Author's response to reviews

Title: Impacts of information and communication technologies on nursing care: an overview of systematic reviews (protocol)

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Author's response to reviews: see over
Reviewer's report

Title: Impacts of information and communication technologies on nursing care: an overview of systematic reviews (protocol)

Version: 2 Date: 15 April 2015

Reviewer: Paul Shekelle

Comments #1:

Reviewer's report: I have read that authors' response letter and their revised manuscript - with revisions to only a handful of lines. I am willing to go along with their choice of the nursing outcomes as the primary outcomes and relegate patient health outcomes to secondary status or not even included at all. I will note that there will be many readers, and reviewers, of their resulting systematic review that will require direct tests of the hypothesis that these ICT interventions improve patient outcomes, and will not accept the assumption that if the nursing outcomes improve then this necessarily must mean that nursing-sensitive patient outcomes must also improve. And I am willing to go along with their one-sentence acknowledgment that implementation and context are important issues - I think much work is contained within that one sentence!

Answer #1:

We are absolutely in agreement that much work is contained within the implementation and context surrounding the e-health initiatives. This one sentence does not translate the complexity of these important issues. We will definitely document the implementation context with the available information contained in the review. We know that the use of ICTs and their implementation in practice are suited the organisational and clinical context. We acknowledge that evidence on the effects of ICTs in nursing practice will not necessarily translate into patient outcomes, but it is important to document them because it constitutes the first step for identifying potential benefits on patient outcomes through the optimal use of ICTs by nurses.

Comments #2:

But the part that still confuses me is the difference between "no intervention" and "usual care". The authors say the "usual care" group receives "standard care/practice". "Standard care/practice" is, by definition, what is occurring naturally in the health care environment, without any intervention on the part of the investigators. How then, can there be a "no intervention" group? This must mean that the group does NOT received what is occurring
naturally in the health care environment. Does this mean that "standard care/practice" is actually withdrawn from such a group? Is this ethical? Perhaps instead of a hypothetical explanation what is the difference between these two, the authors could provide a concrete example of a "no intervention" group, in a published paper?

**Answer #2**

Some authors of systematic reviews use “no intervention” and “standard practice of care/usual care” as part of the same comparison group. To avoid the confusion of using these two terms, we will only employ “usual care/practice.” An overview of smoking cessation interventions made the distinction between « no intervention », that is nothing is done to address smoking in patients, and « usual care », for instance physician advice. There is the reference: Lockwood, C., O’Connell. A., Thomas, P. & Joanna Briggs Institute (2008). Smoking cessation interventions and strategies. *Technical Report, 4(8)*, ISSN 1833-7732, 170 p. [http://connect.jbiconnectplus.org/ViewSourceFile.aspx?0=4417](http://connect.jbiconnectplus.org/ViewSourceFile.aspx?0=4417)

However, we acknowledge that this can be confusing, and we will include ‘no intervention’ in the ‘usual care/practice’ comparison category.

On page 11 of the revised manuscript, we removed the first comparison: (1) ICT used to provide care versus no intervention (that means that nothing is done among the target).

**Comments #3**

**Handling Editor's comments:** "Although the authors have written convincing arguments to the 4 points, I do believe that Patient centric outcomes are more important. I am in agreement with the Reviewer that such outcomes should be the primary and provider centric outcomes should be considered secondary (since they are surrogate in this review). Please ask the authors to introduce this modification."

**Answer #3:**

We have integrated the suggestion of the reviewer and the handle editor by considering patient outcomes as primary outcomes. We cannot deny that patient outcomes are important and they are of great interest for policy readers. Nevertheless, the purpose of this overview remains (mainly) the use of ICTs to support (or not) nurses practice. That is why we must keep nursing practice, nurses’ environment and professional satisfaction as primary outcomes. Futhermore, based on our conceptual framework (Dubois et al., 2013), ICTs must have an impact on nursing practice to reverberate on patients’ outcomes. If the first condition is not fulfilled, then, the impacts on patients’ outcomes do not depend of the usage of ICTs by nurses and are excluded from the review.
These modifications have been added in the revised manuscript at page 11, lines 244-248. Patients’ outcomes have also been added as primary outcomes in the manuscript (see pages 12-13). Figure 1, which contains the results of interest, has been modified, as well as the abstract.

The overall search strategy has been planned and done according to the PICO (participant, intervention, comparison, outcomes), by using specific terms referring to nursing practice and information and communication technologies. The identification of title and abstracts has been performed according to the target (PICO) of this overview. We will then have more than one type of primary outcomes.

Also, this sentence has been added at page 9 in the revised manuscript, in the “type of participants” section. “Patients receiving care from qualified registered nurses through the medium of at least one type of ICT, compared with those receiving the equivalent face to face care.”