Author's response to reviews

Title: A qualitative analysis of immigrant population health practices in the Girona Healthcare Region

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Author's response to reviews: see over
Dear Sir:

Please find attached to this cover letter our answers to the Editor and the two Reviewers of our manuscript ‘A qualitative analysis of immigrant population health practices in the Girona Healthcare Region’. We have answered point by point all the comments and modify substantially our previous version.

Yours sincerely,

Prof. Carme Saurina, PhD
(on behalf of the rest of authors)
Editor’s comments

(... To include the aims at the background section (...)

According to this comment we have changed our manuscript.

In the abstract, page 2,

‘(...)immigrants to who the qualitative phase was specifically addressed. The aims of this paper are as follows: to analyse any possible implications of family organisation in the health practices of the immigrant population in comparison with the native population; to ascertain social practices relating to illness; to understand the significances of sexual and reproductive health practices; and to ascertain the ideas and perceptions of immigrants, local people and professionals regarding health and the health system.’

In the Background section, page 4,

The specific aims of this paper were: (a) to analyse the possible implications of family organisation on the health practices of the immigrant population in comparison with the native population; (b) to ascertain social practices with regard to illness; (c) to understand the significances awarded to sexual and reproductive health practices; and (d) to ascertain the ideas and perceptions immigrants, local people and professionals have of health and the health system.

(... revise your acknowledgements section to the proper format for the journal (...)”

We have changed our acknowledgements accordingly. On page 14,

Acknowledgements

This study received grants from the Spanish Ministry of Science and Innovation’s Health Research Fund (Spanish acronym: FIS - projects 04/0495 and 07/0156). The funding organization did not participate in and did not influence the design and execution of the study, the collection, management, analysis or interpretation of the data, or the preparation, reviewing or approval of the manuscript.

(...) A statement to this effect must appear in the methods section of the manuscript including the name of the body which gave approval, with a reference number where appropriate (...)

We included a paragraph in the methods section. On page 6,

Ethical aspects

The study has been evaluated and approved by the Girona Municipal Health Care Institute’s Ethical Committee for Clinical Research (CEIC-IAS), which complies with the European Medicines Agency’s Guidelines for Good Clinical Practice, CMPMP/ICH/135/95, reference number S041-386. Only the investigators and monitors/auditors working on the study will have access to the data of subjects who agreed to participate.
Reviewer Kenny Kwong

Major Compulsory Revisions

1.- On page 2 Abstract under background, be more especific what immigrant populations under study

We changed the abstract (page 2)

‘The research we present here forms part of a two-phase project - one quantitative and the other qualitative - assessing the use of primary health care services. This paper presents the qualitative phase of said research, which is aimed at ascertaining the needs, beliefs, barriers to access and health practices of the immigrant population in comparison with the native population, as well as the perceptions of healthcare professionals. Moroccan and sub-Saharan were the immigrants to who the qualitative phase was specifically addressed. The aims (…)’

And also the background (page 3)

‘The research we present here forms part of a two-phase project - one quantitative and the other qualitative - assessing the use of primary health care services. Moroccan and sub-Saharan were the immigrants to who the qualitative phase was specifically addressed [5].’

Under methods the investigators stated that the research was based on linguistic analysis of oral discourse but in the main body of the manuscript, the term “discursive analysis” was used. Were they the same?

Thank you very much for your comment. Although in fact they referred to the same concept, we prefer to use the term ‘discursive analysis’ as you point out.

In this respect, on page 2,

‘Methods: Qualitative research based on discursive analysis. Data gathering (…)’

2.- On page 3 Background, the investigators indicated that the study was part of a two-phase project, one quantitative and the other qualitative. It is necessary to provide some background information of the main study. What were the overall study objectives of the main study? Other than methodological rationales (findings being extensive and in a generalised sense in quantitative study design versus in-depth exploration in qualitative phase), do the two phases have the same or different study objectives?

We explain the project in more detail in the new version. On pages 3 and 4,

‘-The objectives of said study included; identifying and characterising the health status of the diverse collective of immigrants residing in Girona, Spain; estimating health needs among the different collectives of immigrants; and studying the behaviour of immigrants as users of primary health care in order to determine the needs of their collective.'
During the first phase, i.e. the quantitative phase, of the project, we were be able to ascertain the current use immigrants and the native population make of the healthcare system, both extensively and in a generalised sense for Catalonia as a whole. However, this does not provide us with an in-depth understanding of the discourses that explain some of the results obtained. In fact, it was only the Moroccan and sub-Saharan immigrants whose behaviour differed from that of the native population with regard to some primary health care services, at least from a quantitative point of view.

This paper specifically presents the qualitative phase of said research, which is aimed at ascertaining the needs, beliefs, barriers to access and health practices of the immigrant population in comparison with the native population, as well as the perceptions of healthcare professionals. The specific aims of this paper (…)

3.- On page 4 under Methods, the investigators provided six profiles of participants. What sampling methods were used to select these different groups of participants?

We have changed our current version of the manuscript. On pages 4 and 5, ‘Based on the results obtained in the quantitative phase, six profiles of respondents were considered (see Table 1)

(…)

Semistructured interviews with healthcare professionals were conducted at the Martí i Julià Hospital Park in Salt (see Table 1).

Medical staff, nurses and, above all, cultural mediators of the participant Basic Healthcare Areas were responsible for choosing the participants in the discussion groups. The only limitations for participating (other than the categorisation criteria) were that subjects had not participated in the quantitative phase of the project and that women were mothers.’

How many participants in each of these six profiles of participants in this study?

5.- How many discussion groups and semi-structured interviews were completed?

Minor Essential Revisions
2.- On page 4, under study design, the investigators stated the criteria of foreign groups object. Clarify who they are and where they specifically are coming from.

We have included a new paragraph in the new version. On page 5,

‘Finally, nineteen participants were selected (6 Moroccan women, 7 sub-Saharan women – Gambian – and 6 men, 2 natives, 2 from Morocco and 2 from Gambia). In addition, we conducted seven in-depth interviews (1 administrative staff, 3 nurses and 3 physicians).’

4.- There in no mention if the study was reviewed and approved by any institucional review Board for the protection of the human subjects

We included a paragraph in the methods section. On page 6,
Ethical aspects

The study has been evaluated and approved by the Girona Municipal Health Care Institute's Ethical Committee for Clinical Research (CEIC-IAS), which complies with the European Medicines Agency's Guidelines for Good Clinical Practice, CMPMP/ICH/135/95, reference number S041-386. Only the investigators and monitors/auditors working on the study will have access to the data of subjects who agreed to participate.

6.- The investigators describe the specific study aims of this qualitative study (page 3). Please provide information on study instruments including discussion guide ans semiestructured interview questions

We included two Appendices in the new manuscript (pages 19 to 23).

7.- Since the study was conducted with specific immigrant groups, did the investigators field test the study instruments to ensure their cultural relevance for study participants?

We used cultural mediators. In fact, we have added this comment to the new version of the manuscript. —On page 5,

‘In order to ensure the cultural relevance of study instruments for study participants, before both discussion groups and, to a lesser extent, in the interviews, we carried out a pilot test with the cultural mediators from the centres as participants.’

8.- The investigators indicated a number the steps (interviews and discussion groups recorded digitally, transcription of all oral content, and comparison between oral and paper materials) to enhance the quality and reliability of the data for its subsequent analysis. What additional steps and procedures were used to enhance the credibility ans trustworthiness of these qualitative responses?

We modified the new version accordingly. On page 6,

‘All information obtained was worked on by two independent groups of researchers and then compiled jointly to provide a set of consensual data. This was then interpreted in participative work sessions with cultural mediators for each specific group of immigrants.’

9.- Under Results on page 6, since the study aims were relatively broad and the study included many different sub-group the participants, the investigators only showed a few quotations to illustrate the major themes. For clarity, it would be very helpful to provide a table or diagram to summarize all the major themes that emerged from interviews and discussion groups, for example the intensity and frequency of responses among these participants, the distributions of the reporting of both positive and negative experiences, in order to demonstrate that these selected quotes were representative of the entire sample of study participants.
In order to clarify all the major themes that emerged from the interviews and among the participants, we have created the Table 2, cited on page 12 and inserted on page 18.

