Author's response to reviews

Title: How do health professionals perceive and experience treating people on social assistance? A qualitative study among dentists in Montreal, Canada.

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Version: 3 Date: 12 October 2013

Author's response to reviews: see over
Dear editor,
I would like to thank the reviewers for their positive and constructive comments. You will find below my detailed responses to their recommendations and requests. In the text of the article, I highlighted in yellow all the changes that I made. I hope that these responses will satisfy you and the reviewers, and that our article will soon be published in *BMC HSR*.
Sincerely,
Christophe Bedos

**REVIEWER 1**

**Level of interest:** An article of outstanding merit and interest in its field

- On p13, change ‘people that’ to people who’.
- In the first part of the Discussion, remove the word ‘would’ – it is not needed.
- Table 3 – change ‘Quotations’ to ‘Illustrative quotes’.

**Our response:** We made the changes. Thank you!

**REVIEWER 2**

**Level of interest:** An article of importance in its field

This paper deals with an important issue and the authors are to be congratulated on tackling the topic; however, I would suggest that it requires a little further work to prepare the findings for publication but that this material should definitely be published. The following suggestions may be helpful to the authors in revising this paper:

1. **Title** – is this ‘treating’ or ‘perceiving’ people on social assistance – or both their perceiving and management of patients on social security.

**Our response:** Thank you for your advice. The title was indeed a little ambiguous.
We consequently changed the title, which now reads: “How do health professionals perceive and experience treating people on social assistance? A qualitative study among dentists in Montreal, Canada”.

2. **Aim/Objective of the study** should be clearly stated in the paper as well as the abstract. The authors may wish to consider whether the objective stated in the abstract is actually the objective investigated. The analysis is more about their perceptions rather than their treatment. An alternative is to consider patient management.

**Our response:** We clarified the objectives at the end of the Background section (page 5) as well as in the abstract. We also changed the way they are formulated, which fits better with the new title. The background section now ends with these sentences:
“We therefore decided to conduct qualitative research whose objective was to better understand how dentists perceived and experienced treating people on social assistance. In particular, we were interested in deepening our understanding of the difficulties that they may encounter with this group of people.”

3. Sampling- the description of using a maximum variation strategy and saturation do not fit theoretically. If the former you must describe it in more detail and ideally you should have fulfilled this to get appropriate coverage. You may have missed a sector and the failed to get these views?

**Our response:** In order to respond to your concerns and clarify our sampling strategy, we added several sentences at the bottom of page 5 and top of page 6. We hope that this clarification will suit you.

I want to add that I agree that the sampling strategy has implications for sample size (the less homogeneous the sample, the higher its size). But I think that a maximum variation sampling strategy can lead to saturation, as we have experienced in previous studies (cf. Loignon, Patient Educ. Counselling 2009;75: 256–262). As Crabtree & Miller mention, “[…] experience has shown that five to eight data sources or sampling units will often suffice for an homogeneous sample […], and 12 to 20 are commonly needed when looking for disconfirming evidence or trying to achieve maximum variation” (Crabtree and Miller, Doing Qualitative Research, Sage 1999, page 42).

Our goal was to identify a variety of experiences (and difficulties) encountered by dentists with people on social assistance; this is why we decided to widen our sample to various types of dentists i.e. dentists working in various areas of the city (including rich and underprivileged districts of Montreal), dentists of different ages and years of experience, etc. At the end of our data collection, we nevertheless obtained saturation in the sense that additional interviews reiterated what had been previously collected. This said, I agree with you that we “may have missed a sector”: actually (and we mentioned it in the Discussion as a limitation), we were not able to meet dentists that have taken the decision to refuse people on social assistance: these clinicians, indeed, may have had specific experiences in the past with people on social assistance, leading to their decision to exclude them.

4. Recruitment - was an information letter/sheet provided for potential informants and did they have time to decide whether or not to participate? Did they have a clear explanation and time to ask questions before providing written consent?

**Our response:** Yes, absolutely; the participants received by mail, email, or fax a consent form that included a brief description of the study as well as the rights of the participants; they had the time they needed to decide whether or not to participate; furthermore, we were very clear with them that they could withdraw at any time from the study. Prior to the interview, the participants were invited to carefully read the consent form and to ask all questions that they wanted before signing it.

We tried to clarify this by adding information in the “sampling strategy” and “data collection” subsections (cf. highlighted text).
5. Analysis: it would be most interesting and helpful to readers if the analysis could be taken further from a descriptive to an explanatory account moving beyond thematic analysis – perhaps developing hypothesis to be tested in future research

Our response: This is an interesting comment. Our goal was to describe dentists' experiences with people on social assistance rather than developing a formal theory. We thus conducted a “descriptive” study that – it seems to us – was very pertinent and useful. In this perspective, I agree with Margarete Sandelowski who refutes the common idea that qualitative descriptive research is “less sexy” and writes “[…] the qualitative descriptive study is the method of choice when straight descriptions of phenomena are desired” (Research in Nursing & Health, 2000, 23, 334-340). This does not mean, though, that a qualitative descriptive study has no implications for theory or hypothesis generating (cf. Sandelowski, Research in Nursing & Health, 2010, 33, 77–84); our study, for instance could help other researchers to develop quantitative surveys…

6. Three people were involved in coding – it would be helpful to describe how you reached agreement if there were differences?

