Author’s response to reviews

Title: Diet satisfaction and associated factors among adult surgical orthopaedic patients admitted at a teaching hospital in Lusaka province, Zambia; A hospital-based cross-sectional study

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BMC Nutrition

Dear Editor,

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Diet satisfaction and associated factors among adult orthopaedic patients admitted at a teaching hospital in Lusaka province, Zambia; A hospital-based cross-sectional study

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BMC Nutrition

REVIEWER 1: Jorja Collins

Comment No. 1: Changes have been made in response to my recommendations (reviewer 1).

Comment No.2: I support the recommendations of reviewer 2 in the last round of review. However, I feel some comments may not have been adequately addressed. The author should be guided by reviewer 2 as to whether further changes are necessary to address their previous recommendations. E.g “there is insufficient detail on the food service system at this hospital – author did not expand and give more detail”. Response No. 1: To the best of our ability, all the information related to the food service we collected from the hospital has been provided under the methods section to give context to the study as suggested by reviewer 2. The context is
According to the food service staff at the teaching hospital, orthopaedic patients like other patients in low cost wards are served three main meals comprised of breakfast, lunch and supper. The hospital does not provide any snacks to orthopaedic patients. With regards the food service system used to serve patients in low cost wards, the hospital uses a centralized system whereby food is prepared in the main kitchen by cooks. Once the food is ready, it is held hot in covered buckets and using trolleys, delivered fresh, plated on the ward and served as soon as possible by waiters. However, the food service system in high cost wards is different in the sense that food is prepared on demand for patients who can pay for food services. Furthermore, patients in high cost wards can choose food from a paper menu provided and food is plated right in the kitchen prior to distribution by waiters. In low cost wards, patients are offered soya porridge at breakfast and beans is served almost on a daily basis for lunch or supper. Beef is the only animal product that is provided by the hospital and is supplied irregularly because the hospital lacks a fixed menu. Soya pieces are served fortnightly to orthopaedic patients and that the only vegetable supplied by the hospital is cabbage and is served once or twice per week. Nshima (cooked maize meal cereal) is the only cereal that is served to patients at lunch and supper. The hospital does not offer any fruits to orthopaedic patients’.

Comment No. 3: E.g “in the discussion the authors make comparison with literature but do not adequately acknowledge the significant differences between this food service and that in other settings eg Greece – authors reports that this was not the study outcome. While this is true, the author is making comparisons with satisfaction in Zambia and other countries, but this satisfaction level is likely to be associated with the menu, quality of the food, system of ordering/ordering/distribution in that country, and these elements of foodservice do differ across countries. Response No. 3: The authors did their level best to highlight possible differences in factors (including food service factors) that may explain variations in satisfaction. For example, “The possible explanation for lack of variety in hospital menus is that funding to the catering department may differ based on a country’s hospital food policies. In addition, variation in hospital menus may be influenced by the importance hospital managers attach to patients’ nutritional status and its impact on clinical outcomes”. Further, “Variations in satisfaction on variables of temperature and time of meal distribution maybe explained by the type of food service system available in a hospital. For example, to assure that food is hot, the system used at the teaching hospital is to serve it as soon as possible while the food is still covered in buckets. These are but some of the explanations we highlighted to help the readership understand the variations between our study findings and those of other studies.

REVIEWER 2: Alison Yaxley
General comment: The minor changes conducted by the authors have clarified aspects of this manuscript. A few minor issues remain.

Comment No. 1: Abstract, line 14, pearson correlation is listed as one statistical test used. Where are the results of these analyses? Response No. 1: The sentence in the abstract which suggested that pearson test was used in the analysis has since been removed because the test was not part of the reported tests in this manuscript. It was actually part of a related manuscript submitted to BMC. The sentence in the abstract has since been dropped to main consistent with results.

Comment No. 2: Methods, it is not sufficient to simply write ‘inferential statistics in your analysis plan. Your methods should be detailed enough to enable replication of your study and you should therefore indicate a full list of which tests you used.’ Response No. 2: A clarification has since been given to indicate that it’s the chi-square test that was used. Refer to line 131.

Comment No. 3: Line 141, table 1 (not 1.0). Response No. 3: Change has been effected in line 141 as suggested by the reviewer.

Comment No. 4: Paragraph one should include your key findings which you will then go on to discuss. Response No. 4: The suggestion has been effected and the opening paragraph in the discussion presents key findings. To that effect, changes to the references have been made to reflect inclusions, refer to line 341, 344 and 346.

Comment No. 5: Line 202, change ‘food system available’ to ‘food service system available’. Response No. 5: The change has been effected in line 202.

Comment No. 6: Line 221, add ‘as’ after ‘such’. Response No. 6: The change has been included in line 221.

Comment No. 7: Conclusion, line 242, add ‘of’ after ‘lack’. Response No. 7: The change has been effected in line 242.

Comment No. 8: Table 1, Title is not stand alone and should be expanded eg to describe the patients – adult orthopaedic low cost. Response No. 8: The suggested change has been implemented as reflected in line 148.

Yours faithfully,

Nixon Miyoba