

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

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| TITLE (PROVISIONAL) | An Exploration of Home Care Nurse's Experiences in Deprescribing of Medications: A Qualitative Descriptive Study |
| AUTHORS | Sun, Winnie; Tahsin, Farah; Haddad, Caroline; Turner, Justin; Haughian, Cheryl; Dick, Jennifer |

VERSION 1 - REVIEW

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| REVIEWER | Marilyn Macdonald Dalhousie University Canada |
| REVIEW RETURNED | 03-Aug-2018 |

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| GENERAL COMMENTS | <p>This paper addresses a timely and important topic.</p> <ol style="list-style-type: none">1. Title – Suggest Role be substituted with Experiences to better reflect the content of the paper2. What the authors plan to do is stated differently in the abstract (methods) – Objectives – and Methods sections of the paper. It is important that this be consistent.3. Abstract – Under Methods, content analysis is indicated as the method of analysis. Under analysis, thematic analysis is stated as the approach. Please be consistent and explain. The end of the last sentence in this section is not consistent with the objectives.4. The paper has numerous grammatical errors and needs an editorial review5. Page 2 Line 24 does not read well6. Line 30 suggest educational programs rather than training7. Line 32 remove 'development of their'8. Page 3 Line 35 do you mean adverse events?9. Line 45 frail elders is used for the first time, are you singling out one group for deprescribing?10. After line 47 include a paragraph outlining the competencies required for deprescribing according to the Nursing regulatory body.11. It is important to signal to the reader at the outset of this paper that this is one part of a larger body of work. This situates the reader much better for what is to come.12. Method heading should have an 's' and the subheading should include; methods, inclusion-exclusion criteria13. Page 4 Explain and reference the design14. Lines 33-34-35 are unclear15. Line 43 remove 'old'16. Line 49 replace interviewed with session, remove 'were held each' and add ed to last |
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| | <p>17. Line 54 remove the sentence in the middle. Explain saturation and reference it.</p> <p>18. Page 5 reference Thematic analysis and explain. The analysis section is not clear, especially lines 16-20. Suggest a re-write of this section.</p> <p>19. Page 6 Line 17 replace sessions developed with participants provided and on with of</p> <p>20. Line 52 this is unclear, is it a lack of follow-up or follow-up by multiple providers?</p> <p>21. Page 7 line 4 remove 'not'</p> <p>22. Line 43 after alerts, insert – healthcare providers re polypharmacy of and remove 'for deprescribing needs'</p> <p>23. Page 11 line13 insert 'that' after gap, remove 'will' and add 's' to put</p> <p>24. Sub-theme Consistency and continuity is very similar to the 2nd sub-theme under #1. Sub-theme Deprescribing must be based etc. is very similar to the 1st sub-theme under #2. Suggest revisiting the analysis for redundancies.</p> <p>25. Page 14 Discussion. Reiterate the aim of the work in this phase then discuss the results in direct relation to the aim as well as to the literature.</p> <p>26. Conclusion – the first sentence is okay if you remove 'is limited to'. Move the sentence beginning at line 32- This paper up to be the second sentence then tell us what is new here, the gap and next steps.</p> |
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| REVIEWER | Professor Sharon Brownie Aga Khan University Nairobi Kenya |
| REVIEW RETURNED | 02-Sep-2018 |

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| GENERAL COMMENTS | An initial qualitative exploratory descriptive study is a very effective way to explore areas of enquiry in which there is a paucity of existing literature. This is a very well written and reported study which requires little revision other than the journal requirement to provide the accompany checklist against the COREQ guidelines for reporting qualitative research. Congratulations to the authors for presentation of this increasingly important topic. |
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| REVIEWER | Sandra Pennbrant University West, Sweden |
| REVIEW RETURNED | 19-Sep-2018 |

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| GENERAL COMMENTS | <p>Summarize</p> <p>The study at hand is an exploratory qualitative descriptive study. The objectives of the study are to explore the barriers and enablers of deprescribing from the perspectives of home care nurses, as well as to conduct a scalability assessment of an educational plan to address the learning needs of home care nurses about deprescribing. The study includes two focus groups with a total of eleven home care nurses. The authors use a conventional thematic analysis.</p> <p>The result shows that the home care nurses identified challenges for managing polypharmacy in older adults in home care settings, including a lack of open communication and inconsistent medication reconciliation practices. Inadequate partnership and</p> |
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ineffective collaboration between inter-professional healthcare providers were identified as major barriers to safe deprescribing.

