Author's response to reviews

Title: Deficiencies in culturally competent asthma care for ethnic minority children: a qualitative assessment among care providers

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Author's response to reviews: see over
Dear editor,

We are grateful to you for your interest in our paper. Please find the revised version of our manuscript entitled ‘Deficiencies in culturally competent asthma care for ethnic minority children: a qualitative assessment among care providers’. (n.b. as suggested by one of the reviewers we changed the title)

We thank the reviewers for their useful suggestions which we think improved our paper substantially. In order to provide a clear overview of our revisions, we attach the original comments and reviews with our actions and explanations added in blue italics.

We hope that our revised version will be considered for publication. We look forward to your response.

Yours sincerely, also on behalf of Karien Stronks, Wim van Aalderen, and Marie-Louise Essink-Bot, Conny Seeleman

THESE ARE THE REVIEWERS’ COMMENTS TO THE AUTHOR
Reviewer 1:
This study has as its objectives to explore the factors that complicate asthma care in ethnic minority children and to use the results towards developing cultural competency training curriculum. The study identified non-adherence as the major problem. However, the authors point out that it is a general problem and not specific to ethnic minority children. In addition it is a well recognised problem in asthma management. The discussion on cultural competency training was based on what the respondents did not mention and existing literature. Therefore, this study adds very little to what is already known about this research question.

We think this study adds important things to what is already known, not specific in the field of asthma care, but in the field of healthcare for ethnic minority patients and cultural competence. Non-adherence is known to be a general problem in pediatric asthma care, but our respondents identified issues that especially complicate adherence to asthma care for ethnic minority children. Our study further shows that care providers do not consciously recognize all the mechanisms that lead to deficiencies in asthma care for ethnic minority children. Hence, we agree with the reviewer that the aspect of non-adherence is a general problem, what this study adds is insight in the “magnifying glass effect”: ‘difficulties in the care process are revealed that are not unique to patients from these groups but are more intense expressions of general paediatric care problems’. We believe these issues are important within the literature on healthcare for ethnic minority patients.
1. Ethnic minority children: As the audience of the paper is an international one, it would have been useful to know the ethnic composition of the minority children.

We have now included some information on the ethnic composition of the minority children in the Methods section, on page 4.

2. Respondents: The sample of respondents were all, I presume, are White and from Netherlands. The authors should have included a few care providers from ethnic minorities. The homogeneity of the sample could explain the limited variations in responses and rapid saturation. A table giving details of the respondents, like experience, % ethnic minority children treated etc., would have been useful.

We included some extra information on the experience of the care providers, however the other information the reviewer suggests is not available and inserting a table is therefore not justified. Information on % of ethnic minority children treated is not formally assessed in Dutch hospitals. Country of birth/ethnicity of the respondents was not verified, although last names, language mastery, and appearance suggest they all have a western background. We chose to interview care providers at three hospital sites and did not explicitly look for care providers from ethnic minority background.

We address the reviewers point in the Discussion section (page 17, first paragraph).

3. Topic list: The topic list could have included some of the topics on cultural competence which authors discuss.

We thank the reviewer for his suggestion and will take notice of it following studies.

4. Framework: More details are required especially about Seeleman's cultural competency model.

We have included some details on Seeleman’s cultural competency model in the Methods section (page 5, final paragraph; page 6 first paragraph).

5. Results: Could have included more details and quotes.

We have included two more quotes in the results section, one is a case describing the influence on social context issues (page 7, first paragraph/quote), the other quote illustrates care providers’ view on the use of formal/informal interpreters (page 12, end of first paragraph).
Reviewer 2:

This is an interesting article by Seeleman and colleagues looking at perceived barriers for asthma care as reported by physicians and then using qualitative assessment of these responses to identify areas in which clinicians were unaware of their “incompetence” for providing culturally-sensitive, patient-centered care. While interesting, there are a few limitations that need to be acknowledged by the authors (i.e., minor but essential revisions).

We are grateful to the reviewer for his/her positive remarks.

First, the title seems to suggest that we know that the factors identified by the authors had an impact on actual care; however, in order to know that we would have to have some comparison group showing that use of optimal techniques resulted in better uptake of services or better outcomes in ethnic minority children. Moreover, the investigators did not elicit feedback from the patients to see how the different approaches might have affected patient uptake. Therefore, the title seems to overstate the actual study findings. For example, it might be more appropriate to call this “A qualitative assessment of deficiencies in patient-centered care among clinicians caring for ethnic minority children.” Here the measure is a comparison to an idealized model of culturally competent, patient centered care, not whether the factors identified actually complicated care and prevented adequate receipt of treatment.

In line with the suggestions of the reviewer, we have changed our title to: ‘Deficiencies in culturally competent asthma care for ethnic minority children: a qualitative assessment among care providers’.

The authors should also recognize as a study limitation that they only interviewed a small number of physicians (n = 13).

We explicitly acknowledge this limitation in the Discussion section (page 17, first paragraph). The small number of respondents (n= 16, 13 paediatricians, 3 nurses) is explained by the rapid saturation of the data. However, this number of respondents is not unusual in qualitative research. Reviewer 1 suggests that rapid saturation might be partly explained by ethnic homogeneity of the respondent group. We address the saturation issue in the Discussion section as well.

In addition, the very nature of the questioning (i.e., “Please think of a case of a patient with asthma from an ethnic minority background (aged 4-10) that did not go smoothly in your opinion”) may have elicited responses that do not reflect routine care, and therefore, may not reflect a general need for cultural competence training.

We chose to start the interviews discussing a specific case from respondents’ own practice, to make the interview focused and concrete. However, within all the interviews a broader context was
discussed. E.g. comparisons were made with other ethnic minority patients, with Dutch patients, with every day practice etc. For that reason we believe the issues discussed also provide insight in routine care.

We discuss this point of the reviewer (together with the next point of the reviewer) as a potential disadvantage of the interview method. Other research methods such as direct observation will reveal in more detail and more objectively what happens in everyday practice (discussion section, page 16, last paragraph).

Lastly, the study relied on physician recall and not taped conversations, and therefore may not reflect the actual physician-patient conversation. In short, the authors need to enumerate these potential limitations of their study.

This point is discussed in the Discussion section (page 16, last paragraph).

In short, the authors need to enumerate these potential limitations of their study.

We enumerated all the points raised by the reviewer in the Discussion section (page 16, final paragraph and page 17, first paragraph).