Reviewer’s report

Title: Motivational interview interactions and the primary healthcare challenges presented by smokers with low motivation to stop smoking: a conversation analysis

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Reviewer: Delwyn Catley

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MAJOR COMPULSORY REVISIONS

This manuscript describes a qualitative analysis of conversations about smoking and the possibility of quitting smoking that occur between smokers low in motivation to quit and their health care providers. The stated purpose is to analyze the “structure of interactions” using conversation analysis (CA) methods and the authors present descriptions of common interaction patterns between patients and health professionals. While some of these descriptions appear to illuminate strategies adopted by health professionals that may be more or less effective or represent responses to challenges in the encounter, the manuscript suffers from significant limitations that hamper its contribution.

The introduction does not make sufficiently clear what the contribution of the conversation analysis is intended to be because it is hard to discern the specific question or questions the authors are intending to answer in this paper. For example, are the authors trying to understand whether MI principles are supported (i.e., does adherence leads to positive within session outcomes) or determine the ways in which providers get off track from MI principles, or determine what typical patterns of interaction unfold when professionals try to encourage their patients to stop smoking? The conclusions in this paper are also varied and it is unclear that they are specifically derived from the analysis of their data. Relatedly, the methods are described in insufficient detail to understand how the findings were objectively and reliably attained. Overall it is difficult to discern the contribution of the work because of the lack of clarity. Specific comments are provided below:

INTRODUCTION

1) “Abandonment rates” should be “abstention”, “quit” or “cessation rates”.

2) It is unclear throughout the manuscript if the authors, when referring to “motivational interview”, are referring to any conversation in which a professional is trying to motivate their patient to stop smoking or specifically to the method of Motivational Interviewing developed by Miller and Rollnick. This should be clarified.

3) The description of MI should use the specific terminology of Miller and Rollnick (e.g., acceptance rather than tolerance).
4) As part of the rationale for the present study the authors refer to the limitations of prior Motivational Interviewing studies (such as variations in the quality of the study design, lack of evidence of fidelity to motivational interview principles) as the basis for further research, but the present study does not address any of these weaknesses.

5) The authors refer to CA as potentially useful for assessing fidelity to Motivational Interviewing Principles but the authors do not spell out what the advantages might be over current approaches.

6) The authors review some of the findings from CA on patient-provider communication but the relationship between these insights and the interest in using CA to evaluate and improve Motivational Interviewing is not made clear.

7) The authors state in the introduction that maintaining principles of MI is a particular challenge when professionals work with low motivated smokers. No citation is provided for this statement and this point is also offered as one of the main study findings. This lack of clarity is an example of why it is difficult to discern what question or questions the study answers.

METHOD

1) It is unclear how the present data relate to the parent study. Were these encounters part of the cluster-randomized-trial or conducted specifically for this study? The methods that applied to the parent study versus the present study should be clarified. (E.g., were the healthcare practitioners trained in motivational interviewing for this study or already trained as part of the larger study?)

2) Participants were recruited at the end of their office visits. Does this mean as they were leaving the clinic or does this mean the end of their visit with their provider in the exam room? Which providers were they visiting when they were recruited? Did this all take place at a single clinic? It is hard to understand how the study providers were available as needed for the 10 minute MI sessions unless these were extensions/continuations of their regular sessions with their own patients.

3) There seems to be some criterion other than the motivation scale and stages of change score that was used to decide which patients were low in motivation and could be included in analysis. This criterion needs to be explicit and the justification for having an additional criterion should be provided.

4) The description of the analytic procedure is not sufficiently clear for readers unfamiliar with this process. Much more information is needed to document the objectivity and reliability of the CA.

5) What is meant by “QCA” and “action protocol”? These need to be explained.

6) The authors state that the ISTAPS research team reached consensus on the meaning of these actions and generated an analytical guide for the video recordings. This process needs to be described in some detail.

RESULTS AND DISCUSSION

1) The authors state that their first main finding is that, "despite a similar pattern
in all of the motivational interviews analyzed (assessment-reflection-summary), they illustrate different practices”. This does not appear to be the answer to a key question or gap in the literature and illustrates the challenge in understanding what the authors are intending to address with this manuscript.

2) The authors state that the second main finding is that “CA shows the complexity of constructing an interaction with a patient whose motivation to stop smoking is low”. This reiterates a statement in the introduction and offers little that is novel. Perhaps the authors intend to suggest what the complexity looks like or what the common challenges are but this needs to be made clear.

3) The authors state that the results “complement and expand the results of the ISTAPS trial” however the results of that trial are not described or integrated with the present findings.

4) The authors state that the study shows that “CA is a coherent approach to analyzing the fidelity to motivational interview principles of the conversations studied”. It is not clear what is meant by a “coherent approach” (valid?) and whether this refers to the method of Motivational Interviewing of motivational conversations in general.

5) The authors tout the “rigour and quality” of the study but this information would be better placed in the method section so that the way in which these procedures were implemented for this analysis are described.

6) In the limitation section the authors mention that clear patterns were evident. It would be helpful to get a sense of the consistency of these patterns within the sample (i.e., of the 11 analyzed how may fit each pattern).

7) Some of the recommendations for practice do not appear to go beyond the findings of the study (e.g., no evidence is provided that if professionals reflect on their beliefs before the encounter that this will lead to better outcomes).

**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.