Main impression

The manuscript's subject is interesting and important. The manuscript could have an impact if the researchers had clarified the theoretical or conceptual framework and clarified the analysis method. The purpose/aim of this study is unclear. There are different purposes/aims/objectives:

1. The aim of this study is to explore home care nurses' understanding of polypharmacy management and adoption of deprescribing approaches.

2. Specifically, the purpose of our current research project was to promote the awareness and the adoption of de-prescribing approaches among home care nurses through education using a scaling up approach.

3. The objectives of this study were to explore the barriers and enablers of deprescribing from the perspectives of home care nurses, as well as to conduct a scalability assessment of an educational plan to address the learning needs of home care nurses about deprescribing.

Report

In the abstract:

Under the heading "Objectives": The purpose/aim in the abstract is not consistent with the purposes/aims in the manuscript. What is the purpose/aim of this study?

Under the heading "Methods": The analysis process is described, in the abstract, as content analysis, but in the manuscript the researchers have used conventional thematic analysis.

In the article summary: Strengths and limitations of this study:
Second bullet: "The use of qualitative description through focus group interviews allowed for the opportunity to gain in-depth insight...". This is not really true. The characteristics of focus group interviews is the interaction between the participants that generate the data. The method is used when the participants' perception is important, attitudes are explored, and knowledge arises, and when participants feel strengthened by discussing sensitive topics with those who have experienced the same thing. The characteristics of deep interviews are to gain a deeper understanding of a phenomenon; the participant is encouraged to tell in detail about his or her perspective of the research topic.

In the keywords section:

I suggest that the researchers add the following keyword: home care nurses.

In the Background section:

The background section lacks a presentation of what deprescribing means. Examples of research in this area:

- According to a systematic review article by Reeve E, Gnjjidic D, Long J, and Hilmer S. (2015): "A systematic review of the emerging definition of 'deprescribing' with network analysis: implications for future research and clinical practice", there is lack of consensus on the definition of deprescribing. This article

proposes the following definition: “Deprescribing is the process of withdrawal of an inappropriate medication, supervised by a health care professional with the goal of managing polypharmacy and improving outcomes.” This definition has not yet been externally validated and further work is required to develop an internationally accepted and appropriate definition.

- The researchers could have referred to the review article “Deprescribing: What Is It and What Does the Evidence Tell Us?” (2013) by Thompson and Farrell. This review article could have improved the discussion about deprescribing.

The study is not placed within a theoretical framework and it is unclear which concept(s) the researchers use in the study. The researcher(s) refers to deprescribing, but is this a concept?

If deprescribing is the concept, it would have been valuable if the researchers had clarified this. The focus in this study is also, for the home care nurses, to understand and learn needs in relation to deprescribing. The researchers could also discuss how understanding and learning, as concepts, corresponds to the current paper's purpose.

In the Method section:

In this study, which is phase I of III, the focus is on:
“Scalability assessment: conducting a focus group with home care nurses to assess their understanding and learning needs in relation to deprescribing approaches, and the opportunities for appropriate use of non-pharmacological measures.”

“Scalability assessment” does not match the method - focus group interview. How is the need for understanding and learning measured in focus group interviews?

- The characteristics of focus group interviews is the interaction between the participants who generate the data. The method is used when participants' perception is important, attitudes are explored, and knowledge arises, and when participants feel strengthened by discussing sensitive topics with those who have experienced the same thing.

- If the researchers were interested in gaining in-depth insight, would it not have been better with individual in-depth interviews in order to gain a deeper understanding of a phenomenon?

In the manuscript the researchers use different names for the patients: Older adults, frail elderly, frail older adults, older adults with multiple chronic disease. I suggest they use only one of these possibilities.

How do the researchers define frail?

It is unclear how the participants were selected (e.g. purposive, convenience, consecutive, snowball) and how the participants were approached (e.g. face-to-face, telephone, mail, email). It is also unclear if the transcripts were returned to the participants for comment and/or correction.

