Reviewer's report

Title: Instrumental and Socioemotional Communications in Doctor-Patient Interactions in Urban and Rural Clinics

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Reviewer: Rolf Wahlstrom

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Instrumental and socioemotional communication in doctor-patient interactions in urban and rural clinics

Comments to the authors
This is an interesting and quite innovative study. There are some strengths, but also some weaknesses, which are commented below.

I think it is relevant to mention that apart from my academic background, I also have a 30-year experience of working as a family doctor in a rural community of 7000 people.

Major Compulsory Revisions

Methods
1. A major problem is that there seems to be two studies that are interlinked – one comprising 42 doctors and one with only four doctors. The main issue is that there is only very brief information about the first study, where 42 doctors were observed and interviewed. It is not made clear why the reader doesn’t get any more detailed information about the results of these observations and interviews.

2. Even more problematic is that there is no information on why the four doctors were selected for the study presented in the article. On what grounds were they selected? What had been found that gave the rationale for continuing the study with these ‘in-depth’ interviews and observations? Or were the interviews the ones that had already been performed? And the same with the observations?

3. This leads to the obvious question about the research design. It is stated that a grounded theory approach was utilised, but this is not clearly shown in the article. Which theory has been developed, grounded in the empirical material? To me it seems that the researchers had their theory well developed when they started the study as shown in the Introduction, and that they rather apply this framework on their analyses of the data. This is of course fully respectable, but should then be named for what it is.

Table 1: The table s problematic. There is no definition of “strictly instrumental”, which makes it difficult to understand how the percentages were estimated. Percentages of what? Total number of uttered communication units? It looks
strange that the examples of instrumental communication for rural doctors should only amount to 4 and 15%, respectively, compared to 50 and 63% for the two urban doctors (the latter is imprecisely referred to as “more than half of the appointments …”; “more than half” is literally anything between 50 and 100 percent). The quote might indicate that the percentage refers to whole consultations, which would make it questionable as the number of appointments is between 13 and 23. It is recommended not to use percentages if the observations are of these low numbers. Why were 13 observations deemed to be enough for one of the doctors, while the other three were observed during 18-23 visits?

Background
1. Too long. The reference to literature on social environment is not necessary or should be kept to a minimum.

2. The text on doctor-patient interaction is basically good, but I miss reference to the well-known work by Pendleton. I’m also surprised that McWhinney is not mentioned in the context of patient-centredness, given that the article comes from Canadian researchers.

3. The presented framework for the doctor-patient interaction is descriptively linear and not very useful for the aim of the study (compare Pendleton)

Results
1. The presentation is mainly clear. However, there are some potential contradictions related to the views of the rural doctors, as the interpretation can be understood as describing the female as more in the same category as the urban doctors.

2. There is a general problem in the way the results are presented. It can be seen as describing the character of four individual doctors, which is not that interesting for the international reader. This gives an impression that the analysis is still on a rather superficial level. In my assessment, it is needed to give a much more comprehensive presentation, which is derived from the empirical material preferably with more quotations.

Discussion
1. Limitations: Much more must be written about limitations. In my assessment, it is an important limitation that there are only four doctors in the study as presented. No rationale is given for this and no information is given on data saturation.

2. The comments about impact of consultation time are quite superficial. The consultation time at each visit is only one parameter in the interaction between doctor and patient. Others are how often the patient visits the clinic and whether there are other contacts by phone or mail or otherwise. This finding is only interesting and necessary to discuss if there is reason to believe that the outcome is similar, or at least that outcomes of consultations in the rural and urban context are of similar value for the patient in terms of health improvement.
3. Parts of section 5 and the whole sections 6 and 7 are general comments on community ties and on what characterizes and determines urban and rural health, respectively. These comments are more like speculations referring to the literature and only loosely linked to the results. In my assessment, these parts should be deleted or at least drastically reduced. This is not the place for sharing justifications for other studies.

Conclusions
The conclusions must be revised.
1. The first part is an unnecessary repetition of results focusing the length of the consultation. As indicated above, this is not a particularly “interesting finding” in itself as we don’t know what it actually means in terms of health outcomes.
2. The comment on how the urban interactions “tend to follow the basic script documented by conversation analysts”, should be presented somewhere else in the Discussion.
3. The second part is a comment on the literature on the relationship between socioemotional communication and patient outcomes, and should as such not be part of the conclusions at all.
4. The next to last sentence is not well connected to the previous discussion as the authors here seems to take the stand that it is already documented that socioemotional communication is one determinant of poorer health in rural areas, although it is not known to what extent.
5. The final sentence points to the importance of “better understanding the different types of doctor-patient communications” in order to explain variations in health care and health outcomes between urban and rural settings. But wasn’t the aim of the study to contribute to this understanding? What more do we need to know about these “types”? Or are there also other types, which have not been explored in this study?

Abstract
The abstract must be revised in accordance with other changes made.

Minor Essential Revisions
1. I find the following two sentences (last sentences in paragraph #4 in the Discussion) quite strange. I think they need to be thoroughly revised, as it is not clear what is actually referring to what. The sentences relate to urban interactions: “Again, these conversations, while personal and emotionally supportive, are not to the same extent as those observed in the rural clinics. These interactions tend to be more instrumental and task oriented than those in the rural clinics where most of the conversation in the urban is focused on the patients’ health concerns.”
2. Discussion, section 7, line 8: change to “affected”.
3. In the section starting “When asked about the most satisfying thing about his work …”, the fifth sentence is confusing. It states that “Similar to all of the doctors
already mentioned, the rural doctors found spending time …”. Who are all these
doctors? The two urban doctors?

4. Methods, first section, 6th sentence (starting “The interviews consisted of …):
This sentence ends with “etc.” I strongly recommend the authors to either spell
out what this “etc” means or delete it. It is not for the reader to fill in such
information.

5. Last section in Methods: change to “casual” (communication).

6. Past tense should be used in most of the text, especially presentation of
results.

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**Level of interest:** An article of limited interest

**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.