




Experience of Patients with Obesity in Contacts with Medical Professionals [Response to Letter]

This article was published in the following Dove Press journal:
Patient Preference and Adherence

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Dear editor

We would like to thank you for your interest in our article and the opportunity to respond to the issues raised in the comments by Ikotun et al.¹

Quantitative research methods are used, inter alia, to recognize the frequency of the phenomenon presented in the study. As a result, we can analyze the dependencies and relationships that exist between variables. Therefore, while carrying out the study on the experiences of Polish patients with obesity, we decided to use the quantitative method to explore their contacts with medical professionals.² The adopted research technique (CAWI) consisted of completing a digitized questionnaire by an anonymous respondents via the internet. This method of carrying out research was dictated by several assumptions. Notably, we need to point out obtaining high-quality data based on a large group of respondents. Online research provides this possibility, in particular, by eliminating the total presence and research pressure when filling in the survey. This results in greater honesty of respondents, especially in situations that are difficult or embarrassing for them. Research using the CAWI technique ensures a sense of anonymity and comfort of participation (choice of time and place), which translates into greater accuracy of the answers. One of the most important advantages of this technique is also reaching a wide group of respondents.³ As a disadvantage, we should undoubtedly mention the lack of representativeness, which means that the conclusions cannot be generalized.⁴ We emphasized this fact by describing the limitations of our study, informing that the revealed overrepresentations could have influenced the assessment of the behavior of health professionals. Ethnic origin has not been analyzed by us due to the relatively heteronomous nature of the population in Poland. On the other hand, the comment regarding the determination of socioeconomic status from our colleagues is beneficial and will be taken into account by us in future research. It is worth explaining that in creating the category for the question in Table 2, we used the data collected by the Social Ombudsman for People with Obesity. These were complaints that came from patients with descriptions of specific situations taking place in medical institutions.

Being aware of the advantages and limitations of various research methods, we decided to conduct a purely quantitative study. The suggestion of our colleagues related to the inclusion of patients' narratives as the research tool is extremely valuable. However, it should be borne in mind that in surveys dedicated to numerous groups of respondents, the obtained answers to open-ended questions are characterized by great diversity and relatively low efficiency. Interpretation of

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the answers collected in this way is burdened with linguistic and cultural limitations as well as the risk of misinterpretation. The analysis of the narratives entails limitations related to the participants of the study themselves. In fact, the preference is given primarily to those individuals who have an appropriate level of insight into themselves, and who use a sufficiently rich vocabulary that will allow them to express both emotions and motivations and will enable sharing their experience. This type of research is an excellent tool supporting quantitative methods, and indeed in the future it would be worth enriching our study with eg, interpretative phenomenological analysis (IPA) carried out on a targeted group of patients.⁵

Disclosure

The authors report no conflicts of interest in this communication.

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