Author’s response to reviews

Title: Collaborative partnership and the social value of clinical research: a qualitative secondary analysis

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Author’s response to reviews:

Sanna-Maria Nurmi

Cover letter

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19th August 2017

Dear Aasim Ilyas Padela,

We re-submit hereto our manuscript "Collaborative partnership and the social value of clinical research: a qualitative secondary analysis" (METH-D-16-00198) to your journal, BMC Medical Ethics. We are grateful for the feedback we received. We have revised our manuscript according to all your suggestions, and we have made the following amendments/clarifications as defined in tables 1-2 (Attachment 1). The text has been re-checked by educated native translator.

We hope that our manuscript is now more suitable to be published in your journal.

We will be happy to provide more information and clarification concerning our manuscript, if needed.
Yours sincerely,
On behalf of all the authors:
Corresponding author
Sanna-Maria Nurmi

Comment by reviewer 1.

Amendments/clarifications
We have revised our manuscript according to your suggestions and we have made the clarifications and linguistic corrections using red font color. Some of your comments presented in manuscript have received more detailed attention in this cover letter.

1. First, your subjects, administrators and nurses, are a unique source and this should be emphasized.

We have highlighted our participants unique and previously seldom studied perspective in background, methodology, and discussion section. For example, in methods section we emphasize their perspective as follows: “This pertained to the perceptions of ethical recruitment in clinical research by nurse leaders (12) and to the perceptions of the ethics-related aspects of clinical research by administrative staff (11) (Figure 1). These stakeholders have major professional responsibilities for enabling and managing the conduct of clinical research in their hospitals, as described in original studies (11,12). Despite this, their common perspectives in relation to the ethical aspects of clinical research have seldom been studied.”

2. Second, why did you pick those two principles from Emanuel et al? Some explanation for the choice is important.

We have added explanation of why we chose Emanuel et al. framework for methodology section and justify our decision also with new source of literature.

The clarification is written as follows: “This framework was chosen because it highlighted the important meaning of collaborative partnership (2), which was also found to be a prerequisite for ethical conduct of clinical research in our pre-existing interview data.”
In addition, this framework contained the requirement of social value (2,3), whose fundamental importance has been well recognised, but seldom studied (4,17,18,19,20). In this study, the framework provided a systematic and clear structure that was suitable for addressing our research question and identifying central ethical aspects, questions and concerns related to clinical research from the perspective of our participants.”

3. Third, concentrate on the insights your subjects had which are unique. For example, the following sections bring new information forward: Ways of fostering collaboration between partners; the six dimensions of social value that include intrinsic as well as instrumental value; the roles the entire research team have such as who is responsible for disseminating research, for translating to clinical practice and public policy.

Comment by reviewer 2.

Amendments/clarifications

1. Background:
The rationale for examining "collaborative partnership" and "social value" through the voice of participants is not well-argued nor presented.

Thank you for your valuable recommendation to focused more on our unique findings and shortening the manuscript. We took this into account and revised our findings and discussion sections according to your suggestion. Now the main findings of our study emerge more clearly. Furthermore, we have now shortened our manuscript significantly and the text has been checked again by educated translator.

3. Third, concentrate on the insights your subjects had which are unique. For example, the following sections bring new information forward: Ways of fostering collaboration between partners; the six dimensions of social value that include intrinsic as well as instrumental value; the roles the entire research team have such as who is responsible for disseminating research, for translating to clinical practice and public policy.

Comment by reviewer 2.

Amendments/clarifications

1. Background:
The rationale for examining "collaborative partnership" and "social value" through the voice of participants is not well-argued nor presented.

(a) The social value of clinical research is an important requirement for decisions makers (19). It is also important for those who evaluate the ethical aspects and acceptability of the proposed clinical research, such as research site managers and ethics committees who are charged with protecting the rights and wellbeing of research participants and their organisations (4,19). It is also important for
health research policy makers and researchers who make decisions about what scientific topics to pursue. (4,19). Public officials, such as administrative managers, also have an obligation to promote the use of public resources in a way that promotes socially valuable goals (20).”

“In summary, collaborative partnerships are an important part of successful and ethical clinical research (2,11,12). Despite this, little attention has been paid to identifying how collaborative partnership occur and what are required for them to be effective in clinical research practice (22). In addition, we need more empirical literature on how ethical research values are understood and applied by key stakeholders in research (23).”

2. Methods/Findings:
- The Qualitative analyses is missing quotations, and quantification of findings (how common were themes) nor identification of what the similarities and differences were between the 2 different types of data sources/participants. This makes it hard to assess qualitative rigor and how cognitive biases of the primary analyst were checked for.
- No reflexivity check was performed nor coding details provided

Thank you for this very important notice. We have now clarified methodology and results section. We used secondary supra analysis without quantification of findings, because our aim was to explore the phenomenon at the conceptual level and as a whole from the perspective of those who had responsibilities for conducting and maintaining clinical research in their hospitals. However, we have now added authentic quotation for results.

Due to the fact that amount of our participant the specific participants groups was relatively low we were not able to present similarities and differences between the different participant groups, in order to protect their privacy and confidentiality. However, we have now brought up this important remark in limitation section, written as follows:

“Another limitation of this study is that the results do not present similarities and differences between the different participant groups, namely nurse leaders and administrative staff. We chose to analyse the data as whole in order to protect the privacy
and confidentiality of our participants, because the number of participants in the specific healthcare groups was relatively low. Furthermore, our aim was to explore the phenomenon at the conceptual level and as a whole from the perspective of those who had responsibilities for conducting and maintaining clinical research in their hospitals. In the future it is important to examine research partners perspectives separately, because the social value is likely to be conceptualised and measured differently by different beneficiaries of clinical research (22). “

3. Findings/Discussion:
- The manuscript rambles on and one is hard-pressed to find what is novel and important. I think the authors should lead with those findings as opposed to repeating ideas that are well-known.

Thank you for your valuable recommendation related to shortening the manuscript and focusing the unique findings of this study. We have now shortened our manuscript significantly and change focus on more unique findings of our results. In addition, the text has been checked again by educated translator.

References:


4. 22. Lutge E, Slack C & Wassenaar D. Defining and negotiating the social value of research in public health facilities: Perceptions of stakeholders in research-active province of South Africa. Bioethics. 2017;2, Doi: