Author's response to reviews

Title: Quality of Health News Disseminated In the Print Media in Developing Countries; a Case Study in Iran

Authors:

Mahnaz Ashorkhani (ashoorkhani@farabi.tums.ac.ir)
Jaleh Gholami (jalehsahar@yahoo.com)
Katayoun Maleki (k_maleki@farabi.tums.ac.ir)
Sima Nedjat (nejat_s@farabi.tums.ac.ir)
Jalaledin Mortazavi (j_mortazavi@yahoo.com)
Reza Majdzadeh (rezamjd@tums.ac.ir)

Version: 2 Date: 11 March 2012

Author's response to reviews: see over
Dear Editor-in-Chief,

Thank you for the valuable comments. It definitely helped improve the article.

The answers to the reviewers’ questions/comments will be given accordingly. Our answers are in dark blue.

In response to Dr. Joan Wharf Higgins’ comment:

1. I don't think the opening sentence is actually correct. Health care and disease may be on every country's agenda, but this doesn't necessarily translate into investments in and attention toward health promotion activities and interventions. I would advise re-writing this opening line. Please refrain from making global statements such as this without citations!

   The first paragraph was modified and the sentence you referred to was omitted altogether, as follows:

   “Mass media is an important and influential element in the knowledge transfer and dissemination process [1], and plays an important role in conveying scientific information to people and policy makers [2]. Health research findings are always highlighted by the media and rarely a day passes by where there is no medical and pharmaceutical news coverage [3].”

2. The last line in paragraph 2 doesn't seem very convincing - only 65 local newspapers in the US that cover health? That's a very small number given the size of media in the US. Again, please tone down the intent of the sentence here or delete it altogether.

   Thank you for the comment, the reference was really old, so we omitted it altogether.

3. On page 6, the authors write that the quantitative phase of the study was conducted to identify the process of production, selection and dissemination of findings. However, that identical title is also used for the qualitative data.

   The term qualitative had been mistakenly written as quantitative; a typographical error. We have now corrected this.

   “The qualitative section of the study was performed by determining the process of production, selection and dissemination of health news and the factors affecting its scientific quality.”

4. I am still a little confused by the presentation of the qualitative findings: there are no real themes presented, only categories of how the data were organized and coded rudimentarily. I would suggest that either the authors not use the term 'theme' or
(preferably) revisit the data to interpret more meaningful themes and patterns. For example, there are multiple references to production processes - how can these be synthesized or conceptualized to offer more meaning?

Thanks for the comment, it was very appropriate.

Concerning the method through which we conducted our study and further explanations on the qualitative section, we used Tong’s article on COREQ [Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care; 2007.Volume 19, Number 6: pp. 349–357.] The important factors in qualitative study reporting were noted and implemented in the article. The entire methods section was modified and clarified too. We have explained the qualitative section of the study in greater detail: e.g. the number of participants, that they were journalists, editors-in-chief and members of the ‘health media policy making council’. Purposive sampling was used. The sessions were held either at the interviewees’ workplace on their demand, or, the research team’s center. There were no cases of non-participation. Some of the themes and categories were changed.

The themes, now, are as follows:

1) Description of the process of production, selection and dissemination of news

2) Factors affecting the scientific quality of news

2-a) Inadequate Knowledge

2-b) Inadequate motivation

2-c) Context-related barriers

5. The first line in the conclusion section also need to be clarified: is it more or less incorrect information? Based on the study’s findings, it seems clear that information is not very accurate, or at the very least, there is not transparency in the reporting of health news should someone want to verify or follow up with a report on a study.

The conclusions section was re-written.

6. Writing has improved a bit, but there are some very, very long sentences and awkward syntax. I would strongly recommend that a person whose first language is English assist the authors.

After the content of the manuscript was modified, it was reviewed and edited thoroughly by a native speaker of English.
By the way, to distinguish between ‘news’ and ‘research’ items found, we used the terms ‘news item’ and ‘research article’ wherever mentioned in the manuscript.

