Reviewer’s report

Title: How the stigma of low literacy can impair patient-professional interactions and affect health: insights from a qualitative investigation

Version: 1 Date: 2 May 2013

Reviewer: Jennifer Ridgeway

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Major Compulsory Revisions

1. The objective should include reference to stigma and the causal pathways under investigation, if indeed this was a determined objective at the start of the study. Also, the authors talk about implications for patients’ “healthcare and health.” Clearer language would be helpful, e.g. health behaviors, health outcomes, interactions with providers, etc.

2. The authors should expand on current research in the introduction, for example better defining health literacy, health knowledge, or related concepts—including written and oral understanding—what is known currently (what is truly previously neglected), and the role that stigma plays in complex conceptual models of health literacy (especially given references to pathways in this article). There are statements about current literature on the topic (e.g. references 22-25) but they leave the reader to guess what those prior studies found. Some introduction to later-referenced policy issues would also help the reader follow the logic from the introduction to the conclusion/implications.

3. Greater depth in methods would help the reader assess the quality of this study. The description “participants revealed varying types and degrees of reading, writing, and numeracy ability, but all clearly faced significant challenges with literacy activities” is vague and limited to written communication. Likewise, the statement about recruitment (“Recruitment was monitored to ensure the inclusion of men and women of different ages at varying stages of literacy education and with a range of experiences of health problems and health care.”) leaves out detail that would help the reader assess study quality.

4. The results section could benefit from clearer organization. This could help the reader follow the logic from stigma to verbal communication to health behaviors/adherence/understanding.

Discretionary Revisions

1. Identification of interview questions or topic guides in a sidebar or table would be very helpful, as would a listing of which themes were presented in focus groups.

2. While the authors note the limitation in selecting participants from a literacy
program, they should include additional insights into how the population limits their findings and how future research might address these limitations.

3. I do not find the sections on school day experiences or mental wellbeing to be well developed or connected to the key objectives. I trust these emerged from the data, but they may better be included as areas for future inquiry unless the participants made clear connections to health care interactions that can be better fleshed out in this paper and connected to the other findings.

4. Individual interviews and focus groups are appropriate and valuable in different ways and for different reasons and purposes. Better explanation of why interviews were used in the first stage and focus groups in the second stage would be helpful, including the benefits of using these two methods together—especially in light of the fact that some of the same participants were included in both the interviews and focus groups.

5. Readers, especially those less familiar with qualitative methods or terms like framework analysis, would benefit from rewriting the analysis section somewhat to retain some of the nice detail on the process while using language that better explains the steps and what they are meant to do, rather than relying on jargon like “thematic coding” and “charting of data summaries.”

6. There is a lot of information detailed in just four sentences in the first two paragraphs under “Difficulties experienced in healthcare contexts” given that gathering this information was an objective of the study. I think this section deserves additional detail.

7. The authors talk about participants’ suggestion that literacy screening be avoided, instead suggesting universal solutions, but this paper may benefit from some discussion of how providers know whether patients have understood the message regardless of the literacy level.

8. The tables could be improved in content and formatting. Many good examples of tables reporting participant characteristics are available in the literature.

Minor Essential Revisions

None

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.