## PEER REVIEW HISTORY



## ARTICLE DETAILS

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| **TITLE (PROVISIONAL)** | Comparison of health confidence in rural, suburban, and urban areas in the United Kingdom and the United States: A secondary analysis |
| **AUTHORS** | Haven, Kristen; Celaya, Martín; Pierson, Jaclyn; Weisskopf, Aron; MacKinnon, Neil |

## VERSION 1 - REVIEW

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| **REVIEWER** | Dr Samantha Meyer<br>Lecturer<br>Flinders University<br>Australia |
| **REVIEW RETURNED** | 06-Feb-2013 |

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| **THE STUDY** | The paper in its current form is under-referenced - there are many claims made which are not supported.<br><br>There are two bodies of literature missing: background to the UK and US health systems; conceptualisations of confidence |
| **RESULTS & CONCLUSIONS** | In brief, the discussion does not engage with the necessary literature and does not attempt to explain the findings - which seem almost common knowledge to me (the structure of the systems). |
| **REPORTING & ETHICS** | There is not statement of ethics. There does not appear to be issues with publication ethics. |
| **GENERAL COMMENTS** | The definition of confidence needs to be referenced. There are many conceptualisations of confidence and the reader needs to know what perspective you are coming from. The concepts of trust and confidence, for example, differ greatly yet they are used interchangeably (page 5 paragraph 4). Later in the paper the inability to assess wholly the concept of confidence is acknowledged but again, there are no references to support recognition of the diversity of literature on confidence.<br><br>There are a number of statements made that need to be referenced – for one example, page 1 paragraph 2 states “the tendency to criticize of praise a healthcare system may also be linked to biases, generalisations and narratives based on personal experiences and beliefs.” The authors need to take care to reference any large claims or arguments – the lack of references weakens the paper and the justification for the research.<br><br>I agree that confidence and its effects on health continue may be understudied but it is not the aim of your study and you need to be clear about this. Quantitative measures cannot help you to understand but may form the basis of a future investigation through other methods. |

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| | There is a vital section of literature missing here. The systems in the UK and US are very different (the former universal and the latter (in 2010) primarily fee for service). At the moment, there is no discussion of these contexts. The context is vital to the interpretation of the results.<br><br>There is little engagement with literature in the discussion.<br><br>In my opinion, this could be an interesting paper but it lacks three main things:<br>1. a more comprehensive discussion, or at minimum, acknowledgment of the conceptualisation of confidence<br>2. an introduction which outlines the US and UK healthcare system during the period of data collection, which is then reintroduced to discuss the findings.<br>3. referencing throughout |

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| **REVIEWER** | Kim Sears<br>Assistant Professor<br>Queens University Kingston Ontario Canada<br>K7P 0G5 |
| **REVIEW RETURNED** | 11-Feb-2013 |

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| **RESULTS & CONCLUSIONS** | The conclusion identified a difference between suburban and rural confidence in the US however, this is to be excepted as rural US it would seem would have less funded healthcare coverage. I would like to see this expanded to identify the rate of people in the rural US with/without coverage and how this linked to the findings. |
| **GENERAL COMMENTS** | 1) In the abstract under setting I would suggest instead of telephone survey in the United Kingdom... I would put Telephone survey of participants from the United Kingdom...<br><br>2) I understand the reason for presenting the aspect of patient-centered care and patient satisfaction but I would suggest starting with the key concept of the paper which is a comparison of the confidence between the UK and US healthcare systems.<br><br>3) An overall comment I would make is that one would assume that given the fundamental difference between the funding system and approaches of the healthcare systems in the UK and US that these countries would appear different in terms of the confidence levels of the participants. I would suggest that this section be strengthened. Given the current healthcare debate in the US, I would try and make the argument that this comparison is timely thus I feel that the rationale for this exploration should be stronger. Further you note that the rural areas of the UK covered Scotland, Wales etc. (page 8 line 57) it would be beneficial to discuss the funding similarities and any differences that are there (if any).<br><br>4) Further it may strengthen the paper to have the UK and Canada compared with the US and another similar type of healthcare system. Or at least this should be noted for future studies.<br><br>5) I believe that the aspect of decreased confidence in the rural US needs to be explored a bit further. For example what are the statistics of people in the rural area with subsidized healthcare? I would assume it is lower then the suburban areas and hence is reflected in the findings. |

