Author's response to reviews

Title: Conditions that influence the impact of malpractice litigation risk on physicians’ behaviour regarding patient safety

Authors:

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Author's response to reviews: see over
Dear Mr. Morrey,

Please find enclosed our revised manuscript in which we have addressed your comments on our manuscript entitled ‘Conditions that influence the impact of malpractice litigation risk on physicians’ which we submitted the 2nd of May. Your comments contained three concerns which we will respond to in this letter on a point-by-point basis:

1. **Participant Consent**

   Comment:
   In the Methods section, please confirm whether you obtained informed consent for the publication of extracts of the interviews from participants for this study. If consent was implied, can you please also clarify this in your manuscript.

   Response:
   *In the method section we added that we received informed consent from the participants to publish the extracts of their interviews.*

2. **RATS Guidelines**

   Comment:
   We recommend that the authors adhere to the RATS Guidelines ([http://www.biomedcentral.com/ifora/rats](http://www.biomedcentral.com/ifora/rats)) when they submit manuscripts describing qualitative studies. Please include a completed checklist demonstrating you have adhered to the RATS guidelines, as part of your cover letter.

   Response:
   *Our adherence to the RATS guidelines is shown in the next paragraph by addressing the guidelines point by point.*

   **RATS guideline R: Relevance of study question**

1) Research question explicitly stated:
   *Our research question is: Which conditions have an influence on the relationship between physicians’ thoughts and emotions regarding malpractice litigation and their behaviours that run counter to patient safety?*
2) Research question justified and linked to the existing knowledge base:
   By identifying these conditions we aim to increase our understanding (of the underlying mechanisms) of this relationship. This could help healthcare managers and professionals with creating a supportive and blame-free environment that reduces defensive medicine behaviour of physicians and stimulates physicians’ willingness to report incidents and disclose them to patients. In the background section on page 3 the research question is linked to existing empirical and theoretical research.

   RATS guideline A: Appropriateness of qualitative method

3) Study design described and justified i.e., why was a particular method (e.g., interviews) chosen?
   We conducted qualitative interviews. Qualitative interviews are a useful method to uncover meanings, beliefs, understandings and cultures of the informants. They give an opportunity to explore how informants themselves define experiences and practices that are the object of research.

   RATS guideline T: Transparency of procedures

4) Criteria for selecting the study sample justified and explained:
   We selected this study sample based on the relevant stakeholders in the litigation process. The selection criteria focused on organizations that are involved in all stages in the litigation process.

5) Details of how recruitment was conducted and by whom. Details of who chose not to participate and why:
   22 members of stakeholder organisations in The Netherlands were approached by one of the researchers [ER] and all participants agreed with semi-structured in-depth interviews of one to two hours.

6) Method(s) outlined and examples given (e.g., interview questions):
   The interviews followed a broad thematic guide, and were aimed at gathering narratives about contextual factors that can influence the relationship between physicians’ attitude towards litigation and their behaviours that run counter to patient safety. In table 1 the themes of the interview questions are given.

7) Study group and setting clearly described:
   The included organizations and respondents of our study are clearly described in the method section on page 4. Due to sensitivity of the subject the names and organisations of the respondents are anonymous.

8) End of data collection justified and described
   The interviews took place from November 2010 until April 2011 and data gathering was saturated after having interviewed participants from all stakeholders in the litigation process.

9) Do the researchers occupy dual roles (clinician and researcher)? Are the ethics of this discussed?
The researchers do not occupy roles in any of the organisations that take part in the litigation process neither do they have a role in the process of litigation itself.

10) Do the researcher(s) critically examine their own influence on the formulation of the research question, data collection, and interpretation?
   The research question is derived and linked to existing literature. To prevent influence on the collection of data the interviewer applied a reserved interviewing style leaving the possibility open to the interviewees to come up with new insights on the topic. To ensure rigour of data, all three authors contributed to the analysis through meetings where they shared memos about codes and the development of a conceptual model. Thus coding, themes and the model were developed operationally in an iterative process following a “grounded” approach.

   Participants were approached by introducing the topic of research and the question whether they would be willing to discuss this from their point of view in the litigation process to increase knowledge about the subject. Explicit permission was asked and granted by participants to publish their interview citations on an anonymous basis.

RATS guideline S: Soundness of interpretive approach

12) Analytic approach described in depth and justified. Description of how themes were derived from the data (inductive or deductive). Method of reliability check described and justified.
   Two team members (ER and MB) engaged in topic and analytical coding. However, to ensure rigour of data, all three authors contributed to the analysis through meetings where they shared memos about codes and the development of a conceptual model. Thus coding, themes and the model were developed operationally in an iterative process following a “grounded” approach.

13) Description of the basis on which quotes were chosen?
   The quotations were chosen based on their contribution to illustrate the findings and interpretation given.

14) Findings presented with reference to existing theoretical and empirical literature, and how they contribute?
   The discussion section shows the contribution in the form of a conceptual model and links these findings to existing research.

3. Additional Sections

Comment:
Please include the following sections – Authors’ Contributions and Acknowledgements- as indicated in Instructions for Authors (http://www.biomedcentral.com/bmchealthservres/authors/instructions/research article).

Response:
We included the sections Authors’ Contributions and Acknowledgements to the manuscript.
Yours sincerely,

On behalf of all of the authors,

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