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PRE-PUBLICATION VERSION

Enhancing the quality of published research on ethnicity and health: is journal guidance feasible and useful?

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Box headings

What we already know:

- As the volume of ethnicity and health research increases so too do concerns regarding its ethical and scientific rigour and its potential to do more harm than good.
- Past attempts by journal editors to raise the standards of published biomedical research on race and ethnicity, though not formally evaluated, appear to have had limited impact.
- A number of factors may undermine attempts to introduce journal guidance for ethnicity and health research, including the diversity of disciplinary perspectives among researchers.

What this paper adds:

- Our findings suggest that it is feasible to produce a guidance checklist on researching ethnicity that is meaningful and acceptable to a range of health researchers.
- Though some authors and reviewers reported a significant effect of the checklist on their practice, uptake was disappointingly low.
- Journal checklists are unlikely to have a significant impact on research quality unless they are actively promoted by journal editors.

Enhancing the quality of published research on ethnicity and health: is journal guidance feasible and useful?

Abstract

Researching ethnicity and health presents significant ethical, conceptual and methodological challenges. While the potential contribution of research evidence to tackling ethnic inequalities in health is recognised, there are widespread concerns regarding the ethical and scientific rigour of much of this research and its potential to do more harm than good. The introduction of guidance documents at critical points in the research cycle - including within the peer-review publication process - might be one way to enhance the quality of such research. This article reports the findings from the piloting of a guidance checklist within an international journal. The checklist was positively received by authors and reviewers, the majority of whom reported it to be comprehensible, relevant and potentially useful in improving the quality of published research. However, participation in the pilot was poor, suggesting that the impact of such a checklist would be very limited unless it was perceived to be an aid to authors and reviewers, rather than an additional burden, and was strongly promoted by journal editors.

Key words - ethnicity; research ethics, research methodology; peer review; author guidance; reporting research

Enhancing the quality of published research on ethnicity and health: are journal checklists feasible and useful?

Background

There is now substantial evidence that health and healthcare experiences vary by ethnicity and that minority ethnic groups tend to be at risk of significant disadvantage across numerous indicators in a wide range of settings (for example Gill et al., 2007; Nazroo, 1997). The need to understand and tackle such ethnic health inequalities has been repeatedly highlighted in UK policy (Acheson 1998; Townsend and Davidson, 1982; DH, 2003; DH 2008) as well as in other European countries and the US (see for example, Fernandes and Miguel, 2007; Johnson, 2009). Further, the need for an evidence base that reflects the diversity of the population has been formally acknowledged by, amongst others, the UK Department of Health in its Research Governance Framework for Health and Social Care (DH, 2005). There are increasing expectations that the generation and application of research evidence can and should play an important role in shaping health policy, practice and debate in ways that can help to ameliorate such inequalities (Pettigrew et al., 2004; Williams 2007, Tugwell et al 2010). Therefore, though much health-related research continues to exclude participants from minority ethnic groups and/or fails to give considered attention to ethnicity (Hussain-Gambles, 2003; Mason et al., 2002; Oakley, 2006; Sheikh et al., 2009), research interest in ethnicity and health is growing rapidly in the UK and elsewhere (Drevdahl, Taylor and Phillips, 2001; Ahmad and Bradby, 2007).

At the same time, just as the volume of research addressing ethnicity and health expands, so too do concerns regarding: the *quality* of this research; its contribution to policy and practice that benefit minority ethnic populations; and its potential role in stereotyping and stigmatising minority ethnic populations (Gunaratnam, 2007; Drevdahl, Taylor and Phillips, 2001; Bhopal, 2008).

