

I looked over the reviewers' remarks again. I think an overall issue is the tension between trying to be scientific in validating these measures, while dealing with a small sample and preliminary work. The reviewers seem to want more technical work than I think you can provide with a small dataset. So it may be helpful to emphasize that the work is conceptually-driven and that the measurement of the concepts is preliminary. The reviewers do seem to want more information about the individual measures. I ran additional analysis that might be helpful (see below). I don't think it's a good idea to use factor scores from such a small sample. Honestly, I'm surprised that the reviewers think you should weight the items based on this small sample, and that they think errors are compounded or redundancy among measures is magnified when a composite is created. I think composite measures tend to balance out problems related to measurement error and correlated error.

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Reviewer 1. Item 13.

[I appreciate what the reviewer is suggesting -- that there should be a thorough review of measures reported in the literature, and that those measures should be compared with the measures you have used so that anyone can produce your nurse dose composites from their administrative data. I think that suggestion is beyond the scope of this study, but it can be mentioned in the discussion section.]

Reviewer 2. Item 1.

Composite measures generally reduce error by providing more breadth and depth of measurement of a particular concept, and can reduce measurement error through cancelling of random error. So the trend is toward better measurement with a composite, even if it contains a "weak" measure of the concept.

Reviewer 2. Item 2.

In a preliminary analysis with a small sample, weighting based on the results of the factor analysis could "capitalize on chance" -- that is, tailor the measure to this specific dataset. With additional samples from further studies it would be possible to look across datasets for patterns of association or influence, to determine whether weights are needed. In the absence of additional samples, it's more conservative to weight items equally.

Reviewer 2. Item 4.

It is possible to include the individual items in a regression, but if doing so, it makes sense to include the subset of predictors within a particular composite to gain insight about the relative contributions of the items. (Correlations later in the output provide information about associations of individual measures with the outcomes.) With this small sample, rules of thumb suggest a maximum of two predictors. We can stretch that to get results using all three predictors. I ran these -- see below. If you choose to report these results, that may lessen the reviewers' focus on weighting items based on results of the factor analysis. Some of the variables are not significant or only approach significance. The sample is small. You can revisit the way you have constructed the scales in the future (and you should!) when you have more data.]

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Poisson regression                               Number of obs   =          26
                                                LR chi2(3)      =          23.14
                                                Prob > chi2     =          0.0000
Log likelihood = -27.865124                    Pseudo R2       =          0.2934
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      hairatel |      Coef.   Std. Err.      z    P>|z|     [95% Conf. Interval]
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      rneduc |   .0808875   .3298442     0.25   0.806    - .5655953   .7273703
      exper  |  -1.565902   .3871695    -4.04   0.000    -2.32474    -.8070636
      skill  |  -.1253747   .2344381    -0.53   0.593    - .5848649   .3341155
      _cons  |   2.595479   .9180699     2.83   0.005    .7960955    4.394863
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Poisson regression                                Number of obs   =          26
                                                  LR chi2(3)      =          17.26
                                                  Prob > chi2     =          0.0006
Log likelihood = -30.806733                      Pseudo R2      =          0.2188
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<b>hairatel</b>	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
amt2	-.5390696	.3055614	-1.76	0.078	-1.137959	.0598197
freq	-1.039931	.4783595	-2.17	0.030	-1.977499	-.1023641
intens3	.2816333	.501066	0.56	0.574	-.700438	1.263705
_cons	2.96338	1.092716	2.71	0.007	.8216953	5.105064

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Poisson regression                                Number of obs   =          26
                                                  LR chi2(3)      =          50.92
                                                  Prob > chi2     =          0.0000
Log likelihood = -84.528676                      Pseudo R2      =          0.2315
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<b>fallrate1</b>	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
rneduc	-.000724	.1062577	-0.01	0.995	-.2089853	.2075373
exper	-.6888115	.1078298	-6.39	0.000	-.900154	-.477469
skill	-.1496613	.085357	-1.75	0.080	-.3169579	.0176354
_cons	3.633334	.3074081	11.82	0.000	3.030825	4.235843

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Poisson regression                                Number of obs   =          26
                                                  LR chi2(3)      =          35.93
                                                  Prob > chi2     =          0.0000
Log likelihood = -92.024444                      Pseudo R2      =          0.1633
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<b>fallrate1</b>	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
amt2	-.4836875	.1132234	-4.27	0.000	-.7056014	-.2617737
freq	-.5403023	.1519448	-3.56	0.000	-.8381087	-.2424959
intens3	.2147794	.1673523	1.28	0.199	-.1132251	.5427838
_cons	3.975299	.4145535	9.59	0.000	3.162789	4.787809

**Reviewer 3. Item 7.**

The two hospitals provide more variance than would be expected from a single hospital, but the sample size limits the type of analysis we can conduct. Conducting the study with more than two hospitals would allow a test of whether "hospital" explained variance in patient outcomes above and beyond the variance explained by active ingredient and intensity. The small number of hospitals and units in this sample is a limitation of the study. In t-tests, the hospitals were found to differ significantly on infection rate, fall rate, active ingredient and intensity. The hospital with lower average MRSA and fall rates had higher average scores on active ingredient and intensity.

