Reviewer’s report

Title: A qualitative study of patients' views on quality of primary care consultations in Hong Kong

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Reviewer: Tom Blakeman

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Title: A qualitative study of patient’s views on quality of primary care consultations in Hong Kong

Authors: Colman Fung & Stewart Mercer

Overall, the study has the potential to offer new insights into ‘quality’ of primary care consultations. However, I feel that a number of major compulsory revisions are required in order for it to be considered suitable for publication. Further analysis of the emergent themes may help to ensure this. Firstly, there appear to be some interesting discrepancies emerging from participants’ accounts, which I feel require further analysis. Secondly, as currently presented, the paper tends to be limited to reporting on what is seen as quality and does not always expand on a) the consequences of these perceived aspects of quality, and b) how these aspects of quality arise (or not) in consultations and c) the conditions supporting/constraining these aspects of quality from being realised. Thirdly, although not necessarily inappropriate, the usefulness of the study appears potentially constrained by using the CARE measure as a final framework for categorising codes. As a result the paper may be read as a confirmatory exercise, ‘paving the way’ for translation of the CARE Measure. More detailed analysis of the categories including negative case analysis may be required. It would be useful to explore and understand any discrepancies within and across the categories. Currently, there are perhaps too many categories resulting in a lack of depth to the findings that are presented. Overall, in order to be a more useful contribution to the literature, I feel the paper could do with reworking with a focus on highlighting one or two key messages.

Major compulsory revisions

A. Issues concerning the results

In the abstract on page 2/3 the authors state that ‘most patients interviewed also wanted a clear explanation about their illness and advise on self-management as well as medication.’ However, this finding in terms of self-management is not necessarily clear in the results section.

There is a potential discrepancy with the final sentence in the results section of the abstract in which they state ‘patients also judged doctors on whether they performed an adequate physical examination and on the later outcomes of
consultation (in terms of relief or cure and/or side effects of prescribed drugs).’
On the one hand, the findings appear to suggest that patients want support in
living with their condition but at the same time want the doctor to take control and
relieve them of the problem. It may be helpful to reanalyse the data to help
understand these discrepancies. For example, it might be helpful to analyse and
comment on differences in response by participants according to the sampling
categories. In particular, it may be useful to compare the accounts of patients
with only ‘acute’ problems compared with those who have a ‘chronic disease.’
This may help address some of the difficulties in making sense of the results.

Overall, the results section appears limited in that it tends to report what patients
find useful. As a result, some of the findings appear limited to reporting frequency
counts. For example, limited understanding is gained from knowing that ‘almost
one-third of patients from each type of clinic pointed out that they valued the act
of physical examination.’ What were the reasons that they valued the act of
physical examination? In what circumstances was this useful? When was this not
seen as a priority?

Understanding not only what was perceived as useful but how this was (or was
not) achieved during their interaction might enhance the usefulness of the
findings. If possible, it may be worth revisiting the data to explore the ‘hows.’ For
example, it would be interested to know how this ‘telling of their story’ occurred in
consultations and if there were any particular factors/conditions that allowed this
to occur. What were the consequences/benefits of being allowed to ‘tell their
story’? Were there any accounts of how the doctors helped ‘understand their
illness in the context of their lives’? How was a ‘clear plan of action’ discussed
and achieved? What were the consequences of this?

One limitation of the study not mentioned in the discussion was that it was based
on participants’ accounts of what goes on in consultation and so therefore
potentially limits understanding of why particular aspects help/hinder the quality
of the consultation.

Issues concerning specific results

Whole person approach (pages 9 & 10): ‘A few patients actually state that they
wanted doctors to spend more time understanding the possible psychological
and or social reasons behind their symptoms.’ It would interesting to know what
the reasons were for this and how this was or was not achieved in consultations.

The next sentence then states ‘For many patients, rather than ‘volunteering’ such
issues, they felt a ‘good’ doctor would ask probing questions that would uncover
or ‘dig-out’ the underlying issues.’ There may be an element of ambiguity in this
statement and the first supporting quote. It may relate to exploring psychological
issues but equally it may also refer to a desire for a biomedical approach to the
consultation. The first quote on page 10 does not necessarily reflect a whole
systems approach. Perhaps it relates to a category of ‘thoroughness,’ which
could relate to either a whole systems approach or a biomedical approach. If
possible, perhaps further analysis on how questions were asked might help
understand the perceived style of interaction that is preferred. How does ‘dig out’
relate to ‘tell their story’?

Understanding concerns/showing care and compassion (pages 10 & 11): There appears to be an element of circularity in the sentence ‘...being caring...were words used to describe those doctors they thought showing (ed) ...care.’