**Quality of written English:** Needs some language corrections before being published

The whole manuscript was reviewed for language corrections.
In response to Dr. Ali Montazeri’s comments:

In general the paper touches an interesting topic but I am so sorry that the problems with this manuscript remain. Overall the manuscript is presented poorly and I am not in favor of its publication. There is need for an extensive editing, an organized writing of the methods, and accurate presentation of the results.

In response to the reviewer’s valuable comments the entire manuscript was extensively reviewed, edited and re-organized. Every effort was made to clarify the vague points of the paper, so we responded to the previous comments that were in greater detail.

Quality of written English: Not suitable for publication unless extensively edited

After the content of the manuscript was modified, it was reviewed and edited thoroughly by a native speaker of English.

The reviewer’s previous comments:

1. The language is very poor and it needs an extensive editing.

The entire manuscript was reviewed for language corrections.

2. Abstract should be re-written. At present background, methods, results and conclusion are very wage.

The entire abstract was re-written.

3. Introduction: there are many awkward statements without any relevant citations. In addition, many citations in this section are very old.

The old references were removed and the first and third paragraphs of the introduction were modified.

“Mass media is an important and influential element in the knowledge transfer and dissemination process [1], and plays an important role in conveying scientific information to people and policy makers [2]. Health research findings are always highlighted by the media and rarely a day passes by where there is no medical and pharmaceutical news coverage [3]......”
4. Methods: the most problematic section of paper is the method section. At present it is very difficult to understand what the authors done and how they evaluated the news. How they defined the news (sometimes refering to article) and how they evaluated the quality of news. Although they indicated how they evaluated for example news about nutrition but we do not know about other topics or why they choose nutrition. Both quantitative and qualitative methods are lacking analyses methods.

Using Tong’s article on COREQ [Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care; 2007.Volume 19, Number 6: pp. 349–357.], the important factors in qualitative study reporting were noted and implemented in the manuscript. The entire methods section particularly paragraphs 3 (on page 5) and 5 (on page 6) were modified and clarified too. For example, the term qualitative had been mistakenly written as quantitative; a typographical error. We have now corrected this:

“The qualitative section of the study was performed by determining the process of production, selection and dissemination of health news and the factors affecting its scientific quality.”

We have explained the qualitative section of the study in greater detail: e.g. the number of participants, that they were journalists, editors-in-chief and members of the ‘health media policy making council’. purposive sampling was used. The sessions were held either at the interviewees’ workplace on their demand, or, the research team’s center. There were no cases of non-participation.

Also, to distinguish between ‘news’ and ‘research’ items found, we used the terms ‘news item’ and ‘research article’ wherever mentioned in the manuscript.

5. Results: again the results are presented very poorly and is difficult to find out what was the main findings.

The first paragraph of the quantitative findings of the results section was extensively edited to better clarify the results.

In The qualitative section some of the themes and categories were changed.

The themes, now, are as follows:

1) Description of the process of production, selection and dissemination of news

2) Factors affecting the scientific quality of news

2-a) Inadequate Knowledge

2-b) Inadequate motivation
2-c) Context-related barriers

Further explanations have been given where necessary (under the theme headings), and quotations have been added to the ‘Inadequate motivation’ section on page 11.

6. Discussion: is very long and should be shortened. In addition it should focus on the study findings.

The discussion section was also reviewed, modified and shortened as much as possible.

For example,

“The two factors identified at the level of researchers and journalists in the qualitative section of the study were inadequate knowledge and motivation.”

and

“In the qualitative section of our study too, some of the journalists expressed concern over their lack of grip over the English language. Therefore focusing on this aspect will help improve the quality of health news.”

were added to the second paragraph on page 15.

Also,

“The third factor identified was context-related barriers. Certain steps taken in other countries have strengthened their infrastructures.”

was added to the fourth paragraph on page 16 to better clarify the discussion and maintain the flow.

7. Conclusion: the study conclusion is far from the study findings. It should be supported by data.

The conclusions section was re-written altogether.

8. Overall I feel the paper does not merit publication unless the authors revised it extensively.

The paper has been extensively revised. We hope it is now satisfactory.