Under Subheading “Data analysis”:

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| | <p>There is no description of what conventional thematic analysis means. Do the researchers mean thematic analysis or conventional content analysis? What is the difference between thematic analysis and conventional thematic analysis?</p> <p>Thematic analysis focuses on finding patterns (themes) in the data and describing them in rich descriptions (Hsieh & Shannon, 2003). What is the purpose of the study? Finding patterns in the data?</p> <p>The conventional content analysis can be used to generate new knowledge, confirm or expand existing knowledge, and provide hypotheses to investigate further (Hsieh & Shannon, 2003). What is the purpose of the study?</p> <p>Furthermore, the analysis process is not clear, due to the vague description of “conventional thematic analysis”. It is unclear how the codes were formed and how codes became themes.</p> <p>Is there a theoretical framework for the study? If so, what is it?</p> <p>The method section is not sufficiently clear for another researcher to reproduce the results.</p> <p>In the Result section: It is difficult to understand the Results section due to the absence of a clear description of the analysis method used.</p> <p>In the Conclusion section: As a rule, there should be no references in the conclusion.</p> <p>The manuscript makes no mention of any research ethical considerations.</p> <p>Good luck with the revision!</p> |
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VERSION 1 – AUTHOR RESPONSE

Reviewer #1:

1. Title – Suggest Role be substituted with Experiences to better reflect the content of the paper

- Title has been changed based on reviewer’s recommendation where “role” has been replaced by “experiences” (Refer to Page 1, Line 1 to 3).

2. What the authors plan to do is stated differently in the abstract (methods) – Objectives – and Methods sections of the paper. It is important that this be consistent.

- The objectives within the abstract has been revised to be consistent with the stated objectives within the body of the paper (Refer to page 2, line 2 to 4).

- The methods section of the paper has been revised to be consistent with the stated methods as outlined in the abstract (Refer to page 4, line 20 to 29).

3. Abstract – Under Methods, content analysis is indicated as the method of analysis. Under analysis, thematic analysis is stated as the approach. Please be consistent and explain. The end of the last sentence in this section is not consistent with the objectives.

- “Content analysis” has been replaced with “thematic analysis” in the abstract section and the body of the paper (Refer to page 2, line 7)

- The end of the last sentence has been removed.

4. The paper has numerous grammatical errors and needs an editorial review

- An editorial review has been conducted.

5. Page 2 Line 24 does not read well

- This sentence has been revised to “Further, home care nurses highlighted the importance of raising awareness about deprescribing in the community, and they emphasized the need for a consistent and standardized approach into educating healthcare providers, informal caregivers, and older adults about the best practices of safe deprescribing” (Refer to page 2, line 15 to 18).

6. Line 30 suggest educational programs rather than training • The word “training” has been replaced with “educational programs” (Refer to page 2, line 20 to 21).

7. Line 32 remove ‘development of their’ • The phrase “development of their” has been removed (Refer to page 2, line 22).

8. Page 3 Line 35 do you mean adverse events? • The words “adverse effects” have been replaced by “adverse events”. (Refer to page 3, line 26).

9. Line 45 frail elders is used for the first time, are you singling out one group for deprescribing?

- The word “Older adults with frailty” was first introduced in page 3, line 13 to 14. Older adults with frailty are at high risk for adverse events due to polypharmacy, and therefore frail older adults were the target populations in our focus group discussions about deprescribing.

10. After line 47 include a paragraph outlining the competencies required for deprescribing according to the Nursing regulatory body.

- At the present time, there isn’t a competency framework for deprescribing developed by the Nursing regulatory body. This is why our current research is the initial step in exploring the educational needs for nurses about deprescribing, and our future research will focus on the development of a deprescribing competency framework in nursing, in partnership with the Nursing regulatory body, including the College of Nurses of Ontario,

Canadian Nurses’ Association and Registered Nurses’ Association of Ontario.

11. It is important to signal to the reader at the outset of this paper that this is one part of a larger body of work. This situates the reader much better for what is to come.

- A sentence has been added to situate the reader: “Specifically, the current project is one part of a larger body of research with the aim of promoting the awareness and the adoption of deprescribing approaches among home care nurses through education using a scaling up approach”. (Refer to Page 3 line 37 to 39).

12. Method heading should have an ‘s’ and the subheading should include; methods, inclusion exclusion criteria

- The above changes have been made. (Refer to Page 4, line 18 to 19).

