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MS: Buried Alive: The Presence of Nursing on Hospital Web Sites  
(2005/090)

Dear Dr. Dougherty,  
Enclosed is a copy of our revised manuscript. We appreciated the thoughtful comments of the reviewers and have addressed each of them in an attached document. The reviewers' comments appear in **bold type** and our responses follow in regular type. The responses are presented in the same order as they appeared according to Reviewer 1 and Reviewer 2.

In addition, we made changes as requested on the "Checklist for Style." The job title has been added for Wilson and the Spink publication date (year) was corrected.

I look forward to hearing from you.

Sincerely,

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Reviewer #1

**Abstract: More findings need to be added while shortening the discussion section.**

Deleted one sentence in the discussion section and added a sentence about findings to the results section.

**Aim: The overall goal/purpose of the study needs to be more explicitly made. Currently, only three research questions are presented.**

Page 5. We made this content a separate paragraph. The opening sentence in the paragraph is "The purpose of our study..." and the second was added to more explicitly explain our focus. Our research questions follow.

**Theoretical basis/framework: The theoretical bases/framework of the study is not clear (no information on theoretical bases is provided).**

Page 5. This was a descriptive study to explore the topic. We added the following sentence to inform the reader as to literature that was foundational to our study. "Literature from marketing health care (Fell & Shepherd, 2001; Sanchez, 2000; Sanchez & Maier-Donati, 1999) information science (Atzeni, Merialdo, & Sindoni, 2002; Pirouz, 1997; Morkes & Nielsen, 1997) and nursing science (Sigma Theta Tau International, 1997; Kalisch & Kalisch, 1982, 1986) were used to guide conceptualization and organization of our study."

**Methods: The study design is not clearly stated. Was it only a descriptive study or correlational study?**

Page 6. First sentence in Methods/Sample section clarifies that this is a descriptive study to explore Web sites. The study was not correlational and no correlations were reported.

**The rationale for the sample size is missing.**

Page 7. Clarified that we selected 25% of the total number of hospitals available, having consulted with a statistician regarding the number sufficient for a descriptive study.

**It is not clear what theoretical basis/construct was the basis for development of the instrument (the checklist). Any reliability and validity information from the pilot test of the instrument? More detailed information on the instrument is needed.**

Pages 7 - 9. We clarified the steps taken to develop the checklist and added that check list items were selected based on a review of the literature and on an iterative process in the development and pilot testing. Also we explained that no reliability or validity tests were conducted, but that the varied expertise of the research team members was used to verify the face validity of the checklist. Examples of characteristics in the checklist are included in Table 1. The following was added to that table. Note: For more information about the checklist please contact the authors.

**In the analysis section, please provide more information on how the data from the instrument are categorized. In other words, what range of the total scores from the instrument is regarded as "minimal nursing presence," "somewhat of a presence," "a moderate presence," and "very present"?**

Page 10. Ranges added as requested.

**The method used to analyze the data from the comment column needs to be detailed.**

Because comments were only used to plan future revisions to the checklist, the sentence about "comments" was removed to avoid confusion to readers.

**Discussion**

**How many nurses were employed in the hospitals (mean and SD)? Any correlations found between the total scores from the instrument and the general characteristics of the hospitals?**

There was no way to capture the number of nurses employed in the hospitals. All data was gathered from Web sites and the number of nurses employed is not available from that source. Also, no correlation statistics were used in the descriptive study.

**For the discussion section, more references or supporting evidence need to be added. Some statements are made without supporting evidence (see pp. 14-16).**

We added citations throughout the discussion section.

**The link between the findings and the discussion points needs to be made more explicit.**

Pages 14 -19. We revised and expanded our discussion and organized it according to the research questions and according to the 5 categories in the checklist (which is the outline used in the findings section). We clarified some confusing points. These revisions provide the missing links between findings and discussion.

**Implications: More implications for future research or nursing practice need to be added while connecting the findings from this study to the implications.**

Page 18 - 19. We added implications for practice and research and connected all implications to our findings.

**Tables: Table 3 could include means and SDs of the number of characteristics (with ranges) according to the categories.**

Table 3. We added the means and SDs for the categories of characteristics. We also reformatted the table in a way that makes it easier to read. References in the text to the table were clarified.

Reviewer #2

**Problem Statement:**

**The presence of nursing is clearly defined prior to the research questions as “accessibility of data about nurses, nursing practice, or nursing care”. The author(s) may want to instead write a problem statement that is less “wordy” such as:**

**The purpose of this study is to explore the presence of nursing from a random sample of U.S. hospital Web sites for the following characteristics:**

**proportion  
accessibility  
characteristics**

**Then focus on these 3 areas throughout the manuscript.**

Page 5. We added a purpose statement that is very close to the one suggested by the reviewer. We used the research questions and 5 categories in the checklist as focus areas (as suggested by the previous reviewer.)

**Literature Review:**

**There is no separate literature review section in this paper. In its place, the “background” section provides supportive literature to support the research variables. The author(s) may want to consider separate level headings with each of the variables noted above and discussed respectively. For example, the discussion of physician’s presence could be discussed under “proportion”. Accessibility should be defined early on as to what this means and a historical perspective presented (i.e., hospital web sites). Introduction of characteristic early in the manuscript would also be of benefit to the reader.**

To accommodate this author’s excellent suggestion in the purpose statement (as described above), we chose to keep the organization more closely aligned with our study purpose, research questions, and categories of characteristics.

