Reviewer's report

Title: Patient-provider interaction from the perspectives of type 2 diabetes patients in Muscat, Oman: A qualitative study

Version: 1 Date: 23 April 2007

Reviewer: Anna Sarkadi

Reviewer's report:

General
This is an interesting paper providing useful insights into the way patients perceive the provision of diabetes care in Muscat, Oman. The study design, data analysis, and reporting of results are all in accordance with the practice of qualitative research using focus groups as a data collection technique. My comments relate to a more structured methodological discussion to make it easier for the reader to judge the rigour of the qualitative method used in this work.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Instead of the Limitations section I would like to see a structured description of the three main aspects of rigour in qualitative research: credibility, dependability, and transferability under a Methodological discussion section.

In terms of credibility (truth value of results in relation to research question), the circumstances of the interview and the questions asked are clearly described as is the use of peer debriefing so this only needs to be highlighted for clarity in the new section. However, I also would like to have a more detailed discussion of the use of same-sex groups and the possible pros and cons of this approach. Same-sex groups are not always a given and the main reason here, according to the authors, was to see if any differences in relation to carers was perceived which does not seem to be the case. So, would women feel constrained in their discussions in mixed-sex groups? Would men feel uncomfortable discussing health issues or feelings if women were present? Is it possible that some important aspect got missed out because of same-sex groups?

In terms of dependability (truth value of results in relation to data), I lack a clear decision trail from original content categories to resulting categories. In fact, the authors seem to have been sensitive to emerging categories, enhancing the quality of the study by broadening it to something more than a semiquantitative analysis based on already aexisting categories. For example, the lack of transfer of medical information, participants' concerns about the inexperience of personnel, and patient barriers to management are all new emerging categories identified during the analysis. This should be described (depicted if possible) along with the description of the roles of the different authors in this process. Also an aspect of dependability, I lack a description of the way the dynamic observational data were used during the analysis. Apart from the fact that authors had a debriefing session after each interview, did they actively make use of those observational data?

In terms of transferability (usefulness of results) the authors seem to have data on the demographics of non-participants and participants. It would be useful to see some statistics on this, given that it would greatly enhance the quality of this study. Otherwise, the focus group method is notorious for having difficulties in getting adequate participants and not knowing whom we miss out. Negative case analysis and aspects of group heterogeneity are also described, adding value to the study. Everyone knows that qualitative data is not generalisable (it is not the purpose of such a study), so instead please try to give a picture of where and how you feel the data to be most useful.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions
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