Author’s response to reviews

Title: Mental health nurses' attitudes, experience, and knowledge regarding routine physical healthcare: Systematic, integrative review of studies involving 7,549 nurses working in mental health settings

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Reviewer reports:

Micheal Mugerwa, MSc Applied Epidemiology (Reviewer 1): The conclusion in the abstract is not related to the discussion section. I recommend that the conclusion in the abstracts is revised accordingly. Otherwise, the presentation of paper is of sound quality though may need to reduce on the detail in the methodology section and note what is most important for a reader.

A fair point. We have amended the Abstract conclusion to reflect that in the main body of the paper accordingly.

We don’t consider the paper to be overly long and, given the wide-ranging scope of the review question, we don’t really think there is too much extraneous detail in the methods. We have made one or two edits to maximise clarity.

Fiona Nolan (Reviewer 2): This is a good review of the evidence which will contribute to understanding how this important topic has been researched in recent years. The methods are appropriate and a relevant cohort of papers has been extracted within the review. There are some minor corrections to make within the text which I have identified below.

However, I feel the authors could highlight further the lack of intervention studies of good breadth and quality, and could indicate what future research should entail.
p.16/17 ‘However, the overall methodological quality of studies was somewhat limited, particularly interventional studies to improve mental health nurses’ physical healthcare assessment practices and skills.’

P 19 ‘The apparent potency of these interventions requires further testing in randomized designs with appropriate follow-up periods.’

We think that the existing text already does this and to add would simply be repetitious

The preponderance of questionnaires developed specifically for each study has been touched on but the reasons for this have not been adequately explored. The authors could consider highlighting the number of studies which were uni-professional and the impact that this may have had on the quality of the research.

We have now include a break down of the uni-/multi-professional nature of the samples including, for nurse-only samples, the proportion that included only mental health nurses or those working in mental health settings. We don’t think we can draw any valid conclusions about the quality of the research from this since it is, at least in part, simply reflective of the review question and the attendant inclusion/exclusion criteria.

We don’t agree that it is the preponderance of specifically developed questionnaires that is of importance, rather the internal/external validity of each of those measures. This is exhaustively addressed in the supplementary material. We also refer the reviewer to the following on p18: “Apart from the PHASE the literature is peppered with outcome tools designed for single studies and with little evidence of anything other than face validity and internal consistency. Is it possible, we must ask, that this reflects that researchers are asking the wrong questions i.e., focusing overly on mental health nurses’ attitudes and self-proclaimed knowledge and efficacy when what is now required is a more robust approach to examining their actual knowledge and performance and, crucially, their impact on patient outcomes.”

The discussion section could be expanded to explore how nurses could and should work with other professionals to advance their practice and the evaluation of their practice in providing physical healthcare. The lack of reference to team working and multi-disciplinary care provision is stark within the discussion, and is indicative of the gap in the literature described in the review.

We prefer to draw conclusions and make recommendations based on the evidence presented in the reviewed studies and are unsure that concluding with such ‘coulds’ or ‘shoulds’ is warranted from the results of our review i.e. we are dubious about drawing conclusions from what has not been studied! In our view, it (the lack of reference to team working etc) isn’t too surprising,
however, given that the review question is about nurses’ attitudes and knowledge to physical health care and not about their multidisciplinary work. This may partly be inherent in the design of the review i.e. it is explicitly about mental health nurses. It is an important point however and we have added the following: “Some study samples in the current review included non-nursing staff; though their occurrence and representativeness was too limited to allow robust conclusions to be drawn about the relative state of nurses’ knowledge and attitudes within the multidisciplinary team context. Given the current review explicitly focused on mental health nurses then further research exploring the multidisciplinary aspects of physical health care provision is warranted.”

The authors make no reference to changes in healthcare policy and recently mandated changes to clinical practice in the UK (for example). Clinical practice cannot be seen to be independent of the healthcare regulators who protect the public and the authors should assure the reader that they are aware of this. The increase in research interest has been accompanied by an increase in the required levels of evidence around physical healthcare provision in mental health settings.