Researching ethnicity and health presents significant ethical, conceptual and methodological challenges (Salway and Ellison, 2010). In recent years, for example, health research has been critiqued for: its tendency to employ untheorized and inappropriate models of ethnicity that present ethnic 'groups' as stable, discrete entities (Stubbs, 1993; Bradby, 2003; Aspinall and Chinouya, 2008); its lack of conceptual clarity and use of imprecise and inconsistent terminology (Aspinall, 2008; Bhopal, 2003); and inadequately engaging with the multidimensional nature of ethnicity (Kaufman, Cooper and McGee, 1997). Other commentators have drawn attention to the need for greater consideration of how samples are drawn and participants recruited (Ellison, 2005; Nazroo, 2006; Epstein, 2008; Johnson and Borde, 2009) as well as how data are generated from diverse samples including issues of translation and cross-cultural validity (Atkin and Chattoo, 2006; Johnson & Borde 2009). Concerns have also been expressed regarding the paucity of culturally competent research practice and failure to ensure respect for cultural norms. Without meaningful participant engagement the interests of minority ethnic research participants are unlikely to be adequately protected (Papadopolous, 2006;

Johnson, 2006; Mir, 2008). Health research has also been accused of focusing disproportionately on rare and exoticised diseases, or behaviours and beliefs that are constructed as deviant and problematic (Ahmad and Bradby, 2007) rather than addressing issues that are of greatest concern to minority ethnic people. More generally, health research has often failed to incorporate a broader social, historical and political analysis of ethnicity, thereby overlooking the power relations and structural inequalities inherent in ethnic hierarchies (Salway and Ellison, 2010).

Many of these issues have been recognised for some time (see for example: Colledge, Van Geuns and Svensson, 1983) and there have been a number of initiatives to develop standards and introduce guidelines aimed at enhancing the quality of published research. The potential role of journal editors in promoting good research practice in this field has been discussed by a number of commentators (including Bhopal, Rankin and Bennett, 2000; Ellison and Rosato, 2002; Outram and Ellison, 2006a). Indeed a large number of biomedical journals have included editorials over the past 10-15 years that have aimed to alert researchers to potential pitfalls (Outram and Ellison, 2010) and to raise standards (see for instance Smart et al.'s 2008 review of journal guidance on classification of race and ethnicity). These forms of guidance have tended to focus primarily on how researchers employ key terms including 'race', 'ethnicity' and 'culture', and how they delineate and label racial or ethnic groups (see for example, McKenzie and Crowcroft, 1996) as well as promoting the use of anti-racist language. However, a number of other guidance documents have been produced that engage with a wider range of issues, including Patel's (1999)

detailed guidelines aimed at mental health researchers and the Scottish Association of Black Researchers' (SABRE, 2001) code, both of which are presented as ethical guidance, rather than as guidance on scientific rigour; highlighting the concern that research may be exploitative and perpetuate hierarchies of power and negative stereotypes of minority ethnic people.

While the development and promotion of such guidance documents seems sensible and necessary given the persistence of poor research practice highlighted above, to-date there has been little exploration of the acceptability of such interventions among researchers or their impact on research practice.

Ellison and Rosato (2002) concluded that the classification of race/ethnicity in papers published by the British Medical Journal remained haphazard and poorly documented despite the introduction of editorial guidelines in 1996, though it was unclear why the guidelines had not been followed, or how far reviewers had considered these matters in recommending (or not) acceptance of submissions.

Potential challenges to the promotion and impact of such guidelines within research journals may include the wide diversity of disciplinary perspectives among ethnicity and health researchers and a consequent lack of consensus on research principles and standards (Salway et al., 2009). Many health-related journal editors need to cater to a multidisciplinary audience of authors and reviewers. This might mean that it is impossible to produce documents that are widely acceptable or that such documents would need to contain highly flexible prompts rather than prescriptive codes (calling into question whether or not they

would actually serve to shift practice; Salway et al., 2009). This observation concurs with Smart et al.'s (2008) finding of a trend over time in biomedical journals away from prescriptive standardisation towards recommendations that stress the need for researchers to carefully articulate and justify their approach to conceptualising and operationalising their concepts and measures.

