

Article details: 2019-0092	
Title	Parent information needs and preferences related to bronchiolitis: a qualitative study
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Reviewer 1	Lynn Meadows PhD
Institution	Family Medicine and Community Health Sciences, University of Calgary, Calgary, Alta.
Reviewer comments and author response	<p>Comment 1: Please read carefully the following quote from Sandelowski 2009 - it is extremely important to understand the issues raised in the quote and throughout the article in order for your study's design and method to achieve rigour.</p> <p>"Accordingly, although it is appropriate for researchers to refer to the method they used as, for example, "qualitative description as Sandelowski (2000) described it," it is inappropriate to refer to qualitative description as "Sandelowski's method." Moreover, it would not be enough for researchers simply to state that they used a qualitative descriptive design with only a reference to the 2000 article. Researchers would still have to describe the particular combination of sampling, data collection, and data analysis techniques they used with appropriate references to support those techniques. The 2000 article cannot be used as the sole reference for content analysis as it contains no description of any actual content analysis technique. Similarly, the 2000 article cannot be used to support the particular sampling or data collection strategies used as it offers only a highly abbreviated overview of these strategies." p.78</p> <p>Response & Location: References were added for purposeful sampling, qualitative interviews and thematic analysis; p.4/5</p> <p>Comment 2: Please re-read your design AND methods section to identify what sampling, recruitment, analysis and rigour techniques you used in your research. For example you site credibility as one of your techniques for credibility. Look up Thurston, Cove and Meadows (2008) for more information on the difference between methods, strategies and techniques in qualitative research.</p> <p>Response & Location: We have indicated that we used convenience sampling, and further described how participants were recruited; We provided a detailed description of how our analysis was guided. Rigor was guided by 4 criteria proposed by Lincoln and Guba; p.5</p> <p>Comment 3: Your manuscript does not provide quotes so the only voice heard in the manuscript is that of the authors. Usually qualitative research results are a combination of quotes and representative statements that illustrate the analysis and support the interpretation.</p> <p>Response & Location: Thank you for your comment, however, to adhere to manuscript word limits (Max 2500 words excluding abstract, figures, tables and references) participant quotes are included in Table 2 as supplementary material. We explicitly state the following "Participant quotations supporting each theme are displayed in Table 2."; p.6</p>
Reviewer 2	Luis Gabriel Cuervo MSc
Institution	Health Services and Access, Pan American Health Organization, Washington D.C.
Reviewer comments and author response	<p>Comment 1: While some study subjects had earlier children suffering bronchiolitis, the authors speculate that parental experience may help parents navigate the illness, you never actually address this intriguing question in your study. By analyzing comments of "experienced" and "inexperienced" parents separately, you might have seen differences in how 'prior parental experience' affects parents' confidence, care approaches, and individual clinical outcomes, drawing helpful conclusions from this. Experience can include</p>

having cared for other children with bronchiolitis. It is unclear what the background of parents was and what was their experience with bronchiolitis.

Response & Location:

We would like to thank the reviewers for this point, however this is beyond the purpose of this study. Our purpose was to explore parent experiences and information needs caring for a child with bronchiolitis. While we did not explicitly ask demographic questions regarding each parent's experience with bronchiolitis (i.e. whether they were a healthcare professional, or had other children with bronchiolitis before) these questions came through in the interviews, which we discuss in our results.

Comment 2:

The study might have been greatly enhanced by collecting data on additional factors, such as housing-related aspects often affecting respiratory health (e.g., exposure to dust, animal dander, nearby industrial pollution) and relevant to equity considerations, and any reflection in your data. This might have added a novel dimension to the existing bronchiolitis literature, justifying publication, other factors being equal. Characteristics that allow stratifying for health opportunities and outcomes are key, and some are missing

Response & Location:

While we thank the reviewer for their suggestions on how to enhance our study, the aim of our study was to identify parent/caregiver information needs in relation to bronchiolitis, and how they prefer to receive this information. We do not feel as though the additional information suggested by reviewers was necessary to capture this information we were interested in exploring. Additionally, bronchiolitis is a viral illness, most commonly caused by respiratory syncytial virus, which we indicated in the introduction of our study. There is no information in the guidelines (American or Canadian) that suggest environmental factors, other than smoking, may place children at increased risk for bronchiolitis.

