Author's response to reviews

Title: An exploratory pilot study to assess self-perceived changes among social assistance recipients regarding employment prospects after receiving dental treatment

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Author's response to reviews: see over
Dear Editor,

Thank you very much for reviewing again our manuscript entitled: “An exploratory pilot study to assess self-perceived changes among social assistance recipients regarding employment prospects after receiving dental treatment.” We are thankful to reviewers for reviewing the revised manuscript. We have carefully considered the minor comments from reviewers and have addressed them accordingly. With these edits we hope that the manuscript will be considered suitable for publication. The concerns raised by reviewers are in red font and authors’ responses are in black.

**Reviewer: Christopher Vernazza**

Dr. Vernazza states that authors have addressed his concerns sufficiently and he would be happy to accept the paper subject to the minor revisions. Authors have addressed his minor essential revisions and with these revisions, hope that the manuscript will be accepted. Responses to his concerns are as follows:

**Major compulsory revisions**

1) Line 38 replace “if” with “about whether”
   Replaced
2) Line 52 needs “a” before “job”
   Inserted
3) Line 133 – sentence appears to start with a sub-heading. Either make a sub-heading or better still, incorporate into sentence.
   Created two subheadings
4) Lines 234-236 – references to different finance schemes available through the Faculty appear too self-promotional. Would be better just to say part of theme related to specific dental financial aid schemes and how helpful these had been
   Authors had no inclination to self-promote the Faculty of Dentistry; however, appreciate reviewer’s perspective and have therefore taken off the name.
5) Line 237 – not clear (to a UK reader anyway!) what a non-assignment practice is
   The sentence has been reworded.
6) Line 287 – The first sentence of the conclusion is still rather bold considering the pilot nature of the study. Including “may” before “improve” would address this.
   “May” included
7) References – many of these, particular corporate author studies are not correct. These should all be checked.
   Have checked references
8) Figure 1 is improved but still not correct as general health is still seen as the sole mediator for improved self efficacy and increased employment prospects. It would seem likely that oral health could directly influence these. I think the diagram should go Rx>
   Improved oral health > Psychosocial + Physical barriers addressed + General health improved (but with links from psychosocial + physical to General health too) > Improved self efficacy > Increased employment
Minor Essential Revisions

1) Even though the authors have slightly modified the conceptual model, it is still not suitable to be tested in the current study. Therefore, the authors should change the aim of the study, stated at the end of the introduction section, to what was actually done (e.g., effect of dental treatment in patients on social assistance on OHRQoL and job-seeking skills self-efficacy). To test the model, much more data and more sophisticated statistical methods (e.g., path analyses with structural equation modelling and confirmatory factor analyses) are required.

   Thanks for the suggestion; the aim of the study has been modified accordingly.

2) The authors state in the first paragraph of the method section that effects on oral health are expected and should be observed. However, what they actually measured was OHRQoL. This is only one perspective of oral health and does not include any physical measure. Therefore, the term oral health is somewhat confusing and incorrect since an effect on oral health in the narrow sense cannot be tested in this study. Would be better to consistently mention OHRQoL as the outcome.

   Again, as per the suggestion to maintain consistency, the term oral health has been replaced with oral health related quality of life (OHRQoL).

3) In my opinion, this is not neither a descriptive nor a correlational study. There is an intervention, and hence a prospective study design. I would suggest to call this study a prospective, non-randomized clinical study. If desired, the term “uncontrolled” would also be appropriate and could be added.

   The name of the study design has been changed accordingly.

4) The authors state that the OHIP measures “people’s perception of the social impact of oral diseases on their well-being.” This is not correct since it is not a social impact, it is any impact. I would recommend to remove “social”.

Reviewer: Daniel Reissmann

According to Dr. Reissmann, the manuscript has improved a lot and the authors addressed most of his concerns. Regarding the minor issues which he has raised, authors have tried to address them and hope that with these edits, the manuscript will be deemed suitable for publishing. Hope Dr. Reissmann will be satisfied with the revised version.

Hope Dr. Vernazza finds the revised draft satisfactory.
There is no need to describe the three methods of summarising OHIP item score. Just report the applied method. Considering that it might be better for a reader to understand why OHIP scores were summarized in this particular way, authors provided a brief summary of three ways; especially when the description is not taking many words. Hope this sounds reasonable.

The discussion of the study’s limitations is still insufficient. A critical consideration of the small sample size is lacking. The authors tried to argue why no control group was required. This sounds like an excuse and is not correct. As there was an intervention (dental treatment), a control group is required to demonstrate that the observed effects on OHIP and JSS scores are related to the intervention and not caused by other (not assessed) factors. In conclusion, there are substantial limitations, and potential effects of these limitation on study’s findings and generalisability should be critically evaluated and not only wiped away. Authors have tried to be more critical in writing this limitation; hope the reviewer finds the discussion more reasonable.

The conclusion seems to somewhat overemphasising the study’s finding. As far as I understand the JSS, it is just a measure to assess the perceived influence of self-efficacy on the job-seeking skills. Whether these patients were actually more efficient in seeking a job after receiving dental treatment was not assessed. This should be the next step before suggesting the intervention to policy. Conclusion should be phrased more restrained and based only on what was actually observed in the study, considering that this was “an exploratory pilot study” as the authors stated in the title.

Addressed

Discretionary Revisions

Tab 2: What is meant with “Front teeth”? This does not sound like any type of treatment such as fillings etc. Please clarify. Authors agree that “Front teeth” is not treatment in itself; however, in this context it is important to show that if a problem with front teeth (due to esthetic reasons) is fixed, does it help from employment perspective. Reworded to make it more understandable.

Tab 3: Based on the scoring system and the low number of subjects, only one decimal for JSS scores would be appropriate. To improve clarity, OHIP score could also be presented in this table. Rounded off to one decimal point. Including OHIP scores did not seem feasible, hope this is acceptable to the reviewer

Tab 4: Correlation coefficients should be reported with two decimals. Rounded off to two decimal points