Table 2. Frequency (%) of responses among participants

<table>
<thead>
<tr>
<th>Major themes</th>
<th>Type of participant and their view</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender roles within the family</td>
<td>Women from Morocco</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>Western view of gender roles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Women from Gambia</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>Traditional view of gender roles</td>
<td></td>
</tr>
<tr>
<td>Family planning</td>
<td>Women from Morocco</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>Western view in young urban women</td>
<td></td>
</tr>
<tr>
<td>Use of health resources</td>
<td>Women from Gambia</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>Traditional view in all women</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health care professionals</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>Traditional view in Gambian and Moroccan women</td>
<td></td>
</tr>
<tr>
<td>Family planning</td>
<td>African men</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>Adequate knowledge of channels for using the health system</td>
<td></td>
</tr>
<tr>
<td>Use of health resources</td>
<td>Native men</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>Adequate knowledge of channels for using the health system</td>
<td></td>
</tr>
<tr>
<td>Use of health resources</td>
<td>Health care professionals</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>Immigrant population uses primary care services in more extreme situations than native population</td>
<td></td>
</tr>
<tr>
<td>Use of health resources</td>
<td>Moroccan women</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>Adequate knowledge of channels for using the health system</td>
<td></td>
</tr>
<tr>
<td>Use of health resources</td>
<td>Gambian women</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Adequate knowledge of channels for using the health system</td>
<td></td>
</tr>
<tr>
<td>Views of the healthcare system</td>
<td>African men</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>Excessive waiting time for medical specialist</td>
<td></td>
</tr>
<tr>
<td>Views of the healthcare system</td>
<td>Native men</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>Excessive waiting time for medical specialist</td>
<td></td>
</tr>
<tr>
<td>Views of the healthcare system</td>
<td>Health care professionals</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>Immigrants are not punctual for medical appointments</td>
<td></td>
</tr>
<tr>
<td>Views of the healthcare system</td>
<td>Moroccan women</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>Excessive waiting time for medical specialist</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Catalan language problems</td>
<td></td>
</tr>
<tr>
<td>Views of the healthcare system</td>
<td>Gambian women</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>Excessive waiting time for medical specialist</td>
<td></td>
</tr>
</tbody>
</table>
10.- On a number of occasions, the selection of the quotes by the participants did not represent the themes well. For example on page 2, under family structure, the themes were “The role of men and women differ in all cases in the groups of immigrant studied...the woman assuming the “emotional role” of caring for the family, the children and the home, and the man assuming the role of provider of material (economic) support...the roles of man-woman couple are clearly differentiated, the man takes decisions on the economic aspects and family planning, and the woman is in charge of caring for the children and the home...” however only a few brief quotes of woman from Morocco and Gambia were provided but the quotes did not illustrate these especific themes and had no mention at all the men’s roles in the family. Without quotes from men about their roles, the discussion of the themes of gender role expectations in these immigrant groups became suggestive ans was not fully supported by the quotes.

We have changed the new version of the manuscript. On page 6 and 7,

‘The roles of women differ in the groups of immigrants studied. This is clearly reflected in caring for small children, with the woman assuming the “emotional role” of caring for the family, the children and the home, and, according to the women interviewed, the man assuming the role of provider of material (economic) support.

(…)

The obligation of providing the family with support is therefore structured differently. Although Women from Morocco (…)’

‘Thus, In the group of women from Gambia, the roles of the man-woman couple are clearly differentiated, according to the women, the man takes decisions on economic (…)’

Finally, and again according to them, it tends to be the (…)’

Also on page 7, the investigators indicated that “With regard to the women from Moroccan discussion group, differences were detected in terms of practices of caring for sexual and reproductive health depending on where they came from (village or city, north or south of the country) and the generation (over 40 years of age) have similar conceptions to those expressed by the Gambian women with regard to sexual and reproductive health practices among different sub-groups based on their geographical residence and age were not illustrated in the quotes. Were these findings derived from the quantitative study phase or from this qualitative study?

Sorry. We have added the quotes you mention. On pages 7 and 8,

‘With regard to the women from the Moroccan discussion group, differences were detected in terms of practices of caring for sexual and reproductive health depending on where they came from (village or city, north or south of the country) and the generation.

Woman from Morocco: “It depends, rural people have about five or six” [children] (…). (our comments appear in brackets).
Thus, People from villages located a long way from cities and older generations (over 40 years of age) have similar conceptions to those expressed by the Gambian women with regard to sexual and reproductive health. In one case, a 50 year-old woman did not want to be attended to by a male gynaecologist despite the fact that her health was possibly at risk.

11.- Some of the quotes were hard to comprehended, for instance on page 8 under the use of health resource, “Woman from subsaharian Africa: “My doctor, her... Maite, very good. What she say me now, do you want to change doctors?. But I amb happy with her”, Native man: If I'm not well, it hasn’t happened very often, I came to see my GP”,”

The English translation has been adapted to the colloquial language used by the participants. In these particular cases, however, we have now included some ‘interpretations’ in the new version. On page 8,

‘Woman from subsaharan Africa: “My doctor, her… Maite,…’ [the name of her doctor] ‘...very good. What she say me now, do you want to change doctors? [in response to the possibility to change her doctor] ‘...But I am happy with her”

(our comments appear in brackets).

Native man: “If I’m not well… ’[If I am sick] ‘...it hasn’t happened very often, I come to see my GP”[the family doctor]

(our comments appear in brackets).’

12.- The investigators provided two figures derived from Atlas.ti to display the views of user’s healthcare professionals. These diagrams seem to be very difficult to comprehended. To assist readers to make sense of these diagrams, provided guidance in the narrative on how to read and interpret these diagrams.

We have added the following paragraphs to aid comprehension of the two figures. On pages 6 and 11.

Figure 1 shows the four areas, namely: a) what is known about the family situation, b) types of behaviour when facing illness, c) sexual and reproductive health, and d) perception of treatment received at health centres.

Categories were established and each of the axes related to the analytical categories that reproduce the meaning units. Partnerships were established between these axes and the categories according to different groups of the sample. Finally, the differences and discursive similarities were established between each group and the differences, similarities and associations integrated into a single concept map.

Figure 2 shows the two main areas, namely: a) the sexual and reproductive health of users and b) types of patient behaviour when facing illness. As with Figure 1, categories were established and each of the axes related to the analytical categories that reproduce the meaning units. The
differences and discursive similarities were established between each group and the
differences, similarities and associations integrated into a single concept map.

13.- Under Discussion, state any limitations of this study. What are the
implications of study findings for health care services and policy? What
future research questions will the investigators recommend for further
inquiry in this area?

We have now added the following paragraph on page 13,

This work could have some limitations. Firstly, it is a local study, at least from a geographical
point of view. In addition, it derives from a quantitative study. In fact, as we point out above, it
corresponds to the qualitative phase of a project carried out immediately after the quantitative
phase. In our current and future research we would like to prioritise the qualitative perspective
and use the possible results to guide the quantitative phase. Furthermore, our current research
has been extended to all of Catalonia, to other health care services, emergency services in
particular, and to other immigrant subgroups, including Latin Americans, East Europeans (non
EU) and Asians (Chinese and Pakistanis).

Minor Essential Revisions

1.- On page 3, the investigators presented a brief statistics on census of
total populations in Spain and the growing number of immigrants in
different regions. Since this study focused on specific immigrant groups,
including Moroccan women, sub-Saharan African women, immigrant and
native men, it will be helpful to provide more contextual information on
census, demographic characteristics, and any existing literature on health
care experiences of these sub-populations.

In accordance with your suggestion, we have added a new paragraph on page
3:

Catalonia hosts 20.95% of the immigrant population in Spain, representing 16.3% of the total
population of Catalonia, while Girona hosts 13.7% of immigration in Catalonia, which accounts
for 20.92% of its population. The African group represents approximately a quarter of the total
number of immigrants.

Discretionary Revisions

1.- On page 5, the investigators indicated that the study was implemented
from a discursive perspective and then elaborated in details the steps of
discursive analysis. It will be helpful if the investigators can explain briefly
what qualitative study paradigm or method (for example grounded theory
approach, narrative analysis, etc) was used.

We have tried to incorporate this comment on page 4,
‘Study design:

The qualitative phase of the study was implemented from a discursive perspective, whereby discourses are considered practices that explain social processes [6]. In particular, narrative analysis was used.’

2. - Was there any conceptual framework to guide design of main study objectives and questions for this study?

Sorry, we do not understand very well the reviewer. Could you please clarify this point?
**Reviewer Usha George**

1. *Is the question posed by the authors well defined?*

   The authors have asked too many questions. In other words, the objectives of the paper are many and broad. Each of these could be separate papers. The logical outcome of this is that each topic receives scanty attention—not enough data to describe the phenomenon or to make valid conclusions.

   We have tried to clarify them in the new version.

   On pages 3 and 4,

   ‘The objectives of said study included: identifying and characterising the health status of the diverse collective of immigrants residing in Girona, Spain; estimating health needs among the different collectives of immigrants; and studying the behaviour of immigrants as users of primary health care in order to determine the needs of their collective.’

   During the first phase, i.e. the quantitative phase, of the project, we were be able to ascertain the current use immigrants and the native population make of the healthcare system, both extensively and in a generalised sense for Catalonia as a whole. However, this does not provide us with an in-depth understanding of the discourses that explain some of the results obtained. In fact, it was only the Moroccan and sub-Saharan immigrants whose behaviour differed from that of the native population with regard to some primary health care services, at least from a quantitative point of view.