13. Page 4 Explain and reference the design

- Study design is explained and referenced as followed: “An exploratory qualitative descriptive research design was used with the aim of generating qualitative descriptive data to allow for a descriptive summary of the phenomenon of interest which could serve as entry points for further study [10]. (Refer to Page 4, line 20 to 23. Reference number 10).

14. Lines 33-34-35 are unclear

- This sentence has been revised as followed: “This study design allowed the researcher to conduct a scalability assessment using focus group sessions to examine home care nurse’s perspectives about barriers and enablers of deprescribing, as well as learning needs in relation to deprescribing approaches”. (Refer to Page 4, line 26 to 29).

15. Line 43 remove ‘old’

- The word “old” has been removed. (Refer to Page 5, line 2).

16. Line 49 replace interviewed with session, remove ‘were held each’ and add ed to last

- The changes have been made as suggested above: “Focus groups were interviewed with session lasted about 60 to 90 minutes”. (Refer to Page 5, line 9 to 10).

17. Line 54 remove the sentence in the middle. Explain saturation and reference it.

- The explanation of saturation was provided with reference: “The focus groups were held iteratively until data saturation when there weren’t any new patterns and themes emerged during the data collection [10].” (Refer to Page 5, line 13 to 15, reference number 10).

18. Page 5 reference Thematic analysis and explain. The analysis section is not clear, especially lines 16-20. Suggest a re-write of this section.

- Thematic analysis was explained with reference: “Thematic analysis was used for analyzing the focus group data by identifying patterns and themes across the datasets that were important to the description of the phenomenon [10].” (Refer to Page 5, line 21 to 22).

- The analysis section was re-written to improve greater clarity: “The research team began by reading and re-reading the transcripts to immerse themselves in the dataset and to develop a general understanding of the focus group data with descriptive summaries. Coding of the dataset was performed by two data coders (WS and FT) to categorize patterns and label ideas to describe the general perspectives of the research phenomenon. Common themes from the focus groups were derived based on the coding tree to help us identify the relationships between the emerging themes and the associated meanings. Finally, the identified themes and accompanying data extracts (quotes) were reviewed to determine whether the data in the themes were related in an accurate, coherent and meaningful way in relation to our study purpose and research questions. Results are presented in a way that tells the story of the phenomenon as well as describing the interpreted findings that reflected the experiences of the study participants [10]. (Refer to Page 23 to 33).

19. Page 6 Line 17 replace sessions developed with participants provided and on with of

- The sentence has been revised as suggested above: “The focus group sessions developed with participants provided a rich description of the concept of deprescribing from the perspectives of home care nurses”. (Refer to Page 6 line 14 to 15).

20. Line 52 this is unclear, is it a lack of follow-up or follow-up by multiple providers?

- It is a lack of follow-up by multiple providers as indicated in Page 7, line 15.

21. Page 7 line 4 remove 'not'

- This sentence has been revised as indicated above: "that are no longer needed". (Refer to Page 7, line 20).

22. Line 43 after alerts, insert – healthcare providers re polypharmacy of and remove 'for deprescribing needs'

- The sentence has been revised as indicated above: "Lack of medication system that alerts healthcare providers re: polypharmacy of at-risk older adults". (Refer to Page 8, line 15 to 16).

23. Page 11 line13 insert 'that' after gap, remove 'will' and add 's' to put

- The sentence has been revised as indicated above: "gap that arises from the lack of inter-professional education and collaboration puts client at..." (Refer to Page 11, line 28).

24. Sub-theme Consistency and continuity is very similar to the 2nd sub-theme under #1. Sub-theme Deprescribing must be based etc. is very similar to the 1st sub-theme under #2. Suggest revisiting the analysis for redundancies.

- Data analysis has been revisited as suggested above and did not reveal any redundancies (Refer to the following explanations):

- The sub-theme "Consistency and continuity of care among healthcare providers:" differs from the sub-theme "Polypharmacy is a result of the lack of client follow-up by multiple healthcare providers". The sub-theme

"consistency and continuity of Care" addresses the overarching theme about the potential facilitators to raising awareness about deprescribing inhome care (Refer to Page 11, line 22), while the sub-theme about "lack of client follow-up" addresses the overarching theme about the causes of polypharmacy among older adults (Refer to Page 7, line 1).