Furthermore, journal editors may be reluctant to promote adherence to such guidance documents for fear of over-burdening researchers and reviewers and thereby disrupting the existing processes of peer review which largely rely upon the goodwill of unpaid contributors. Finally, a certain degree of scepticism has been expressed in relation to checklists that are intended to enhance ethical and scientific rigour in research in general, with some people arguing that these can encourage a compliance mentality rather than careful reflection and considered responses to complex issues (Barbour, 2001; Moore, 2006; Outram and Ellison, 2006b). However, it remains unclear whether these factors would preclude the successful promotion of journal guidance.

The present paper adds to our understanding of the potential for guidance to enhance the quality of published research on ethnicity and health by reporting on the findings of a pilot exercise conducted in the leading international journal - *Ethnicity & Health* - which publishes original papers from a wide range of disciplines concerned with investigating the relationship between ethnicity and health (and is currently the top ranked journal by impact factor in the Ethnic Studies Category). The pilot formed part of a larger project focused on UK

ethnicity research (*details omitted until review to preserve anonymity*). The aims of the current pilot were to:

- ▶ Assess the feasibility and desirability of introducing a guidance checklist focused on researching ethnicity within the journal.
- ▶ Gain insight into whether such an intervention could help to enhance the quality of published health-related research that includes a focus on ethnicity.

Methods

Following a period of consultation with the journal editors, it was agreed that *Ethnicity & Health* would host the piloting of a guidance document. Pilots were also arranged in four other journals, including *Diversity in Health and Care*, though participation rates were very low (as we discuss below).

Drawing on a systematically conducted review of published literature focused on scientific and ethical issues arising in researching ethnicity, as well as a series of consultations with researchers reported elsewhere (*omitted to preserve anonymity*), a draft guidance document was prepared by the core research team. This document was then reviewed and finalised through a series of iterations in consultation with the journal editors. The document's content was therefore agreed by consensus among a small group of active researchers but represented a synthesis of the key concerns documented in the

wider literature. As noted above, one of the objectives of the pilot was to 'validate' the checklist by exploring whether it was favourably assessed by a broader range of researchers. The document was prepared in the form of a checklist (Table 1) and was intended to be used by both authors and reviewers to support the preparation and review of original research articles, respectively. The pilot was introduced in December 2009 and ran until July 2010. During this period all authors who submitted a paper, and all reviewers who were asked to review a paper, were sent a standard email that included brief details about the pilot as well as a longer information sheet as an attachment and a link to a short online questionnaire. Participation in the pilot was entirely optional and participants were made aware that completed guidance checklists would not be reviewed as part of the pilot; rather authors and reviewers were asked to give feedback on the content, usefulness and appropriateness of the guidance via the online questionnaire which included both closed and open-ended questions.

- Table 1 here -

Within the pilot period, 200 papers were submitted to the journal and 70 reviewers completed reviews. Thirty nine people followed the link to the online questionnaire, though just 18 respondents (11 as reviewers and 7 as authors) completed the online questionnaire in full (one of whom was an editor of the journal who wished to experience using the checklist as a reviewer). A further four provided answers to part of the questionnaire. Participants were given the

opportunity to access the checklist via the survey if they had not already seen it or if they wanted to refresh their memory.

Negotiating the pilot: editors' concerns

A number of issues arose during the process of constructing and introducing the guidance checklist that illustrate some of the concerns of journal editors and suggest potential barriers to raising ethical and scientific standards.

The first issue related to the clarity and meaningfulness of the guidance checklist to the journal audience. Thus, while the content of the draft document was not substantially contested, there was a need to tailor the wording and layout for the journal's own context. In the main this was not a significant issue. However, two areas of potential complexity arose. The first related to the relevance and appropriateness of the guidance checklist to an international readership. This was necessary because although the wider project was focused on the UK, *Ethnicity & Health* caters to an international and multi-disciplinary body of researchers, authors and reviewers. While the literature review had suggested that many of the issues raised in the guidance document are recognised cross-nationally (particularly in both the UK and the US), concepts and terms relating to ethnicity, race and related concepts vary greatly across settings, reflecting particular histories of 'ethnogenesis' (Aspinall, 2007) which demand careful consideration to ensure comprehension and utility. The second issue, which only came to light once the pilot was underway, related to the applicability of the guidance checklist to different types of study. Though the

phrasing and content successfully accommodated both quantitative and qualitative empirical studies, a need for some modification to ensure easy applicability to secondary research studies based on the review and synthesis of earlier work was identified – an important consideration given its increasingly significant contribution to knowledge generation for policy makers and practitioners (see also Tugwell et al., 2010).

