Author’s response to reviews

Title: The nurse anesthetist perioperative dialog

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Author’s response to reviews:

Thank you for the opportunity to resubmit this original research article. We are grateful for the constructive and encouraging comments from the reviewers. We have done our best to carefully read the comments and revised the manuscript. A detailed list of changes is added in the comments. We hope that you will find the revised manuscript improved.

Editor Comments:

BMC Nursing operates a policy of open peer review, which means that you will be able to see the names of the reviewers who provided the reports via the online peer review system. We encourage you to also view the reports there, via the action links on the left-hand side of the page, to see the names of the reviewers.

Reviewer 1:

General comments:

Thank you for the opportunity to review the manuscript The nurse anesthetist perioperative dialog.

The overall topic is of importance and relevance to an international readership.

My comments section by section are as follows:

BACKGROUND

What was the theoretical framework used in this study? As all the readers might not be familiar with the perioperative dialogue, this could be of value to add to this section as well as the definition of perioperative dialog. There is already a scant definition but could it be a little bit wider.
Amended: We have clarified the definition according to Lindwall. We have also added some more information about the perioperative dialogue.

Why is this conducted research of importance? Please add some information. Where did the preoperative dialog take place and when? and where and when did the postoperative dialog take place? (Page 3)

Amended: We have clarified the text by adding;

The meeting can take place on the patient’s ward or in the recovery room in the operating department.

The post-operative dialogue takes place in the recovery room in the operating department. In the post-operative dialogue, the patient has the opportunity to after the operation, finish and evaluate the care process together with NA

METHODS

The section on data analysis is well explained although it might be of interest for the readers to know the total amount of meaning units derived from the texts red (totally) and what meaning units composed the two final categories. Adding a table of the process could be valuable in visualizing how these two categories were generated. (Page 5)

Amended: The following text is added: in total 89 to the preoperative dialogue, 66 meaning units related to the intraoperative dialogue and 17 meaning units related to the postoperative dialogue.

We have also added table 1 describing the process of how the three categories were generated.

RESULTS

The results are presented in two categories (the preoperative dialog and the intraoperative dialog). There is a lack of information concerning the postoperative dialog. (Page 5)

Amended: The postoperative dialogue is added as a separate category like it should be in a work focusing on the perioperative dialogue. Sorry about that.

DISCUSSION

In this section the authors write about ethos, which is important, therefore it would be of interest for the readers to know something about the theoretical framework already in the background section.

Amended: Text regarding ethos is now embedded in the background.
CONCLUSIONS

How is the new knowledge of this research study going to be used in perioperative practice? What kind of further studies could be of interest regarding the results of this study?

Amended: Text is incorporated under the section Relevance for clinical practice.

Fateme Hasandoost, MSc (Reviewer 2):

1. Thanks your valuable manuscript your title is not clear and does not mean

We have tried to capture the words that are relevant to the content of the manuscript. We see that nurse anesthetist and perioperative dialogue is the most relevant and important words to use. This way we are presenting the topic to the reader interested in the perioperative dialogue.

2. In abstract, why is dialog important?...

As we write in the Background of the Abstract: The perioperative dialogue is important both to the patient and to the nurse anesthetist. The patient shares their history with the nurse anesthetist who witness the patient's experiences, and can alleviate the patients’ suffering while waiting for, or undergoing surgery.

Why don’t you interview patients?...

We are focusing on the nurse anesthetist. Our next step in the project is to interview the patients to describe their experiences of the perioperative dialogue. We are also discussing if there would be of interest to talk to next of kin present at the pre and post parts of the perioperative dialogue.

Where did you this study?

In the section Data collection, we describe that the interviews were conducted at the participants place of work. We have now included that the place of work was the operating theatre department in a hospital.

When did you this study?...

The interview was conducted in the autumn months of 2017 is key word in mesh category? (Preoperative dialogue)

Yes, all three keywords: Nurse anesthetist, Content analysis, Perioperative dialogue are mesh.
3. in background..I think this topic does routinely, What is a your new knowledge? Please show conflict findings in other literature

We do not present any new knowledge from our side in the background. We choose to present prior research within the area of perioperative dialogue. Prior researchers lay the foundation for our research through their theories and guidelines. As the perioperative dialogue are an area that is both relatively new and limited, we use references that can be considered as founders of the concept of the perioperative dialogue. According to our knowledge, there is no research with conflict findings. To see the perioperative dialogue as a mistake is not currently described in research.

4. in method...Your mean is a conventional???

In our use of an interpretive content analysis by Krippendorff, we interpret the qualitative data. It could also be called text-driven analyses (Krippendorff, 2012 p341).

Krippendorff says that qualitative content analysis labels interpretive because of the following characteristics: • They require a close reading of relatively small amounts of textual matter. • They involve the rearticulating (interpretation) of given texts into new (analytical, deconstructive, emancipatory, or critical) narratives that are accepted within particular scholarly communities that are sometimes opposed to positivist traditions of inquiry (Krippendorff, 2012 p17).

5. Where do nurses work?

Emergency OR, elective OR

Amended: We have included text in the section Data collection. The interviews were conducted in private with one participant at a time at their place of work, at an operating theatre department in the hospitals.

What was your data collection place and time (year)?

The interview was conducted in the autumn months of 2017

6. Why don’t interview patients?

Since dialog is a mutual interaction!!

We are focusing on the nurse anesthetist. Our next step in the project is to interview the patients to describe their experiences of the perioperative dialogue. We are also discussing if there would be of interest to talk to next of kin present at the pre and post parts of the perioperative dialogue.
7. Is this a research question or interview question?

We choose not to have a research question alongside the aim. Our use of the open-ended question: Would you like to describe your perioperative meeting with the patient? is strictly an interview question.

8. How do you reach data saturation?

We noticed around 10 interviews that data saturation was reached. We therefore completed two more interviews before we ended the data collection.

9. Please explain rigor your data collection that is important in qualitative research.

Amended: we have now included a table of the process of how the three categories were generated.

10. How many meaning units and codes do you determine?

Amended: the text in the section Data analysis now include; in total 89 to the preoperative dialogue, 66 meaning units related to the intraoperative dialogue and 17 meaning units related to the postoperative dialogue.

11. Please, show quotation with related subcategories!!!

Amended: we have now included both text and quotation in the last category also.