Reviewer's report

Title: Understanding Critical Health Literacy: A Concept Analysis.

Version: 3 Date: 2 January 2013

Reviewer: Richard Osborne

Reviewer's report:

Compulsory

1. I still find this paper somewhat turgid, while I am familiar with field(s) of health literacy it takes me several reads to follow this paper. I think many readers not immersed in this specific field will find this paper hard going. Paragraphs in the Discussion go on for more than a page.

2. There remains a certain logical gap for me: Nutbeam introduced/popularised the term Critical Health Literacy in the health promotion/public health setting, so most in these fields this definition is well used. In the paper the interviewees labeled as practitioners, are very likely to have been exposed to Prof Nutbeam directly and read his work. Nutbeam is a recognised health literacy leader, locally and internationally. The silo's within various disciplines (eg health promotion, medicine, nursing etc) will draw meaning / invent an explanation in response to an interview question that is consistent with their field.

Compulsory

3. If public health / health promotion crystalized a definition of critical health literacy, then operationalisation of the concept in this field will include reading/writing, empowerment, community engagement, and political action as these are the mainstays of this field. If it was also taken up in clinical medicine / nursing, then the ideas of community engagement / policy would have much less emphasis because these are, for the most part, not part of daily clinical practice. Given this, it would seem to me that the data and data analysis (i.e., the fields in which work is published, and the interviewees) should be clearly cognizant of the specific fields that have been using/applying health literacy / critical health literacy concepts. It seems to me that secular changes (over time and within sectors/disciplines) need to be considered in full when using the concept analysis. I am concerned that the conclusions in the paper cannot be generalized to Public Health as they are derived from disparate of fields with strong traditions.

Compulsory

4. The sampling for the interviews is therefore a concern. The authors report that 8 of 30 practitioners from a particular UK organization participated. If sampling included standard qualitative processes (e.g., maximum diversity) I would not be concerned, but I am concerned that while I have seen 100s of attendees in UK health literacy conferences, that such a small convenience sample is utilised in this study. How representative are the members of the UK Health Literacy Group
of practitioners in the UK and, more broadly, internationally (noting that the literature review is international). People who are members of the UK Health Literacy Group may well be a small select group of people already committed to critical health literacy.

While the concept analysis is ‘systematic’ it is not flawless. The discussion needs to be balanced with a clear dialogue about the strengths and weakness of the method. The sampling issues need to be dealt with… how reliable are the findings? Can the strong conclusions be justified? (see below)

Compulsory

5. The paper cites inclusion criteria for practitioners – this criteria has not been stated in the manuscript and should be.

6. A further incongruence between the interviews and the literature review is the approach taken to the data sampling. One is highly systematic and large, the other is ad hoc and small, yet they seem to get the same emphasis/weight in the discussion. I would think the interviews should be systematic also, including practitioners/policymakers clearly working in relevant fields (health promotion, healthcare, policy) who don't already ascribe to the health literacy agenda but in the exact same environment as those who do. With these data it should be possible to obtain a balanced judgment across the concept analysis process, particularly of resemblant terms or other concepts that show similarity.

Compulsory

7. The backgrounds/disciplines, experience/seniority and departments/sections the practitioners/policymakers work in should be presented to give the reader a sense of the sample. The results/conclusions can then be discussed in terms of the sampling strengths/limitations.

Compulsory

8. One of the quotes seems to be from a patient rather than an expert. If the interviewees are a mix of patient and experts, then this makes the interpretation of this study very challenging, and different from the protocol which describes interview with practitioners - patients would need to be removed. This needs to be sorted out. The specific quote is reproduced below.

“I don’t just receive information, sitting there quietly absorbing it and making sense of it. What I need to do is also question, including occasionally challenging.’ (Participant 20)”

9. If Concept analysis is a study of methods, I would be comfortable for it to be called a “methodology” but if it is a method, then the term ‘method’ should be used throughout.

10. Methods should be in the Methods section, removed from the Introduction. They should be brief and only sufficiently detailed to enable a researcher to
reproduce the findings (with assistance from appropriate references). References to web links should be removed. The elaborate references / justifications to other fields should be removed. The laboring on the methods detracts from the message of the paper.

11. Consider including web links to the several references that are not available through Medline.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'