Author's response to reviews

Title: A qualitative study of naturopathy in rural practice: A focus upon naturopaths’ experiences and perceptions of rural patients and demands for their services

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Author's response to reviews: see over
RE: Manuscript 6020037393620739 Resubmission

Dear Editors,

On behalf of all authors I would like to thank the editors for the opportunity to resubmit the article “A qualitative study of naturopathy in rural practice: A focus upon naturopaths’ experiences and perceptions of rural patients and demands for their services”.

We have taken on board the reviewer comments and recommendations and addressed them as appropriate.

We have attached a point by point summary of all changes we have made in relation to reviewer comments. As requested we have also resubmitted a “tracked changes” document to enable the reviewers and editors to observe the changes as they have occurred in the manuscript.

Again we would like to thank the reviewers and the editorial team BMC Health Services Research for the opportunity to resubmit this paper and look forward to hearing from you in the future.

Yours sincerely

Jon Wardle
Reviewer 1 Comments

1. One recommendation would be, perhaps for future research, to expand on the type of work naturopaths do in areas of restricted accessibility of residents to conventional medical services, in comparison to areas well serviced by doctors.

   We agree with this recommendation and as such have now included the following sentenced to the discussion section of the manuscript:

   ‘Future research could also examine further the type of work naturopaths are undertaking in areas of restricted availability of conventional services as compared to those area well served by conventional services. (p17).

   All Copy edit queries amended as per suggestions (see below). Exact amendments can be seen in the tracked changes of the resubmitted document.

2. P 2 (Abstract): Last sentence in ‘Results’ suggested to start with ‘However,’.

   Amended as suggested.

3. P3 (Background): First 2 sentences need clarification regarding what ‘half of health consults’ relates to. Surely, there would be more visits to doctors than to naturopaths? ‘… other rural areas …’ needs to be defined (eg in contrast to Darling Downs).

   The sentence has been changed to clarify that the term refers to the total number of all health consults. The two sentences now read:

   “Complementary and alternative medicine (CAM) practitioner consultations constitute approximately half of total health consults and more than half of out-of-pocket healthcare costs in Australia (Xue et al., 2007). Data from Western Australia suggest that more than half of all health consults in the rural South-West region of the state were with CAM practitioners (Sherwood, 2000).”


   Amended as suggested.


   Amended as suggested.

6. P6 (paragraph before ‘Results’): Should ‘feedback’ read ‘fed back’?

   The sentence has been amended to read: “These codes and themes were then fed back into the coding process.”

7. P7: Last paragraph – no apostrophe after ‘naturopaths’.

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Amended as suggested.

8. P8: First quote – Would ‘…telling [them] what …’ be better?
Last paragraph before quote: ‘… above – referred …’ should have a long hyphen.

Amended as suggested.

9. P11: First quote – suggestion to change to the following: ‘It’s always ‘she doesn’t listen’ or ‘he doesn’t listen’ or ‘they’ve always got their face on the computer’ or ‘how do they know me if they don’t talk to me …’

Amended as suggested.

10. P13: Second last line – long hyphen between ‘…treatment – a …’

Amended as suggested.

11. Last line – currently two space bars after ‘but’. Same sentence ‘in particularly’ should read ‘in particular’.

Amended as suggested.

12. P14: First sentence ‘sole responsibility of the patient’ is ambiguous (it could mean the patient has no other responsibilities). It may be best reworded. Suggestion to make some minor changes to the next paragraph after the quote so it would read: ‘Similarly, another naturopath described how rural people are ‘proud’ and how their self-reliance can be a challenge to providing care. This can be seen as the flip side to the positive affinity between a patient’s self-reliance and a naturopathic preventive approach, as illustrated earlier:’

We agree that this may not have been clear and the sentence has been reworded as:

“Several practitioners outlined how the resourcefulness and independence of rural people may produce challenges in providing timely treatment – a difficulty acknowledged as facing both conventional and complementary practitioners – but were particularly a problem for naturopaths working in the competitive private sector where treatment costs are entirely out-of-pocket and borne solely by the patient.”

13. The paragraph after the next quote is unclear re ‘… require a need …’. The word ‘patients’ should not have an apostrophe.

The sentence has been reworded as:

“Another informant explained how in her experience rural patients need to feel in control and be central to decision-making in their healthcare, and how this influences her approach to providing naturopathic care:”

14. P15 (Discussion): Meaning is unclear ‘… in trust of …’.
WE agree that this was not worded clearly. We have amended the sentence to read as follows: “These include differential access to care and health services, cultural norms and traditions of trust in CAM approaches to healthcare, lower income and health insurance in remote regions, high availability of CAM practitioners/practices in rural areas and differences in patient-practitioner interaction (Kirkpatrick et al., 2006, Shreffler-Grant et al., 2007, Shreffler-Grant et al., 2005a, Thomlinson et al., 2004, Featherstone et al., 2003, Smith and Carber, 2002, van der Weg and Streuli, 2003, Arcury et al., 2005, Leipert and Reutter, 2005, Hawk and Long, 1999, Lind et al., 2009).”