We do not agree this is absent as it is mentioned in Paragraph 2 of the Introduction: “Accordingly, the physical health of patients with mental disorder has been prioritised, becoming the focus of guidelines for practitioners in general (World Health Organisation, 2018) and for mental health nurses specifically (Nursing, Midwifery and Allied Health Professions Policy Unit, 2016)”.

We have added references to emphasise this point: New South Wales Government, 2017;; Royal Australian and New Zealand College of Psychiatrists, 2015

A more comprehensive account of the healthcare landscape in which these studies have taken place should be included, without which the review appears to continue a tradition of somewhat insular and blinkered nursing research.

A very sweeping requirement in our view. The request for a ‘more comprehensive account’ of a ‘landscape’ stretching (by the terms of our review) 25 years over numerous countries is something of a big ask. The accusation of ‘insular and blinkered’ research in general may or may not be true, we do not have an a priori position on this. The suggestion we are continuing a tradition is unwarranted since this is not primary research. We are simply gathering together the evidence as it is.
Abstract

The total of 51 papers and 41 study samples does not correlate with the total of 44 identified in the PRISMA diagram.

Oversight failing to incorporate final updated search into the PRISMA flowchart diagram. Now amended.

Page 3

Line 4: Change to 'diagnosis of mental disorder'

amended

Line 7: Insert 'diagnoses of' before 'psychosis'.

amended

Line 9: delete 'for people with a diagnosis'

Line 19: Delete 'of mortality among people with mental disorder'.

Ok

Line 29: Insert 'in this group' after 'smoking'.

Ok

Line 36-37: The authors are suggesting that Robson and Haddad state that mental health nurses deficits is 'one of the key contributors' to increased mortality. Can they clarify that this is actually what they want to say?

Yes, this is a fair point and we have missed a step in the argument. They do not identify nurses knowledge as contributing to mortality but as potentially contributing to failure to implement many of the very good guidelines that are available (of course, as a knock on, this might adversely affect patient outcomes). We have clarified this in the text.
Lines 51-56: Switching between consumers and mental health service users to describe the population- the inconsistency is somewhat confusing, unless the authors are quoting directly from the original papers. It would be preferably to choose one method of describing the group, whether patient, service users, or consumers, and stick to it throughout the paper. This confusion is further exemplified on page 13 lines 27-29 ‘nurses cite consumer embarrassment as a reason for not asking patients about sexual side effects’.

Yes this does reflect the terms used in the original papers. You will know that Australia/New Zealand tends to use ‘consumer’ and UK tend to use ‘service user’ or ‘patient’.

While we think that in general the readership well understand that patient/service user/consumer are broadly interchangeable and are not really that confusing we take your point and have made the paper consistent in this terminology. Since ‘patient’ was the most frequently used term then we have used that over service user or consumer except where the latter appear in the title of a cited instrument or in quotation marks as, for instance, as a sample questionnaire item.

Page 6

Line 24-29: Please clarify whether studies on the deteriorating patient were not included- some text appears to be missing from this sentence.

Thanks. The words ‘were omitted’ were omitted (!) in error and have now been replaced which should make clear that these papers were indeed omitted.

Page 16

Line 1: The text 'to agree with their conclusion would be a disservice' is unclear. A disservice to whom or to what? Do the authors mean that Happell's conclusion was erroneous, as it was based on insufficient evidence?

We are saying that the Happell paper concludes that the CN role is supported. However, that ‘support’ is actually derived from statistical significance of one of fourteen related questionnaire items. We have amended the wording thus: “Happell et al (2015a) reported improved support for a specialist cardiometabolic nurse role following its introduction, however we find this conclusion is unwarranted since it is derived from statistical testing of 14-questionnaire items only one of which was found significant.”

Line 30: There appears to be an additional 'and' in the sentence - please delete
OK

Page 17:

Lines 3-5: This sentence has some additional wording which confounds the meaning. Would be best rephrased as 'there is consistent evidence of a strong association between…'.

Yes, thanks. Amended