Author’s response to reviews

Title: Novel methods of qualitative analysis for health policy research

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Response to the reviewer reports

We thank all three reviewers and the editor for their professional comments and critiques of our work. In order to ease the reading, reviewers’ comments appear in black print, whereas our response to their comments appears in blue print. A manuscript with highlighted changes is also included for your convenience.

Reviewer #1: This appears to be an interesting and novel method for research but I am unable to provide detailed comments on the method as I found it very difficult to understand the article; there appears to be a significant problem with regards to the fluency of English language.

The language issues did not only affect my ability to read and understand the article, I believe they may also have affected the research conducted to demonstrate the method. For example, the term 'Institutionalized Bioethics Committees' is used and I'm not certain that the term 'Institutionalized' is used correctly. The term is also used in the searches conducted on Medline - and resulted in very few hits. The authors note that it is surprising that 'important social and philosophical concepts such as Institutionalization/ethics ... are at the low end of the spectrum'. I think this may be because the term in English does not reflect what the authors intended it to.

I would suggest that the authors take considerable care to edit the article to improve the accuracy of English and then resubmit so that reviewers are able to make a clear assessment of the merits of the approach.

We thank the reviewer for their comments. We have substantially revised our manuscript and have it edited and double-checked by a native-speaker colleague. Regarding the term
‘Institutionalized Bioethics Committees’, it is indeed inaccurate, the precise term is ‘Institutional Committees of Bioethics’ and has been corrected accordingly in our manuscript and analyses. Fortunately, since the incorrect term was not found in the PubMed search and the right term was, no changes occurred in the semantic networks or the analysis of discourse.

Reviewer #2: I believe that this is an important research. A new method of qualitative research for health policy research was proposed by the authors.

We thank the reviewer for their reassuring and positive critique and insightful comments.

By now I'd like to say:

1. The title is not satisfactory. It doesn't reflect what the authors di. The most sriking feature was an analysis of CEP in which a new method was used.

2. Summary. The authors should have explained that they did an analysis of CEP and to do it they used a new method. I believe that this inversion would make the text clearer if had started from a concrete question and to answer this question they used/developed a new method.

Indeed, as the reviewer rightly states, the main goal we had in mind for the paper was to introduce new methods to analyze policy research, with Institutional Committees of Bioethics (ICB) used as a case study to exemplify this novel approach. We are aware that the former version of the manuscript did not reflect our goal and was indeed inclined to a discussion of ICB. In view of this, in agreement with our initial goals, we have changed not the title itself, but the manuscript was substantially rewritten to better reflect the actual goal.

Methodology. The authors did a systematic review and got 1163 papers - the corpus. Recently, in July, I did the same search using the same terms and I got almost the same numbers of papers and a lot of them were duplicated. The authors have to remove the duplicate from the corpus and do the analysis again.

The reviewer is absolutely right, there was a large amount of duplicated papers so that the paper count went from 1163 ‘hits’ to just 770 unique papers. Following the advice of the reviewer we re-ran our whole analysis starting from the de-duplicated corpus. Due to the way our semantic network inference algorithm and network analysis work, there are no significant changes for the vast majority of our results and no actual change in our discussion.
Let us elaborate a bit on this. Our semantic MeSH network algorithm draws an edge between two MeSH terms, if these two terms are included as classifiers in the same paper. If this pair of terms appears ‘associated’ in more than one paper, then the corresponding edge is proportionally stronger. Hence, the presence of duplicated papers do not change the connectivity of the network (since no new papers carrying potential new edges appear) but only the distribution of ‘weights’ for the edges. The corrected connectivity map (edge list) has now replaced the original edge list (identical in edges but differing in edge weights) and included as supplementary materials.

Since no new nodes or edges are included in the semantic network, no new concepts are included in the qualitative analysis of discourse. Due to this, no changes in the discussion were made as a consequence of the corrected (de-duplicated corpus) analysis. The discussion has been significantly changed (abridged discussion on the ICB, enlarged discussion on the scope of the new methods) to comply with the original goals of our work.

Reviewer #3: Thank you for the opportunity to review this article. The novel methods for qualitative analysis included in this article is of interest to the academic community. I have some minor comments that I believe may strengthen the paper.

1. The focus of the paper is novel methods of qualitative analysis, using the role of Institutionalized Bioethics Commissions (IBC/ICB) as a case to exemplify the novel methods. However, when reading the article, the large emphasis on IBC/ICB in the results distracts from the novel methods. This is further exemplified by the aim of the article appears to answer "What is the role of IBC in public health policies? How does the institutional arrangement work? What faculties, scope and limitations of power, as well as the exercise thereof, have been granted to these institutions? What political and social tendency does it show when exercising of authority over matters that can directly affect health and life?" The results, discussion and conclusions are then structured to answer these questions.

Instead, I recommend the article is restructured so that less emphasis is placed on IBC/ICB and more is placed on the novel methods. Some suggestions are:

a. Change the aim of the article to highlight the difference between the novel method and traditional methods, and what benefits it can bring to the literature.

b. With the new aim, it would be helpful to present all traditional methods that could be used to investigate the role of IBC/ICB and list the pros and cons of each method. Then compare these methods with the novel method

c. Highlight what results/conclusions could be highlighted from the novel method that cannot be answered by the traditional methods.
I believe the increased focus on the novel method, how it's different to traditional methods and its benefits will strengthen this paper. This change will ensure the results, discussion and conclusions are structured around the novel method instead of the role of IBC/ICB.

We thank the reviewer for their insightful comments. The emphasis on the potential benefits of using this novel approach was indeed our original goal. Unfortunately the former version of our manuscript did not reflect properly this goal. Consequently, following the reviewer’s advice we have significantly re-written the manuscript to better represent the actual contribution of our work.

2. As noted above, you use the acronym IBC and ICB for Institutionalized Bioethics Commissions. Please be consistent and only use one acronym.

The manuscript has been corrected accordingly so that only one acronym appears.