   This paper specifically presents the qualitative phase of said research, which is aimed at ascertaining the needs, beliefs, barriers to access and health practices of the immigrant population in comparison with the native population, as well as the perceptions of healthcare professionals. The specific aims of this paper (…)

   And also,

   The specific aims of this paper were: (a) to analyse the possible implications of family organisation on the health practices of the immigrant population in comparison with the native population; (b) to ascertain social practices with regard to illness; (c) to understand the significances awarded to sexual and reproductive health practices; and (d) to ascertain the ideas and perceptions immigrants, local people and professionals have of health and the health system.

2. *Are the methods appropriate and well defined?*

   The authors claim that the article is based on the data gathered form qualitative techniques, mainly discursive techniques. The section titled “population” is confusing. The title “sample” actually about the groups included in the data colection. No mention is made on the method of recruiting the participants language of the interviews or the number of participants and their background characteristiques as age, eduction, employment status etc.

   We have eliminated the titles ‘Population’ and ‘Sample’.
In addition, we have included a new paragraph in the new version. On page 5,

‘Finally, nineteen participants were selected (6 Moroccan women, 7 sub-Saharan women – Gambian – and 6 men, 2 natives, 2 from Morocco and 2 from Gambia). In addition, we conducted seven in-depth interviews (1 administrative staff, 3 nurses and 3 physicians).’

A step by step description of discursive analysis is provided under the title “data analysis”, however in reading through the article is no indication that these steps were followed in analyzing the data. Did the authors actually use discursive analysis?

We have tried to clarify this in the new version.

Although linguistic analysis of oral discourse and discursive analysis referred to the same concept, we prefer to use only the term ‘discursive analysis’ in the new version. In this respect, on page 1,

‘Methods: Qualitative research based on discursive analysis. Data gathering (...)’

We explained what discursive analysis consists of in the ‘Analysis of data’ section.

3&4.- Are the data sound? Does the manuscript adhere to relevant standards for reporting and data deposition? Data from interviews is presented in the form of quotes-both the native language version and the English version are given. I suggest that the English version is sufficient.

We agree with the reviewer and, accordingly, we have deleted the Spanish quotes.

Some of the categories under which the data is presented is ill-defined-for example, Family Structure- as presented in the article it refers to gender roles within the family

We have changed the title of this section in this new version.

5.- Are the discussions and conclusions adequately supported?
There is a lack of coherence between the discussion and the data presented. The data presented in the articles does not lead to the discussions. This is also evident in the conclusion at the end of the paper.

We have changed various sections in the new version in order to eliminate inconsistencies. For instance, we have removed men’s behaviour in gender roles from the family section. On page 6,
The roles of women differ in the groups of immigrants studied. This is clearly reflected in caring for small children, with the woman assuming the “emotional role” of caring for the family, the children and the home, and, according to the women interviewed, the man assuming the role of provider of material (economic) support.

We have added two new quotes on pages 7 and 8

With regard to the women from the Moroccan discussion group, differences were detected in terms of practices of caring for sexual and reproductive health depending on where they came from (village or city, north or south of the country) and the generation.

Woman from Morocco: “It depends, rural people have about five or six” [children] (...).
(our comments appear in brackets).
Woman from Morocco: “Yes. Before, grandparents and a lot more children, ten, eleven” (...).

In addition, we have changed the conclusions in the new version.

The results we have obtained support the idea proposed by Mechanic [21]: feeling unwell is a psycho-social process, as it takes place within a specific socio-cultural situation and spans a range of beliefs, perceptions and ideas regarding symptomology and how to treat it. Therefore, similarities in ideas regarding health and illness and knowledge of the health care system lead to a more normalised use of the same, whilst offering people a tool to act autonomously and reflect on their own body and the advice they receive from doctors. Specifically, family roles have implications for health practice because it is women who care for the health of children. The perception of one's own health is a reflection of the sociocultural situation of the patient. Sexual and reproductive health practices are linked to the origin of the patient. There was no difference in perception of the health care services between the groups analysed.

6.- Are limitations of the work clearly stated?
NO

Now, on page 13 and 14, we add the following paragraph,

This work could have some limitations. Firstly, it is a local study, at least from a geographical point of view. In addition, it derives from a quantitative study. In fact, as we point out above, it corresponds to the qualitative phase of a project carried out immediately after the quantitative phase. In our current and future research we would like to prioritise the qualitative perspective and use the possible results to guide the quantitative phase. Furthermore, our current research has been extended to all of Catalonia, to other health care services, emergency services in particular, and to other immigrant subgroups, including Latin Americans, East Europeans (non EU) and Asians (Chinese and Pakistanis).