Our response: Thank you; we added a paragraph on page 7 to clarify our process and reinforce our credibility. The paragraph is the following:

“To improve the rigor and credibility of our results, three members of the research team conducted this process, checking and validating their analysis. In particular, they coded initial transcripts separately and then compared their findings; for each instance of coding disagreement they discussed their interpretations, refined the codes, and undertook coding again until agreement was reached. Furthermore, the researchers carefully pondered the analytic matrices while comparing their interpretation of the results. Again, when confronted with divergence, they discussed the data until jointly able to agree upon an interpretation.”

Key findings: it is worth reviewing the labeling of the themes or concepts

7. Organizational issues: these appear to be ‘personal-organisational issues’ rather than systems organizational issues and perhaps the labeling should be more specific, as perhaps there should be health system organizational changes to help these patients.

8. Biomedical issues: the term biomedical issues is confusing as it includes health service issues such as the limitations of the public health insurance programme (see note above)

9. Financial issues: this is a mix of system issues and individual issues

Our response to points 7, 8, and 9: It was important for us to classify the themes according to dentists' experience and remain close to their perspectives. A source of confusion may be related to the fact that dentists explained their (negative) experiences by various “factors”, such as the systemic issues that you mentioned: a) with respect to organizational issues (“personal-organization” indeed), participants blamed people on social assistance; b) in regard to biomedical
issues (inability to provide quality care), they criticized people on social assistance (for their lack of motivation) as well as the dental care system (for gaps in the coverage); c) finally, in relation to financial issues, dentists also hold responsible people on social assistance and the dental care system.

In brief, we would like to keep our classification -- as it refers to the experiences of dentists that we wanted to describe -- rather than creating a classification based on the “sources” of the problems encountered by clinicians. This said, in order to avoid ambiguities and respond to your concerns, we made several changes to the article: a) we reformulated the definition of the organizational and financial issues in the results section; b) we included these changes in Table 2, column 2 (cf. highlighted text); c) we added a 4th column in Table 2 that clarifies the sources of the problems (according to participants) for each of the three dimensions; d) we changed and restructured the last paragraph of the discussion, focusing more on the “sources” of the problem, and identifying related solutions for change.

These modifications, I think, really improve the article and I hope that they will satisfy you.

Discussion

10. This section could helpfully explore what further research may be helpful and consider interviewing patients on social assistance to triangulate the findings.

Our response: Actually, we have already published articles that describe the perspectives of people on social assistance (Bedos, Soc Sci Med 2003; Bedos, Am J Pub Health 2005, Bedos, JDR 2009; Muirhead, CDOE 2012). In addition, we are currently working on several papers that describe the experiences of people on social assistance from a life course perspective. The article published in Soc Sci Med in 2003, in particular, shows that people on social assistance may feel rejected and even stigmatized by dentists.

In terms of recommendations, I mentioned in the discussion and at the very end of the conclusion that it would be pertinent to conduct research that aims at finding concrete solutions by confronting people on social assistance and dentists. In fact currently, in partnership with ATD Fourth World, we are conducting a study in which we ask people on social assistance and clinicians to share their perspectives and come to an understanding and take action by finding solutions together.

The end of the conclusion now reads:

“We also invite researchers to contribute to this effort and perhaps even lead such processes. In particular, we suggest the development of participatory action research projects that will allow people on social assistance, clinicians, and policy makers to confront their perspectives and together find concrete solutions.”

11. Also worth exploring the issue of quality in qualitative research and the extent to which this study represents quality.

Our response: Thank you; as we mentioned in point 6, we added a paragraph in the Data analysis section. In addition to this, we added the following text in the second paragraph of the Discussion (and supported it with references):

“Nevertheless, we are confident in the excellent quality of our research and the “credibility” of the results. Our team of experienced researchers and highly skilled interviewers employed a
A series of procedures that enhance credibility [18, 26], such as prolonged engagement of the researchers in the community of private dentists, peer-debriefing after the interviews, rigorous data coding, and triangulation of interpretations. Finally, the inductive nature of our approach provided data whose depth could not have been sounded through traditional quantitative research.”

12. Conclusion – the authors may wish to consider if these findings suggest a need also for better understanding of people on social assistance?

Our response: Please see our response to point 10.

13. Finally, with a little further analysis this research could be hypothesis generating and this would significantly increase its contribution to the literature.

Our response: As we mentioned in point 5, we decided to stay close to the experiences described by participants rather than interpreting them through a phenomenological or grounded theory approach.