Author's response to reviews

Title: Profiling Brazilian dentists' using cluster analysis based on job-related variables and perception about profession

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Author's response to reviews: see over
## REPLY TO THE REVIEWERS

### Referee: 1

<table>
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<th>Question</th>
<th>Response</th>
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<tr>
<td>1) Is the question posed by the authors new and well defined?</td>
<td>Contribution of our findings to professional training and curriculum evaluation was clarified in both the introduction and discussion section.</td>
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<td>While the aim of the study is clearly stated, why it is important is not made clear. The authors start their paper by stating in quite strong language that graduate profiling is an important part of professional training and curriculum evaluation, and recommend that universities should continually revise their profiles. However, they are not explicit about what kind of contribution the profiles actually make to curriculum development. It would be useful if the authors made that connection more explicit. It would then set the context better for the aim of their study.</td>
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<td>2) Are the methods appropriate and well described, and are sufficient details provided to replicate the work?</td>
<td>You are right. Almost half of the questionnaires were unanswered, most of them probably due to a failure to access an e-mail account. Thus, the telephone contact was also tried as a strategy to increase response rate, however the return was insignificant. The Council of Dentistry has difficulty in updating the addresses, e-mail and phone number of dentists.</td>
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addresses the aim well. It is both well described and executed. The Two Step cluster analysis is a useful way of distinguishing between occupational sub-groups with in the dataset.

I have some concern that even though the authors knew that Brazil has low internet utilisation they chose to use web-based questionnaires. I concluded, although it is not stated explicitly, that they assumed dentists would be much more likely to be connected to the internet than the general population. Yet in the discussion they conjecture that low internet use could have contributed to their low response rate. It would have been useful to undertake a small 'non-responders' survey by telephone to ascertain why they did not respond, particularly checking internet usage.
3) Are the discussion and conclusions well balanced and adequately supported by the data?

The discussion addresses the main findings of the study and makes appropriate conclusions.

While the discussion addressed the aim, the authors missed a chance to relate their findings to the first point they made in the paper, that is, its contribution to professional training and curriculum evaluation. At the very least I would expect some recommendation related to this key issue.

The authors commented briefly on the limitation the use of the internet introduced into the study. However, they didn’t really tease out quite what the limitation was nor how they accounted for it.

Response to these concerns was presented in items 1 and 2.
4) Do the title and abstract accurately convey what has been found?

The title summarises the report but is a little clumsy to read. There are a number of options such as “Identifying the profile of Brazilian dentists using …” or “Profiling Brazilian Dentists using …”

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<td>We incorporated this suggestion in our reviewed version.</td>
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5) Is the writing acceptable?

The writing, in general, is acceptable, although there are a few words which don’t make sense in the context. For example, in the Background section, last sentence of paragraph 2, adhesion is used to mean addition. It would be useful to edit for grammar and word usage.

Language correction was performed. References for the paragraph #5 of Discussion section were presented and the names of variables were rewritten in italics.

A reference is missing from the Discussion section, paragraph 5.

I should like to suggest that the names of variables be written in italics. This would aid the reader in discerning between ordinary prose and the names
of variables. For example: perception about profession; type of health care insurance; report job-related health problems.

6) Minor essential revisions:
   Edit for grammar and word usage
   Discretionary revisions.

   Quality of written English:
   Needs some language corrections before being published

  Revision of the report writing was performed.

7) Discretionary revisions:
   Consider connecting profiling with recommendations for curriculum development research

Response to this concern was presented in item 1.

Referee: 2

1) In 1188 former students eligible, 322 were analyzed (27.1%) professionals. Despite the losses have been justified, the limits of the study should be highlighted.

Reporting of response rate was rewritten to emphasize the risk of non-response. However, non-response rates were distributed similarly among different clusters.
2) The comparison between the clusters was not included in the discussion. It is not clear why this analysis and their inclusion in this study. This analysis may be dispensable?

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3) Check page 9, last paragraph, 5th row - (REF)?

These references were checked and added.

The questionnaire used in the study consisted of 14 closed questions. How were these questions (variables) selected? Were they based on other studies?

Response to this concern was presented.

Was the questionnaire sent by email or by the Web? If sent by email, was it embedded or attached? (In section Methods the authors say that it was “sent individually by e-mail to....”, on page 8 they say “our ata was collected using a web-based questionnaire...” (Minor Essential evisions).

The e-mail has a link with a coded number that redirect the respondent to the questionnaire. The commentary about pag 8 was pertinent and we tried to make it more clear.
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<th>The response rate of the study was 50.9%, which is acceptable according to the literature, considering that the sample was not randomly selected. It would be useful to discuss the implications of the possible limitations of this response rate. In addition, have the authors used any form to improve response rate? If yes, it should be described.</th>
<th><em>Response to this concern was presented.</em></th>
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<td>The authors say that the respondents were predominantly females. What are the possible reasons for this? How was the sex distribution of the 642 subjects contacted by the authors?</td>
<td><em>Response to this concern was presented.</em></td>
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<td>There are two results that need more discussion. a) Most of the respondents considered dentistry as a high-stress profession. Of those who reported to have been unable to work in the six months previous to the research, the majority claimed that their illness was partly or totally related to their professional practice. b) The group least satisfied with dentistry was composed mainly by women. At the same time, according to</td>
<td><em>We incorporated these suggestions in our reviewed version.</em></td>
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the authors, the number of women in dentistry is already higher than that of men. What are the implications of these findings for the dental profession?