Author’s response to reviews

Title: Perceptions of Unmet Health Care Needs: What Do Punjabi and Chinese-speaking Immigrants Think? A Qualitative Study

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Author’s response to reviews: see over
Dear Ms. Brown and the editorial team,

Thank-you for the timely reviews on this manuscript. We appreciate the reviewers’ comments and have written response for each of their comments in this letter:

Reviewer 1

The abstract, particularly the discussion section could be more effective if it could highlight some of the unique aspects of this work. A key points box focusing on the unique challenges of studying unmet health care needs across cultural and linguistic variables.

Response: We have worked on the abstract to make it more effective and added a key points box as suggested. It may be that the journal may not accept this.

The introduction needs to clearly describe why the researchers chose Chinese and Punjabi cultural groups- Why not just Chinese or just Punjabi? Why these groups rather than Filipinos or Latinos? There are risk and benefits in taking on more than one cultural group and thus justification is important.

Response: On page 4, paragraph 1, we explain the proportion of languages (other than English) spoken at home—speaking Chinese and Punjabi rank 1st and 3rd, respectively. We also explain that 1 in 3 immigrants speak Cantonese (dialect of Chinese) and 1 in 4 speak Punjabi in British Columbia.

There are risks of less depth of analysis and less space in the paper to be able to fully flesh out the cultural and perception of health system issues.

Response: We agree with this point and plan on writing a paper that will more fully address these issues.

There was one assertion however, suggesting the question for unmet health care needs question being insufficient; from my read of the work it appears the unmet health care needs questions provides information consistently on something- and what may be most
in needs of clarification what it is measuring and how it could measure different things across different populations.

Response: We have revised our sentence in the manuscript to reflect this feedback and have added a sentence to the limitations suggesting a psychometric analysis is likely needed in order to understand how an item may behave differently across different language groups.

I was very surprised to see the proportion of participants with regular provider-the authors should provide a brief discussion of how this number compares to other figures from other unmet health care need surveys, and general BC population. This makes me feel the participants recruited may already be the ones with good functioning networks, and this would influence results.

Response: We agree that the way in which people were recruited likely did influence the results. However, qualitative studies are not meant to generalize to the population (external validity). Qualitative studies seek to reach saturation where no new themes emerge from the data (internal validity), which our study accomplished. Comparing our results to other figures from other surveys and the general BC population would be inappropriate because, in using qualitative methods, we are not attempting to make inferences to the population.

It would have been nice to have seen a figure for self-reported English language proficiency, but it appears this was not asked.

Response: In the descriptive table, we report on the results for the question, “How well do you speak English: very well, well, not well, not at all” where a higher score = increased English speaking abilities. This descriptive variable is labeled as: English-language speaking abilities.

I would prefer if the abbreviation UHCN was not used. It is an uncommon abbreviation.

Response: We have changed this throughout the manuscript to be unmet healthcare needs.

Reviewer 2:
I would like to see some discussion in the paper on the methodological principles underlying their approach to the analysis of qualitative data. Do the authors see this analysis as one based on the principles and tools of grounded theory analysis? If so, this could be explained in at least some detail in the methodology and limitations sections.

Response: We have added a paragraph describing the methodological approach used in analyzing these data to the methods section and also some recommendations for further work in the limitation section as suggested.
The main conclusion of the paper is that a single question of unmet health care needs “is not understood similarly across different languages” (p. 15). Yet the data presented in the paper do not clearly reflect this; the paper doesn’t contrast the interpretation of unmet health care needs in English versus non-english speaking communities. Instead, the analysis – following an interpretivist epistemology – seeks to understand perceptions of unmet health care needs among Chinese and Punjabi respondents; an important issue but one that is not the same as the first. The paper could also be clearer in explaining differences between Chinese and Punjabi speaking respondents in the study.

Response: We agree with this comment and have changed the text accordingly such that we are not suggesting any contrasts between English versus English as a second language communities.

The paper needs to be proof-read thoroughly. There are quite a few mistakes (e.g., capitalization after a semi-colon is not appropriate) and errors (e.g., “…more than one-third of focus group participants expressed an unmet need during the discussed” on page 7 and “e.g., no an adequate reflection…” on page 3)

Response: We have now had the paper copy-edited.

Some discussion of why the recruitment criteria specified that respondents needed to have visited their primary health care provider at least twice in the last two years is needed. Surely the gravest unmet health care need would be indicated by not meeting that criteria?

Response: We have added a sentence to the limitations section since all of these people have access to care. This is a secondary analysis of the data which is why respondents had to meet the eligibility criteria of 2 times in the last 2 years.

I’m not clear on why the analysis is described as a secondary analysis on page 6.

Response: This is a secondary analysis because the main focus of the larger study was to examine Chinese and Punjabi-speaking people’s experiences in primary health care. We have clarified this in the methods section now.

The quote that begins “In India, if we see the system…” is used twice in the paper and probably only needs to be used once (page 8 and 14).

Response: We have taken out the quote from page 8.
reached after the six focus groups? Are there any contradictory statements at all in the data?

Response: Given that we were examining how unmet health care needs are defined across all focus groups, we have plenty of data to reach the point where no new data were arising. Indeed, based on past experience, saturation in themes is typically reached somewhere between 6-8 focus groups. We did see some contradictory statements in the data-see in results section Defining an unmet health care need and reported on this.

I would suggest moving the last sentence in page 3, para 1 “In many population-based, national surveys…” and placing after the first sentence of page 3, para 2. This would enable you to first define unmet health care needs at a conceptual level before addressing the operationalisation of the concept.

Response: done.