Author’s response to reviews

Title: "Guarding their Practice": A Descriptive Study of Canadian Nursing Policies and Education related to Medical Cannabis

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Author’s response to reviews:

Dear Dr. Hsieh,

Thank you for providing us with the opportunity to revise our manuscript entitled, “Guarding their Practice”: A Descriptive Study of Canadian Nursing Policies and Education related to Medical Cannabis”. We are very pleased that BMC Nursing has found our paper of interest.

We would like to thank each reviewer for their careful review of our manuscript and their helpful comments. We have addressed their concerns/suggestions in the following manner and have highlighted our changes in RED in the manuscript to facilitate final review:

Dr. Dicken’s Comments:

1. Abstract: line 4/5 'pivotal role'. It sounds from your paper that this is not actually inevitable without some changes to regulations etc. Could this be worded more hesitantly e.g. NPs have the potential to play a pivotal role or similar.
   • Thank you for this suggestion – we have made this change. (Abstract, page 2, lines 4-5)
2. Your distinction is between Medical and Non-medical. For non-Canadians it is unclear whether there are any differences in terms of the supplier, form, mode of delivery etc.
   • We have clarified the difference between medical and non-medical cannabis in the Introduction section (page 4-5, lines 19-22 and 1-2)
3. p.4, line 22-23 - Stigma. Ok, but how/why has this manifested? You mean providers are stigmatised by providing?
   • We have clarified this point by expanding on what we mean by stigma based on our previous research, which is referenced, in the Introduction (page 5, lines 5-6)
4. Study aims are a little vague - what are the specific objectives? You are exploring the perspectives of people not 'regulatory bodies'. What is it you aimed to explore specifically?
   • We have clarified our study aims on page 6, lines 20-26.
5. Methods. Some distinguish between sequential and parallel mixed methods designs to distinguish those which occur in phases like yours and those conducted simultaneously. The study is
described as 'mixed methods' but what are those methods?

- Following comments from the second reviewer, we have concurred with their opinion that this is more a multi-phase descriptive study than a true mixed method study. We have made changes as per point #1 below.

6. Policy/document review; Semi-structured interviews; online survey. The description of these elements is very sparse e.g., qualitative thematic analysis: any particular model or steps followed? For all elements, what was the sampling frame? Inclusion/exclusion criteria? Consent process? Ethical approval?
  - We have provided as much additional details as possible given the limited word count regarding the interview and on-line survey process:
    i. We have now included a reference (Boyatzis, 1998) for the thematic analysis process that was followed in the qualitative phase of the study (page 7, line 17)
    ii. Eligibility criteria has now been added to the Methods for both practice consultants and NP program coordinators (page 7, lines 10-11; page 7-8, lines 23; 1-2)
    iii. We have added information about ethical approval and the consent process (page 8, lines 11-14)
    iv. With regard to sampling frame of the practice consultants, we indicated in the Results section that “there are a total of 12 nursing regulatory bodies” in Canada (page 9, line 10). As we were interested in speaking with one practice consultant from each nursing regulatory body in Canada, our sampling frame was 12. However, one organization insisted on having two practice consultants attend the interview. With regards to the sampling frame of NP program coordinators, we indicated on page 14, line 1 that “A total of 28 NP program coordinators were identified…”.

7. Results -PC Interviews - reps of 7/12 regulatory bodies, but how did this break down in terms of whether they were employees of a body that addressed cannabis in policy?
  - 5 of the 7 regulatory bodies represented by the practice consultant interviews had policy statements on medical cannabis. We have clarified this on page 9, lines 14-15

8. You say who was interviewed but not the reasons why some bodies etc. were not represented. Refusal? Failed to respond?
  - We have added information about refusal/failure to response to the Methods section (page 9, lines 15-18)

9. The information about nurses' fitness to practice seems a bit tangential to the main thrust of the study.
  - The findings related to “fitness to practice” were presented in this manuscript as it was a major practice issue theme that was expressed by the practice consultants interviewed. Nurses, like the general public, may consider using medical cannabis for a host of health conditions. Practice consultants are often the ones consulted by employees/employers with regard to a nurses’ fitness to practice due to illness as well as medication use, including medical cannabis. The decision was made to retain this theme in the manuscript because it holds implication for future nursing and/or institutional policies.

