Author’s response to reviews

Title: Management of Constipation in Long-term Care Hospitals and its Ward Manager and Organization Factors

Authors:

Manami Takaoka (k053210d@gmail.com)
Ayumi Igarashi (igarashi-a@umin.ac.jp)
Asako Futami (futami1004-tky@umin.ac.jp)
Noriko Yamamoto-Mitani (noriko-tky@umin.ac.jp)

Version: 2 Date: 08 Jan 2020

Author’s response to reviews:

8 January 2020

Tovah Honor Aronin
Editor-in-Chief
BMC Nursing

Manuscript ID: NURS-D-19-00310R1
“Management of Constipation in Long-term Care Hospitals and its Ward Manager and Organization Factors”

Dear Dr. Aronin,

We thank you and the reviewers for reviewing our manuscript and offering valuable advice. The manuscript has benefited from your insightful suggestions. I look forward to working with you and the reviewers to move this manuscript closer to publication in BMC Nursing.

We have addressed your suggestion as well as the reviewers’ comments and have accordingly revised the manuscript. The revisions made in the manuscript are indicated as red-colored underlined texts, and the responses to all comments have been prepared and provided below.

We hope that our paper is now suitable for publication in BMC Nursing and look forward to hearing from you at your earliest convenience.

Sincerely,

Takaoka Manami
Department of Gerontological Homecare and Long-term Care Nursing, Graduate School of Medicine, the University of Tokyo
7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033, Japan
Reviewer #1
We would like to express our gratitude to Reviewer #1 for the insightful comments, which have helped us improve our paper. We have revised our manuscript in accordance with these comments, as explained below.

1. In my mind, the main limitation of the study is the low response rate, which suggest biased results. This should be emphasized by the authors, as well as any effort performed to improve response rate. I suspect that the picture on organizational aspects of constipation is likely biased to "the best picture", if managers and nurses who responded are more likely compromised or involved in the care of constipation.

Response:
Thank you very much for your comments. As you suggested, the low response rate is a limitation, although the response rate in our previous questionnaire survey for long-term care hospitals was less than 20%. This survey response rate was somewhat high. In accordance with your comments, we have added the following sentences in the Discussion section:

Page 18, lines 13–17:
“Third, the low response rate in this study may lead to sampling bias; nonetheless, we attempted to increase the response rate by limiting the number of participants in each hospital. As the responders tended to be interested in constipation care compared with the non-responders, the practice of non-pharmacological management may be overestimated.”

2. Do authors make any interview to non-responders to identify the reason for not responding? In any case, the main lesson provides by the results is that there is much to do on constipation care in nursing homes.

Response:
Unfortunately, we were unable to contact the non-responders. Nevertheless, we interviewed eight ward managers who responded to the questionnaire after this questionnaire survey. They answered that they responded to the survey because they recognized the need for improvement in constipation care. In a future study, we will report the strategies that the respondents tried in clinical settings.

Reviewer #2
We would like to also express our gratitude to Reviewer #2 for the insightful comments, which have helped us improve our paper. We have revised our manuscript in accordance with these comments, as explained below.

1. BACKGROUND
P4, 31-38. LTC hospital nurses should focus on more technical or acute care procedures that have a direct and immediate impact on patients, as they can only provide minimal basic care due to their busy schedules.

Question: What is the problem with standard constipation management for sentence above? Nurses are too busy to evaluate bowel movements, or problem with care procedures? What exactly should we focus on?
Response:
In this paragraph, we intend to point out that even if nurses want to conduct additional constipation assessment and management, they are unable to do so because of their limited time. Thus, we have added the following sentences in the Background section:

Page 4, lines 12–13:
“LTC hospital nurses should focus on more technical or acute care procedures that have a direct and immediate impact on patients, as they can only provide minimal basic care due to their busy schedules. It is difficult for LTC hospital nurses to perform additional assessment and management owing to their limited time.”

2. P6, 8-14. Here, we aimed to assess the current constipation management practices in LTC hospitals and to explore the factors related to constipation management, specifically routine staff assessments for constipation management, the ward managers' perception, and the organizational climate.
Question: What is routine staff assessments for constipation management? Isn't it different depending on the LTC facility? Constipation depends on the patient's diet and physical function.

Response:
We believe that nurses need to correctly assess the bowel movements of patients daily based on individual patient conditions. We have revised the phrase “routine staff assessments for constipation management” to “individualized and daily constipation assessment in LTC hospitals” (page 6, lines 4–5).

3. RESULTS
P13, 16-22. Among the 1,180 hospitals, 283 returned questionnaires. Among these, 36 hospitals did not return the completed questionnaires for both ward managers and nursing staff; therefore, we only analyzed data from 247 hospitals (valid response rate, 20.9).
Question: Why did the survey response rate drop? The organizational climate is related to the reason why the response rate decreased? For example, ward manager has no interest in constipation care?

Response:
Unfortunately, we could not examine the organizational climate of non-responders because we could not contact them. Nevertheless, we interviewed eight ward managers who responded to the questionnaire after this questionnaire survey. They answered that they responded to the survey because they recognized the need for improvement in constipation care. We have added the following as a limitation in the Discussion section:

Page 18, lines 13–17:
“Third, the low response rate in this study may lead to sampling bias; nonetheless, we attempted to increase the response rate by limiting the number of participants in each hospital. As the responders tended to be interested in constipation care compared with the non-responders, the practice of non-pharmacological management may be overestimated.”

4. DISCUSSION
P18, 4-20. For LTC ward managers, interventions to facilitate and support successful constipation management might be useful to change their beliefs on use of laxatives. For the organization, changing the recording system (e.g., integrating evidence-based assessment/management into the nursing
record), conducting audits and regularly providing feedback during case conferences, and increasing learning opportunities (e.g., organizing training sessions in the hospitals) may contribute to promoting effective constipation management.

Question: You proposed the sentence above to the LTC ward managers. Do you have any specific suggestions for on-site nurses?
For example, organizing training sessions to increase BSFS usage?

Response:
We intend to point out that the suggestions for the organization would affect the staff. We have clarified and explained this in the manuscript as follows:

Page 18, lines 6–10:
“As for the hospital organization, changing the recording system (e.g., integrating evidence-based assessment and management into nursing records), conducting audits and regularly providing feedback during case conferences, and increasing learning opportunities (e.g., organizing training sessions in hospitals) may contribute to the promotion of effective constipation management by nurses.”