Reviewer’s report

Title: Factors influencing health care utilisation among Aboriginal cardiac patients in central Australia: a qualitative study

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Reviewer: Jeffrey Fuller

Reviewer’s report:

This is a very well written study that explores the enablers and barriers to health care use by Aboriginal cardiac patients in central Australia. The methods of data collection and analytic rigour are thorough, in particular the use of a “typical patient narrative” as a way of promoting discussion through focus groups and interviews.

The results section is exceptionally well crafted moving between the authors’ description and the illustrative quotes.

The typology of factors framed under the matrix of predisposing enabling, need & reinforcing factors as well as individual, interpersonal and primary & hospital levels is the useful contribution of the paper. I would encourage the researchers to more fully exploit their use of this.

COMPULSORY REVISION

Table 1 looks like this matrix but it is under developed. The uses of the (P), (E) etc categories in bracket, rather than as rows, means that it does not look like a matrix. Perhaps the problem in doing so, however, is getting the axes conceptually coherent. I am not sure that the factors predisposing, enabling and reinforcing are conceptually of the same category as need. Although need may be a component of or a precursor to predisposing, ie if I don’t perceive a need than I won’t seek to use a service. If the ecological conceptual framework derived from references 16 & 17 could be explained a little more, this could set the matrix up as a clearer analytic framework. If the researchers were to do this then the paper could provide health services with a way to think about how to improve service access across a range of stages and levels.

COMPULSORY REVISION

There is minimal reference to the large body of literature on enablers and barriers to health service use, and in this regard the paper does not add its particular findings, in the discussion section, to the theoretical knowledge base. To do so (add to theory and hence the potential transferability of these findings) would address in part the limitations mentioned on p27. A more complete explanation of the matrix (point above) could be the basis for this theoretical reflection.

DISCRETIONARY REVISION

I wonder at the limitations in use of the “fundamental qualitative descriptive
design”. While it follows that it is participants' own perceptions that influence their use of health services, the explanation about what is going on, and hence the solutions, may be more multi-dimensional. For instance on p21 one participant describes ambulance drivers' resistance to pick up patients in town camps as stigma, however, ambulance drivers may describe this differently. It is not that one or the other are correct, simply the limitation in relying on the spoken perception (fundamental description) as the explanation.

I wish the authors the best in further work on conceptually tightening the analytic framework of the paper as the material that they have is very good.

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’