The second area of concern for editors related to the potential disruption of normal peer review processes operating within the journal. Details of the pilot were carefully negotiated with the editors. Even so, there was a concern that the introduction of the guidance might pose an additional burden to themselves, and importantly, to their reviewers who perform this important work without payment. The solution adopted to allay these concerns was that participation by authors and reviewers was entirely voluntary; and for the pilot to be hosted, rather than actively promoted, by the journal. In addition, the checklist was kept strictly to just two sides in length.

Finally, a major obstacle for the editors related to the technology of the online submission and editing system. Lengthy negotiations with the publishers were necessary to ensure that the checklist and related prompts were made available to authors and reviewers via the automated system.

Feedback from authors and reviewers

Guidance checklist content

The responses to the online questionnaire suggested that most respondents felt the content of the checklist to be appropriate, comprehensible and exhaustive (Table 2). Just one respondent expressed a strongly negative attitude towards the checklist and this related more to the overall desirability of such an intervention rather than to the content of the checklist per se; an issue we discuss in more detail below.

- Table 2 about here -

A few queries were raised regarding the potential for misinterpretation of some of the questions and the need to avoid words felt to be unusual (such as 'bespoke' in question 6) - issues that would warrant attention in any revised version of the checklist. One respondent felt that question 19 on reflexivity was unnecessary, though it is unclear whether this was because s/he regarded this as part-and-parcel of all good research (and therefore not something to be highlighted in a checklist focused on ethnicity) or whether they felt it was inappropriate in some way.

Rather more respondents - seven - identified some questions they felt were either irrelevant and/or difficult to apply to the manuscript in question. However, on examination of their detailed responses most of the issues raised did not suggest the need for changes to the checklist. For instance, one respondent said that since all of the study's respondents spoke the 'native language', they felt that question 13 (on working across languages) was irrelevant – as such the

response option of 'not applicable' would have been more appropriate in this case.

Two respondents identified that the checklist was inappropriate for review papers. This clearly deserves some consideration with respect to the absence of any control that review authors have over the methods used in the previous studies they include in their reviews. However, in describing the methods they themselves used to compile their review and in the approach they adopted when synthesising, interpreting and presenting the findings of the previous studies they included in their review, many of the questions on the piloted checklist would remain relevant and applicable. Any revised checklist might, nonetheless, benefit from indicating which questions might only be applicable to specific types of studies or to the methods used by the authors themselves (not any previous studies they review).

Only one respondent felt that something had been omitted from the checklist; namely that definitions of race, ethnicity and related concepts may vary according to country and that this should be explicitly acknowledged.

Experience of using the checklist

Eighteen participants provided responses to the questionnaire sections relating to their experience of using the checklist (Table 2). Again, responses indicated a generally positive attitude towards the checklist, with just three out of 18

respondents reporting that use of the checklist took 'too much time' and just one that it made the task of preparing or reviewing the manuscript 'more difficult'.

When asked whether using the checklist had had a significant impact on the way they had reviewed or prepared the manuscript, seven out of 18 said 'yes' (3/7 authors and 4/11 reviewers). Comments included:

'Helps in identifying important issues in writing a paper on race/ethnicity.'

'By using the checklist it is easier to review the concept ethnicity in the study in a systematic way.'

