Author's response to reviews

Title: A metasynthesis of qualitative studies regarding opinions and perceptions about barriers and determinants of health services’ accessibility in economic migrants

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Author's response to reviews: see over
Alicante, 31th July 2011

Editorial team
BMC Health Services Research

Dear Editorial team:

Please find attached the revised paper entitled: “A metasynthesis of qualitative studies regarding opinions and perceptions about barriers and determinants of health services' accessibility in economic migrants” Also I am unloading a document detailing how it has responded to the reviewers' comments.

I hope all the information may be clear and the comments of the reviewers are responded.

Kind regards,

Andrés A. Agudelo- Suárez
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Responses to the reviewers

Manuscript title: A metasynthesis of qualitative studies regarding opinions and perceptions about barriers and determinants of health services' accessibility in economic migrants

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Reponses to the reviewers:

All authors would like to thank both reviewers for their comments and suggestions. Their mentions of the strong points of the paper are certainly much appreciated, and they bring to light several important issues that need further discussion and clarification. These points are discussed below individually, and any changes made to the manuscript text are indicated here as well as in the text in red print. We believe the revised version of the manuscript is improved.

Reviewer 1: Marc Saez

Reviewer's report:

Authors try to describe the views of the migrants regarding barriers and determinants of access to health services in the international literature. I think the authors have been quite successful. However, I have some comments that I think could help authors.

Thank you very much for your comments and general evaluation of the manuscript
Major Compulsory Revisions

1. Authors write that 'This period was chosen since this search sought to encompass population movement linked to the massive social upheavals an significant world conditions and migration (...) beginning in 1997' (page 7). They provide a reference for this statement De Haan, 1997. However, why 1997? Why not 1989? (Tiananmen Square's facts, Berlin Wall fell, etc..) or 1996? I mean, the year 1997 seems a little arbitrary and little based. For instance, it was the year 1990, which marks a turning point in the migration from East to Western Europe, including the Mediterranean countries. Authors should explain with a more detail why they use 1997 and no other alternatives.

Thank you very much for your suggestion. We modified the first paragraph of the methods section in order to clarify the search period.

An international systematic review was carried out of to identify all qualitative studies whose primary focus was to illuminate the barriers and determinants of health services accessibility amongst economic migrants. The search covered the time period January 1997 to November 2011. In the choice of this period were taken into account factors: 1) some countries since the nineteenth century had greatest migratory tradition, like the U.S., Canada, New Zealand or Argentina (which are called classic immigration countries). However, in the territory the influx of European immigrants is much later [19]. For example, between 1998 and 2007, the migrant worker population in European OECD (Organisation for Economic Co-operation and Development) countries increased significantly, from 3.5 to almost 6 million workers [20, 21]; 2) it is important to consider population movement linked to the massive social upheavals and significant world economic conditions and migration created by world events beginning in 1997, such as European, Eastern Block changes, the opening up of China’s boundaries and changes to migration policies in a number of developed countries [22]; 3) after an initial search in databases, a list of potential papers for the systematic
review were found in the decade of 90’s. For that means, the research team decided to establish the point cut for beginning the systematic search in 1997 based on current scientific criteria.

2. Authors provide 'Inclusion and Exclusion criteria' (pages 7 and 8). However, it is unclear why, finally, are left with 36 of the 120 initially selected. Authors should explain the criteria used to do the final selection. For instance, give an example of an excluded paper (within those 120).

We have modified the fourth and fifth paragraph of the methods section in order to explain the process of excludes 85 papers after reading complete text of them and to give some example of excluded papers. Also, we clarified the number of included articles after critical appraisal in the text and in tables and figure 1.

The decision of excluding 85 papers is based on different characteristics related mainly with the topic of the studies that are not related with barriers to accessibility to health services, for example: studies conducted in no-economic migrants, studies based in health providers’ perspectives [20], studies in other topics such as: gender violence [21], other health determinants [22, 23], health practices [24], culture and health [25], health knowledge [26] and recommendations for community-based strategies [27]. Two reviewers of the research team appraised papers independently. The process of complete data extraction is explained in figure 1.

