

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Towards a 'patient centred' operationalisation of the new dynamic concept of health - a mixed methods study
AUTHORS	Huber, Machteld; van Vliet, Marja; Giezenberg, Michèle; Winkens, Bjorn; Heerkens, Yvonne; Dagnelie, Pieter; Knottnerus, André

VERSION 1 - REVIEW

REVIEWER	Lalage Sanders Cardiff Metropolitan University Wales
REVIEW RETURNED	13-Oct-2015

GENERAL COMMENTS	<p>This is an interesting paper that details quantitative differences in perceptions of health of differing groups in the population. Its strengths are the sample size as noted by the authors, its mixed methods approach, and the use of respondent validation in the first study which does not happen as often as it should.</p> <p>In my view there are two issues that need addressing. The first would be to detail the results of the qualitative phase before embarking on the method of the quantitative. If the reader had seen for example, Table 2 the six dimensions, it would be a good deal easier to follow the description on current pages 5-6. I think it would also be helpful to have a table summarising the positive and negative aspects of the concept rather than listing them in text. The second issue is a little more contentious. The focus of the paper as outlined in the Abstract for instance appears to be seeking support for the definition of health as outlined in the 2011 paper. In the paper it appears to be an attempt to operationalize the concept. However, I am unconvinced that the paper does either of these; rather in exploring the diversity of the meaning of health amongst different groups, is in fact more interesting that the objective suggests. The questions asked of participants were not really evaluating the 2011 concept but eliciting their ideas about indicators of health. For this reason, I would suggest that Introduction would benefit from a review of literature relating to perceptions of health since Herzlich's seminal work of 1973.</p> <p>I have indicated these as minor revisions. List of minor glitches attached.</p> <p>MINOR POINTS Page 1 line 26 Perhaps delete first two sentences and begin with The qualitative study... Page 4 line 26 "Focus group meetings were held at a central location in the Netherlands and were chaired by the first three authors." This reads as though each group was chaired by three people – is that the intention. Page 4 lines 38-42 and Page 5 line 6</p>
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	<p>These question numbers mean nothing to the reader who has to flip back to see what the questions are. Would it be possible to summarise the key points instead?</p> <p>Page 10 line 56: "Results on mean aspect scores showed strong correlations within the dimensions." The meaning here is unclear. Table 1 in Supplement</p> <p>Could the dimensions be ordered by score, and also the elements within each dimension so ordered? It might facilitate reading.</p> <p>ENGLISH GLITCHES</p> <p>Page 2 line 2: whereas physicians assessed health more narrowly and biomedically.</p> <p>Page 2 line 14: by that it may de-medicalise. Comments: (medicalise) Transitive verb</p> <p>Page 2 lines 26/27</p> <p>Response rates varied quite between patients and e.g. physicians and policy makers, which impedes us from draw firm conclusions. Comments: (quite) Wrong word in this context</p> <p>Page 3 line 43: Public health actors Comments: Not a phrase in common use</p> <p>Page 4 Line: 12 Nr Comments: (Nr) Usually just 'N'</p> <p>Page 4 line 57: Agreed by consensus</p> <p>Page 5 line 3: Trustworthiness Comments: Wrong word in this context</p> <p>Page 5 line 29: Induced from the interviews Comments: (Induced) Wrong word in this context</p> <p>Page 5 Line 44: The aim was to obtain as large as possible and representative as possible</p>
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REVIEWER	Leah McClimans University of South Carolina USA
REVIEW RETURNED	15-Oct-2015

