Reviewer’s report

Title: How professional’ practice style and characteristics of home exercise program for chronic pain patients affect their adherence: a qualitative study

Version: 1 Date: 2 July 2009

Reviewer: Susan Slade

Reviewer’s report:

Overall this is an interesting and necessary research study and the findings are pertinent. It is important to publish but requires substantial re-writing and more explicit presentation of research methods. It is worth taking the time to upgrade the writing and presentation to bring this information into the public domain. I would recommend further reading and citation of up to date published systematic reviews, rcts and qualitative studies as well as references to qualitative research methods. Some reading and reference recommendations have been included throughout the report which has been structured according to the BMC question guidelines.

1. Is the question posed by the authors well defined?

The current wording is a bit awkward and should mention back and neck pain not just chronic pain: e.g. How do care-provider and home exercise program characteristics affect patient adherence in chronic neck and back pain: a qualitative study

Throughout the manuscript “professional’ practice style” – the comma after professional is incorrect. Terminology for health care provider or professional or clinician needs to be consistent.

BACKGROUND

• The introduction should include a sentence about why we care about exercise adherence i.e. back and neck pain is a costly problem and what is already reported on clinician characteristics

• In the first paragraph there should be a statement about the effectiveness of exercise therapy on outcomes for chronic neck and back pain (including citations of up to date systematic reviews)

• In paragraph 2, BP O’Sullivan is cited for the first sentence however this was not a finding of their research

• In paragraph 3 there are more current references available

• Friedrich (2005) and Hayden (2005) both refer to compliance and motivation strategies. The Sluis 1993 paper about compliance is cited in every paragraph of the background but is not current enough.

• The following are some useful additional references:


2. Are the methods appropriate and well described?

The methods are appropriate but are not well presented or well described. The results will depend on the rigour of the methods and their explicit presentation. There should be a statement about the reason for selecting focus groups, an explanation of the qualifications of the facilitator and a defence or argument for using grounded theory. The first 2 references are standard accepted texts in qualitative research methods and the second 2 are recent additional papers about rigour.


In particular the following issues should be addressed:

Participants
Inclusion criteria: define back and neck pain area e.g. non-specific, age group, literacy
Exclusion criteria: underlying pathology, co-morbidities etc
How were the potential participants identified from the patient records and how were they approached to ensure that they were not coerced?

Please explain what is meant by “mixed purposive sampling strategy” The final sentence of the participants section does not make sense.

Recruitment
The first 3 sentences require clarification.
There should be a sentence about provision of an Explanatory Statement and how Informed Consent was obtained.

Data Collection
Total number of focus groups, number in each, duration of each
A list of the focus group questions should be included as a table
Clarification is required regarding independent verbatim transcription and independent analysis of codes and emergent themes.
Describe how confidentiality was ensured and how the participants were de-identified (code number, pseudonym etc).

Data analysis
There should be a mention and description of Grounded Theory and explicit description of how credibility, dependability, confirmability and transferability were enhanced

In the analysis section there is a sentence about presentation of the defined categories to the treating health professionals. Please explain the rationale for this process as it seems unnecessary and if justified should be relocated to the method section. The analysis section needs to be more succinct.

3. Are the data sound?
The data appear sound and will appear more so when the rigour of methods reporting is improved.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Some comments about the Results section
Include a diagrammatic flow chart of the pathway into the study (with n= at each stage) and include reasons for exclusion and non-participation.

Some form of quantification of observation should be considered ie the number or percentage of participants who reported or experienced x, y, z.

A summary statement about the main themes that emerged should be included ie theme 1, theme 2 and that they will be presented with substantiating quotes, etc.

These are some very interesting points and quotes – consider a table or appendix of further quotes and sub-themes because there is an apparently rich data source that has not been fully utilised.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Discussion
It is stated in the first paragraph of the discussion that the findings are relevant to adherence – this remains unknown until it is formally tested in, for example, a RCT. However it can be stated that these are issues reported by this group of patients and what they consider to be important. The discussion is good and will be more relevant when the methods and results sections are expanded and improved.

Figure 1: is a good start but needs to be simplified and clarified. It looks like definitive recommendations but is really a participant report. Present as dot points and present more information

Conclusions
The conclusions need to be more cautious – this study has identified what study participants reported and this concurs with the available but limited literature. The findings give health care providers additional information to consider but they are not definitive in improving adherence.

6. Are limitations of the work clearly stated?
This appears to be covered in the Reflections section – some rewording needs to be done here for clarification. Some of the wording does not make sense or flow logically.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Yes but there are more publications available that have not been used as citations.

8. Do the title and abstract accurately convey what has been found?
The abstract should be re-written after the manuscript has been amended so that methods, results and conclusions are summarised in line with the document.

9. Is the writing acceptable?
The current writing style is not acceptable for a scientific journal but can be amended for clarity and comprehensiveness

**Level of interest:** An article of importance in its field

**Quality of written English:** Not suitable for publication unless extensively edited

**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