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: Eline Smit

Reviewer's report:

I have read this manuscript with interest. The qualitative study presented in this manuscript analyzed 11 interviews with smokers with low motivation to stop smoking, to investigate how interaction is constructed during the motivational interview with this type of smokers in primary health care settings in Barcelona, Spain.

Overall, it is an interesting study, though the rather small number of interviews (N=11) limits the generalizability of the study's implications. Moreover, the manuscript is rather poorly written in terms of structure. Especially the background section remains rather superficial and would benefit from some more in-depth information and a clearer focus, but the methods section would benefit from some structure (e.g. the use of subheadings) as well. Besides, the methods are described rather confusingly, leaving the reader with many questions – this could definitely be improved. Moreover, the results and discussion section is rather long and I would also advise to present results and discussion separately and to use subheadings (e.g. strengths and limitations could be described in a separate section, this helps to guide the reader to sections that are of particular relevance to him) to provide a clear structure – currently, the discussion is not very readable due to a lack of such a structure.

In my opinion, the manuscript needs major revision before it can be considered for publication.

Major compulsory revisions

Background

1. Overall, the background section – especially the second page of the background – appears to lack a clear focus. This makes the reader wonder what the objective of the present manuscript will be, while this should become clearer (instead of more unclear) while reading more of the background section. The authors currently do a rather poor job in setting the stage for the present study’s objectives; the relevance of the present study should be more clearly described, i.e. why is a conversation analysis especially relevant to conduct based on conversations with smokers with a low motivation to quit? While they try to answer this question at the end of the 7th and in the 8th paragraph, this explanation should definitely be made clearer.
Results and discussion

1. Throughout the results section, I get the feeling that the authors are not objectively presenting the results found, but are rather comparing these results to the ideal conversation as constructed by the authors. I would suggest keeping the results rather objective and saving a discussion and evaluation – accompanied by relevant literature references – of these results for the discussion section.

Minor essential revisions

Abstract

1. The Richmond test deserves some explanation, at least a description should be included that this instrument measures motivation.
2. ‘.. organizations and actions that were most effective’; effective in terms of what?
3. ‘Conversational ... to stop smoking’ (first sentence of the conclusion) cannot be deducted from the results; either the results should be extended or this conclusion should be reformulated.

Background

1. 2nd paragraph: the authors claim that low abandonment rates are prevalent in the primary health care setting. This statement needs support from more than only one reference and should also be put in perspective; what are the abandonment rates in other (care) settings?
2. 3rd paragraph: the authors state that motivational interviewing is more effective than brief counseling or usual care; please explain usual care.
3. 4th paragraph: it is described that in recent years, several studies and reviews have been published that examined patient-health professional interactions using conversation analysis, with findings that may prove to be key to successful professional practice – such statements need to be supported by scientific references. Moreover, the findings of such studies (like Mikesell’s study described in the 5th paragraph) need to be described for these statements to be of any value in a background section, e.g. what types of interaction help to build relationships of trust and support?

Methods

1. Unclear what the acronym ISTAPS stands for; please explain.
2. If a second substudy is described, please also briefly describe its findings. However, in this case I would rather advise to limit the methods section to the methods used for the present study and remove information on the second substudy as it is irrelevant for the present manuscript.
3. The authors describe a ‘preliminary analysis’ that showed considerable differences between conversations with highly motivated and conversations with
less motivated smokers. Please explain these differences, as these are the argumentation for choosing this particular target group.

4. 3rd paragraph: ‘… reflect on tobacco use’; I don’t believe this is what the authors try to do in their study, rather I think they aim to reflect on communication about tobacco use.

5. 5th paragraph: combining 12 hours of MI training, 4 of initial training and 8 of reinforcement sessions, results in 24 hours of training. The authors mention that 28 hours of training were received; what were the other 4 hours concerned with?

6. The recruitment procedure remains unclear. First, the authors describe that 8 professionals and 21 smokers were included, but later on they mention only 4 doctors and 1 nurse agreed to participate. Please clarify.

7. 9th paragraph: this paragraph is rather unclear as many numbers are given. It is unclear whether 21 interviews were included, or 9 (as low motivation), or 11. If it concerns 11 interviews taken from 9 smokers, the authors should provide argumentation for choosing to include 2 additional interviews (rather than convenience reasons) that were derived from smokers that were already included in the study.

8. The two steps of the analytical process require additional explanation. First, the abbreviation QCA has not been introduced before, so unclear what this means. Second, it is unclear what data were used for further analysis; the data collected under b (what happened during the visit), or the data that could be derived from both a and b (the discrepancy between what happened and what should have happened during the visit). This should be made clearer.

Results and discussion

2. The results described under ‘Organization of the motivational interview’ appear to rather be a description of the ISTAPS protocol, than a description of the results from qualitative analysis. It should be made clearer that actual results are described here.

3. 1st paragraph of ‘Motivational interview practices and action’: (i.e. the professional … # no closing bracket.

4. 1st paragraph of ‘Actions that do not facilitate reflection on readiness to change’: ‘… that arise in a conversation with smokers with low motivation to stop smoking’.

5. When describing the final strength of the study, i.e. the rigour and quality of the study design, more explanation is needed. The authors mention several recommendations based on earlier research that were implemented in the present study, but this description would benefit from a more elaborate discussion of why these recommendations should have been followed. That is, why exactly is the implementation of these recommendations considered a strength of this study?

6. Conclusion, 1st paragraph: ‘… may result in several interactional dilemmas that may occur …’
Discretionary revisions

Results and discussion

1. The recommendations for clinical practice would benefit from being written in full sentences, instead of in bullet points – this would, in my opinion, improve this section’s readability.

2. I would suggest to limit the conclusions to content-related questions and to not include conclusions regarding the methodology (i.e. CA) used in this section – this distracts from the main message the authors want to get across and is described in the discussion in sufficient detail.

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

Quality of written English: Acceptable

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.