

I commend the authors on a nicely designed and executed study of a quite interesting topic. The information gathered supports the importance of the psychosocial component of pain (i.e. being a subjective experience) while also demonstrating that despite this understanding, school nurses feel compelled to seek out a physical (biologic) diagnosis for adolescents' pain to ensure they don't "miss" something.

Specific comments/suggestions:

Abstract:

#R2: results section, 2nd and 3rd sentences - a bit too vague, please expand the description a bit

#21: We have tried to correct the sentences with the following clarification: School nurses experienced that everyday pain is reflecting: 1) high expectations, 2) difficult relationships and traumatic experiences and 3) an unhealthy lifestyle. School nurses have ambivalent attitudes to biomedical examinations (p 2, line 42-44).

Background:

#R2: 2nd paragraph, last sentence - clarify that it is more time with visual media that increases the incidence and that in the study referenced this was only seen in girls

#22: We have tried to clarify it by rewrite to “Study shows that much time spent with visual media can also be a risk factor for pain. In the references we use there are no gender differences [18] (p 4, line 70-72).

#R2: 3rd paragraph, 3rd sentence - "This further implies the ...", sentence is confusing, needs to be reworded, e.g. what is the "this"

#23: The word “this” has been replaced with” These factors” (p 4, line 77).
Results:

#R2: 1st paragraph, last sentence - "Nevertheless it was underlined the adolescents pain was real for the adolescents, them, and ..."; beginning part of sentence confusing, please reword; clarify who is meant by "them".

#24: We have tried to reword as follows: Nevertheless, it was underlined that the adolescents pain was real for the adolescents themselves, and therefore had to be taken seriously (p 8, line 167-169).

#R2: Everyday pain: reflecting high expectations section, paragraph 4 and 5 - it seems that these two paragraphs might better fit into the "difficult relationship" section as they discuss issues like the present last paragraph there now; if desire to keep in this section then need to clarify/add information to better describe how the points represent "high expectations"

#25: Thank you for this useful recommendation which has been followed (moved to p 11, line 238-252).

#R2: Everyday pain: reflecting an unhealthy lifestyle section, 2nd paragraph, 5th and 6th sentence - "They also postulated that adolescent pain was ... offered them to their children.", seems that these would be better placed in the "difficult relationship" section; if desire to keep here then make this its own paragraph and clarify/expand on how this represents an "unhealthy lifestyle"

#26: Again: Thank you for this useful recommendation which has been followed (moved to p 12, line 275-276).

General suggestion:

#R2: I would strongly consider making a Table that lists the 3 groups/categories for the etiology of everyday pain and then generate/list subcategories underneath each as a quick visual summary

#27: We agree, consequently we have make a figure which highlights central topics. The figure is sent as an attachment (In: about p 8, line 164).
Cliff Richardson (Reviewer 3):

Thank you for submitting this interesting study on school nurses and their perception of pain in adolescents. I believe that it will be of interest to the readers of this journal.

#R3: The study is generally adequately described and you have highlighted the appropriate weaknesses although you could have highlighted more robustly that focus groups of small size can have additional weaknesses when compared to those of larger size.

#28: We agree. Using focus group interviews, group interaction is an important part of the method. Ideally, focus groups should not be too small to be able to facilitate a dynamic conversation between the group members. One methodical limitation in our study is that some of the focus groups are relatively small, due to withdrawal of participants. However, even the small groups gave rich data and had valuable discussions.

Consequently, we added the following sentence to highlight more robustly the additional weaknesses of focus groups. “Ideally, focus groups should not be too small to be able to facilitate a dynamic conversation between the group members” (p17, line 397-399).

Abstract:

#R3: Results - this could be written differently to get your message across better. Currently I am unsure of what you are trying to say.

#29: We have tried to clarify the result section by removing the word interwoven, and figure out in a better way how the school nurses experienced everyday pain, by the following replacement: School nurses experienced that everyday pain is reflecting: 1) high expectations, 2) difficult relationships and traumatic experiences and 3) an unhealthy lifestyle. School nurses have ambivalent attitudes to medicalisation of pain (p 2, line 41-46).

Background:

#R3: P4 line 92 onwards for that paragraph. Once again, I am unsure what you are trying to say here so I suggest it is reworded to help the reader to understand.

#30: We have tried to clarify by removing the last part of the sentence, starting with “In the last decade…” The new wording is: “In the last decade, the main approach to pain in health care has been a biopsychosocial approach”. [19, 20] (p 4, line 74-74).
Results:

#R3: Theme 1 everyday pain: reflecting high expectation. I believe that this would be better placed after the second theme as currently it uses assumption and hearsay which would be corroborated by the second theme (everyday pain: reflecting difficult relationships...) theme and so should follow it. This would significantly help the flow and help the no pain specialists to fully appreciate the psychosocial links.

#31: Thank you for this useful suggestion. As recommended by reviewer 2, paragraph 4 and 5 in the paragraph “Everyday pain reflecting high expectations” are moved to the paragraph “Everyday pain: reflecting difficult relationships and traumatic experiences” (p 11, line 238-252).

The manuscript has been revised by a professional translation agency OLE