Among the authors and reviewers who did not consider the checklist to have had a significant effect on their own behaviour, this was primarily because the checklist was felt to cover issues that they would normally take into consideration anyway. Although their answers suggested that the checklist had not affected their own behaviour, their responses nonetheless offered a positive endorsement for the checklist content. For example, these respondents commented:

'I used already the same principles in my scientific research'

'Most of the issues raised in the checklist are things I would normally be attentive to in a review.'

Potential impact of the checklist

When asked *'Do you think the checklist can enhance the quality of the papers published in the journal'*, all 18 respondents said 'yes'. Further scrutiny of what respondents had written in the open-ended answer format here revealed a variety of ways in which respondents felt the checklist would help to enhance the quality of published papers. These included:

(i) raising awareness among researchers;

'It may be a way of educating authors and reviewers of ethical considerations involved in this type of work.'

'Covers many important issues that authors may have neglected.'

(ii) contributing to the rigour of research and the systematic reporting of studies;

'Because it will help to create an international standard in the concerned scientific literature.'

'If researchers use the checklist when preparing manuscripts, then a more consistent and focused treatment of racial and ethnic issues should be the result'

'I think it is a good move towards research quality.'

and, (iii) assisting reviewers in their task and making reviews more useful and standardized;

'The checklist encourages the reviewer to really think carefully before reading the paper about these issues - so when you are reading the paper you are looking for these criteria in the paper.'

'It gives a nice framework for issues to consider when reviewing, in one easy-to-access place.'

However, it should be noted that one author expressed the view that the checklist should not *'be used to direct research'* and three respondents highlighted the possibility that checklists may represent a burden and constraint for researchers, particularly if too long.

'I think that the checklist is still too long and should, ideally, be boiled down to something snappier.'

'Applying a checklist may be overly burdensome and constraining.'

Discussion and conclusions

The objectives of the piloting exercise described above were: (i) to assess the feasibility and desirability of introducing a guidance checklist on researching ethnicity within the journal; and (ii) to gain an insight into whether such an intervention might help to enhance the quality of published health-related research that includes a focus on ethnicity. Before summarising the findings and drawing conclusions, it is important to highlight three limitations of the study. First, the pilot ran over a relatively short period of time and may therefore not predict the likely experience of embedding a guidance checklist into a journal's processes over an extended period of time. Second, uptake of the guidance by authors and reviewers was entirely optional so that findings may not be predictive of the outcomes and impacts of more actively promoted or mandatory intervention, as discussed more below. Third, the number of responses to the online questionnaire was low, an outcome that is both a finding and a shortcoming of the study, as we discuss below.

Notwithstanding these limitations, the feedback from authors and reviewers who participated in the pilot showed a predominantly positive response to the checklist. The checklist was thought to be comprehensible, exhaustive, relevant and useful by most respondents, confirming the feasibility and perceived desirability of the intervention.

'It's a great idea to use a checklist; think it is useful to both authors and reviewers.'

Just one respondent expressed strongly negative views regarding the checklist, expressing concern that it could stifle researcher creativity. In addition, a small number of respondents identified refinements which would further improve the checklist including: strengthening its relevance for review papers; improving its comprehensibility and applicability to an international and multidisciplinary audience; and, reducing/optimising its length (though it was unclear which specific questions respondents thought could be omitted).

In terms of the checklist's potential to enhance the quality of published papers, respondents again painted a predominantly positive picture. The checklist was reported to have had a significant impact on manuscript preparation/review for a number of respondents. Meanwhile, for those respondents who reported no significant impact this was primarily because the checklist was felt to be consistent with their current practice rather than it being unhelpful, inapplicable or inappropriate. Indeed, all respondents felt the checklist could help to enhance the quality of papers published in the journal, identifying a range of benefits that would flow from its use.

However, it is important to consider the extent to which the respondents were a self-selected group who might have already been positively predisposed towards the guidance - were we preaching to the converted? The respondents' own assessments indicated that 9/18 were 'experienced' reviewers or authors of journal papers, with a further 8/18 being 'intermediate' and just one a 'novice'.