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| | 6) In the paper I found it a little confusing in relation the concept of confidence in healthcare. The term is identified but later on line 20 it is identified as confidence in a health system are these meant to be the same?<br><br>7) I would also suggest in the discussion that you could present the strengths/limitations of the various healthcare systems and their link to confidence in healthcare. I would believe this would be available in the Schoen et al reference # 16 on your reference.<br><br>8) The statistics are appropriate.<br><br>9) Also on page 3 line 22 and 23 the term United Kingdom and the United States are written out but on line 28 and 29 the use of UK and US are used. I would suggest putting these short forms in brackets on page 22 and 23. |

**VERSION 1 – AUTHOR RESPONSE**

Reviewer: Dr Samantha Meyer
Lecturer
Flinders University
Australia

1. The paper in its current form is under-referenced - there are many claims made which are not supported.

Twenty new references have been added throughout the introduction and discussion. New references are indicated in blue font in the reference list.

2. There are two bodies of literature missing: background to the UK and US health systems; conceptualisations of confidence

Confidence has been further explained and clarified in the introduction. The introduction has been revised to briefly distinguish the UK and US systems, and distinctions among UK countries are now acknowledged in the discussion. Delving into more detailed distinctions between the health systems seemed beyond the scope of this paper, but differences between systems has now been proposed as a possible explanation for the survey findings in the discussion.

3. Please see my general comments. In brief, the discussion does not engage with the necessary literature and does not attempt to explain the findings - which seem almost common knowledge to me (the structure of the systems).

We have engaged with more literature in the introduction and the discussion. We hesitate to attribute the findings to system differences in the absence of other survey question responses that could indicate associations between confidence and insurance coverage, income, race/ethnicity, age, and other factors. Future investigations along these lines have been suggested in the discussion.

4. There is not statement of ethics. There does not appear to be issues with publication ethics.

A statement of ethics has been added to the manuscript.

5. The definition of confidence needs to be referenced. There are many conceptualisations of

confidence and the reader needs to know what perspective you are coming from. The concepts of trust and confidence, for example, differ greatly yet they are used interchangeably (page 5 paragraph 4). Later in the paper the inability to assess wholly the concept of confidence is acknowledged but again, there are no references to support recognition of the diversity of literature on confidence.

A definition of confidence has been added. The literature has been revisited and no explicit definition of confidence in health care found, so the authors have explained our definition and how it differs from similar concepts like self-efficacy or patient satisfaction. The subjective nature of how survey respondents might interpret questions about confidence has been acknowledged in the discussion. This subjectivity and potential variety of interpretation is inherent to asking about confidence and is part of what makes this topic challenging but interesting. The use of “trust” noted above has been removed.

6. There are a number of statements made that need to be referenced – for one example, page 1 paragraph 2 states “the tendency to criticize of praise a healthcare system may also be linked to biases, generalisations and narratives based on personal experiences and beliefs.” The authors need to take care to reference any large claims or arguments – the lack of references weakens the paper and the justification for the research.

Two references have been added for this statement, and references have been added elsewhere in the paper (see item #1 above).

7. I agree that confidence and its effects on health continue may be understudied but it is not the aim of your study and you need to be clear about this. Quantitative measures cannot help you to understand but may form the basis of a future investigation through other methods.

Suggesting that confidence is a measure worthy of further study remains part of our discussion because we had interesting findings regarding the confidence questions that provide directions for further research.

8. There is a vital section of literature missing here. The systems in the UK and US are very different (the former universal and the latter (in 2010) primarily fee for service). At the moment, there is no discussion of these contexts. The context is vital to the interpretation of the results.

The political and cultural presence of health reform discourse has been highlighted in the introduction, and the single vs. multi-payer system distinctions briefly highlighted. See item #2.

9. There is little engagement with literature in the discussion.

References to the literature have been added to the discussion.

In my opinion, this could be an interesting paper but it lacks three main things:
1. a more comprehensive discussion, or at minimum, acknowledgment of the conceptualisation of confidence
2. an introduction which outlines the US and UK healthcare system during the period of data collection, which is then reintroduced to discuss the findings.
3. referencing throughout

See responses above.

Best of luck.

Reviewer: Kim Sears
Assistant Professor
Queens University Kingston Ontario Canada
K7P 0G5

The conclusion identified a difference between suburban and rural confidence in the US however, this is to be excepted as rural US it would seem would have less funded healthcare coverage. I would like to see this expanded to identify the rate of people in the rural US with/without coverage and how this linked to the findings.

A reference has been added that explains that health coverage in the rural US varies widely, so a statement about rates may over-generalize a very nuanced situation.

Thank you for the opportunity to review this article. I would offer the following suggestions:

1) In the abstract under setting I would suggest instead of telephone survey in the United Kingdom... I would put Telephone survey of participants from the United Kingdom...

This change has been made.

2) I understand the reason for presenting the aspect of patient-centered care and patient satisfaction but I would suggest starting with the key concept of the paper which is a comparison of the confidence between the UK and US healthcare systems.

This reorganization was attempted, but in order to explain the impetus for exploring the issue of confidence, it was important to establish the context in which patient-centred care and patient satisfaction are increasingly health care priorities, and to explain that confidence may be a driver of patient experience and usage.

3) An overall comment I would make is that one would assume that given the fundamental difference between the funding system and approaches of the healthcare systems in the UK and US that these countries would appear different in terms of the confidence levels of the participants. I would suggest that this section be strengthened. Given the current healthcare debate in the US, I would try and make the argument that this comparison is timely thus I feel that the rationale for this exploration should be stronger. Further you note that the rural areas of the UK covered Scotland, Wales etc. (page 8 line 57) it would be beneficial to discuss the funding similarities and any differences that are there (if any).

The mention of timeliness in the introduction has been emphasized more. Some distinctions among the four countries of the UK have been included in the discussion.

4) Further it may strengthen the paper to have the UK and Canada compared with the US and another similar type of healthcare system. Or at least this should be noted for future studies.

A future comparison with the Canadian health system has been suggested in the discussion.

5) I believe that the aspect of decreased confidence in the rural US needs to be explored a bit further. For example what are the statistics of people in the rural area with subsidized healthcare? I would assume it is lower then the suburban areas and hence is reflected in the findings.

A reference has been added that explains that health coverage in the rural US varies widely, so a

statement about rates may over-generalize a very nuanced situation.

6) In the paper I found it a little confusing in relation the concept of confidence in healthcare. The term is identified but later on line 20 it is identified as confidence in a health system are these meant to be the same?

The term “confidence in healthcare” has been defined more clearly prior to this instance. This instance has been changed to “confidence in one’s individual health care and in the health system,” because it is in the paragraph where we discuss the two systems.

7) I would also suggest in the discussion that you could present the strengths/limitations of the various healthcare systems and their link to confidence in healthcare. I would believe this would be available in the Schoen et al reference # 16 on your reference.

Delving into the strengths and limitations of the various systems would create value statements that are outside the scope of this paper, the aim of which is to present the survey findings. However, a statement has been added to the discussion that comparing responses to confidence questions with responses about insurance status and accessibility of care could be an area for follow up research to help clarify how much of the higher confidence finding might be associated with system-related factors.

8) The statistics are appropriate.

9) Also on page 3 line 22 and 23 the term United Kingdom and the United States are written out but on line 28 and 29 the use of UK and US are used. I would suggest putting these short forms in brackets on page 22 and 23.

This change has been made.