10. Survey: any reminders sent or other strategies utilised to boost completion rate?
  - We sent weekly reminders via email for three weeks. This has been clarified in the paper (Methods - page 7, lines 11-13; page 8, lines 2-3).

11. p.14 line 15 'was some inconsistencies' should be 'were some'?
  - Thank you – this has been corrected on page 15, line 21

12. Line 46: 'Even where nurses were allowed to provide care related to medical cannabis, they were required to first consult with available institutional policies.' Is this really unusual?
  - When compared to other types of medication (i.e., opioids), it is somewhat unusual that despite the presence of federal and provincial/territorial legislation that allows nurses to provide direct and indirect care related to medical cannabis, individual health care organizations are able to further restrict nurses’ scope of practice with regards to providing care to patients using medical cannabis. However,
we have modified this statement so it is less provocative. (page 16, lines 1-3)

13. It is a bit of a balloon pop moment to learn that policies have largely been updated since this study was conducted. This means that the basis of the study has moved on, and the information provided by participants may no longer be relevant. I think the authors should consider whether the study really does offer useful information given these changes.

• Thank you for your candor - Cannabis policy in Canada is indeed moving very quickly both in the practice realm as well as federally and provincially. There has been no other exploration or review of nursing policies and practice issues related to medical cannabis, to our knowledge, ever published, which may reflect this rapid shift. However, we feel strongly that there are some lessons to be learned, particularly related to the disconnect between various levels of policy related to medical cannabis, the lack of engagement of the nursing profession in policy development in Canada, and the continued gap in medical cannabis education in NP programs despite the leading role NPs have been provided federally in Canada to authorize medical cannabis use. For these reasons, we believe that this study does offer important insights that will inform future policies and educational programming related to medical cannabis for the nursing profession in Canada and elsewhere.

Dr. Nemeth’s Comments:

1. Methods – This was reported as a mixed methods study, however, I think it is more of a qualitative descriptive study that used multiple methods – the n for the survey was small and mostly descriptive. If the authors wish to report this study as mixed methods, I think they should be more explicit about how the methods were mixed and for what purpose.

• We agree with this comment that this multi-phase study did not conform to a typical mixed-method study. As a consequence, we have now described the study as a multi-phase descriptive study (Methods – page 7, line 2). We did not include “qualitative” as we conducted both a survey and an environmental scan of cannabis nursing policy; both are methods that do not conform to the tenants of qualitative research. Please note that we have changed our title to the paper accordingly – “Guarding their practice”: A descriptive study of Canadian Nursing Policies and Education related to Medical Cannabis”. (Title page, page 1, lines 5-6)

2. The interview guide was not provided and would provide greater rigor.

• The interview guide has now been attached an appendix (Methods - page 7, line 16)

3. It would help to provide a reference for the process for which a thematic analysis was conducted and describe more about who conducted the analysis and if there were any other researchers involved in the process.

• We have now added a reference for the process that was used to guide the thematic analysis (Boyatzis, 1998) (Methods, page 7, line 13). As described in the manuscript, the analysis was conducted jointly by the two authors on the manuscript (LB/AA) – no other researchers were involved in the project. This has been further described in the manuscript (Methods - page 7, line 18-21).

4. How were the participants recruited for the interviews and surveys?

• A description of how participants were recruited for each phase of the study has now been included (emailed letter of invitations were sent to practice consultants at each provincial/territorial nursing regulatory body and NP education program following web search/phone calls to their organization) (Methods - page 7, lines 8-13 and 22-23; page 8, lines 2-3)

5. What did the survey include and how was it developed?

• An overview of the main concepts explored in the survey was provided in the Methods section on page 8 (lines 4 – 7); due to space constraints, we have made the decision to include the survey in Appendix 2 (Methods - page 8, line 4). As indicated in the manuscript the survey was investigator-developed.
If any additional information is required, please do not hesitate to contact us.

Sincerely

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