15. Second last line - ’of’ is missing before ‘spirituality’.

Amended as suggested.

16. P16: First paragraph second last line – there should be no bracket. Second paragraph second line – ‘… are needed …’.

Amended as suggested.

17. P17: Second paragraph third line – ‘it’ after ‘impact’.

Amended as suggested.

18. General: Consistency is needed to use a colon at the end of the paragraph before quotes and a full stop after quotes. The paper also needs to be checked regarding present and past tense use.

We agree with the reviewers that consistency is required. We have gone through the manuscript to ensure consistency.

Reviewer 2 Comments

1. How representative is the Darling Downs region of South-East Queensland to the rest of rural Australia? This deserves a bit more discussion perhaps with emphasis placed on regional and comparative socioeconomic status, ethnic profile, occupation, and demographics. It would be helpful to know a bit more about the populace represented.

We are grateful to the reviewer for this suggestion and in response we have now included a paragraph in the manuscript outlining these issues:

‘The Darling Downs region consists of the Toowoomba, Goondiwindi, Southern Downs and Western Downs regional councils and is a predominantly agricultural area which comprises of a population of 227,074 in an area of 77,424 km²(Australian Bureau of Statistics, 2008). Although a great level of heterogeneity exists between specific areas, the region as a whole has greater rates of socio-economic disadvantage, lower cultural and ethnic diversity and reduced access to services than are commonly observed in rural areas throughout Australia (Australian Bureau of Statistics, 2008, Australian Institute of Health and Welfare, 2008a).’ (p5)
2. What is the training of the NDs? Is there a wide variability between practitioner training and treatment approaches? How does this tie in with both interpretation and perceptions and choices around care. This information may not be empirically based, but it would help the reader to provide more context of just what an ND is in Australia and how they practice.

We thank the reviewer for this comment. We acknowledge that variability in the naturopathic profession is great and that this could tie in with both interpretation and perceptions and choices around care. We have made several comments on this variability, although in this study it was not a focus of the research. We have added a table that shows the average demographics and training of naturopathic practitioners interviewed compared to the Australian averages from the only national naturopathic workforce survey to provide the context we hope the reviewer sought.

3. What are the implications from the findings of this qualitative research in terms of public health policy? Are there particular suggestions to be made to the Regulatory bodies as a result of these findings?

We are thankful to the reviewer for raising this important point and in response we have now included the following paragraph to the discussion section of the manuscript:

‘The primary care role that naturopaths purport to play in these rural communities has implications for public health policy. Given the apparent community affinity for their services, naturopaths may be a potential resource for healthcare delivery in rural areas. However, regulatory arrangements for naturopaths in Australia ensuring minimum standards of training and practice, as well as introducing practitioner accountability, may need to be considered if this potential role is to be explored further. Interestingly, all but one participant made comments supportive of naturopathic regulation in Australia, with the remaining respondent uncommitted.’ (p.19-20).

4. Self selection of naturopaths and their respective practice is an issue that could influence the findings and bias the generalizability of the results. This needs further discussion.

We agree and have now added the following sentence:

‘The use of a self-selected sample may limit the generalisability of the respondents’ observation on the respective practice, particularly when considering the variance created by the unregulated nature of the naturopathic profession in Australia.’ (p.16).

5. Triangulation of perception through interviewing patients would have strengthened the reliability of these findings. This could be discussed as both a limitation to interpretation and a potential good option for future follow up research.

We agree and have now added the following sentence:

‘Introducing data source triangulation through interviewing patients would also improve the reliability of these studies, move beyond this limitation of our study and help further understand the role of naturopathic practice in rural settings.’ (p.17).
6. In the discussion section, 2nd sentence, an “…overlapping approach to health across rural populations …” is noted. This does not appear to be substantiated nor explored from the current research, consider omitting or rephrasing.

We agree and in response have now revised the sentence to read: ‘It is interesting to note the participants’ perceptions of the broad similarities between rural population’s attitudes to health and the nature and practice of naturopathy’ (p.15).

7. Discussion makes reference to CAM care throughout when really the study findings should apply largely to naturopathic practice. More emphasis on the ND focus seems warranted as the larger picture of CAM is not really addressed by this work. This applies most to the early part of the discussion and the conclusion section (both in text and in the Abstract).