**VERSION 2 – REVIEW**

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| **REVIEWER** | Samantha Meyer<br>Academic<br>Flinders University<br>Australia<br><br>No competing interests. |
| **REVIEW RETURNED** | 25-Mar-2013 |

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| **THE STUDY** | A detailed account of the methods is provided in work they authors have published previously. I understand sometimes this is necessary to reduce word length. I'll leave it to the discretion of the editors to decide if this is appropriate for the journal. |
| **RESULTS & CONCLUSIONS** | The paper is much improved. I still think that the paper remains under conceptualised and lacks a comprehensive discussion of the findings. However, that being said, the paper does provide baseline findings for more exploratory and explanatory empirical data or future research. |
| **REPORTING & ETHICS** | Ethics<br>It is stated that ethics is not required for the study. This is a secondary analysis but was ethics not required to obtain the dataset? |
| **GENERAL COMMENTS** | The authors have addressed the majority of the concerns from the previous review. The paper is much improved. As noted, I still think that the paper remains under conceptualised and lacks a |

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| | comprehensive discussion of the findings. The authors' knowledge of the literature is not evident in the discussion and the references used seem fit for purpose. However, that being said, the paper does provide baseline findings for more exploratory and explanatory empirical data for future research. Perhaps the authors just need to be up front about who their audience of interest might be and what the paper offers (rather than trying to tell a story based on minimal knowledge of the literature).<br><br>I am not comfortable with the use of a dictionary definition of a concept within academic writing. I disagree that confidence implies components of self-efficacy (in contrast to trust) but would be satisfied with this statement if the authors provide their conceptualisation of confidence. Definitions are not self-evident and I would argue that readers need to understand the way in which authors understand the concepts they research, even if it is a secondary analysis.<br><br>Be consistent in the spelling of health care (health care or healthcare). |

**VERSION 2 – AUTHOR RESPONSE**

Reviewer: Samantha Meyer
Academic
Flinders University
Australia

No competing interests.

2. A detailed account of the methods is provided in work they authors have published previously. I understand sometimes this is necessary to reduce word length. I'll leave it to the discretion of the editors to decide if this is appropriate for the journal.

-Per the reviewer's suggestion, we have added more detail on collection methods to the methods section of the paper.

3. The paper is much improved.

-We appreciate the previous round of feedback that led to substantial changes in the paper.

I still think that the paper remains under conceptualised and lacks a comprehensive discussion of the findings. However, that being said, the paper does provide baseline findings for more exploratory and explanatory empirical data or future research.

-This comment by the reviewer is expanded upon later in another comment; please our response below in item #5.

4. Ethics
It is stated that ethics is not required for the study. This is a secondary analysis but was ethics not required to obtain the dataset?

-A sentence has been added both to the methods and the ethic statement explaining that the

Commonwealth Fund granted permission for secondary analysis of the dataset. Dr. MacKinnon, co-author on this paper, previously completed a fellowship with the Commonwealth Fund and as a result, the Commonwealth Fun provides Dr. MacKinnon with access to the data. Furthermore, individuals from the Commonwealth Fund are acknowledged in paper.

5. The authors have addressed the majority of the concerns from the previous review. The paper is much improved.

-We appreciate the previous round of feedback that led to substantial changes in the paper.

As noted, I still think that the paper remains under conceptualised and lacks a comprehensive discussion of the findings. The authors' knowledge of the literature is not evident in the discussion and the references used seem fit for purpose. However, that being said, the paper does provide baseline findings for more exploratory and explanatory empirical data for future research. Perhaps the authors just need to be up front about who their audience of interest might be and what the paper offers (rather than trying to tell a story based on minimal knowledge of the literature).

-The reviewer is correct in that this was intended as exploratory/explanatory paper, limited in part by the variables available in a secondary dataset. This has been addressed in the limitations section. While the limitations of this research are reflected in scope of the paper, we are familiar with literature on self-efficacy and related concepts and believe they still have relevance here. We have clarified some of these concepts in the introduction section and in the discussion section. Because confidence is not reliably related to theoretical constructs, we have emphasized its semantic value and limitations as a proxy for the more conceptualized term self-efficacy.

6. I am not comfortable with the use of a dictionary definition of a concept within academic writing. I disagree that confidence implies components of self-efficacy (in contrast to trust) but would be satisfied with this statement if the authors provide their conceptualisation of confidence. Definitions are not self-evident and I would argue that readers need to understand the way in which authors understand the concepts they research, even if it is a secondary analysis.

-The dictionary definition has been replaced with references from Bandura, regarding self-efficacy and confidence, and Wallston, regarding confidence.

7. Be consistent in the spelling of health care (health care or healthcare).

-We have changed all instances to “healthcare”, in accordance with usage in other recent BMJ Open articles.