Empowering/treatment plan (pages 12 & 13): What did patients mean by ‘patients preferred individualised rather than general advice’? Is there any data on how this was undertaken and what were the consequences of this occurring (or not)?

‘Shared decision making’ (page 13): This currently is presented as a given concept. Did the participants use the term shared decision making? Providing the reader with the interview topic guide or more specific areas of questioning may help understand how this finding emerged. I.e. how was decision making raised and discussed in the interviews. What were the reasons that these participants valued shared decision making? What about the others who were deemed not to value ‘shared decision making’? What were their accounts of decision making in consultations?

Physical examination (page 15): what is it about the act of physical examination that they value? As mentioned, current presentation as a frequency count has limited usefulness. Similar issue apply to the data on access (page 16)

Outcomes (pages 17 & 18): ‘The majority of patients linked a good consultation with the doctor making a correct diagnosis leading to a rapid cure of his/her disease or illness.’ It might be useful to compare the accounts of those with ‘acute’ problems only compared with ‘chronic disease.’ The data and supporting quotes in this section suggest a discrepancy within the results section of the abstract in which patients wanted ‘advice on self-management’ (page 3). What did the participants and/or the authors mean by self-management?

B. Methodological issues

As the authors point out, conducting the study in previously less researched populations has the potential to enhance conceptual understanding of ‘quality of primary care consultations.’ In doing so the study has the potential to be a useful addition to the literature. The authors outline inductive steps taken in allowing participants to ‘talk freely and openly.’ However, although not necessarily inappropriate the findings also appear constrained by limiting the final analysis to how they relate to pre-existing categories of quality (i.e. The CARE Measure). The authors indicate on page 6 that ‘many of the codes were considered to be similar to the items within the Consultation and Relational Empathy (CARE) Measure’ suggesting that this connection emerged during analysis. However a sentence towards the end of the discussion on page 20 perhaps suggests otherwise. They state (page 20) ‘in this respect, we feel the present study has been successful, and the fact that the key interpersonal aspects of the consultations identified matched the items contained in the CARE Measure paves the way for further work on translation of the CARE measure into Chinese
and validation studies.’ This ‘paving the way’ perhaps suggests that it was implicit aim of the study from the outset. Although this connection with the CARE measure may be useful, the results section tends to appear confirmatory in nature and I am left wondering whether it has constrained the potential for new understandings to emerge. Further analysis through comparisons within and across categories presented so far may help overcome the current limitations of the paper.

Taking the perspective that the findings have been constructed through the researchers’ interaction with participants and the data, it would be useful for the paper to outline reflexive issues and be more explicit in how their pre-existing perspectives impacted on the findings that emerged. I.e. what efforts were made to avoid imposing pre-existing notions of ‘good’ consultations on the data. Were any other steps taken to take these issues into account? For example, would a broader review of the literature help in challenging pre-existing perspectives and help further analysis of the data? (I note that the reference list contains a large proportion of articles relating to the second author SM).

On page 20, the authors outline that the ‘aim of this study (and indeed of all qualitative studies) was not to generate findings that can be said to be representative of the general population, but to identify themes relating to consultation quality that can be tested in larger, quantitative studies.’ It would be helpful if the authors could be more explicit as to whether this study aimed to feed into ‘further work on translation of the CARE measure’ from the outset. If this was the case, then it may have been more useful to have undertaken qualitative interviews framed the CARE questionnaire in order to assess further its face and content validity, as undertaken by the second author in a previous study (Mercer et al 2004) (reference 2 of article).

Further methodological issues

In order to help understand how the findings have been constructed (and so potentially help address issues above), it may be helpful to expand the methods section to include details of whether analysis of the data took place at the end of data collection or whether there was an iterative process between data collection and analysis in which the areas of questioning were refined as categories emerged.

Methods: Page 5: It may be useful to indicate how the participants were actually invited to participate. I.e. how and why were they chosen? If available, it would also be interesting to know how many refused to participate.

Methods page 6 and authors’ contributions page 21: There is a possible discrepancy in describing how the analysis was undertaken. On page 6, a sentence reads ‘preliminary coding of the raw data was undertaken independently by CF and SWM and agreement reached on the main codes.’ However, on page 21 it reads ‘CF collected data and carried out an initial analysis and interpretation of the data. SM helped in the secondary analysis and interpretation of the data.’
Minor essential revisions
Page 3: Typo ‘advise on self-management’ should read advice

Providing the reader with a more detailed interview guide and examples of questions asked may help the reader understand how the findings have been constructed.

Discretionary revisions
If still deemed appropriate to frame analysis around the CARE measure, then it might be useful to provide the reader with the questionnaire (Mercer et al, 2004) (reference 2 of article).

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I know of the second author, Stewart M Mercer, at a personal level. I have not worked professionally with either author.