MINOR REVISIONS

Thank you for inviting me to review this fascinating and stimulating paper, which raises a number of practical and cultural issues. Particularly how immigrants to Sweden attend and respond to their heart failure symptoms, when compared to patients native to this nation. The paper is written well and the standards of data reporting demonstrate appropriate scholarship and analytical development.

The study, is framed by the appropriate literature; it examines issues linked with the symptomatology of heart failure and the challenges for patients in managing their symptoms and treatment. Study objectives are justified in terms of a limited knowledge of the health seeking behaviour patterns of immigrants to Sweden.

The study design is relevant to the research question and the methods provide an adequate trail of decisions as well as evidence of rigour and trustworthiness. Two areas, however could have been expanded further. Firstly, there is no indication how patients were approached and recruited. Was the process identical for natives of Sweden as for immigrant patients? How did you overcome the issue of informed consent when using five different interpreters? Were the semi-structured interviews tape-recorded? Could you say something about data management (safe storage and limiting access to the research team). In addition, what processes were introduced to assure anonymity and confidentiality? I feel a little more detail is necessary to ensure transparency, research integrity and robustness.

In respect to qualitative data analysis, it is clear that the team reviewed and analysed the transcripts independently until agreement was reached. This is very acceptable, but it is not apparent whether other approaches to enhance the rigour of the study were applied. For example, why you choose not invite study participants to verify the categories, was it for pragmatic reasons? Might the absence of external validation be a limitation?

The discussion addresses issues emerging from the data and highlights the need for service providers to develop culturally sensitive approaches to the care of patients with heart failure. However, the reasons why people from different cultural backgrounds do not access available health services (previous negative experiences, mistrust of providers) could have been included (page 8). Moreover, the feasibility and expense of having access to interpreters could have been
explored from a practical perspective. Finally the discussion could be widened to emphasise implications for the international community.

Minor points:

Page 4, paragraph 2, sentence 3- Can you please clarify what you mean by "premises"

Page 5, paragraph 2: instead of "mother tongue" replace with 'first language'

Page 6, question 1, sentence 3: replace "xperience" as follows: "worsening symptoms did not 'nterpret'hem"

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

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