Critical appraisal and studies’ analysis

Appraisal of included papers for methodological quality was undertaken using a critical appraisal checklist and data extraction form for interpretive and critical research [28] (Table 2). Any disagreements that arose between reviewers were resolved through discussion with at least one other member of the research team and we discarded 8 papers [29-36]. The 27 (0.9%) selected articles were those satisfying at least 75% of the checklist of the critical appraisal [37-63].
3. Authors should explain, in the Discussion Section, possible limitations. In particular, those related with the use of only one 'leader reviewer' (page 8).

We have review and added some ideas to reinforce the limitations of this review, and we added another paragraph in the discussion according to the suggestion of the reviewer 2. (See also, suggestion 7 of reviewer 2).

This systematic review has limitations that should be highlighted. Although studies were selected by an exhaustive search of scientific and grey literature databases, there may be unpublished reports. The systematic search and the initial process of extracted data was in charge of the review leader, however, the process was supervised for a second reviewer in order to evaluate the accordance of the selected articles for further analysis. We have used an instrument to evaluate the quality of qualitative research, and although this has proven to be effective in other studies, it is important to recognise that evaluating the literature of qualitative studies depends on the subjective evaluation of the researchers, although throughout the process the consensus and agreement among the research group was guaranteed. More information is needed on inequalities access to health care, considering aspects such as gender and social class and further research is needed into strategies that help migrants to minimise the negative effects of access barriers. It seems important to research the impact of health reforms on vulnerable collectives.

Furthermore, it is important to recognise the difficulty in selecting studies dealing with economic migrant populations. This metasynthesis focuses on populations that are migrants for economic and work-related reasons, and the literature is based mainly on belonging to a minority ethnic group in the destination country being a proxy of migrant status, and although they are similar, they are not equivalent [97, 98] given that, in the current context, the second or third generations of migrants tend to acquire nationality of the destination country. There are also migrants for political or social reasons, who may have differing characteristics to the economic-type.
The results of the studies analysed are circumscribed by a number of factors including, study design, the characteristics of the populations interviewed and the data-gathering techniques used. These include heterogeneous and variable data analysed with regard to the populations chosen [37]; limiting findings to a particular geographic, social and political context [37, 47, 54]; difficulty in generalising results by the sample used in the studies -not random-, and by participant selection [38-43, 45, 46, 48, 50, 52, 53, 59, 61]; and by the characteristics of the qualitative techniques -interview and focus group, among others- [62]; cultural background and language difficulties of participants, which can hinder field work [39, 43].

It is important to mention that the review was supervised for a second reviewer or in some cases for at least one member of the research team, and the advances of the search was discussed in academic meetings for all the research teams. For that means, we clarified this in the methods section (end of the last paragraph).

All the advances of the process of this systematic review were discussed in academic meetings for the research team in other to guarantee the quality of the information and this paper has been elaborated considering the PRISMA guidelines for reporting systematic reviews [69].
Reviewer's report:

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached):

1. The last paragraph of results makes a presentation of recommendations without exposing the article that originates each recommendation. This paragraph and Table 4 should be better explained and substantiated in more detail.
2. It is also possible to withdraw this paragraph and Table 4 because they do not address an objective of the study.

   Thank you very much for the suggestion. We review the objectives of the study and the scope of the revision and we decide to withdraw this paragraph and Table 4 taking into account they do not address the objective of the metasynthesis.

3. Figure 2 is not very understandable and does not explain the origin of the content of the central boxes.

   We added a paragraph in the results section in order to summary the main barriers and determinants from the migrants’ perspective, and the results exposing the articles that origin these determinants are deeply describe in the rest of the section.

