Reviewer's report

Title: The experience of Chinese undergraduates with pulmonary tuberculosis: a qualitative study

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Reviewer: Rachel Tolhurst

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Overview
This is an interesting paper, covering the relatively under-researched area of the psychological and social impact of TB in low and middle income countries. However, it needs substantial work before it can be published as a qualitative study of the topic.

1. The question posed by the authors is relatively well defined, although it could be more explicitly framed.

2. The methods (qualitative interviews) are appropriate to the topic and are to some extent well described. However, more clarity is needed in describing the sample selection and analysis process. For example, with regard to the sample selection we are told that this was purposive, ‘according to educational background, grade and school’ but such differences are not elucidated in the characteristics of the sample given in the table. Exactly how and why were these characteristics used to select the sample? How were patients identified and recruited? Their stage of TB treatment also needs more clarification – it appears that all were undergoing treatment but had not finished it, but this is never made explicit. Why were some patients in hospital and some outside hospital selected? For maximum variation regarding treatment experience? In Table 2, there is no need to give percentages since the numbers are fairly small.

3. With regard to analysis, it may be a language problem, but the description of the analysis process is not clear. If ‘meaningful phrases’ were ‘classified’ and ‘put forward as the primary tentative idea’ then how was this process different from coding the meaningful contents and categorizing these based on the ‘tentative idea’? This sounds a little like the development and application of an analysis framework, but if so the language used to describe it needs refining and bringing in line with standard terms used to describe qualitative analysis. Furthermore, the introduction to the aim of the study states that it ‘seeks to find unifying characteristics’: what does this mean in analytical terms? Were only experiences shared by the majority of the participants valued as ‘meaningful’?

4. There are many quotations given to illustrate the points made, which is good practice and verifies the data, but attributions of the key characteristics of the interviewees from whom the quotes are taken are needed – e.g. sex, age, type of
treatment.

5. It is not always clear how separate the themes are – for example I am not sure how different ‘agony’ is from ‘fear’ since most of the descriptions under the former title seem to relate to fear and the word ‘afraid’ appears repeatedly in the quotes.

6. I do not personally like the term ‘incorrect perceptions’ about TB and this theme does not clearly indicate what is ‘wrong’ with these perceptions. ‘Misconceptions’ may be a more appropriate term and these need to be clearly identified and distinguished from lack of knowledge.

7. We also get the impression that the subjects experiences are uniform, but this seems unlikely – more attention needs to be paid to identifying majority and minority views and any patterns emerging with regard to subject characteristics.

8. I would also like to see more attempt to explore the interconnections between the themes –how for example are the students’ feelings related to their knowledge about TB and the material impact of the illness such as discontinuation of studies from their perspective. The interconnections are to some extent discussed in the discussion, but this seems to be very much from the perspective of the researchers and it is not clear how far this is supported by the data.

9. The discussion raises some good points, most of which are supported by the data. However it seems unbalanced in favour of discussing the role of lack of knowledge, which is out of proportion to its importance in the data and does not seem appropriate to the supposed focus of the paper on psychological impacts of the illness.

10. In terms of policy implications, this overemphasis on lack of knowledge and ‘incorrect perceptions’ leads us down the predictable path of recommending more health education, which would not clearly address many of the issues raised by the data. In terms of health education the paper could more usefully draw on the data to suggest appropriate channels for information from the perspectives of students who ask for the information. For example, their information currently comes ‘only’ from sources such as TV or the internet, but were they asked about where and how they would like to get information? Could these channels be positively harnessed?

11. The discussion could gain more balance in terms of elucidating more the role and character of ‘traditional’ views of health, illness and TB, but also the sources of the more ‘modern’ concerns of and pressures on the students regarding completion of education and employment, and the background of the one child family environment. The points are in there but could be more fully explored and supported by relevant literature.

12. There is insufficient reference to the international and Chinese literature in much of the discussion, but where international literature is referenced it is not very clear. For example, references 21-25 do not clearly relate to studies on students, but are appended to a sentence about the behaviour of students with TB. It would be useful to more systematically review the themes, concepts and findings emerging from the international literature on psychological impacts of TB.
(and potentially other chronic diseases or those requiring long term treatment) to enable comment on what this study adds to this literature. Only one study regarding the psychological and social impact of TB is cited in the introduction and it is not clear why this one is chosen.

13. More clear discussion on the policy implications in terms of psychological and social support to students would be helpful. Who would be best placed to provide such support? Are there any examples or models in the international literature to follow? E.g. the roles of ‘specialist TB nurses in the UK’?

14. The limitations of the study are not clearly stated and it is necessary to do this, as well as making a more concerted effort at providing ‘thick description’ of the context to enable an understanding of which sets of circumstances may be ‘symbolically represented’ by this sample. As the authors state, there are over 20 million undergraduates in China. What characteristics of the 17 selected may be seen as ‘typical’ and in what way? What about their socio-economic, university and health policy environment? At a minimum the background and methods sections need to provide more information about the socio-economic and health systems context of the study, without which many of the issues, such as the ‘centralized treatment policy’ cannot be understood by the general reader.

15. The paper needs an English language edit for clarity and to find more appropriate terms for some words which appear to have been literally translated from the Chinese, such as ‘attack rate’ (page 2), ‘heteropathy’ (page 6), and ‘growth environment’ (page 13) to cite just a few. In addition some concepts need carefully characterizing, such as the ‘bad mood’ reported by most of the undergraduates – what does this mean exactly, from their perspective and in psychological terms?

16. The title and abstract broadly convey the aim, methods and findings, but could be improved in line with the proposed changes in the overall paper.

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

1. More detail to be given regarding sample selection
2. Clarification of the analysis process
3. Attribution of quotes in terms of characteristics (without compromising confidentiality)
4. Clearer identification of majority and minority views
5. Clearer presentation of the interaction between themes
6. Restructuring of the discussion to de-emphasise knowledge and health education
7. Greater consideration of how the study adds to international knowledge about the psychological impact of TB in conceptual or empirical terms
8. More background to the study site and discussion of its symbolic representativeness of undergraduate situations in China
9. Discussion of the limitations of the study
10. English edit.

Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

1. More discussion of the role and character of ‘traditional’ views of health, illness and TB, and the sources of the more ‘modern’ concerns of and pressures on the students regarding completion of education and employment, and the background of the one child family environment with reference to relevant literature.

2. More discussion on how recommendations around psychological support for students with TB could be realized in the Chinese context, with reference to relevant literature.

3. More discussion of appropriate channels for TB information and education if the data allows

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 declare that I have no competing interests