Author’s response to reviews

Title: Lessons learned from implementing a responsive quality assessment of clinical ethics support

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“Lessons learned from implementing a responsive quality assessment of clinical ethics support”

Reply to editorial letter and reviewers

Dear Prof. dr. Lars Sandman,

Many thanks for the invitation to revise the manuscript. We would like to express our sincere gratitude for the feedback on the previous version of our paper. The review and revision process has greatly helped us in bringing this paper to its full potential.

All changes to the manuscript are indicated in the text by track changes. The remainder of this document provides more detailed responses to the reviewer’s comments.
Yours sincerely,

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Reviewer 1

The paper deals with the topic Clinical Ethics services. It presents qualitative evaluation of this Responsive Quality Assessment (RQA) project. The overall objective of the project was to both reflect upon and foster the quality of CES in Dutch health care organizations through a mutual learning process. The evaluation was done by analysis of 10 semi structured interview with 10 out of 22 people participating in this project. Well written qualitative study. Acceptable for publication.

Reply: Thank you for your enthusiasm, your positive evaluation of the study and your suggestion to publish this article.

Reviewer 2

Thank you for the opportunity to review the paper "Lessons learned from implementing a responsive quality assessment focusing on the quality of clinical ethics support". The paper concerns the important and difficult area of how to evaluate the quality of clinical ethics support (CES). As I understand the purpose of this study, it is primarily to evaluate the "responsive quality assessment" (RQA) by interviewing CES practitioners about their experiences of RQA. This study raises questions, for example, about the meaning of "quality" and "efficiency" when it comes to CES. What can be assumed to be central from a quality perspective? What benefit and value can we assign to CES? Are the effects of CES measurable, and if so, in which parts are they measurable? What are the risks that CES will focus only on clinical support (CS) when the evaluation of CES is done without clear quality frameworks or quality indicators based on ethical norms and values?

Reply: Many thanks for your constructive feedback and suggestions which we address point by point below.
Major Compulsory Revisions

1. ABSTRACT, p. 2-3, under Results: Instead of using vague and imprecise wording such as "actual issues", "relevance of CES" and "new CES-related activities", I would prefer clearer descriptions. Which were the actual ethical issues? In what way was CES perceived to be relevant? Which were the new CES activities?

   Reply: Thank you for this request for clearer descriptions. We have adjusted this part of the Abstract:

   “The main findings illustrate the relevance of the RQA with regard to fostering the quality of CES by connecting to context specific issues, such as gaining support from upper management and to solidify CES services within health care organizations. Based on their participation in the RQA, CES practitioners perceived a number of changes regarding CES in Dutch health care organizations after the RQA: acknowledgement of the relevance of CES for the quality of care; CES practices being more formalized; inspiration for developing new CES-related activities and more self-reflection on existing CES practices.”

2. In page 2, line 54-55, you refer to "some respondents". When using such formulation in a qualitative study, the reader wonder about the other respondents. What did they perceive? (See also my comments regarding the presentation of Findings).

   Reply: We agree that our analysis yields patterns and themes, and not quantitative information concerning particular populations. We changed this throughout our manuscript to correct this particular wordings.

3. BACKGROUND, p. 5, line 25-40: The study aims is a bit unclear. Is there any difference between the goal expressed in the first sentence and the second (or third?) aim stated in the third sentence? I believe that clarity would increase if you only stated the aim/s of the data collection and omitted which conclusions can be drawn in the discussion of the results, i.e. if and how RQA can be improved. Also, clarify if "the process" mentioned in line 27-28 is the same as "learning processes" mentioned at page 6, line 7-8.

   Reply: We agree that we could be more explicit and clear about the aims of the study. We have rewritten this part of the Background section. In accordance with the suggestion of the reviewer we reduced the multiple aims to one clear study aim and made the research questions more focused by omitting the part on how RQA can be improved.

   “The aim of this study is to evaluate the abovementioned RQA of CES in Dutch health care organizations, together with the RQA participants. We address the following research questions: 1) What are the experiences with and lessons learned from RQA on CES in Dutch health care organizations? and 2) What is the perceived value of the method of RQA for reflecting on the quality of CES?”