- Similarly, the sub-theme "Lack of centralized and universal database related to client's health and medication information" is an identified challenge to the management of polypharmacy among older adults in home care (Refer to Page 8, line 1 and 2), while the sub-theme "Deprescribing must be based on accurate and reliable data sources" is an example of facilitators for deprescribing in-home care (Refer to Page Page 11, line 22).

25. Page 14 Discussion. Reiterate the aim of the work in this phase then discuss the results in direct relation to the aim as well as to the literature.

- The purpose of the research has been reiterated, followed by the discussion in direct relation to the purpose and the existing literature: "The purpose of this study was to explore the barriers and enablers of deprescribing from the perspectives of home care nurses, as well as to conduct a scalability assessment of an educational plan to address the learning needs of home care nurses about deprescribing. Our study

findings revealed that home care nurse's perspectives on deprescribing is parallel to the current literature where deprescribing is about medication optimization through the following approaches: adjusting the dosages of high risk medications; timely removal of inappropriate prescription and over the counter medications; as well as finding appropriate pharmacological or non-pharmacological alternatives [6]." (Refer to Page 15, Line 6 to 13).

26. Conclusion – the first sentence is okay if you remove 'is limited to'. Move the sentence beginning at line 32- This paper up to be the second sentence then tell us what is new here, the gap and next steps.

- This sentence has been revised: "Past literature about the experiences and perspectives of nurses on deprescribing focused primarily in longterm care settings [13]." (Refer to Page 17, Line 1 to 2).
- The order of presentation for the conclusion has been revised as suggested above: (1) introduce what was emerged from the study; (2) the gap that was addressed; and (3) followed by future steps (Refer to Page 16, Line 35 to 37 and Page 17, Line 1 to 2).

Reviewer #2:

- COREQ (COnsolidated criteria for REporting Qualitative research) Checklist was completed as indicated by the reviewer (This is uploaded as separate file during manuscript submission).

Reviewer #3:

The manuscript's subject is interesting and important. The manuscript could have an impact if the researchers had clarified the theoretical or conceptual framework and clarified the analysis method. The purpose/aim of this study is unclear. There are different purposes/aims/objectives. Under the heading "Objectives": The purpose/aim in the abstract is not consistent with the purposes/aims in the manuscript. What is the purpose/aim of this study?

- The purpose of the study has been revised to ensure consistency and clarity:
- The objectives within the abstract has been revised to be consistent with the stated objectives within the body of the paper (Refer to page 2, line 2 to 4).
- The methods section of the paper has been revised to be consistent with the stated methods as outlined in the abstract (Refer to page 4, line 20 to 29).

Under the heading "Methods": The analysis process is described, in the abstract, as content analysis, but in the manuscript the researchers have used conventional thematic analysis.

- "Content analysis" has been replaced with "thematic analysis" in the abstract section and the body of the paper (Refer to page 2, line 7)

In the article summary: Strengths and limitations of this study:

Second bullet: "The use of qualitative description through focus group interviews allowed for the opportunity to gain in-depth insight...". This is not really true. The characteristics of focus group interviews is the interaction between the participants that generate the data. The method is used when the participants' perception is important, attitudes are explored, and knowledge arises, and when participants feel strengthened by discussing sensitive topics with those who have experienced the same thing. The characteristics of deep interviews are to gain a deeper understanding of a phenomenon; the participant is encouraged to tell in detail about his or her perspective of the research topic.

- The second bullet point has been revised to indicate the appropriateness of using qualitative description as a study design (This is not about the benefits of focus group):
- The use of qualitative description allowed for a descriptive summary of the experiences of home care nurses about deprescribing which could serve as entry points for further study (Refer to Page 2, Line 28 to 30).

In the keywords section:

I suggest that the researchers add the following keyword: home care nurses. • The keyword “home care nurses” has been added (Refer to Page 2, Line 35 to 36)

In the Background section:

The background section lacks a presentation of what deprescribing means.

Examples of research in this area: According to a systematic review article by

Reeve E, Gnjidic D, Long J, and Hilmer S. (2015): “A systematic review of the emerging definition of 'deprescribing' with network analysis: implications for future research and clinical practice”, there is lack of consensus on the definition of deprescribing. This article proposes the following definition: “Deprescribing is the process of withdrawal of an inappropriate medication, supervised by a health care professional with the goal of managing polypharmacy and improving outcomes.” This definition has not yet been externally validated and further work is required to develop an internationally accepted and appropriate definition. The researchers could have referred to the review article “Deprescribing: What Is It and What Does the Evidence Tell Us?” (2013) by Thompson and Farrell. This review article could have improved the discussion about deprescribing.

- The meaning of deprescribing has been further clarified using Thompson and Farrell (2013) reference as recommended above: “Deprescribing is the process of tapering, stopping, discontinuing, or withdrawing drugs, with the goal of managing polypharmacy and improving outcomes” (Refer to Page 3, Line 20 to 22)

The study is not placed within a theoretical framework and it is unclear which concept(s) the researchers use in the study. The researcher(s) refers to deprescribing, but is this a concept? If deprescribing is the concept, it would have been valuable if the researchers had clarified this. The focus in this study is also, for the home care nurses, to understand and learn needs in relation to deprescribing. The researchers could also discuss how understanding and learning, as concepts, corresponds to the current paper's purpose.

- The goal of a qualitative descriptive paradigm for this study was to provide a comprehensive summary of descriptions of the phenomena of interest. In this study, deprescribing is the phenomenon of interest and it is not viewed as a concept. According to Sandelowski (2000), qualitative descriptive studies tend to draw from the general tenets of naturalistic inquiry, without a priori commitment to any one theoretical view of a target phenomenon. Therefore, a theoretical framework is not used in this study as guided by the qualitative descriptive paradigm. An explanation is provided in Page 4, Line 20 to 26.

In the Method section: In this study, which is phase I of III, the focus is on:

“Scalability assessment: conducting a focus group with home care nurses to assess their understanding and learning needs in relation to deprescribing approaches, and the opportunities for appropriate use of non-pharmacological measures.” “Scalability assessment” does not match the method - focus group interview. How is the need for understanding and learning measured in focus group interviews? If the researchers were interested in gaining in-depth insight, would it not have been better with individual in-depth interviews in order to gain a deeper understanding of a phenomenon?

- Our paper addresses the first step of scalability assessment: needs assessment (Milat et al., 2016). Our goal was to assess the learning needs of home care nurses about deprescribing, and to develop a scale-up plan to educate home care nurses based on the findings from the focus groups. Focus groups have been widely used in the continuing health education field for needs assessment of

learning needs among health care professionals (Tipping, 2005), and therefore this was the chosen method of approach to achieve our research objectives. An explanation is provided in Page 4, Line 29 to 31.

In the manuscript the researchers use different names for the patients: Older adults, frail elderly, frail older adults, older adults with multiple chronic disease. I suggest they use only one of these possibilities.

- It is important to include different terminology to describe the different characteristics of the aging population: (1) people acquiring disability as they age (older adult with multiple chronic disease); (2) aging with a disability (frail older adults); and (3) aging well (older adults).
- Frail elderly has been replaced by frail older adults throughout the paper.

How do the researchers define frail?

- Frailty is a syndrome of physiological decline in later life. This definition can be found in Page 3, Line 13 to 14.

It is unclear how the participants were selected (e.g. purposive, convenience, consecutive, snowball) and how the participants were approached (e.g. face-to-face, telephone, mail, email). It is also unclear if the transcripts were returned to the participants for comment and/or correction.

- Participants were selected through purposive sampling (Refer to Page 4, Line 33 to 34).
- Participants were approached face-to-face (Refer to Page 5, Line 2 to 3).
- During informed consent, all study participants were offered the option for member-checking after the focus group, but none of them accepted this invitation.

Under Subheading "Data analysis":

There is no description of what conventional thematic analysis means. Do the researchers mean thematic analysis or conventional content analysis? What is the difference between thematic analysis and conventional thematic analysis? Thematic analysis focuses on finding patterns (themes) in the data and describing them in rich descriptions (Hsieh & Shannon, 2003). What is the purpose of the study? Finding patterns in the data? The conventional content analysis can be used to generate new knowledge, confirm or expand existing knowledge, and provide hypotheses to investigate further (Hsieh & Shannon, 2003). What is the purpose of the study?

- Thematic analysis was used for analyzing the focus group data by identifying patterns and themes across the datasets that were important to the description of the phenomenon [10]. (Refer to Page 5, Line 21 to 22).
- Sandelowski M. Combining Qualitative and Quantitative Sampling, Data Collection, and Analysis Techniques in Mixed-Method Studies. *Research in Nursing & Health*. 2000;23(3):246-255.

Furthermore, the analysis process is not clear, due to the vague description of "conventional thematic analysis". It is unclear how the codes were formed and how codes became themes.

- Further details have been added to the data analysis section (Refer to Page 5, Line 21 to 33).
- Thematic analysis was used for analyzing the focus group data by identifying patterns and themes across the datasets that were important to the description of the phenomenon [10]. The research team began by reading and re-reading the transcripts to immerse themselves in the dataset and to develop a general understanding of the focus group data with descriptive summaries. Coding

of the dataset was performed by two data coders (WS and FT) to categorize patterns and label ideas to describe the general perspectives of the research

phenomenon. Common themes from the focus groups were derived based on the coding tree to help us identify the relationships between the emerging themes and the associated meanings. Finally, the identified themes and accompanying data extracts were reviewed to determine whether the data in the themes were related in an accurate, coherent and meaningful way in relation to our study purpose and research questions. Results are presented in a way that tells the story of the phenomenon as well as describing the interpreted findings that reflected the experiences of the study participants [10].

Is there a theoretical framework for the study? If so, what is it?

- As explained above:
- The goal of a qualitative descriptive paradigm for this study was to provide a comprehensive summary of descriptions of the phenomena of interest. According to Sandelowski (2000), qualitative descriptive studies tend to draw from the general tenets of naturalistic inquiry, without a priori commitment to any one theoretical view of a target phenomenon. Therefore, a theoretical framework is not used in this study as guided by the qualitative descriptive paradigm. An explanation is provided in Page 4, Line 20 to 26.

The method section is not sufficiently clear for another researcher to reproduce the results. In the Result section: it is difficult to understand the Results section due to the absence of a clear description of the analysis method used.

- Further details have been added to the data analysis section for greater clarity and explanations (Refer to Page 5, Line 21 to 33).
- Upon manuscript submission, focus group guide will be uploaded to allow the readers to review the nature and types of focus group questions being asked to the study participants for reproducibility.
- All the themes and sub-themes were exemplified by the accompanying data extracts (quotes) throughout the result section for auditability.

In the Conclusion section: As a rule, there should be no references in the conclusion.

- The conclusion was structured as followed: the gap in the literature, what is newly emerged from our study, and the next steps for our research. The reference was needed and critical in highlighting the gap in the literature.

The manuscript makes no mention of any research ethical considerations.

- Research ethical considerations can be found in Page 4, Line 32 to 34:
- Upon ethics approval from the Research Ethics Board at the University of Ontario Institute of Technology, study recruitment using purposive sampling took place at one designated home care organization in Ontario, Canada.
- Page 5, Line 2 to 5:

Eligible study participants were approached face-to-face and provided with informed consent, including the study purpose; procedure; potential risks and benefits; rights of the participants and confidentiality.

VERSION 2 – REVIEW

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| REVIEWER | Marilyn Macdonald Dalhousie University, Canada |
| REVIEW RETURNED | 14-Nov-2018 |

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| GENERAL COMMENTS | <p>Abstract: Line 16 remove in from into. In the conclusion the last sentence suggests that there are no programs related to safe medication management and this is incorrect. Perhaps the intent is to indicate that existing programs are inadequate, if so, indicate and say why. Third bullet under Strengths and limitations in the brackets do you mean primary care nurses? Remove in order after the bracket.</p> <p>Background: Page 3, line 22, please state what outcomes are referred to here</p> <p>Line 36, remove learning needs of and insert barriers and enablers encountered by.</p> <p>See scanned reviewed copy for comments regarding references.</p> <p>Limitations need to be included</p> <p>Multiple grammatical errors.</p> <p>I am sending a scanned version of the paper with comments requesting revisions.</p> <p>This is a timely and important topic, however, the written report of the work needs strengthening.</p> |
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| REVIEWER | Sandra Pennbrant University West, Sweden |
| REVIEW RETURNED | 17-Nov-2018 |

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| GENERAL COMMENTS | The manuscript has been improved and is now acceptable for publication. |
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VERSION 2 – AUTHOR RESPONSE

Reviewer(s)' Comments to Author:

Reviewer: 1

1. Abstract: Line 16 remove in from into.

- Word has been changed as requested.