   Figure 2 shows the summary of studies showing the identified barriers from the point of view of economic migrant and the elements that determine this access. In general terms, factors such as the knowledge of the health system in the host country, the health status or Migrants’ own beliefs/knowledge about health are previous characteristics (inputs) and could constitute social determinant, previous to the utilization of health services in economic barriers. Secondly, migrants identified barriers that could be classified in those related with the structure or the social security/health system in the host country.
such as: economic barriers (cost of services), health services and insurance coverage, privatization of the services, and other related with the attitude and communicative abilities to the provider (health personnel) an barriers that belong to the migrant condition (language skills, cultural competence, religion). Discrimination appeared as an important social determinant of health services accessibility related with individual and structural characteristics. Lastly, the low/lack of utilization of health services could affect negatively the health profile of the economic migrants and caused the searching of alternatives ways to improve their health (alternative medicine, self-medication).

4. The first sentence of conclusions of the abstract "economic migrants are a vulnerable group especially when considering health service accessibility" cannot be extracted directly from the study because the authors have studied the barriers to access but they have not been compared in relation to the rest of population. It should be reformulated.

We have rewritten the conclusions of the abstract

Economic migrants faced individual and structural barriers to the health services in host countries, especially those with undocumented situation and those experimented idiomatic difficulties. Strategies to improve the structures of health systems and social policies are needed.

5. The summary of the final outcomes of the metasynthesis has not been clearly specified

We added several sentences in the last paragraph of the methods section in order to specify the main outcomes obtained from the metasynthesis.

We identified from the papers the following information: First author (year), setting, data collection, participants, data analysis, services referred in the study, barriers to and determinants of access to health services for the migrant population, inputs and outputs in the access to health services and facilitative conditions and strategies for overcoming barriers. The extracted information of the studies are presented in different
analysis categories following the Andersen’s conceptual framework of access to, and use of, health services, the categories related with other studies conducted in migrants and new categories emerging from the different discourses extracted from the papers. All the advances of the process of this systematic review were discussed in academic meetings for the research team in order to guarantee the quality of the information and this paper has been elaborated considering the PRISMA guidelines for reporting systematic reviews [72].

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct):

6. The title of Table 4 should be more explanatory.

   We decided to withdraw the table 4 (see response to the comments 1-2)

Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore):

7. The penultimate paragraph of results (about Limitations and scope of the studies analysed) could be better placed in the discussion about limitations of the metasynthesis.

   Done.

Editorial comments

Please make the following formatting changes during revision of your manuscript. Ensuring that the manuscript meets the journals manuscript structure will help to speed the production process if your manuscript is accepted for publication.

1. Copyediting
After reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further.

We advise you to seek the assistance of a fluent English speaking colleague, or to have a professional editing service correct your language. Please ensure that particular attention is paid to the abstract.

Thank you very much. Two of the authors of the manuscript are native-English speakers with enough expertise in metasynthesis procedures. We review the quality of English before submitted the reviewed version.

2. Structure

Please check the instructions for authors on the journal website to ensure that your manuscript follows the correct structure for this journal and article type.

Title page
Abstract
Keywords
Background
Methods
Results and discussion
Conclusions
List of abbreviations used (if any)
Competing interests
Authors' contributions
Authors' information
Acknowledgements
Endnotes
References
Illustrations and figures (if any)
Table and captions
Preparing additional files

We have prepared the manuscript according to the requirements of the journal

3. Tables

Please note that we are unable to display vertical lines or text within tables, no display merged cells: please re-layout your table without these elements. Tables should be formatted using the Table tool in your word processor. Please ensure the table title is above the table and the legend is below the table. For more information, see the instructions for authors on the journal website.

The tables are located at the end of the manuscript text in the format requested for the journal. If the editorial team considers additional suggestion, please let us know.

4. Figure titles

All figures must have a figure title listed after the references in the manuscript file. The figure file should not include the title or number (e.g. Figure 1... etc.). The figures are numbered automatically in the order in which they are uploaded. For more information, see the instructions for authors: http://www.biomedcentral.com/info/ifora/figures.

We have modified the figures considering the suggestion of the editorial team.