Meanwhile, six indicated that they were 'experienced' and eight 'intermediate' with respect to 'the area of 'race', ethnicity and/or minorities research', with four describing themselves as 'novice'. This is somewhat reassuring since the range of expertise amongst pilot respondents means that (i) important inadequacies in the checklist should have been highlighted had they existed; and (ii) the checklist was felt to be useable by a range of researchers with varied prior exposure to the issues covered.

Nevertheless, it is still possible that our respondents were more interested in the area of research standards than the average reviewer or author (or at least the much larger number of authors and reviewers who did not respond to our invitation to participate in our pilot study). All 18 respondents who completed the whole questionnaire reported generally favourable opinions of journal guidance, though several qualified their responses, identifying both pros and cons. Our results might therefore suggest a more positive reception from the pilot respondents than would be the case for the journal's wider audience of authors and reviewers. Unfortunately, however, we can only speculate since we were unable to gather any comparable data from non-respondents or information on reasons for their non-participation in this pilot study.

Regardless, the low level of participation in the pilot deserves careful reflection, and, however useful the checklist might have been to those who chose to use it, its impact will be minimal if it is adopted by such a small proportion of authors and reviewers.

With this in mind it is worth considering whether there might have been greater participation from authors had there been some mechanism to ensure that they had access to the checklist prior to submission. Unfortunately this was not possible. Instead, a large proportion of the authors eligible to participate in the pilot study would only have become aware of the checklist at the point of submitting their manuscripts. Under these circumstances, most authors may well have preferred to continue without taking the additional time to consider the guidance and make any necessary adjustments to their manuscript. The low response among reviewers is more disappointing - since all were emailed the pilot information at the time of being invited to review - and may corroborate concerns expressed by the editors during the pilot design that reviewers already feel over-burdened and are reluctant to engage in something that is perceived as increasing their work load. Given that the journal - *Ethnicity & Health* - has an explicit focus on ethnicity and one would therefore assume that authors and reviewers have an interest in this field, we had expected participation to be higher. It may be that contributors to the journal who chose not to participate did so because they felt they were already well-versed in the issues concerned, or because they had little interest in such efforts to improve the quality of published research. It is important to note that participation rates in pilots that were conducted in four other, more generic, social science journals were even lower suggesting a lack of engagement/interest in the issues addressed in the guidance (*reference omitted prior to review for anonymity*).

For the checklist to be more widely adopted it would therefore seem important to find ways of presenting it as an aid to reviewers and authors that makes their job easier, rather than as an additional task to be completed. Moreover, high levels of uptake seem unlikely if the checklist is presented as optional rather than actively promoted by editors. However, even under these circumstances offering reviewers the option of using such guidance may still be a useful first step towards improved and consistent practice, given that many of the respondents felt it had either helped them to address the issues raised or had confirmed their existing practice. As such, though our findings suggest rather limited impact on research quality in the short term, such guidance might be expected to incrementally improve practices amongst authors, reviewers and editors over time **were it to be embedded in the journal's processes over the longer term.** Furthermore, it is to be hoped that if manuscripts were referred for revisions or rejected completely on the basis of issues raised in the guidance, researchers may be encouraged to adjust the design and conduct, as well as the reporting, of their research. Editors of journals that carry greater weight with authors, reviewers and publishers may be in a stronger position **to promote, or even make mandatory,** the adoption of such guidance and thereby contribute to the enhanced quality of published research on ethnicity and health. Furthermore, as the volume of research addressing ethnicity and health expands it will be important that mainstream journals engage seriously with the issues of scientific and ethical rigour that have long been of concern to more specialist researchers in this field.

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Table 1: Attention to 'race' and/or ethnicity: Additional guidance for authors and reviewers of papers submitted to *Ethnicity & Health*

Please use the prompts below to guide your manuscript preparation (Authors) or your review of the paper (Reviewers).