2. In the conclusion the last sentence suggests that there are no programs related to safe medication management and this is incorrect. Perhaps the intent is to indicate that existing programs are inadequate, if so, indicate and say why.

- The sentence has been changed to reflect the above comment: "Study findings highlighted the need for the future improvement of existing programs about safer medication management through the development of a supportive and collaborative relationship among the home care team, frail older adults and their informal caregivers". (Page 2, Line 21 to 24).

3. Third bullet under Strengths and limitations in the brackets do you mean primary care nurses? Remove in order after the bracket.

- The word has been changed to “primary care nurses”.
4. Background: Page 3, line 22, please state what outcomes are referred to here:
- The word “patient outcomes” is added for clarification.
5. Line 36, remove learning needs of and insert barriers and enablers encountered by.
- Words were changed as requested.
5. See scanned reviewed copy for comments regarding references.
- New reference has been added to replace the old reference #12: “Krueger, R. and Casey, M. Focus Groups: A Practical Guide for Applied Research. Sage Publications, Thousand Oaks, CA. 2009.”
6. Limitations need to be included
- The following sentence describes the study limitation: “It should be noted that our study explored the perspectives of deprescribing from a small sample of home care nurses, therefore future research would benefit from broadening the sample size to include nurses with different roles and from diverse healthcare settings in order to gain a deeper understanding”. (Page 17, Line 6 to 9)
7. Multiple grammatical errors. I am sending a scanned version of the paper with comments requesting revisions.
- All requested revisions from the scanned version of the paper were made, and the revisions were highlighted in yellow.

VERSION 3 - REVIEW

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| REVIEWER | Marilyn Macdonald Dalhousie University, Nova Scotia, Canada |
| REVIEW RETURNED | 13-Jan-2019 |

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| GENERAL COMMENTS | <p>Study Title - An Exploration of home Care Nurses Experiences in Deprescribing</p> <p>The last paragraph of the background states the project is the design of an educational intervention to address barriers and enablers to safe deprescribing. The objectives stated are: Explore barriers and enablers of deprescribing and a scalability assessment of an educational plan. Please revise so that these statements are congruent.</p> <p>Substitute the use of results as a heading with findings which is appropriate with qualitative work.</p> <p>Page 5, top three lines need to be rephrased to be grammatically correct. Same page under data collection, remove the sentence about saturation or revise to explain saturation fully and how it is achieved.</p> <p>References - Krueger and Casey have a much newer reference than 2009.</p> |
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VERSION 3 – AUTHOR RESPONSE

Reviewer #1:

1. The last paragraph of the background states the project is the design of an educational intervention to address barriers and enablers to safe deprescribing. The objectives stated are: Explore barriers and enablers of deprescribing and a scalability assessment of an educational plan. Please revise so that these statements are congruent.

The last paragraph of the background has been revised to be congruent with the stated objectives:

“Given this knowledge gap, our project focuses on the exploration of the barriers and enablers of deprescribing from the perspectives of home care nurses, as well as the development of an educational plan to address the learning needs of home care nurses about deprescribing”.
(Page 3, Line 35 to 37)

2. Substitute the use of results as a heading with findings which is appropriate with qualitative work.

The heading of “Results” has been changed to “ Study Findings” as suggested by the reviewer. (Page 6, Line 2)

3. Page 5, top three lines need to be rephrased to be grammatically correct.

The top three lines on page 5 have been rephrased below:

“Eligible study participants were provided with informed consent via face-to-face meeting by the research assistant. The informed consent included information about the study purpose; procedure; potential risks and benefits; rights of the participants and confidentiality. (Page 5, Line 2 to 4)

4. Same page under data collection, remove the sentence about saturation or revise to explain saturation fully and how it is achieved.

The statement about data saturation has been removed as per reviewer’s suggestion.

5. References - Kruger and Casey have a much newer reference than 2009.

The reference for Kruger and Casey has been updated to the year 2015, 5th edition. The updated reference is reflected in the reference list. (Page 18, reference #14)