We thank the reviewer for this comment. We acknowledge that naturopathic medicine is still by and large an underexplored discipline and most background material has focused on the broader definition of CAM when discussing naturopathy. We also acknowledge that naturopathy is a major CAM discipline in Australia. We have amended the manuscript throughout (as can be observed in the tracked change document) to make more specific reference to naturopathy rather than CAM where appropriately, and to refer to CAM and naturopathy together when appropriate.

8. Last sentence of the 1st paragraph in the Background section is too long and a bit awkward.

In response we have now amended to create two sentences:

“The findings have prompted some researchers to suggest geographical location, in particular the urban/rural divide, as one important factor in predicting CAM use (Robinson and Chesters, 2008, Nunes and Esteves, 2006) this has led to further calls for attention upon geographical location within future CAM consumption research (Adams, 2004, Andrews, 2004, Williams, 1998).”

9. Mentioned that pseudonyms are used to mask participants although initials are provided at the bottom of the quotes.

To clarify, the pseudonyms are represented by initials.

10. Bottom of page 13, rephrase sentence with … particularly…

We agree that the sentence was initially awkward. We have amended the sentence to read:

“Several practitioners outlined how the resourcefulness and independence of rural people may produce challenges in providing timely treatment – a difficulty acknowledged as facing both conventional and complementary practitioners – but were particularly a problem for
1. I would add a couple of comments as to the findings of the study and subsequent discussion. Firstly, how do the naturopaths' perceptions compare to available normative data. For example, the perceived greater affinity of country folk to preventive measures is not consistent with epidemiological data relating to higher prevalence of a number of risk factors in rural areas relative to metropolitan areas (AIHW 2008). Is there corroborating evidence of the stereotypical stoicism of rural populations?

We thank the editor for identifying this important point that had not previously been covered appropriately in the manuscript. We agree entirely that this is an important issue that requires further clarification and therefore in response we have added the following paragraphs:

“These accounts of the naturopaths reveal the complexities of health-seeking behaviours in rural areas. Although rural patients have a relatively independent outlook and a natural affinity to prevention and self-management, these attitudes and affinities are not without their own ambiguities and they may in time act as a barrier deterring people from seeking professional (conventional or alternative) help. The stoical approach to health or life of the rural population plus the shortage of healthcare service in remote regions are important factors that contribute to the higher prevalence of risk factors in rural areas relative to metropolitan areas (Australian Institute of Health and Welfare, 2008b).” (p.15)

“Further research is particularly important given the fact that naturopaths perceptions of their patients may not always compare with the normative data. For example, perceived affinity of rural population for preventive measures does seem to correlate with rural patients self-perceived notions of independence, stoicism, self-reliance and resilience (McColl, 2007, Goins et al., 2005, Leipert and Reutter, 2005) it does not seem consistent with epidemiological data relating to the higher prevalence of a number of preventive risk factors in rural areas (Australian Institute of Health and Welfare, 2008c).” (p.17)

2. Secondly, whilst the subjects of the study and the authors contrast their practice and knowledge with those of medical practitioners, there are many long serving country doctors (and other 'mainstream' rural health professionals) who would perceive themselves as having a good rapport with patients, understanding the local social and cultural context, being firmly rooted in the community etc (see for example Bourke, Sheridan, Russell et al 2004; Smith, Margolis, Ayton et al. 2009). This and any further study of 'push' and 'pull' factors needs to acknowledge this limitation.

We thank the editor for this comment. The manuscript and the project it describes reports only on the naturopaths perceptions and observations. However, we do agree with the sentiment of the comment and in order to provide broader context to the naturopaths perceptions we have now included the following paragraph in the manuscript:

naturopaths working in the competitive private sector where treatment costs are entirely out-of-pocket and borne solely by the patient”
“Similarly, whilst the naturopaths in this study contrasted their practice and local and cultural knowledge with that of conventional medical practitioners, there are also many long-term conventional medical professionals practising in rural areas who would identify themselves as grounded by the needs of their practice and wider community and as developing good rapport and therapeutic relationships with their patients (Bourke et al., 2004, Smith et al., 2008). Although the patient-centred focus of CAM therapies has long been acknowledged as a ‘pull’ factor to CAM services in rural areas (Sherwood, 2000, del Mundo et al., 2002, Kirkpatrick et al., 2006), or dissatisfaction from conventional medicine a ‘push factor’ for CAM consumption (Barish and Snyder, 2008, Featherstone et al., 2003, Leipert et al., 2006, Trangmar and Diaz, 2008, van der Weg and Streuli, 2003), it needs to be acknowledged that there are limitations to focusing on these as CAM-specific issues.” (p.18).

3. Finally, 'data' 'is' plural.

The manuscript has now been revised to reflect this point.