	Criteria		Comments
Focus of the paper			
1	Is there an adequate justification as to why attention to issues relating to 'race' and/or 'ethnicity' is warranted in this paper?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	
2	Was the focus/framing of the research informed by those individuals or groups who are the subject of the research?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	
Concepts and terminology (ethnicity, 'race' and related concepts)			
3	Are key concepts adequately explained and justified?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	
4	Have the authors used terminology consistently and appropriately?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	
Categories and labels			
5	Does the paper use/refer to 'racial' or ethnic categories or 'groups'?	<input type="checkbox"/> yes <input type="checkbox"/> no (skip to Q8)	
6	Have the authors carefully considered the appropriateness and limitations of the 'racial' or ethnic categories used for the topic under investigation, be these bespoke or standard categories(e.g. census categories)?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	
7	Is there sufficient detail and justification for how such categories were assigned?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	
Care of research participants			
8	For new research/investigation directly involving human participants, were appropriate steps taken to ensure the safety and comfort of study participants regardless of their 'racial' or ethnic identity?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Sampling and data generation			
9	Were samples of individuals labelled as belonging to one or more 'racial' or ethnic 'groups' used?	<input type="checkbox"/> yes <input type="checkbox"/> no (skip to Q14)	
10	Is the sampling strategy clearly explained and justified?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	
11	Was the sampling strategy adequate to generate samples of the different 'racial' or ethnic 'groups' that are comparable?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	
12	Was the validity/suitability of the data collection methods or instruments confirmed for the different 'racial' or ethnic 'groups'?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	
13	If data were gathered in more than one language, were rigorous methods used for working across languages and ensuring conceptual equivalence?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	

Table 1 (continued)

Analyses and interpretation: comparisons and causation			Comments
	Do the analyses and interpretation:		
14	exercise appropriate caution in any claims about causal links between 'race' and/or ethnicity and experiences/outcomes? (In quantitative analyses, do the authors avoid interpreting <i>statistical associations</i> as <i>explanations/causal effects</i>)?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	
15	adequately recognise the multifaceted nature of 'race' and/or 'ethnicity' and the need to consider underlying explanatory factors (whether cultural, genealogical, or socio-political)?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	
16	adequately engage with the internal diversity of 'racial' and/or ethnic groups? (for instance by gender, socioeconomic, migrant status and religion)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	
17	give adequate attention to absolute levels of key experiences/outcomes as well as relative differences between 'groups'?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	
Presentation and interpretation			
	Does the reporting and interpretation of issues/findings:		
18	avoid the potential for stereotyping, stigmatising or pathologising certain 'racial' or ethnic 'groups' or populations?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	
19	illustrate adequate reflexivity in the work (e.g. acknowledging the researchers' own social position(s) and any assumptions and limitations of the methods used)?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	
20	adequately acknowledge the potential role of factors beyond the scope of the analyses and/or alternative interpretations?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	
21	give adequate attention to the transferability of the findings to other research and practice contexts and any limits to this transferability?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A or unsure	

Table 2: Summary of responses from authors and reviewers to questions in the online feedback questionnaire

		%	N
Are any questions in the guidance checklist:			
difficult to understand?	'No' -18	82	22
unnecessary?	'No' -20	91	22
difficult to apply (or irrelevant) to the paper?	'No' -15	68	22
Were any important issues omitted from the checklist?	'No' -21	96	22
Did using the checklist take too much time?	'No' -15	83	18
Did using the checklist make your job of preparing/reviewing the paper:			
Easier	8	44	
Pretty much the same	9	50	
More difficult	1	6	18
Did using the checklist have a significant effect on the way you prepared/reviewed the paper?	'Yes' - 7	39	18
Do you think the checklist can enhance the quality of the papers published in the journal?	'Yes' - 18	100	18
In general, how would you describe your attitude towards journal guidance for authors and reviewers?			
Often not a good thing	0	0	
Sometimes can be a good thing	8	44	
Often can be a good thing	10	56	18

Note: Numbers of responses varied across the questions.