Comment 3:

Significant risks of bias may flow from phrasing interview questions using non-neutral, negative language (e.g., "how stressful?"); from the opacity of your study subject selection process; and from a lack of clarity on the interview process and how it evolved over time. Bias from these factors could skew results away from accurately reflecting parental experiences.

Response & Location:

The interview questions started broad, (i.e. Tell me about your child that was ill) and moved to more specific, if necessary. The sub-questions under each main question were for prompting purposes only, if we required more information not gleaned from the broader, open question. Additionally, under the "Data Collection" procedures, we indicate that the interview questions moved from general to specific with later interviews becoming more focused. We do indicate that recall bias is a potential limitation; p.4

Comment 4:

Explicitly reporting is needed for funding sources, adding a conflict of interest declaration (even if no conflicts exist), and explicitly discussing any secondary roles of the researchers in healthcare at this hospital (that may create confounding power relationships or other conflicting interests that can skew the resulting data). It is also important to describe the informed consent process and whether patients were clear on the objectives of the study that could have been easily confused with a satisfaction or quality of service assessment. We have added this under acknowledgements. We indicate the project was supported by research funded by the NCE Knowledge Mobilization Initiative with matching dollars from the Women and Children's Health Research Institute (matched dollars).

Response & Location:

We have added a sentence indicating there are no conflicts of interest to declare. However, during the journal submission process this was asked to be submitted in a different location. We have information that describes how a study information letter was

provided to participants and that written informed consent was obtained prior to each interview; p. 13, p. 4

Comment 5:

We found limitations in the use of descriptive statistics for numerical and ordinal variables, and a failure to provide proper data summaries resorting instead to vague descriptions in the results section (e.g. page 6 line 37 it is unclear if there was a denominator of 15; frequencies were described as “some”, “overall”, “often”).

Response & Location:

We would like to thank the reviewers for this comment. However, we have chosen not to address these comments for the following reasons:

1) We do indicate the overall sample in our demographics table as 15 parents and 16 children.

2) The use of words “some” “overall” and “often” were used in congruence with qualitative research reporting. We refer to Hannah and Lautsh (2001): Counting in Qualitative Research: Why do Conduct it, When to Avoid it, and When to Closet it and Sandelowski (2001): Real Qualitative Researchers Do Not Count: The Use of Numbers in Qualitative Research to justify our reporting. “Finding that a few, some, or many participants showed a certain pattern, or that a pattern was common, thematic, or unusual in a group of participants, implies something about the frequency, typicality, or even intensity of an event. Such counting is often unconscious, as qualitative researchers strive to emphasize something more than the numbered nature and meaning of events and experiences.” (Sandelowski, 2001).

For consistency, we have reviewed the manuscript to ensure consistent language in relation to these terms was used throughout. See table 1 “Demographics”

Comment 6:

Some statements in the findings are relevant to previous work and not to this one. If relevant this should go in the background section and not here, and not all are relevant.

Response & Location:

References to previous work are in the introduction and discussion only.

Comment 7:

Statements need to be substantiated. For example, on page 8 line 44 there is no supporting reference for the statement. Similarly, the opinion expressed on page 9 line 35. We found vague statements that leave readers wondering what that is needed to be done. For example, page 10 line 13. On the description of preferred methods, it is important to illustrate that there are multiple options that can be complementary instead of alternative options. The sources of knowledge can expand to other sources such as friends and family, and the study can illustrate how many of these sources were consulted before deciding, the steps, and how they dealt with inconsistency in advice. Information about the length of stay in hospital and ICU would be informative, consultation rates, training of the interviewers in coding. The relationship between the researchers the patients and the hospital is unclear. Are the researchers’ part of a team providing health care?

Response & Location:

We have ensured each statement is substantiated with either evidence or by making reference to the findings specific to our study. Thank you for this comment. We have added “Length of Hospital Stay” to our demographics table. Our trained research assistants also have graduate student preparation and are registered nurses with clinical training and knowledge; See Table 1 “demographics”