**Also the author(s) should clearly note throughout this discussion that the focus is on hospital web sites (to avoid confusion regarding .gov and .edu sites). For example, on line 17 (p.5), the discussion of omission of positive images of nursing on the “Web” implies all areas whereas, this is not the case. There**

**are outstanding .gov and .edu sites but these do not have the clinical focus that the author(s) appear to be focused on.**

Throughout the manuscript, we have clarified that our sample is hospital Web sites.

### **Research Design**

**The author(s) note this as a descriptive study on p. 6, whereas, this appears to be exploratory descriptive design.**

Page 6. We specified that we used a descriptive design to explore hospital Web sites.

**Sample: Provide more information about the randomization procedure used.**

Page 6. We explained that an electronic random number generator was used to select hospitals from the published list.

**Instruments: The author(s) developed a new instrument for this study entitled “Presence of Nursing: Hospital Web Site Checklist”.**

**More information regarding the development of the tool is needed. The author(s) note in-depth preliminary work but this is not explained. Also, provide more description regarding the research team (i.e. are these doctorally prepared). How did the team determine the list of characteristics? It appears that the attempt to refine this list served as a pilot study? May help to discuss the psychometrics of the instrument and include a discussion of reliability/validity testing.**

Page 7-9. This feedback from Reviewer #2 is similar to that provided by Reviewer #1. We have expanded our discussion of the checklist to include how we determined the list of characteristics (as described in our responses to Reviewer #1). Two pages are devoted to an in-depth description of the checklist. We deemed it unnecessary to include the names and titles of the research team.

**In the next paragraph, it is noted that the final list of 75 characteristics was reduced to five categories. What was this based on? The categories are explained, but need more depth (examples of characteristics). Finally, Table One should include all items in the categories, not just a brief example of each. Inclusion of the instrument would be of benefit.**

Page 7. We added a sentence to clarify that during development of the checklist that the nurse-related characteristics logically clustered into 5 categories. We feel that for this first step in this program of research, that it is premature to publish the entire checklist. We have provided examples from each category that give the reader a good “picture” of what is included in the checklist.

**The rating scale is unclear. From the description it appears to be a Likert style and implies evaluation of each characteristic. However, this seems to be a tally of the categories and needs to be discussed as frequency data. My guess is that data collectors marked whether the characteristic was present or not (binary data)? Then accumulated for the scale noted?**

Page 8. A sentence is included to explain that a checkmark on the data collection form indicated that the characteristic was present on the Web site. These were binary data.

**The accessibility section needs further development. The author(s) define accessibility as “number of layers” which is unclear. It appears to be that they author(s) are discussing “breadcrumbs” and web navigation. Here is a helpful URL: <http://www.webdesignpractices.com/navigation/breadcrumb.html> Using standard web terminology will provide more clarity for the reader(s). Layers are described in context as a method of web design that provides the designer more flexibility and control over the placement of objects on a single web page.**

Page 8. Many thanks for pointing out the area of confusion. We clarified that for purposes of this study, our operational definition of accessibility was based on a discussion about site depth (Pirouz, 1997) and is related to “number of pages the user has to click through to get to the desired content.” We related this to visibility and reinforced these ideas throughout the paper. We refrained from becoming too technical with our terms.

**Data Collection: Is the refinement of the instrument (p. 7, line 7) the same as the discussion of evaluation of 5 web sites on p. 8? Were both sets from the original 50?**

Page 7-9. We appreciate having this point called to our attention. We clarified the steps taken in development and refinement of the checklist, while noting our early work was done from the 2002 U.S. News and World Report list and the study was conducted with a sample from the 2003 list from that publication.

### **Data Analysis**

**Findings: More information regarding the hospitals evaluated needed. Consider inclusion of bed size, for profit or non-profit, etc. This information as well as geographic breakdown would be best represented in a table and summarized in the text.**

For this descriptive study, we did not include additional hospital variables. We found that the “profit/non-profit” status was not consistently reported. As we continue with this program of research, we will consider giving more attention to characteristics of the agencies.

**The finding that 94% are academic institutions needs to be further discussed (seems to have potential bias for the findings).**

Page 14. This was added as a limitation.

**Does this include nursing schools? If so, graduate, doctoral, etc. would be of benefit for the reader.** Schools of nursing were not a focus of this study. Hospitals are the focus.

**The authors may find that use of level headings with the study variables would be of great assistance. Then discuss the specific findings for these areas.**

Page 10-14. Section sub-headers are included for the “Findings” section.

**The characteristics section needs more description. The summation does not provide information without reference to a table. What are these characteristics? Possibly a table that shows specific frequencies for each characteristic may be of benefit.**

Page 10-14. The characteristics section has been expanded and Table 3 has been referenced appropriately. Characteristics are described throughout the section.

**Most important by discussing each variable and reporting analysis related to these will provide much needed clarity. Also inclusion of the characteristics broken down by category is necessary.**

We chose to focus on the categories of variables in the discussion section because we determined that a discussion of 75 characteristics would produce voluminous text. We organized the characteristics into the categories to facilitate the review, analysis, and discussion.

### **Organization**

**The manuscript needs revised organization as discussed in the various sections above.**

The manuscript has been revised and reorganized according to the reviewers’ comments and suggestions.