[Milisa -- Table 1 provides descriptives for the two hospitals combined. This reviewer wants the data for each hospital, probably in addition to the data overall. You can also provide statistical tests comparing the two hospitals on the Table 1 measures.]

. ttest **hairatel**, by(country)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
canada	14	.0415931	.0178233	.0666886	.0030883	.0800979
us	12	2.408692	.1813159	.6280966	2.009618	2.807765
combined	26	1.1341	.2499304	1.2744	.6193588	1.648841
diff		-2.367099	.1683926		-2.714644	-2.019553

diff = mean(canada) - mean(us) t = -14.0570  
Ho: diff = 0 degrees of freedom = 24

Ha: diff < 0 Ha: diff != 0 Ha: diff > 0  
Pr(T < t) = 0.0000 Pr(|T| > |t|) = 0.0000 Pr(T > t) = 1.0000

. ttest **fallratel**, by(country)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
canada	14	3.976088	.6286546	2.35221	2.617962	5.334213
us	12	14.42275	1.538507	5.329545	11.03652	17.80898
combined	26	8.797625	1.294686	6.60163	6.131169	11.46408
diff		-10.44666	1.574354		-13.69597	-7.197357

diff = mean(canada) - mean(us) t = -6.6355  
Ho: diff = 0 degrees of freedom = 24

Ha: diff < 0 Ha: diff != 0 Ha: diff > 0  
Pr(T < t) = 0.0000 Pr(|T| > |t|) = 0.0000 Pr(T > t) = 1.0000

. ttest **edexpsk**, by(country)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
canada	14	2.261905	.1405491	.5258867	1.958267	2.565543
us	12	1.805556	.0866349	.3001122	1.614873	1.996238
combined	26	2.051282	.0955279	.4870985	1.854539	2.248025
diff		.4563492	.1719659		.101429	.8112695

diff = mean(canada) - mean(us) t = 2.6537  
Ho: diff = 0 degrees of freedom = 24

Ha: diff < 0 Ha: diff != 0 Ha: diff > 0  
Pr(T < t) = 0.9930 Pr(|T| > |t|) = 0.0139 Pr(T > t) = 0.0070

. ttest **intensnew**, by(country)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
canada	14	3.095238	.0647015	.242091	2.955459	3.235017
us	12	2.416667	.1542059	.5341849	2.077262	2.756072

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combined |      26      2.782051      .1028522      .5244452      2.570223      2.993879
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diff |      .6785714      .1585999      .3512373      1.005906
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diff = mean(canada) - mean(us)                                t =      4.2785
Ho: diff = 0                                                    degrees of freedom =      24

Ha: diff < 0                                                    Ha: diff != 0                                                    Ha: diff > 0
Pr(T < t) = 0.9999      Pr(|T| > |t|) = 0.0003      Pr(T > t) = 0.0001
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**Reviewer 3. Item 8.**

You can report all of the loadings, and refer to the other paper.

**Reviewer 3. Item 9.**

if you report the results of the regressions using individual measures, you can use the following argument... The factor analysis was conducted to provide evidence for constructing measures as they were conceptualized (i.e., how to group the individual items in composites). Using equal weighting is a conservative approach given the small sample size. To address the issue of the relative importance of the component measures, we ran regression models using the component variables as predictors. (Due to the small sample size, we ran a model with the three items measuring active ingredient as predictors, and a separate model with the three items measuring intensity.)

**Reviewer 3. Item 10.**

Using a composite measure constructed from correlated predictors reduces collinearity as compared to using individual, correlated predictors in a regression. Since the average of the items is taken, rather than the sum, inflation seems unlikely. The active ingredient composite includes items that are not highly correlated but are related to the nurse's level of experience and training, so the items are retained as a conceptual set (composite).

here are the correlations. I was surprised to see that the correlations are not all in the same direction, e.g., among the active ingredient items, education and experience are negatively correlated. That is probably because, when constructing the composites, we paid attention to how the individual items correlated with the outcomes, not how they correlated with each other. It is possible for a predictor to be positively correlated with another predictor, even though both predictors are negatively correlated with the dependent variable. We reverse-coded intensity (hppd). You reported that in the paper.

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| hairatel fallra~1 rneduc exper skill amt2 freq
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hairatel | 1.0000
|
fallrate1 | 0.7757 1.0000
| 0.0000
rneduc | -0.0230 -0.0393 1.0000
| 0.9114 0.8487
exper | -0.7085 -0.5841 -0.0729 1.0000
| 0.0001 0.0017 0.7235
skill | -0.0773 -0.1958 0.2535 0.1094 1.0000
| 0.7073 0.3376 0.2114 0.5947
amt2 | -0.1134 -0.2539 0.2112 0.2363 0.7991 1.0000
| 0.5812 0.2107 0.3003 0.2451 0.0000
freq | -0.6226 -0.3366 -0.0549 0.2212 -0.3892 -0.4009 1.0000
| 0.0007 0.0927 0.7901 0.2775 0.0494 0.0424
intens3 | -0.5169 -0.2308 0.0160 0.2447 -0.3044 -0.3477 0.8559
| 0.0069 0.2566 0.9382 0.2283 0.1306 0.0817 0.0000
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