Author’s response to reviews

Title: Parents and nurses telling their stories: The perceived needs of parents caring for critically ill children at Kilimanjaro Christian Medical Centre in Tanzania

Authors:

Vivian Frank Saria (vivianfrank@gmail.com)
Lilian Teddy Mselle (nakutz@yahoo.com)
Birgit Anne Siceloff (bjorgensen59@gmail.com)

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Responses to reviewers’ comments:

Parents and nurses telling their stories: Perceived needs of parents caring for critically ill children at Kilimanjaro Christian Centre in Tanzania

Mandie Jane Foster, PhD, PG Dip/Cert, RN (Reviewer 1):
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The whole article needs to be checked/revised for grammar, sentence structure, clarity, tense (past tense/third person).
   The manuscript has been revised to correct grammatical errors and sentence structure accordingly
   2-23

Abstract
Nurses should not be a capital, purposefully recruited…?, when was the study undertaken and data collected, timeframe required, change children care to 'care of their or the child', what does critical needs mean, in the results section, grammar revision needed throughout and importance meaning what.
   Typos and grammatical errors have been corrected, and timeframe provided in the methods section 2

Background
I suggest that this needs rewriting with relevant contemporary literature, most of the literature used is old and statements made are not supported by references or justified. Why is Tanzania different to
Canada or developed countries, why was this study needed, grammar revision required for clarity, there are many articles on the needs of parents in critical care - do you mean minimal articles on the needs of parents within critical care in developing countries, there is a large importance placed on the needs of parents in developed countries but what is the difference between these two worldviews or context (developed versus developing). What was the theoretical underpinnings that guided this study? (FCC, CCC, UNCRC, WHO). Why use this design or methodology used, what is it that you really want to uncover and what impact will this have on an international perspective - is the care, resources, needs, policies, research and/or organisational structure different in Tanzania than in the USA, how can this study direct practice, theory, education or impact on the wellbeing of parents, children and nurses in critical care within this organisation or culture. How does culture, resources, healthcare structure, model of care, service delivery, education of nurses, paternalism, poverty, co-morbidities, mortality, gender… influence the needs of parents with a child in critical care in Tanzania. Could these results be transferable to other developing countries? There definitely is a difference within developing and developed countries but this hasn't been portrayed within the introduction. We thank the reviewer for pointing this out. The background has been revised based on contemporary literature as suggested. The need for this study has been justified against the availability of similar studies in developing countries

The reason for using the design and methodology has been provides as suggested. Countries in the developed world differ significantly in terms of technology, culture, healthcare organization and resources. We confidently feel that perspectives of parents and nurses in this study will shed light for development of strategies and policies that would improve parents emotional status

4-5

Method
Study design and setting
Burn unit (burns unit?), re-write for clarity. The description of the setting has been revised for clarity as suggested
5-6

Participants and recruitment
A purposive…, was requested (were requested), have had (had), why 76 hours, have other studies used this timeframe, exclusion/inclusion criteria was…, ethics required in relation to the researcher approaching anyone?, how was this done, should the study confidentiality/voluntary informed involvement have been done before a screening process of actually approaching potential participants, FGDs being?, why above 35 years of age, a Table of the participants included in the study is advisable, did anyone decline and is so why. Typos, reasons for inclusion of parents who stayed in the ward for 76 hours or more and ethical issues for recruitment have been included in the revised manuscript as suggested

The table of participants included in the study has been inserted as recommended
6-8

Data Collection Procedure
Are FGDs and group discussions the same and if so you should use only one term, how was data saturation achieved, was the data analysed iteratively, did this effect the questions asked, qualifications of moderator, how was the research assistant trained, topic guide/questions developed by whom and formulated from what, was a pilot test conducted, how were consumers involved in the study design and/or questions asked, was gender a particular issue with the discussion groups, justify your methodology, how were participants actively encouraged to participate, this section needs re-writing.

Typos and explanation of how the saturation was reached, data collection and analysis procedures have been provided as recommended

The pilot test was not conducted as the FGD guide was flexible and was revised during the course of data collection

The way participants were encouraged to participate during FGD has been included as suggested

6-8

Data Analysis
Areas on credibility need to be addressed for qualitative data collection and analysis 'trustworthiness', storage, confidentiality, anonymity, reflexivity and rigor of the analysis process, how was saturation of the data reached, who read the transcripts (how many researchers - independently or as a group), clarity on the process used re inductive/deductive analyses, findings, codes, categories, themes (similarity of concepts), consensus reached through what process, what model/theorist did you use, participant involvement re member checking, how were the emergent categories compared between and within the discussion groups, why was this done, how many in the research team, I am not clear on how the data was collected, analysed or why this method was chosen.

