Reviewer's report

Title: Determinants of physician empathy and possible interventions for its promotion: Hypothetical conclusions from an exploratory, qualitative survey with practicing physicians

Version: 4 Date: 25 March 2013

Reviewer: Alicia Bergman

Reviewer's report:

Major Compulsory Revisions

1. At present, there are two distinct analyses and corresponding sets of themes presented in the results section. The first one presents results without having separated and distinguished between the positive and negative factors. What is not clear is why it is beneficial or necessary to present some of the same results as two different sets of themes (one as a result of separating out the negative and positive factors and one not). There is naturally some redundancy and overlap across the two sets (e.g., between “the formal, informal, and hidden curriculum” and “subjects in curriculum with emphasis on psycho-social aspects of care”, between “physician individuality” and “physician’s self awareness”, as well as “careful awareness of and attention to patients”). The results should be carved up and labeled in such a way as to eliminate overlap.

2. Regardless of whether the two sets of themes are eventually collapsed or not, I believe the manuscript would be much strengthened by a re-working and labeling of the themes. The way in which the themes are worded right now is too broad and vague (e.g., "Helpful and hindering elements of the formal, the informal, and the hidden curriculum").

One should be able to glance at the name of a theme and easily get the general gist of what was found. For instance, if you wrote something like, "The educational curriculum both helps and hinders empathy", the wording of the theme would very clearly state what you found. Then, you can go on to describe under that theme examples of how physicians perceived the educational curriculum as helping empathy, and examples of how other physicians saw it as hindering it. Also within that section (perhaps a sub-theme), you can clarify if and how it made a difference whether the curriculum was a formal, informal, or hidden one.

The same would apply with the other names in the first set of themes ("human encounters", "working conditions", "physician individuality". When one reads "human encounters", it does not provide any specific information on what was found. The theme name should describe who these humans are that are encountering one another, and what the consequence of such encounters are as relevant to empathy. Themes resulting from the second analysis are separated
into positive and negative factors, and as such, the theme names are naturally more descriptive.

3. Clarify in the methods and results section that some of the themes (e.g., “physician individuality”, “physician self awareness”) are “emergent”. That is, they are not direct answers to the questions that you asked (“What educational content in the course of your studies and/or your specialist training had a positive or negative effect on your empathy?”). When they are lumped in with the rest of the themes with nothing to distinguish them, it interrupts the logical flow. I found myself wanting to go back and read the stated research question. An alternate way of organizing the results could be to list the emergent and unexpected themes separately.

4. To justify the use of the Qualitative Short Survey, all of the reasons do not need to be presented as separate bullet points. Also, the last bullet point is not very clear to me because good qualitative research interviews do not always have to be 60-90 minutes at minimum.

5. [From the Intro and Background] Please explain in what ways the “negative influences” as reported in this paper are different from “the barriers to empathic behavior” as reported in a previous paper by the authors (citation #37).

6. In the beginning of the results section, it is mentioned that 90 different positive and negative factors were perceived by physicians to influence the development of empathy. Here it would be helpful to know of the 90, how many were positive and how many were negative.

**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.