Reviewer's report

Title: Differences in the perceived role of the healthcare provider in delivering Vascular Health Checks: a Q methodology study

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Reviewer: Ans H Tiessen

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Review:
Differences in the perceived role of the healthcare provider in delivering Vascular Health Checks: a Q methodology study, by SA Honey et al.

General:
I think this is an interesting paper. The reduction of (socioeconomic) health inequalities regarding cardiovascular disease and cardiovascular prevention is an important medical topic. Q methodology seems a very comprehensible way to investigate health care provider’s attitudes. The research question is clearly defined. The methods contain a brief general explanation of Q methodology. Furthermore it describes the composition of the Q sample, recruitment of participants and how the Q sorts were analysed into factors/accounts. In the results section the accounts are described. The 5 figures with the Q-grids representing the 5 accounts are informative and illustrative for understanding Q methodology and the differences between the accounts. In the discussion, 4 themes are discussed on the basis of the 5 accounts with their characterizing viewpoints. The results of the study did not demonstrate very clear findings in terms of view differentiation by social or material factors. Two items designed to identify views on material causes of health inequities did not discriminate between accounts. The goal of the study however was to identify professional attitudes that might influence health inequalities. Finally the 5 accounts with their assumed consultation styles are evaluated against the existing literature regarding the relation of communication styles and socioeconomic situation.

Major compulsory revisions:
- I think an important outcome is that the results did not demonstrate convincing findings in terms of view differentiation by social or material factors. This is not mentioned in the conclusions of the paper and the abstract.
- The last sentence of the abstract is “The attitudes of primary healthcare professionals will have an important impact on the future success of the programme”. I think this is in fact more an assumption than an outcome of the paper.

Minor essential revisions:
- Is reference 4 correct? This refers to the American Heart Association guideline,
in which a reference is included to another paper, on the Nurses' Health Study, suggesting that “in women, maintaining a desirable body weight, eating a healthy diet, exercising regularly, not smoking, and consuming a moderate amount of alcohol could account for an 84% reduction in risk, yet only 3% of the women studied were in that category.”

- Some mistakes are present in the references in the text to the items in the figures, for example results, account 1, the last sentence of the 2nd paragraph: #27/-3 should be #27/-4.

- Fourth paragraph (end of page 21): “Exemplars of our accounts 1 and 5 (...) strongly believed that healthcare professionals have a responsibility to help patients change”, is this a mistake? Account 5 was characterized by ambivalence about the role of the health professional.

Discretionary revisions:
- For the first paragraph of the introduction, some additional information would probably be helpful to place the paper in an international context.
- Discussion-implication, first paragraph: “there are problems with certain communication styles” seems a bit a vague description.
- Probably the implications part of the discussion would be easier to interpret for the reader if the paragraphs were based on the accounts. Pitfalls and strengths for the communication based on literature could be described for the separate accounts.

Minor issues not for publication:
- Title page, KH email address spelling seems not right

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests