Author's response to reviews

Title: Patient and Caregiver Perspectives of Health Provision Practices for First Nations and Metis Women with Gestational Diabetes Mellitus Accessing Care in Winnipeg, Manitoba

Authors:

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Author's response to reviews: see over
Dear Editors:

This cover letter accompanies the revised research article manuscript I have prepared for your journal. As requested, I have addressed the comments from Reviewers 2 and 3 and have made the following changes to the manuscript document as indicated by my responses below in italics:

**Reviewer 2:**

**Major Compulsory Revisions**

1. **Methods section:** Overall, methods are not well described.
   a. There is no description of the research design (i.e., qualitative methodological tradition). Author indicates that a grounded theory approach to data analysis was used but no other acknowledgement of how grounded theory guided the approach was included.
      - *I have included additional detail in the methods section on the theoretical orientation and design of the study*
   
   b. A framework was acknowledged as a guide for the 2nd part of data collection but not for the overall study.
      - *The framework of the overall study was adhering to principles guiding research with Indigenous populations and working with communities. I have added further details and citations to the introductory Methods and Research Process sections*
   
   c. In light of working with Aboriginal populations, it is important to include some discussion of how the community was engaged in planning and implementing the research. How were the study questions identified? How did the researcher gain access to the community? Facilitators/barriers.
      - *I have added more detail on the processes of consultation and engaging with community members and agencies in the Research Process section of the paper*
   
   d. Sampling methods are described as “reflexive”. What does this mean? How was theoretical sampling (consistent with grounded theory) used for the different groups?
      - *I have changed the wording of sampling methods associated with the recruitment of both advisors and participants to be more consistent with the process of theoretical sampling utilized*
e. Last sentence of first paragraph in methods: “Results are expressed graphically or textually...”. How were these approaches employed in this research? Relevance?
   - *This section has been re-written to provide clearer justification for the theoretical perspectives chosen*

f. 3rd paragraph – lacks citation for Kleinman’s Explanatory Model Framework. Also, why is this model a good fit for this study? Making this explicit would be beneficial.
   - *I have added the citation and a clearer argument as to why the Explanatory Model Framework was chosen for this study*

\[…\]

h. “These interviews also contained a fixed response interview to assess cultural consensus.” What does this mean? Although results are reported elsewhere, this statement lacks sufficient detail for the reader.
   - *I have deleted this statement to avoid confusion*

i. What was the rationale for interviewing advisors prior to the women? How was an explanatory approach used with the women to explore emerging themes from the data analysis associated with the advisors?
   - *In the methods section, I have provided more information on how the advisors’ interviews and focus groups provided context and contrast to the explanatory model interviews subsequently conducted with the female participants*

j. Further detail re: analysis and development of the themes would strengthen this manuscript. Although a “constant comparison method associated with grounded theory” is acknowledged, there is no mention of how theoretical saturation was achieved, nor if/how theoretical sampling was used to achieve this saturation.
   - *Further detail was added to the Analysis section that briefly describes the processes of theoretical sampling and constant comparison used to achieve saturation with the group of advisors and participants*

2. Background section:
a. Overall, this section is lengthy without much linking of ideas. E.g., the section on health care context would benefit from a description of why this context is so important for Aboriginal women. How does this process work or fail this group of women? It would help to move beyond the description to tell the reader ‘so what’. Building of argument re: importance of study could also be strengthened.
   - *I have condensed and moved the section on Health Care Context to the beginning of the results section, to provide more specific context to the first category on “Health Service Divisions”*
• The Background section has also been re-worked to include a socio-historic perspective and thus greater justification for the overall research

b. First cited reference: Acknowledging the influence of past discriminatory policies, this report appears to recommend equity rather than equality.
  • Wording has been changed

c. Health care experiences: First sentence – “although the need for a better understanding is recognized...” By whom?
  • Sentence has been changed to omit this statement

d. Health care experiences: Third sentence lacks citation.
  • Citation [14] added

e. Health care experiences: Second paragraph. Issues with flow of ideas & clarity. Last sentence: specific to diabetes management? Or prenatal care?
  • Sentence edited to be more specific with regard to prenatal diabetes management

f. What was the rationale for inclusion of providers and women? What unique insights could each group provide?
  • The last paragraph of the Background section was edited to include a more specific rationale for the inclusion of providers and other community leaders

3. Participant Description: This section is quite lengthy and could be cut down. Some of this section would be more appropriately housed in the results section.
  • This section has been removed and its contents added to both the Methods and Results sections, as suggested