   “The process” mentioned in the previous aims is removed. The “learning process” is put more into context:
“In other words, the RQA was conducted by CES practitioners who, by visiting other CES practices and exchanging CES experiences with colleagues, co-created an open learning process in which both the quality of CES and how to foster the quality of CES were reflected upon.”

4. METHODS, p. 8, the first sentence under "Data analysis": Please, specify the form (levels) of result presentation, i.e. how the chosen method indicates that the result should be presented (as themes, sub-themes, categories, subcategories etc.). Also, in line with this, clarify if this analysis method is descriptive or interpretative, manifest or latent.

Reply: By using the term “thematic analysis” we opt to present patterns (i.e. themes and subthemes) that appear in our qualitative interview data. In order to contribute to the reliability and validity of these themes, we chose to present them as themes and subthemes (with the subthemes having a close connection with the raw data). To make this more explicit, we adjusted the text on page 8 as follows:

“A team of researchers with different roles in the RQA project (assessor; project management; independent researcher) and various professional backgrounds (philosophy; medical ethics; military ethics; ethics of care; social science; biomedical sciences) conducted a collaborative inductive thematic analysis [30, 32]. Starting out with the interview data, the team aimed for “identifying, analyzing, and reporting patterns (themes and subthemes)” [30]. Initially, the analysis focused on recognizing and mapping patterns in the experiences of the interviewees with the RQA. Starting with the first interview, the research team aimed to inductively build an overview of these patterns in interviewees’ experiences through open coding. Using each new interview to check and validate already recognized themes, and add new themes as they emerged, a saturated description of themes was the final result. Second, in the process of continuously validating themes the team of researchers was able to demonstrate connections between themes and to distinguish themes (of a higher level) from subthemes. Some clusters of subthemes had no distinct label stemming from the raw data and were therefore interpreted and denominated by the researchers [30, 31]. The result of this second analytical step was a presentation of logically connected themes, subthemes, and quotations (raw data) [30, 31].”

As you rightly pointed out, we should be consistent in our terminology. Also mentioning categories might be confusing. We have revised the text and table 2 accordingly.

As you have read in the paragraph above, we first looked at our data from an inductive, descriptive stance and tried to adhere faithfully to respondent terms. Later in the analysis we started seeking similarities and differences resulting in a manageable number of subthemes (preferably still retaining informant terms). In step 3 the analysis became more interpretative as we asked whether the emerging subthemes suggest higher level concepts that might help us describe and explain the experiences from our respondents with regard to our research questions.

5. Please, clarify what is meant by "categorization of codes into more general themes" (p. 9, line 16-18).

Reply: Thank you for this remark. By using different terminology it seems we have created some confusion. We have adjusted the text. Please also see our reply to the previous comment.
6. Page 9, line 26-29: It is stated that this step resulted in an overview of themes and categories, but why is only the main categories presented in Table 2?

Reply: We have adjusted table 2. In table 2, we now clearly present themes, subthemes, and quotations. We opted to present only one quotation for each theme-subthemes cluster for the sake of keeping the table compact and neatly arranged. Rather than presenting it in the Methods section, we use it to describe the findings and therefore moved it to the Findings section. Of course, our material provides for more meaningful quotations, which can be asked for by colleagues who are interested in the raw data.

7. Page 9, line 30-31: This step is stated to further specify the emergent themes. What themes? There are no themes listed in Table 2 which becomes confusing compared to what is described in steps 2-4 (p. 9) in terms of categories and themes. Please clarify the text and the table ("Abbreviated coding scheme").

Reply, we agree we should be more consistent in our terminology and have adjusted the text. Please see our responses to questions 4-6.

8. On page 9 you refer to Table 2, partly under the Method section and partly under Findings. This is confusing. Do you intend to present the analysis process or the findings with Table 2? The table is problematic regardless of whether it is intended to describe the analysis process or the findings. If the intention is to describe the analysis process then the reader expects to see how codes form categories (subthemes? subcategories?), and how these form themes (main themes? main categories?), i.e. how interview data is analyzed and abstracted into higher levels of analysis and interpretation. This should of course also be reflected in the result presentation, i.e. the different levels of analysis should be reflected in the formulation of themes, sub-themes and analysis text. Quotes should reinforce or validate the analysis text, not be a repetition of analysis text. If the intention is to describe the findings, which is close at hand as the table is placed under Findings, the reader expects to see the results of the analysis, not quotes (raw data) or what the participants were talking about. Please, clarify the methodological aspects mentioned above.

Reply: We appreciate your constructive suggestions in this matter and changed the following:

– We decided that table 2 should be a presentation of the findings (and was moved accordingly).
– The language in Table 2 is now congruent with the rest of the paper (i.e. themes – subthemes – quotations).
– The table now shows the different levels of analysis (themes-subthemes). We have decided to show quotes as we consider them to be striking and illustrative examples of our findings. For this matter, we would like to refer to question 11 in which the following sentence “Quotes are meant as "reinforcement" of the analysis or as a way of showing that the analysis is valid” is included. It is exactly for reasons of reinforcement and credibility that we chose to include these quotations.
9. FINDINGS, p. 9: If Table 2 is intended to describe the findings, it should be refined to contain only abstracted results, for example as themes/subthemes or categories/subcategories (made in accordance with the method chosen). An alternative to the table is a figure that clearly describes the findings. Under the heading Findings and in a table/figure that describes the result, it should be made clear what the headings in Findings stand for in terms of themes, categories or equivalent, not only stated as "main findings" (p. 9, line 44).

Reply: Again thanks for constructive suggestions for more clarity within the Findings section. We changed the text according to the answers given to questions 4-8.

10. Page 10, line 13; p. 13, line 36-37 and p. 14, line 23-24: Here the authors use the term "all" respondents, and elsewhere also "some" and "most of" are used. Considering that this is a qualitative study with 10 participants, I wonder if there is any special thought with this quantification? Please, review formulations that risk leading away from the qualitative content. This also applies to the initial summary of results in the Discussion section (p. 17, first paragraph).

Reply: We agree that our analysis yields patterns and themes, and not quantitative information concerning particular populations. We changed our manuscript to correct this particular wording.

11. Page 11-16: On seven occasions, two quotes are presented one after the other without intermediate analysis text. This is not optimal. Quotes are meant as "reinforcement" of the analysis or as a way of showing that the analysis is valid. Too many quotes in relation to the analysis text and/or quotes that line up one after the other gives the impression of an unfinished analysis and leaves it to the reader to interpret the raw data itself (quotes). I therefore suggest that you do not use "double" quotes. If the removal of one quote leads you to think that something has been lost, this indicates that the analysis text needs to be developed.

Reply: We agree that there were too many quotes in relation to the analysis. We reviewed the Findings section and we removed “double” quotes.

12. DISCUSSION, p. 21, line 17-22 ("Within…//…RQA."): The text is generally related to dialogue, critical attitude and the evaluator's role. However, the connection to your own results is unclear and needs to be clarified and developed

Reply: we have revised this part of the discussion and clarified how the discussion points relate to the findings:

“The findings show that participants mentioned that their abilities to assess the quality of CES (by asking critical questions) influenced the quality of the assessments. More guidance and support was needed from the research team to manage the political tensions that surround CES practices. Participants felt at risk of being disempowered by critical assessments, and assessors did not know how to adequately tackle these risks during visits and in writing their reports. During the interim meeting there was a call for more “servant leadership” by the (research) facilitators, which was provided after this meeting.”
13. Page 21 (line 25) to p. 22 (line 32): The way to enter reference 48 in relation to the discussion of the result is confusing. Please, clarify what belongs to reference 48.

Reply: Thank you for pointing this out to us. We agree that the reference here is confusing. We should more clearly distinguish between our findings and the evaluator’s role as described in the theory of responsive evaluation. We have revised the text, please also see our response to comment 12.

14. CONCLUSIONS, p. 22-23, the first paragraph: I perceive most of the text in this paragraph as discussion rather than conclusions, which is also reinforced by the fact that references are used. I recommend that the text is moved to the discussion and/or formulated more clearly as conclusions from the current study.

Reply: thank you for this comment. We agree that most of this paragraph can be perceived as a discussion rather than conclusions. We have reformulated the first paragraph of the Conclusion section as follows:

“In the context of the various attempts to assess and foster the quality of CES services, responsive quality assessments can be viewed as a method that facilitates an open learning process by actively involving CES practitioners and their concrete practices. Responsive evaluation appears collaborative, participative and capable of generating change.”

15. Page 23, line 12-14: When it comes to the conclusions, I find it unfortunate to refer to "some respondents perceived" changes. Here, the reader is rather interested in the researchers' conclusions of the study, from a scientific perspective that lifts itself beyond respondents' statements.

Reply: thank you for this comment. We have revised the text as follows:

“Our study contributes to the literature on how to assess and foster the quality of CES within health care. An RQA offers ample opportunities for dialogic, mutual learning on context-specific, practically relevant issues and, thereby, improvement of CES practices. Based on their participation in the RQA, respondents perceived a number of changes regarding CES in Dutch health care organizations: acknowledgement of the relevance of CES; CES practices being formalized; the development of new CES-related activities; and reflection on existing CES practices. The evaluation of the process of the RQA also made us aware that, to do an RQA well, it is important to provide a structure that enables differentiation between start-ups and well-developed CES practices. In the context of starting CES practices strategic motivations may hamper the learning process. To overcome this the RQA the research team could show “servant leadership”, train the competences of the assessors, and more intensively guide participants through the political arena that comes with assessing the quality of CES in health care organizations.”
Minor Essential Revisions

16. BACKGROUND, p 5, the last paragraph ("This paper… //… of CES."): I suggest removing this paragraph. Consider moving the text about the findings to page 9, under the heading Findings, if these are the themes that constitute the result. It is not clear if these are the themes that make up the result, nor is this clear on page 9 under Findings where it is stated that "main findings" should be presented. When looking at these four themes (?), p. 5, it appears to be domains or research areas for this study and hence "labels" rather than thematic findings.

Reply: We have moved this paragraph to the findings on page 9. The main findings are presented based on the subthemes and themes as presented in the revised table 2.

17. METHODS, p. 7, line 12-13: It is stated that 22 CES practitioners participated. Was it not 20 that participated?

Reply: The project originally consisted of 11 participating health care organizations. Due to withdrawal from the project, 10 health care organizations completed the RQA. 22 participants participated in the training day. To avoid confusion, we adjusted the text as follows:

“The project originally consisted of 11 participating health care organizations. Due to withdrawal from the project, 10 health care organizations completed the RQA. (..)First, 22 CES practitioners had a training day to build relationships among CES practitioners and to receive training on how to responsively evaluate each other’s practices (see Figure 1).”

18. Line 49-50: The topic guide consisted of four topics: 1) Motives, goals and expectations; 2) the evaluation process; 3) NEON as a learning community: measuring and being tested; 4) future quality of ethics support. However, the guide contains about 80 specific interview questions for these topics, i.e. not just the topics as a guide for the interviews. This should be stated in the text, not least considering that the stated interview method is semi-structured and not structured.

Reply: We included in the text that the topic guide included questions for every topic that invited participants to guide the interviewers through their personal quality assessment trajectory. We consider the interviews as semi-structured as the interviewers were responsive to the answers participants gave, allowing for unplanned follow-ups or additional questions that were raised in the context of a specific interview.

19. Line 54-55: Since "Appendix A" is not an attachment to the manuscript, the parenthesis can be removed.

Reply: We have deleted the reference to Appendix A.
20. Page 8, the first sentence ("The topic…): Please, clarify if the topic guide was refined before all 10 interviews. Or was the guide changed during the interviews?

Reply: we refined the topic guide before we conducted the interviews. We have included this in the text:

“The topic guide was developed and refined in several research group discussions before we conducted the interviews, thereby guaranteeing reliability.”

21. FINDINGS, p. 15: The analysis text states that the assessors had an "open, inquiring attitude" (line 24). However, this is followed by a quote where the respondent says that "we also changed some things in the report, at their request" (line 37-39). I find this contradictory. How can this statement be regarded as an "inquiring attitude"? Please, develop and clarify the analysis text.

Reply: Thank you for this question. We made the distinction (according to the respondents) between an open attitude and a judging, critical or “auditing” attitude more explicit:

“Respondents disliked the idea of an audit, which they associated with having to comply with a predefined normative framework that does not necessarily fit their CES practices.”

“This open appreciative attitude, rather than auditing (judging and scoring) CES practices, is what was also expected from assessors who visited another organization.”

22. DISCUSSION, p. 16, line 45-47: The aim of the RQA is not the same as stated on page 5, in the first sentence under the heading "The Responsive ...". Please, adjust to eliminate any misinterpretation.

Reply: to avoid any misinterpretation the sentence is similar as the aim as stated on page 5: “to co-create an open learning process in which both the quality of CES and how to foster the quality of CES were reflected upon.”

23. Page 16, line 47-57: The text is a repetition from page 5 and is redundant. I therefore suggest deleting the text "In our ... // ... be improved?".

Reply: we agree that this text is a repetition from page 5. We have deleted the text.
24. Page 18, line 9-10: Please, clarify what kind of knowledge referred to.

Reply: We clarified what kind of knowledge we refer to by adjusting the text to: knowledge and skills in ethics.

25. Page 19, line 25-38 (Having...//...RQA."): With the reservation that I may have misunderstood the text, I wonder if the authors underestimate this "strategic attitude"? First, it is stated that this "may" have hampered the learning process. Isn't this an overly cautious conclusion? Second, can it also be assumed that this attitude can threaten the very core of CES?

Reply: Thank you for these interesting questions. We have discussed this within our research team. Our results indicate that the RQA has fostered mutual learning. However this learning process may have been hampered by this strategic attitude. Even if respondents changed things in the report, in our view that does not imply that they did not learn anything from the RQA. They might have left out certain elements in the reports (to keep appearances up for management) but might actually use these elements to foster the quality of CES practices in their respective organizations. There weren’t any signs that respondents did not take critical feedback serious, but they were hesitant in sharing this information with managers who continuously question their (financial) value. We therefore think it is a stretch to say that this strategic attitude threatens the very core of CES. We do conclude that as a research team we should have invested more in guiding the participants of the RQA through the political arena that comes with assessing the quality of CES in starting up CES practices in health care organizations.

26. Page 20, the first paragraph under the heading: This text would benefit from being reformulated into a statement that the two areas of "responsive evaluation" and "power balance" are important to discuss, followed by arguments why it is important.

Reply: Thank you for this suggestion. We adjusted the first paragraph as well as the heading.

“Balancing of power in the RQA project

The strength of RQA is the active participation of CES practitioners. Our findings show that the context of CES practitioners may also hamper the learning process. We discuss the concept of responsive evaluation and review the power balance between evaluators (researchers) and respondents (CES practitioners) within the project.”
27. Page 22, line 1-5 ("Participants...//...reports."). Here I miss a discussion about possible consequences of the critical assessment being eroded, and thus the very idea of developing the quality in CES. Please, consider developing the discussion on this.

Reply: Please also see our response to question 25. We discussed this in the final paragraph of the first part of the Discussion Section: The interrelatedness of the context of CES and the RQA

“On the one hand, there is the urgency to legitimize CES services in terms of effectiveness, and on the other hand, there is the need for structural preconditions, including financial compensation, to develop CES services in a professional way. Fostering the quality of CES is challenging when CES activities are not supported financially. Nevertheless, CES communities need to demonstrate the quality and effectiveness of their activities to achieve understanding and support.”

28. Line 32: Please, clarify and specify what you mean with "these process elements".

Reply: We agree that this sentence is rather vague and does not add any meaning. We decided to delete it.

29. REFERENCES: The reference list needs to be reviewed in detail and made consistent. It is also unclear what kind of sources are referred to in references 5, 9, 27 and 28, Please, check and adjust according to the journal's reference system.

Reply: We reviewed the reference list and adjusted it according to the journal’s reference system. Due to changes in the revised version of the manuscript reference 27 is 26 and 28 is 27.

9 and 27 (in the revised version: 26) are both books written in Dutch. Unfortunately there is no English translation available.

