Author’s response to reviews

Title: HOSPITALIZED PATIENTS’ PAIN EXPERIENCES BEFORE AND AFTER THE INTRODUCTION OF A NURSE-BASED PAIN MANAGEMENT PROGRAM: A SEPARATE SAMPLE PRE AND POST STUDY

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Author’s response to reviews:

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Dear Editor in Chief,

We are re-submitting our manuscript NURS-D-19-00040: HOSPITALIZED PATIENTS’ PAIN EXPERIENCES BEFORE AND AFTER THE INTRODUCTION OF A NURSE-BASED PAIN MANAGEMENT PROGRAM: A SEPARATE SAMPLE PRE AND POST STUDY. We have incorporated all the reviewer comments and the manuscript has been proofread by Semantix. Changes made to the manuscript are highlighted in yellow. A detailed response to the reviewers’ comments is submitted along with this cover letter.

Thank you for your consideration of our manuscript.

Yours faithfully,

Gugsa Nemera Germossa

Reviewer comment and response

Lucyna Tomaszek (Reviewer 1)
Methods #1-The authors need to justify the sample size of 782 (is it pre-calculated or not?). They also need to describe the sampling process.
Response: We have added text concerning the sample size under method, subtitle “participant” on page 5 between lines 85 and 92.

Methods #2-The authors wrote - line 142-152: "To measure the patient pain experience, we used a tool consisting of 19 items adapted from the BPI… and the APS-POQ-R… Eleven items used to measure pain interferences (six items for physical functions and four items for emotional functions) were adopted from the APS-POQ-R" - six items for physical functions and four items for emotional functions total eighteen items. I didn't find the item regarding duration of pain on the Brief Pain Inventory (Short Form). It isn't clear what type of pain treatment information was recorded.
Response: We thank the reviewer for providing such a valid comment. We have noticed that information concerning duration of pain is not part of the PBI form. Thus, we have added additional text on page 9, lines 176 to 178.

Methods #3 The authors need to define what they mean by "last 24 h" assessing the severity of pain. This is important, as there is an association between pain intensity and the day of surgery (Journal of Peri Anesthesia Nursing; https://doi.org/10.1016/j.jopan.2018.11.011). Each eligible patient must have a hospital stay of at least twenty-four hours.
Response: We have now mentioned this on page 5, lines 89 to 90. Each patient was then asked to give an assessment of his or her experience of pain during previous twenty-four hours. We have explained this on page 8, lines 153 to 156. Since the study was not specific to patients who had undergone surgery, we haven’t collected information on the variable related to “the day of surgery”. However, we have added one sentence as a limitation on page 20, lines 352 to 355.

Methods #4. Please explain what is meant by acute and chronic pain in table 1 (give diagnostic criteria).
Response: Our definition of acute and chronic pain is based on the Ethiopian Federal Ministry of Health pain management guideline, which we have explained on page 9, lines 176 to 178.

Methods #5 Explain how missing data was addressed.
Response: Since we used an interviewer-administered questionnaire, incomplete questionnaires were screened daily. Because of inconsistencies, we have added and changed some information related to sample size on page 5, lines 86 to 87.

Method#6  Explain how the statistical significance of intergroup differences in the distributions of categorical variables was verified.
Response: We used WINPEPI for comparison of two independent samples. We have now described this under table 1 as a foot note on page 12 line 215.

Results#1- Please include a flow diagram that explains the process of the study
Response: We have included the flowchart under result as figure 1 on page 11.

Results#2 The authors can also add information about duration of hospitalization, types of surgery or the region operated upon. Borys et al. (BMC Anesthesiology 2018, 18:83) found that variables such as operated region and type of surgical department influence the severity of pain.
Response: We haven’t collected information about duration of hospitalization, types of surgery or the region operation. Thus, we have accounted for this as limitation on page 20, lines 355-357.
The results of all three surveys show that patients generally had moderate to severe pain. What percent of patients assessed the pain as moderate and as severe?
Response: We have provided information about severity of pain as mild, moderate and severe in table 4 on page 14.

The pain assessment method has previously been described in Method
Response: Comment incorporated on page 13 line 232-233. We have removed the redundant information.

In the third survey, the sample mean pain intensity was reduced by 27.6% at its worst, 23.8% at its least, 25.5% at its average and current pain by 29.3% compared with Survey 1 - based on what data this was calculated?
Response: The percentages were calculated by subtracting the mean value for the sample in Survey 3 from the mean value for the sample in Survey 1 and dividing it by Survey 1 values and multiplying by 100. The textual description of the formula is inserted in the document in the analysis section on page 9, lines 190-192.

I think that keywords "postoperative pain, pain management, education, nursing care, inpatients" represent the main content of this article.
Response: We incorporated the comment on page 3, line 44. However, we didn’t add “postoperative pain” as a key word for this article because the study participants did not only have post-operative pain.

An overall concern is that many of the references are more than 5 years or even 10 years old. They need to be updated. There is more recent literature to support many of your statements/positions
Response : We have made some revision to our references based on the comments given.

The reasonableness of writing the full name of the organization and its abbreviation, or the name of the pain assessment scale and its abbreviation etc. should be considered especially given that they are used in the text once or twice.
Response : We accept the comment and corrected it, however to help readers, we again provided full a description in the discussion section.

On page 9, line 180, it should be daily basis not bases
Response: We have corrected this.

On page 17 line 297, some patients not patient
Response: We have corrected this.

On page 18 under Strength and limitations: It is better to give the strengths before the limitations
Response: Limitations and strengths are reorganized as per the comment given on page 20, lines 338-355. We have also added limitations as mentioned above regarding the sample.
#3 Give implications for Nursing Practice, Nursing Education and Research
Response: We have added text describing the implications of the study on page 20, lines 362-363