GENERAL COMMENTS	<p>In this study the authors aim to operationalise a new concept of health that focuses on the ability of adapt and self-manage. The study has a mixed methods design, a qualitative part consisting of interviews and focus groups and a quantitative part consisting of a structured questionnaire.</p> <ol style="list-style-type: none"> 1. Regarding methods, when did interviews/focus groups end? Saturation? Also wondering if a copy of the structured questionnaire is available? 2. Although questions 1 and 2 are addressed in the results section, the results of question 3 are missing or very limited. The results of Q3 from the qualitative portion of the study are given in one sentence and it is not clear how they were derived. Results of Q3 for the quantitative part seem to be missing. Q3 seems to be an
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	<p>essential aspect of the study linking the new concept of health to the indicators of health. Without a more detailed discussion of Q3 the study reads as two independent studies, one on the positive/negative aspects of this new concept of health and another on the indicators of health and a possible argument for a broader concept of positive health.</p> <p>3. Perhaps linked to my previous comment, it would help clarify the paper if in the beginning the authors were clearer on what they mean by "operationalisation", i.e. what exactly will this study provide as a first step towards operationalisation.</p> <p>4. The first paragraph of the discussion section could be rewritten to more clearly illustrate the link between this concept of health and the exploration of health indicators. The discussion heavily emphasizes Q2.</p> <p>5. Toward the end of the discussion section the authors discuss possible overlap between existing perceived health/QoL measures and the "construct" that emerged from the qualitative portion of this study. This discussion could be better motivated. As a possible replacement for the WHO definition of health, it isn't obvious that this concept of health should be measurable by QoL/perceived health instruments.</p> <p>6. The mention of response shift is interesting and indeed something I was thinking of while reading this study. But it seems to further complicate the idea that such a concept of health (one predicated on response shift) should/could be measured via QoL instruments.</p> <p>7. There are some spelling/formatting issues with parts of the text.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Lalage Sanders

Institution and Country: Cardiff Metropolitan University, Wales.

Please leave your comments for the authors below

This is an interesting paper that details quantitative differences in perceptions of health of differing groups in the population. Its strengths are the sample size as noted by the authors, its mixed methods approach, and the use of respondent validation in the first study which does not happen as often as it should.

In my view there are two issues that need addressing.

1 . The first would be to detail the results of the qualitative phase before embarking on the method of the quantitative. If the reader had seen for example, Table 2 the six dimensions, it would be a good deal easier to follow the description on current pages 5-6. I think it would also be helpful to have a table summarising the positive and negative aspects of the concept rather than listing them in text. We changed the manuscript according to the reviewers proposal, presenting now methods and results together for the qualitative phase, and subsequently for the quantitative phase. We presented the positive and negative aspects of the concept in a table. We hope it reads easier this way.

2 . The second issue is a little more contentious. The focus of the paper as outlined in the Abstract for instance appears to be seeking support for the definition of health as outlined in the 2011 paper. In the paper it appears to be an attempt to operationalize the concept. However, I am unconvinced that the paper does either of these; rather in exploring the diversity of the meaning of health amongst different groups, is in fact more interesting that the objective suggests. The questions asked of participants were not really evaluating the 2011 concept but eliciting their ideas about indicators of health. For this reason, I would suggest that Introduction would benefit from a review of literature relating to perceptions of health since Herzlich's seminal work of 1973.

We realise that the manuscript could be more clear about the intentions, which were indeed 1) evaluating the support for the new concept of 2011, followed by 2) a step towards operationalisation,

3) relating to the concept. We were struck by the differences in opinion about health indicators, that we found, and therefore apparently emphasized these more than the support for the concept. We adapted the manuscript accordingly in different places (in the abstract, main text and discussion section), in order to be more clear about both intentions. As we want to remain focused on these intentions we did not include more literature about perceptions of health.

I have indicated these as minor revisions. These have been included, thank you.

List of minor glitches attached. These have been included, thank you.

Reviewer: 2

Reviewer Name: Leah McClimans

Institution and Country: University of South Carolina, USA.

Please leave your comments for the authors below

In this study the authors aim to operationalise a new concept of health that focuses on the ability of adapt and self-manage. The study has a mixed methods design, a qualitative part consisting of interviews and focus groups and a quantitative part consisting of a structured questionnaire.

1. Regarding methods, when did interviews/focus groups end? Saturation? Also wondering if a copy of the structured questionnaire is available? We added that we went on beyond saturation, in order to give as many representatives as possible the opportunity to express their opinion.

