Author's response to reviews

Title: Using Q-methodology to explore people's health seeking behavior and perception of the quality of primary care services

Authors:

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

Thank you so much for sharing the reviewers’ comments and suggestions with us. We have found them very useful to improve the quality of the manuscript.

We have revised the manuscript in line with these comments. We have mentioned hereunder how and where in the manuscript we have responded to each comment. We have also made improvements to the English language.

We have also taken note of a number of comments from the reviewers that unfortunately we could not deal with them at this stage of the study. We tried to highlight these issues in the discussion as limitations of the study.

Thank you very much for considering the revised manuscript.

Best regards,

Nazar Shabila

Erbil, Iraq
Reviewer 1: Tapanan Prateepko

Major points:

Reviewer comment 1:
1. For the conclusions in the abstract as well as in the manuscript, the authors did not mention about the implications from the results of the study. It seems to me, I thought that the authors just mentioned something about the advantages of the Q methodology (quantitative and qualitative combination). What's next for implications?

Response: A more detailed conclusion is written with particular focus on result-based implications of the study.

Reviewer comment 2:
2. For Q methodology in data analysis section, you did not describe how to return the statements (factor arrays) into the Q-sort (score sheet) for each pattern.

Response: The details of how the factor arrays were returned to Q-sort for each pattern are now mentioned under the ‘Data analysis’ section on the first paragraph of page 9.

Minor points:

Reviewer comment 1:
1. There are no labels for the figures of the Q-sort Model or the patterns of health seeking behaviors and viewpoints toward the study subject. Figure 1…, Figure 2….., Figure 3….. and Figure 4…..

Response: The labels were missing due to the online submission structure. However, Figures 1 to 4 are now removed as suggested by Reviewer 2.

Reviewer comment 2:
2. I am a bit confuse when you have used the phrase “health seeking behavior”, but in some places you have written as “health seeking strategies” (in the conclusion part of the abstract). Are those two phrases having the same meaning or substitution?

Response: The two phrases have the same meaning. We do agree with you that this can cause confusion and to avoid this confusion we changed ‘strategies’ to ‘behavior’ throughout the manuscript.

Reviewer comment 3:
3. In the background, paragraph II, the word “medicals assistants”

Response: Thank you for noticing this. We corrected this typo.

Reviewer comment 4:
4. The perception toward primary health services is the perception toward the quality of primary care services, right?

**Response:** Yes, it is toward the quality of primary care services. We considered this in the title and throughout the manuscript.

**Reviewer comment 5:**
5. In data analysis, for the factor loading values that were significantly loaded more than one factor and the loading values were not much different, what did you do for such the cases? Do you have any criteria for determining?

**Response:** We provided the details of criteria used to determine the factors and how with dealt with values loading significantly on more than one factor under ‘Data analysis’ section on the last paragraph of page 8.
Reviewer 2: Himanshu Chaturvedi

Reviewer comment 1:
1. Q-methodology is mainly used sort out a set of questions relevant to identify the respondents view points on specific issues. Its application to understand the health seeking behaviour of people is having several limitations and findings of the study cannot be used for any intervention or health policy.

Response: We discussed this limitation of Q-methodology in studying health seeking behavior in details under the ‘Limitations’ section on page 21.

Reviewer comment 2:
2. The objective of the study is to assess the health seeking behaviour of a sample of population and their perception toward the primary care services.

3. Is this Q methodology approach is applicable to achieve the set objective?

Response: The objective of the study is revised to reflect what Q-methodology actually helps with in this case, i.e. explore the patterns of health seeking behavior rather than assessing health seeking behavior.

Reviewer comment 4:
4. The sample size is small (40) and selection process is purposive which would have possible selection bias, but it can be accepted for exploratory data. But, the sample is not adequate and representative of population according to the objective.

Response: Yes, it is an explorative study and the sample needs to represent people with variety of viewpoints. Q-methodology is usually not subjected to sample size calculation or randomization. Most studies use samples of around 40 or smaller. We have now mentioned the details of sample size and sample selection of Q-methodology under ‘Participants’ section on page 6. We also mentioned under ‘Limitations’ section on pages 21 and 22 the problems of Q-methodology in terms of poor generalizability of results and poor representation of poor and uneducated people.

Reviewer comment 5:
5. What was the basis of selection of respondents is not clear? Though it is stated that four from government institution and different parts cities and so on. How to ensure that variability in health seeking behavior is captured?

Response: We have re-written this section to more clearly show how the respondents were selected as shown under ‘Participants’ section on page 6.

Reviewer comment 6:
6. As I understand, the purpose of this exercise could be to prepare a exhaustive list of questions with all possible range of response related to different viewpoints. The
analysis of response of such set questions can help in sorting out these questions according to set of view points of respondents before going to collect the data from the community.

Response: We emphasized more on this purpose and use of Q-methodology to help in preparing the tool for a community-based study on the topic as shown on last paragraph of page 20 and beginning of page 21.

Reviewer comment 7:
7. The conclusion of the study should be based on response and repeated validation to formulate a set of questions for community-based study.

Response: We have re-written a more detailed conclusion and have emphasized the result-based implications and how the results can direct a community-based study.

Reviewer comment 8:
8. There is need to identify the level of difficulty in answering these questions i.e. perception of agree most or disagree most too any statement may differ from one respondents to another.

Response: The problem with responding to questions of agree-disagree and other Likert scale questions like Q-methodology is highlighted under ‘Limitation’ section on page 21.

Reviewer comment 9:
9. There is need to validate the findings of the study in the above point.

Response: The need to validate the findings is now discussed under the ‘Limitations’ section on page 21.

Reviewer comment 10:
10. As we know, the perception of people may not result in practice or action. So, health seeking behavior of respondents could not be assessed on the basis of perception or views.

Response: This aspect of association of perception and health seeking behavior and presence of other factors rather than perception is now highlighted under the ‘Limitations’ section on page 21.

MINOR ESSENTIAL REVISIONS

Reviewer comment 1:
1. There is no minor revision, but what similarity is there among the respondents whose vies are similar can be added.
Response: Under each factor in ‘Results’ section the characteristics and similarity of respondents are mentioned.

Reviewer comment 2:
2. Figure1, figure 2 figure 3 figure 4 may be removed which is already reflected in factor analysis of Table2.

Response: Figures 1-4 are removed.