Letter to Editor

Rural doctors' clinical courage and COVID-19 pandemic

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Dear Editor,

The published study on rural doctors' clinical courage during the COVID-19 pandemic provides valuable insights into the consistent experience of clinical courage amongst rural doctors globally.[1] The researchers used qualitative interviews to gather comprehensive data from a diverse group of doctors from different countries, highlighting the challenges they face. However, the report lacks a detailed discussion on its limitations, such as the small sample size of only 13 interviews, which may not accurately represent all rural doctors worldwide. Conducting additional interviews would be crucial to capture a more representative sample of rural doctors internationally. According to the quantitative sample size calculation technique,[2] the study's sample size of 13 may represent <5000 rural doctors, despite an estimated 100,000 rural doctors worldwide. Given that the current study[1] is based on qualitative techniques, it could be based on the fulfilment of interview responses.[3] However, it appears that there are still inhomogeneous responses, as several ways that responders gave to the queries are still detected, implying that a larger sample size is required to finalise. Expanding the number of interviews is necessary to enhance the study's validity. The report could have provided more in-depth information on the specific attributes and characteristics of clinical courage identified in the interviews. Furthermore, it would be interesting to conduct a comparative analysis of clinical courage amongst rural doctors in different settings, such as developed and developing countries. Such an analysis could shed light on the unique challenges faced by rural doctors in resource-constrained environments and help develop strategies to better support and empower them. Overall, the study offers valuable insights into the experiences of rural doctors during the pandemic, but further research is needed to address its limitations and explore different contexts of clinical courage in rural healthcare.

Financial support and sponsorship: Nil.

Conflicts of interest: There are no conflicts of interest.

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Received: 04-11-2023 **Revised:** 07-12-2023 **Accepted:** 07-12-2023 **Published:** 20-02-2024

How to cite this article: Daungsupawong H, Wiwanitkit V. Rural doctors' clinical courage and COVID-19 pandemic. Can J Rural Med 2024;29:37-8.

Access this article online

Quick Response Code:

Website: https://journals.lww.com/cjrm

DOI: 10.4103/cjrm.cjrm_62_23

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RESPONSE

Dear Editor,

Our qualitative study[1] is part of a programme of research that is building a body of evidence about clinical courage. We used purposive sampling seeking 'information-rich' cases rather than a sample representative of doctors worldwide. Meaning-making in qualitative research relies on the richness of interview data rather than the number of participants. Using quantitative sample size estimations is inappropriate for qualitative studies.

The letter suggests that the sample was inadequate because of 'inhomogeneous responses'. We maintain the importance of describing diverse experiences and views. Although the concept of data saturation appears in some checklists for reporting,[2] this concept is contested and is neither well defined nor explained.[3] Braun and Clarke suggest that saturation is inconsistent with reflexive thematic analysis and is often used as a rhetorical device rather than a considered methodological practice: 'a quality assurance mechanism to get passed by the gatekeepers of knowledge (reviewers)'.[3] Qualitative methodologies vary considerably, and many factors will influence sample size.[4] We considered the high specificity of our sample, the strength of the interview data and how well the data addressed the research question. As described by Malterud *et al.*, these factors underpin the 'information power' and appropriateness of the sample size.[5] We therefore argue that the sample size enabled us to reach valid conclusions.

Finally, the letter suggests comparing doctors in developed and developing countries to explore different contexts. We included doctors from both groups to capture this diversity, but our focus was on the common aspects of rural doctors' experiences and the attributes of clinical courage. We agree that clinical courage offers a wealth of opportunity for further research but respectfully suggest that qualitative studies are not an ideal research design for comparative studies.

D. Campbell, S. Williams, J. Konkin, I. White, I. Couper, R. Stewart, L. Walters.

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