Reviewer's report

Title: Symptom recognition and health care seeking among immigrants and native Swedish patients with heart failure

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Reviewer: Corrine Jurgens

Reviewer's report:

The paper "Symptom recognition and health care seeking among immigrants and native Swedes with heart failure" addresses the topic of cultural differences in relation to health behavior. The report of this qualitative study is important as there is little in the literature on this topic. Exploring differences in care seeking between Swedes and immigrants may assist health care professionals develop plans of care that are more culturally appropriate.

The paper is generally well written. Thank you for the opportunity to review this manuscript.

The following minor essential revisions/clarifications are indicated.

In the method section:
1. It is unclear how the sampling decisions were made. How was the sample size determined? How were the Swedish participants randomly selected? Did the authors enroll until saturation of the results occurred?
2. What does "more or less permanent institutionalization" mean in the exclusion criteria?
3. Were the interviews audio taped and transcribed?
4. What kind of procedural training did the interpreters receive? Who translated the participant's answers to the questions? Was there any verification process to assure their answers were relayed as intended?

In the data analysis section:
1. The content analysis is reported to have been merged into a single text. Was this on an individual basis with cross comparison between participants in the immigration or native group or truly altogether as one document? As written, the analysis looks like they were analyzed as one however the results section is written as a comparison.

In the results section:
1. Consider including qualitative data to illustrate the uncertainty of symptom recognition and interpretation.
2. In Table 1, are the quotes from both the immigrant and native Swede group?
3. In Table 1, the authors analyzed the subcategory of "abnormal"
breathing to a category of breathing difficulties. In Table 3, breathing difficulties and abnormal breathing are 2 separate symptoms. How are these different?

4. In contrast with treatment delay in acute myocardial infarction, delay in heart failure has not been clearly established. How was delay in seeking care defined for this study? Did the participants determine whether or not they delayed? Was the time of symptom onset/recognition until treatment quantified?

5. Table 2 is actually the first of the results to be discussed and therefore reordering the tables to make Table 2 Table 1 is suggested.

In the discussion section:

1. The authors suggest that some patients may consider heart failure to be caused by external factors out of their control or being incapable of managing their illness. Is this reflected in any of the qualitative data collected?

2. Another patient related factor discussed was lack of knowledge of how the health care system works. Is this related to the immigrants only or to both Swedes and immigrants?

3. The consistent use of the term health care professional versus caregiver is suggested to avoid confusion between family/significant others and their role as caregivers.

4. The reference (#29) is discussed in the text as findings from a heart failure study. I was unable to review the paper, but a review of the abstract does not support this reference in this manner.

Lastly, the authors use the terms symptom recognition and symptom interpretation interchangeably throughout the manuscript. For example, the term recognition is used in the title and the term interpretation is used in the abstract. In thinking about these terms, I suggest that recognizing a symptom and labeling it may be different than attributing that symptom to an illness such as heart failure.

What next?: Accept after minor essential revisions

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.