Author’s response to reviews

Title: Registered Nurses Experiences of Managing Depressive Symptoms at Care Centres for Older People: A Qualitative Descriptive Study

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Author’s response to reviews:

Dear Editor in Chief Panayota Sourtzi, and highly esteemed reviewers,

We would like to start by thanking the reviewers for their constructive and useful comments. Their engagement and valuable comments together with yet another language editing has hopefully improved our paper entitled ‘Registered Nurses Experiences of Managing Depressive Symptoms at Care Centres for Older People Care: A Qualitative Descriptive Study’ (NURS-D-19-00103). All amendments are highlighted in yellow. We sincerely hope that our now extensive amendments have increased our possibilities to be accepted for publication in BMC Nursing. Our amendments are as follows:

Reviewer 1 [VR] :

#1) Abstract: There is a poor balance between the sections of abstract. The purpose statement is lengthy, whereas the results are very minimal.

- Abstract re-written to rectify balance

#2) Keywords: 'Interviews' may not be an appropriate keyword. 'Elderly depression' could be considered as a keyword.

- Excluded
#3) Page 3/Introduction: Sentence 44 Remove 'henceforth abbreviated'.

- Revised

#4) Page 4/Introduction: Sentence 37 Use of (+75) seems inappropriate.

- Revised in introduction as well as in abstract

#5) Page 4/Introduction: Sentence 38 Expand GPs

- Revised

#6) Sampling: The data were collected form 10 participants. Where data saturation was achieved? Data saturation is a major component that determine the rigor of data collection.

- Revised and amended under the heading data analysis as well as under heading methodological considerations

#7) Analysis: The researcher has chosen inductive content analysis as per Elo (2008). This process includes open coding, creating categories and abstraction. Specific details on this analytical process are missing. The authors directly stated fore themes. Specific details on coding and sub categories are missing.

- Thank you for valuable comment. Paragraph about analysis rewritten and the subthemes unifying the themes are now in italic for clarity under the heading findings

#8) Referencing: Use of "ibid" in referencing is not recommended.

- Revised throughout the manuscript

#9) Limitation: Random sampling is not recommended for qualitative research, hence mentioning lack of random sampling as a study limitation is inappropriate.

- Revised
#10) Reporting guideline: Upload the completed COREQ (Consolidated criteria for Reporting Qualitative research) Checklist

- Enclosed

Reviewer 2 [M.L:B]

#1) The major issue with this manuscript is that it is rather hard to read with many awkward sentences. It is clear that this is an English translation from Swedish by sentence structure and unusual word choices. Major English translation editing is required.

- For the second time, the manuscript has after our careful revision in accordance with yours and reviewer nr: 1 valuable comment undergone external (paid) professional Academic English editing including checking for clarity and consistency. We are really sorry for the initial state of our manuscript and sincerely hope that this second editing is up to standard. Please note, to avoid confusion the academic language editing has not been highlighted in yellow as the rest of our extensive revisions.

#2) The introduction needs to include more information describing the new Swedish elderly clinics and how they are different than usual primary healthcare.

- Introduction amended, revised and shortened. New paragraph added about difference between primary care as usual and the older peoples care centre plus its aim/purpose as well as its origin

#3) The manuscript is much too long and could be cut down to half its volume. There seems to be concepts that are reiterated several times. Major editing is needed to create a much more concise and readable product.

- Please note that cutting down a manuscript presenting a qualitative design to less than 4000 words proved to be a huge challenge as several comments from you as well as from R1 concerned adding information (i.e. more quotes, description of OPC centre etc) We have tried our very best and have been able to cut it down with about 1100 words which we sincerely hope will be found as acceptable?
Manuscript carefully revised throughout and we hope that this together with our revisions in regards to your first comment (#1) as well as to your other relevant comments in regards to this that the manuscript now has improved both in regard to readability and conciseness?

#4) Citations need to be structured correctly. Citations numbers should be at the end of sentences, and 'ibid' is not used.

• Amended throughout the manuscript

#5) The term 'Elderly' is often not used in recent times because it is seen as pejorative and stigmatizing. An alternative term is older people or older adults.

• Amended throughout the manuscript

#6) The abstract is very difficult to understand due to awkward sentences. It needs to be edited and rewritten. The main four themes from the research need to be included in the findings section and the conclusion could be edited down and more concise.

• Abstract edited i.e. re-written, additional information re themes now included.

#7) There needs to be more background literature in the introduction to support statements of fact that are made. For instance, the first sentence of the introduction states: "Depression and depressive symptoms are among the most common mental disorders in older people. However, both are underdiagnosed, undertreated and, often, overlooked by healthcare professionals, or simply seen as a natural consequence of the aging process." However, there are no citations to back up these statements.

• Introduction read, re-shaped and is hopefully now clearer and more concise. All references gone through both for backing up as for positioned in accordance with your earlier comment (#4)

#8) On page 3, the concept of "diathesis-stress perspective" is introduced. Please define this concept.

• Concept removed as part of revisions in re to valuable comments about the papers lack of clarity and extensive length
#9) Please describe the "Elderly Care clinics" more clearly and how these are different from usual primary healthcare. There appears to be quite a lot of variation about how these clinics are conducted and it would be helpful if this variation was described more fully.

- Revised in accordance with your earlier comment (#2)

#10) In the methods it is not clear that content analysis was used as the main qualitative methods. Please provide more explanation about why content analysis was chosen for analysis and its uniqueness as a qualitative research analysis method.

- Text under the heading data analysis (heading amended for clarity) rationale for chosen method and its, in the literature, described uniqueness is now added.

#11) The findings could be edited down for conciseness and to increase clarity. Some of the quotes don't really match the narrative. It would also be helpful if there were more quotes provided that illustrated the findings.

- Findings carefully edited and re-written in accordance with the above concern, and we sincerely hope that text now is more concise and clearer.

#12) The discussion re-describes the findings in too much detail. There needs to be much more discussion of how the literature supports the findings, rather than restating the findings

- Discussion carefully edited we sincerely hope that our amendments now have eliminated your very relevant concerns expressed in comment #12. Please all text in discussion is not highlighted with yellow despite that serval sentences and longer paragraphs from our initial manuscript now have been moved around to hopefully create a more concise and clear discussion.