The analysis procedure has been re-written for clarity and issues of trustworthiness have been addressed as suggested

8-9

Ethical Consideration
Collected data when and over what timeframe? The data collection period has been inserted as recommended

5

Results
The results need to be re-written once the analyses is clear, how many findings, codes, categories and themes, a Table that clearly outlines an exemplar for each category. Were the same questions asked to parents and nurses, was the open ended questionnaire tested before use, suggest to insert a table of the questions asked, how often were these findings represented (all nurses stated …, one nurse portrayed that …), were the responses analysed per question or as a whole, the connection of the quote to the theme needs rechecking as I felt that there may have been some bias in the researchers assumption of what these responses meant (how was member checking done), more detail required in this area as I don't feel the true meaning of the participants voices have been portrayed.

The analysis procedure has been provided in the methods section. The questions for parents and nurses were not similar but the topics were the same

We did not test the questions because of the qualitative nature of the study that allow revision of questions during data collection when there is emergent themes that needed follow up. Further, some findings in this study were reported just once but were relevant for the study so were included based on
philosophy that does consider frequency of the information reported.

Details of the analysis procedure have been provided in the data analysis procedure section as suggested 8-9

Discussion
The discussion needs fully rewriting once the other areas have been re-written/revised with contemporary relevant literature.
   Following revision of other sections, the discussion section was revised to use the contemporary relevant literature as suggested 17-21

References
References should not be older than 5 years unless portraying a historical seminal or theoretical standing, suggest looking at the critical care literature, if limited research in developing countries then justify this with supporting literature.
   Reference have been revised to include relevant and updated references accordingly 23-26

Vanessa Madrigal (Reviewer 2):
Background:
- Please explain what is meant by "significant responsibility" for the parents. Are they expected to perform bathing/feeding? Monitoring of safety of a breathing tube for example? Also, this seems a little incongruent with the visitation policy, if they are only allowed to be at the bedside for so few hours?
- Other staff member's responsibility to patients is not discussed, for example what is the role of physicians with communication and discussions with families. As a multidisciplinary unit, proposed solutions to issues should be multidisciplinary in nature.
- End quotation missing page 4 line 10.
- Sentence on page 4 line 11 "The relationship between a parent and child …" seems odd and out of context.
- At the end of background, the reader is slightly unclear at what the paper will be presenting, "parent's needs…" meaning emotional support? Communication support? Advocacy to be present at bedside? Consider focusing the direction of the paper at this juncture.
   The significant responsibility for the parents has been elaborated for clarity as suggested

End quotation has been inserted and the background has been reviewed to clarity as suggested 4

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4-5
Participants and recruitment
- Please present the inclusion criteria discussed on page 5 line 39.
- The last sentence "Six (6) …" Seems to belong in the results section, as does the sentence on page 6 line 16 "While 2 group discussions of parents had separate…”
The inclusion criteria is provided as suggested. The findings that were reported in the methods section have been moved to the results section as advised.

6
Results:
- Page 8 line 34 sentences are confusing, opposing statements.
- Grammar: page 11 line 43-pediatric—where: floor? Unit? ICU
- Grammar: page 12 line 53- belonging instead of "belongingness"

Grammatical errors, typos and sentence structure were corrected accordingly.

9-16
Discussion:
- The authors should consider focusing their discussion. Are they advocating for emotional support? Improved communication? Unrestricted visiting hours? These are all important topics, and desirable outcome goals, though all very big topics on their own right, perhaps each deserving their own paper.
- Grammar: page 16 line 26 "clients"- it's the first time used in this paper, but consider consistent wording. Would "patients and families" work instead?
- Consider discussing barriers to some of the recommendations beyond staffing. Should policy changes be considered?
- The discussion needs a "study limitation" section

The discussion had been revised for clarity and focus the discussion into the improvement of the 3 major findings of the paper as suggested.

Barriers to the recommendation beyond staff have been discussed as suggested
The section on study limitation has been included as suggested

17-20

22

20-21
If improvements to the English language within your manuscript have been requested, you should have your manuscript reviewed by someone who is fluent in English. If you would like professional help in revising this manuscript, you can use any reputable English language editing service. We can recommend our affiliates Nature Research Editing Service (http://bit.ly/NRES_BS) and American Journal Experts (http://bit.ly/AJE_BS) for help with English usage. Please note that use of an editing service is neither a requirement nor a guarantee of publication. Free assistance is available from our English language tutorial (https://www.springer.com/gb/authors-editors/authorandviewertutorials/writinginenglish) and our Writing resources (http://www.biomedcentral.com/getpublished/writing-resources). These cover common mistakes that occur when writing in English.

The grammatical errors and sentence structure have been corrected accordingly.