Discretionary Revisions 30-51

Reply: Thank you for these valuable suggestions for discretionary revisions! These are valid points, we have revised the text accordingly. All changes to the manuscript are indicated in the text by track changes.

30. TITLE: Consider to delete "focusing on the quality".

Reply: Thank you for this suggestion we have changed the title accordingly.
31. ABSTRACT, p. 2, line 49-50: Please, review the use of personal pronouns in the script and minimize the usage. Here you can replace "Our" with "The".

Reply: We have reviewed the use of personal pronouns in the script and minimized the usage throughout the article.

32. BACKGROUND, p. 3, line 26: It seems like a word is missing between "key" and "to".

Reply: We have changed this sentence as follows: “CES in healthcare organizations is regarded a key service to support health care professionals in reflecting on and fostering the quality of care.”

33. Page 3, the numbers for references are incorrectly indicated on lines 30-33 and 53-54. The correct one should be [1-7], [6, 7] and [13, 16-20].

Reply: We have corrected this in the text.

34. Page 5, the first line 39-41: RQA is mentioned at the first time. Hence, here it should be "… a responsive quality assessment (RQA) in…". (Then only "RQA" or "RQAs" should be used in the script, which is not always the case. This should be adjusted).

Reply: Thank you for this, we have adjusted the manuscript accordingly.

35. For the two first sentences on page 5, you refer to an unpublished manuscript (reference number 25). This also applies to reference number 29, which is used on page 6, line 50. I recommend that you do not refer to unpublished studies. However, if the editor is of different opinion, I have no objections to this use.

Reply: We have deleted all the references to unpublished manuscripts.

36. METHODS, p. 6, line 12-15: Consider to delete the sentence "Below…".

Reply: We have deleted this sentence.

37. Page 7, line 31-32: Please, clarify how many of the participants attended the meeting.

Reply: We have added that 10 participants attended this meeting in the text.
38. FINDINGS, p. 11, the last line: Consider to delete "in their respective organizations".
Reply: We have deleted this part of the sentence.

39. Page 13, the heading in line 34: Consider to delete "mirrors", and also the quote at the bottom of the page ("Of course…”).
Reply: We have deleted mirrors both in line 34 and in the quote at the bottom of page 13.

40. Page 15, the first line: Change to "…mentioned that…” (delete "s").
Reply: we have deleted the “s”.

41. DISCUSSION, p. 17, the first paragraph: This is a fairly long summary of the results. I recommend that it be shortened if possible.
Reply: We revised and shortened this paragraph. Our aim is to provide an introduction to the Discussion section.

42. Page 18, the heading: The text "(quality of)" is superfluous and can be removed.
Reply: We have removed this part of the text.

43. The last sentence in the first paragraph can be removed ("We will…”).
Reply: We have removed the last sentence of in the first paragraph.

44. Line 30-37: Please, clarify the boundary between your own results and the referenced study (7).
Reply: This is based on our own results. We deleted the reference.

45. Line 51-52: References "39, 40, 41" should instead be written as "39-41".
Reply: We have corrected this in the text.

46. Page 19, the first line: Delete "of".
Reply: We have deleted “of”.
47. Line 25: space is missing in "acritical".
Reply: We have changed this in “a critical”

48. Page 20, the heading: Use "RQA" instead of "responsive quality assessment".
Reply: We have changed the heading on page 20.

49. Line 21-23: References "44, 45, 46, 47" should instead be written "44-47".
Reply: We have corrected this in the text.

50. Page 21: In the first sentence, it would be advantageous to indicate that it is the "power balance" that the following discussion is about.
Reply: Thank you for this suggestion. We adjusted the first paragraph as well as the heading.
“Balancing of power in the RQA project
The strength of RQA is the active participation of CES practitioners. Our findings show that the context of CES practitioners may also hamper the learning process. We discuss the concept of responsive evaluation and review the power balance between evaluators (researchers) and respondents (CES practitioners) within the project.”

51. CONSENT TO PUBLISH, p. 24: I do not perceive that the last sentence is related to "consent" but rather is a methodological question of validity and therefore proposes that the sentence be deleted.
Reply: We have deleted this last sentence.