4. Ethics: This section lacks acknowledgement with respect to how this research is consistent with the TCPS2 – Ethical Conduct for Research Involving Humans Chapter 9 RESEARCH INVOLVING THE FIRST NATIONS, INUIT AND MÉTIS PEOPLES OF CANADA
  • I include a statement as part of the section on Ethical Considerations that refers to this document, in addition to OCAP principles

5. Results:
   a. The first ‘category’ cited by the author Health Service Divisions lacks a description to define the category. It is unclear how the quote selected to start this section is connected with the ‘category’ name.
      • An introductory paragraph is now included that precedes the quote and describes the two themes making up the Health Service Divisions category.
   b. For the first theme under this category Burden of Responsibility, the discussion that follows does not support the theme. There is a lack of discussion of this link until 2 pages later in the manuscript. The meaning of the first sentence of this section is unclear to the reader and the remainder of the paragraph, unfortunately, fails to illuminate the meaning.
• A more descriptive sentence at the start of this section has been added and the section has been moved to become the second theme in this category

c. Throughout this section, there are some issues with the flow/linking of ideas.
  • I have read through and edited the entire Results section to reduce the amount of detail and to provide better linkages between sections and quotations

d. P. 13, there are again some issues with the flow of ideas. There are also some instances in which there are details lacking to contextualize participant/provider quotes, i.e., whether quotes illuminate particular concepts under the themes. There are many individual accounts without a linking to supporting or contrasting cases.
  • This section has been edited to provide better flow as well as providing more context and support to the themes highlighted
  • Due to an overall effort to reduce the length of the Results section, the number of illustrative quotes in support or in contrast of themes have been minimized

e. At the end of p. 13, it is unclear whether some of the reporting is based on the author’s opinion or whether the statements were based on participant data. This issue arises again on p. 14 in the paragraph starting with “This displacement...”. It also arises on p. 18 in the paragraph starting with “Attempts to assist...”
  • I have omitted sentences that may be misinterpreted as inserting opinion, and moved the paragraph indicated on page 18 to the Discussion

f. On p. 15, at the bottom, the quotes do not appear to be linked to the lead in statement. On p. 17, starting the section on Patient and Caregiver Dynamics, the quote would benefit from a contextual lead-in statement.
  • The lead-in sentence on page 15 has been edited to link to the quote
  • A lead-in statement has also been added on page 17

g. P. 17, first statement lacks clarity.
  • The sentence has been modified to clarify the point illustrated by the midwife’s quote

h. Results section is very long and would benefit from some streamlining.
  • The section has been reduced in length by 2 pages

6. Tables:
a. There seems to be a discrepancy between Table 2 and the number of participants reported in the body of the paper. It would be useful to report the demographic data in this table with percentages. It appears that this table reports only on the women participants not the advisors? This could be more clearly labeled as such.
  • I have clarified earlier in the manuscript, as suggested, that 30 participants were interviewed, however the results of only 29 are reported as one of the interviews had to be excluded as it was revealed during the interview she had been diagnosed with diabetes as a child
  • I have replaced the number of participants in Table 2 with percentages
  • Table 2 has been re-labelled to better differentiate the sample of participants from the group of advisors
b. Tables 3 & 4 would be more useful as a reference to the reader if they were organized alphabetically by name.
   • Both tables have been re-organized as suggested

7. Some issues with sentence structure:
   • In abstract – Results statement
     • Statement modified
   • Methods: second paragraph, first sentence – needs to be reworded for clarity
     • The sentence has been re-worded
   • Research process: “It was left up to the discretion of the individual or organization contacted whether one person chose to be interviewed or a group of advisors to form a focus group.” Issue with grammar/wording.
     • In re-working this section, I have re-stated this point
   • Results: under Burden of Responsibility, paragraph starting with “Heather, a dietician...” – there are issues with sentence structure and vagueness.
     • The sentence was revised for clarity

Minor Essential Revisions
1. Review references for accuracy and spelling.
   • All references reviewed and changes made to: (2) extra date removed; (3) extra date removed; (14) spacing of author initials changed; (39) extra date removed; (55) extra date removed

2. Minor punctuation issues on p. 16 (last quote), p. 19 (quote by Diane)
   • Punctuation edited for both quotes

3. Inconsistent management of quotes (Name, Role) in some places but not in others. Would be useful to consistently include.
   • I have removed the name and role following the larger quotes and included this information instead within the body of the text
   • Shorter quotes include a name and description the first time an individual is quoted, with only the name used subsequently. The names and additional description for all advisors and participants are also included for the reader to refer to in Tables 1 and 3, with the names now listed in alphabetical order

Reviewer 3:

Major Revisions:
1. With research with marginalized populations, a critical approach is expected. Some attention to the critical literature appears in the section on “health care experiences.” However, it should appear sooner. The focus of the first page/introduction does provide a nice focus and some context. But, a short paragraph outlining the social context (e.g., colonization, history of residential schools) of the research should be upfront. Otherwise, it appears that the current
context has evolved accidentally or in a very benign way.

- I have added additional context to the second paragraph of the Background section, in addition to moving the section on “Health Care Experiences” to follow as the third and fourth paragraphs to introduce this critical literature sooner

2. Attention to the sociohistorical context of Indigenous health earlier in the manuscript could also provide for a better understanding of the issue of trust mentioned in the “health care experiences.” It is completely understandable that Indigenous peoples may not trust biomedicine, but this is not explicit enough. Without a “critical edge”, the lack of trust almost implies that Indigenous women are to blame and I am certain this is not the author’s intent, given her approach and topic.
  - Adjusting the background text and adding to the second paragraph, I feel, provides more context on the issue of trust

3. I was surprised to see that there is no discussion of methodology in the manuscript, only a discussion of methods (or tools) of data collection. Smith’s work is cited, but an explanation of her work and its relationship to the present study is needed. A key question to address is: How is research (and this study in particular) decolonizing? I would also like to see the author expand upon the processes and questions used in the initial open-ended interviews and focus groups.
  - I have expanded the Methods section to include more detail and reference to Smith’s work in relation to the chosen methodological and theoretical perspectives informing the first stage of data collection and community engagement that took place with the group of Advisors

4. It is not clear to me how the first round of interviews and focus groups informed the second round which used EM. The explanation of EM is sound, but a few details and examples as to how the EM evolved from the initial research phase would be helpful.
  - There is more detail in the section on Research Process that links these two phases of the research

5. Establishing trust section – there is a great deal of text here (third paragraph) that would be better positioned in the discussion section, unless supporting quotations are provided. The remainder of the manuscript frames quotations well.
  - A portion of the third paragraph in this section has been moved to the discussion

6. New literature is introduced in the discussion section, but this section should link back to the introduction and literature review (i.e., references already cited). Introducing these references earlier in the manuscript may address some of the concerns about the lack of a critical literature review mentioned above.
The discussion now links back to the critical literature introduced in the background section of the paper, specifically in terms of the lasting impacts of colonial policies and the health care experiences of other Indigenous populations.

7. Finally, cultural safety is mentioned in the last sentence, but I don’t believe it was introduced earlier. This is a concept that needs to be unpacked at the start, along with “culturally appropriate care.” The conclusion of the manuscript could also be strengthened (last few sentences could be more directly linked to implications for health care). I am also left wondering about policy. There are many policy implications associated with this research. Could the author provide some suggestions for policy change, based on the data shared? The author might also restate the unique contribution of this valuable research.

- **I have introduced cultural safety in the fourth paragraph of the paper**
- **The last paragraph of the manuscript has been expanded to highlight the main contributions of this unique study, along with more specific implications for changes to health care programming and policy**

**Minor Revisions**

1. A minor point – I expected to see a description of the sample and sampling techniques appear sooner in the manuscript, but the positioning of that section may be reflective of the journal’s stylistic requirements. If not, I would suggest moving this section so that the section on the interpretation of the data appears later.

- **I moved portions of the section on Participant Description that describe sampling technique to the section on Research Process as part of the Methods, and demographic information to Results**

2. The following statements should either be expanded upon or removed, as it detracts from the flow of the manuscript: “These interviews also contained a fixed response interview to assess cultural consensus. These results are reported elsewhere [38].” I would suggest the latter, but perhaps the author could cite her work earlier in the paper to demonstrate what has been done.

- **I have removed this statement**

3. Some proofreading is required – there is the odd awkward or vague sentence throughout. For instance: “It was left up to the discretion of the individual or organization contacted whether one person chose to be interviewed or a group of advisors to form a focus group.” Periods appear both within and outside of quotations.

- **These stylistic and grammatical issues have been corrected**

4. “Close to 44%...” – the number should be specified. It would also be helpful to explicitly state that “advisors” refers to participants who x, y, z, while “participants” refers to... Or, change participants to interviewees.
I have attempted to be clearer in the Methods section of the manuscript in distinguishing the group of advisors from the group of participants.

5. Change “ethical approval” to “ethics.”

The wording has been changed.

6. Health service divisions section – I would like to see some text framing the presentation of the thematic category before launching into a quotation (first paragraph). It needs to be contextualized a bit. Similarly, there are other places in which some transitional phrases would provide guideposts for the reader.

- I have moved the section on Health Care Context to directly proceed this first part of the Results, in addition to explaining in more detail why this context is important to include.

Thank you for your continued consideration of the manuscript. Please let me know if you require any additional information or if I can be of any further assistance.

Sincerely,

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