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Dear Dr. Dougherty,

Thank you for the opportunity to revise Manuscript #2005/201 entitled, "Family Caregiving in Heart Failure." The reviewer comments were very helpful. The following details the changes that we have made.

***Nursing Research Checklist for Style***

1. The manuscript number has been provided on each page of the manuscript as well as on all correspondence.
2. Titles have been provided for those acknowledged.
3. The reference list has been updated using APA 5<sup>th</sup> Ed. Format (particularly in reference to the 6<sup>th</sup> authors' names and initials)

***Reviewer #1 Comments***

1. We have cited Archbold & Stewart's work as requested on p. 14 in the discussion section.
2. Relationships portrayed by the model have been explained on p. 5.
3. A word search was conducted and all variables have been consistently labeled across the abstract, body of the paper, tables, and figure.
4. The actual data is given in the results as requested, with no rounding of percents to whole numbers.
5. More is written about the design and procedures for the study on p. 6. Questionnaires were self-completed by caregivers in the outpatient clinic setting. Only caregivers who accompanied patients to the clinic were invited to participate. The sample was therefore a convenience sample with no predetermined size. All caregivers were non-hispanic, so that has been clarified.
6. Unfortunately, data were not collected regarding the number of caregivers who were approached and the number who declined. We also have not been able to access the sample characteristics of the larger

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parent study, therefore such comparisons could not be made. We do know that caregiver recruitment took place throughout data collection for the larger study, and that caregivers of heart failure patients in both intervention and control groups were invited to participate.

7. Spearman rho was only used for the first aim of the study with the actual data presented in Table 2. Descriptive statistics were used to address aims 2 & 3 (which correspond to Tables 3, 4, & 5). No changes were made with respect to this particular reviewer comment.
8. The BCOS item addressing physical functioning has been added to the text on p. 11, since a substantial proportion of caregivers rated this as changing for the worse. Originally, physical functioning was left out inadvertently.
9. As requested, scale midpoints have been added to Table 1 for ease in interpretation.
10. The order of discussion of variables (caregiver age, perceived control over managing heart problems, perceived difficulty with tasks, perceived outcomes, and perceived mental and general health) has been made consistent throughout the abstract, body of the paper, tables, and the figure for clarity and better organization as suggested.

#### ***Reviewer #2 Comments***

1. A clear statement about how the study was exploratory (not hypothesis-driven) and that the model was heuristic as a guide for selection of measures has been added to p. 5. Also noted is the complexity of the model (everything related to everything) in the discussion section p. 12.
2. The basic information on research design has been moved so that it is specified first in the Methods section (prior to sample content on p. 6).
3. The Sample and Procedure sections were edited as requested by Reviewer 2. All of the sample characteristics have been moved to the first paragraph in the results section starting on p. 8. Although reviewer #2 suggested we leave basic demographics such as age, gender, and race in the Methods section and move the rest to results, we felt that splitting the sample characteristics between sections would lead to confusion, so we kept all the sample characteristics together in the results section.
4. Information was added to p. 6 regarding how caregivers were identified and recruited, and the IRB information was kept under procedures as suggested. Unfortunately, as mentioned before, we do not have data on exactly how many caregivers were approached or declined, but we do know that caregivers were recruited throughout the parent study data

collection period and that only caregivers who accompanied patients to the clinic visit were invited to participate.

5. Reference to the low Cronbach's alpha for this study in comparison to Moser & Dracup's (1995; 2000) work was provided in the discussion on p. 12 as suggested.
6. Subheadings have been added throughout the manuscript as suggested.
7. Vague, interpretative statements in the results section regarding the scale distributions on p. 9-10 have been removed leaving only the findings. Scale midpoints have also been added to Table 1 as suggested by Reviewer #1 for ease in interpretation.
8. Distributional characteristics, including one sample Kolmogorov-Smirnov tests, Q-Q plots, and box plots have been added as suggested on pp. 9-10. Medians and interquartile ranges were also added to Table 1 as requested.
9. For the item-level statistics pertaining to Aims 2 & 3, there was text devoted to reiterating what was in Tables 3-5. We chose to leave the text in the body of the paper and include the exact percentages since that was what was specifically requested by Reviewer #1, and since we were still within our space limit for the manuscript.
10. The connection between the study by Dracup et al. (2004) and the study by Schulz and Beach (1999) was deleted as suggested by Reviewer #2.
11. We included Reviewer #2's comments regarding the fact that GH and MH should be correlated and that they are broad dimensions of HRQOL on p. 15. We have also included the observation that MH is correlated with everything, yet GH is only correlated with MH, which has implications for the SF-MH scale as well as implications for the conceptual model. These observations are mentioned on p. 12 and on p. 16. We have also remarked on the low GH scores, and have added reference to general US population norms for the MH & GH scores on p. 15.
12. Footnotes were added to Tables 1, 3, 4, & 5 regarding response categories for the items and how scales were scored. This provided clarity in interpreting the tables, and also removed unnecessary text from the instruments section.
13. On p. 7 we clarified the total number of items for the OCBS as requested.

14. We have added detail regarding Reviewer #2's comments about how the conceptual model could be simplified in the discussion section on p. 12. We were not comfortable with adding Reviewer #2's comments speculating that MH might serve as a moderator or mediator due to the strong correlation between the BCOS and MH. We did emphasize that a simpler model might suffice, and that is worthy of future study.
15. We have taken care of the minor APA oversights (order of multiple citations, using et al. if  $\geq 6$  authors, and the helpful reference list spacing and commas).

Overall, we believe that the comments provided by the reviewers greatly improved the manuscript, and it has been a pleasure addressing each one of them. We hope that we have adequately revised the manuscript based on the reviewer comments.

Thank you again for your time and expertise in determining whether this manuscript is suitable for publication in *Nursing Research*. We have greatly benefited from the review process, and we welcome any further suggestions that you or your peer reviewers may have to improve the manuscript.

Respectfully Submitted,

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