2. Although questions 1 and 2 are addressed in the results section, the results of question 3 are missing or very limited. The results of Q3 from the qualitative portion of the study are given in one sentence and it is not clear how they were derived. Results of Q3 for the quantitative part seem to be missing. Q3 seems to be an essential aspect of the study linking the new concept of health to the indicators of health. Without a more detailed discussion of Q3 the study reads as two independent studies, one on the positive/negative aspects of this new concept of health and another on the indicators of health and a possible argument for a broader concept of positive health. We recognise that Q3 should be described more clearly. We added our motivation to design the study as we did in Q1-Q3; we added at different places more text concerning the outcome of Q3 in the qualitative phase, and the reason not to include Q3 in the quantitative phase. We hope this is more clear now.

3. Perhaps linked to my previous comment, it would help clarify the paper if in the beginning the authors were clearer on what they mean by "operationalisation", i.e. what exactly will this study provide as a first step towards operationalisation. We added in different places that by "operationalisation" we meant putting a first step towards making the new concept measurable.

4. The first paragraph of the discussion section could be rewritten to more clearly illustrate the link between this concept of health and the exploration of health indicators. The discussion heavily emphasizes Q2. We recognized our bias, as we described already in our answer to comment 2 of reviewer 1, and therefore we rewrote the first part of the discussion section in order to be more clear.

5. Toward the end of the discussion section the authors discuss possible overlap between existing perceived health/QoL measures and the "construct" that emerged from the qualitative portion of this study. This discussion could be better motivated. As a possible replacement for the WHO definition of health, it isn't obvious that this concept of health should be measurable by QoL/perceived health instruments. We may misunderstand this comment, but it was our intention to reflect on the "construct" that did chose (the patient's broad perception of health), by relating it to existing classification and measurement instruments. We did not find one measurement instrument that covers the complete range of indicators that we found and therefore will, in a next step, work on a validated instrument, covering this broadness.

6. The mention of response shift is interesting and indeed something I was thinking of while reading this study. But it seems to further complicate the idea that such a concept of health (one predicated on response shift) should/could be measured via QoL instruments. See the answer on comment 5; we do not intend to measure just by a QoL instrument.

7. There are some spelling/formatting issues with parts of the text. These have been included, thank you.

VERSION 2 – REVIEW

REVIEWER	Lalage Sanders Cardiff Metropolitan University Wales
REVIEW RETURNED	11-Nov-2015

GENERAL COMMENTS	<p>The authors have addressed the concerns raised by myself and the other reviewer. there are now at least some small proof reading issues which need to be addressed. I have noticed three but there may be more; the Tracked Presentation makes it difficult to check. I am not sure that the headings relating to Method and Results are consistent -please check.</p> <p>Under Study B results in the first paragraph 'responserate' appears as one word.</p> <p>At least one reference is wrong. In the concluding paragraph the authors name Blumer and I believe it should be Bircher. Please check all refs.</p>
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REVIEWER	Leah McClimans University of South Carolina, USA
REVIEW RETURNED	23-Nov-2015

GENERAL COMMENTS	I am happy with the revisions to this paper and recommend its acceptance for publication.
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VERSION 2 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Lalage Sanders

Institution and Country: Cardiff Metropolitan University, Wales

The authors have addressed the concerns raised by myself and the other reviewer. there are now at least some small proof reading issues which need to be addressed. I have noticed three but there may be more; the Tracked Presentation makes it difficult to check. We had included a clean version, anyhow, you did indeed read the manuscript very attentively - thank you!

I am not sure that the headings relating to Method and Results are consistent -please check. As we had divided the Methods and Results section into A and B, using clear hierarchical heading became a bit complicated. That is why we had introduced in the previous version PLAIN CAPS for the twice METHODS and RESULTS. We now removed these PLAIN CAPS and followed strictly 'BOLD CAPS, Bold lower, Plain text, Italics' and we added '- A' and '- B' to the subsequent Methods and Result to prevent confusion.

Under Study B results in the first paragraph 'responserate' appears as one word. In the clean version we did not find 'responserate'.

At least one reference is wrong. In the concluding paragraph the authors name Blumer and I believe it should be Bircher. Please check all refs. We checked all references and found indeed some corrections needed. Thank you.

Reviewer: 2

Reviewer Name: Leah McClimans

Institution and Country: University of South Carolina, USA

I am happy with the revisions to this paper and recommend its acceptance for publication. Thank you.