Reviewer's report

Title: Health care experiences of immigrant patients: a qualitative study of factors affecting feelings of trust

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Reviewer: Patricia Hudelson

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General comments:
I feel that this version of the manuscript is much improved in that the authors responded adequately to my initial comments and suggestions regarding the definition and operationalization of trust, the description of how the study was conducted and information about the characteristics of the critical incidents which constituted their data base.

However, now that I have a clearer picture of the study and study methods, I have more fundamental questions and doubts about the framing of the research question. I feel that there is something circular and problematic about framing the study around the concept of trust. The authors take trust as a starting point, and adhere to the definition of trust as a voluntary act of the trustor believing that the trustee will care for the trustor's interests, in a situation characterized by power asymmetry (which is a very clear definition). They then go on to say that they want to explore the factors or conditions that lead to low trust among immigrant patients. Ideally, this should have led to sampling immigrant patients who experienced high and low trust, with the aim of comparing experiences and identifying specific issues associated with low trust. But the authors only targeted immigrants who they pre-defined as having experienced low trust.

Furthermore, rather than asking immigrants whether or not they felt trust in their health providers (as part of the recruitment process), they sampled immigrants who had experienced anything “unusual, unexpected or inappropriate” during care, assuming that such experiences lead to low trust. However, this may not be the case. It is, in fact, possible that some immigrants who experienced unusual or unexpected events still felt trust in their health providers.

Given the sampling and interviewing approach used by the authors, I actually think that it would be more appropriate to simply frame the manuscript around this notion of unexpected or unusual experiences in health care. It is enlightening to read about how immigrants experience health care, and what they find strange or inappropriate about the Dutch health care system. It offers food for thought to physicians—encourages empathy towards immigrant patients and encourages reflection on the cultural aspects of Dutch health care that they may take for granted but that are not at all evident to patients (immigrant or not). The introduction of the paper could focus more on the fact that many factors affect patients’ experiences of health care (knowledge of the system, previous
experiences, education levels, language proficiency, cultural beliefs about the body and illness, etc. etc.) and the need to better understand immigrant experiences of health care.

Rather than making trust the emphasis of the introduction, I would only introduce it in the discussion. The argument would now be that experiencing strange or unexpected events in health care may lead to low trust (as explicitly expressed by at least a few of the authors’ interviewees), and low trust has been shown in the literature to be associated with lower satisfaction, poorer treatment adherence, etc. An important recommendation for physicians might then be the importance of exploring patients’ expectations, difficulties, perceptions, etc. and being sensitive to the ways in which patients’ from other cultures and health care systems may experience the Dutch system.

Specific comments:

1. In general, I found some parts of the introduction to be confusing. I do not see, for example, how the authors can claim that they used an approach whereby trust is a construction of a “shared identity” between patient and provider (first of all, I’m not really sure what they mean here by identity). A shared identity would require interviewing physicians and patients about what when on and determining if there was a shared identity or not. I also found a lack of conceptual clarity with regards to differentiating between the definition of trust (trustor believing that the trustee will care for the trustor’s interests) and the conditions necessary for creating trust (power differential, 2 people who know each other, etc.).

2. Only one passage on page 14 explicitly mentioned the word trust. Are there others? The authors say in the text that certain respondents experienced low trust, but did the respondents themselves say that, or is this an assumption on the part of the authors?

3. The word “competences” (plural form) does not exist in English. One can say competence (in English the singular form can encompass multiple skills) or perhaps capability.

4. In the first paragraph under Data Collection: the word “joint” should be “joined”

5. The word data is plural (datum is singular). So text should read “The data are…” rather than “the data is…”

6. The group interviews were not by definition “focus groups”. They were in fact what are often called “natural groups”. Focus groups consist of of individuals specifically selected according to pre-defined selection criteria (sociodemographic characteristics and theoretical criteria), and generally do not know each other beforehand. Natural groups take advantage of pre-existing groups, and the researcher has much less control over the size and composition of the group.

7. I thought the data analysis section could be a bit clearer regarding the terms used. Not every reader will be familiar with the vocabulary around the “framework” approach. The authors could be more explicit in terms of developing
codes that were then assigned to passages of text (rather than talking about a thematic framework). Also, what does “sifting and sorting” really mean? This could be expressed in everyday language—for example, explaining that text passages were grouped by code, and then all passages with a particular code were re-read to identify sub-themes, etc.

8. I think that overall, the analysis remains too descriptive. The authors mainly present text passages, and then repeat in the text of the manuscript what the passage says. I think a more analytical approach to the data is needed.

9. In the discussion, the authors say that one of the weaknesses may be the mixed method approach. I don’t think this is a weakness—it is the recruitment criteria that are the weakest part of the study in my opinion.