Author's response to reviews

Title: Communicating with mismatch and tension: Treatment provision experiences of primary care doctors treating patients with overactive bladder in Hong Kong

Authors:

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Dear Editor and Associate Editor,

Thank you very much for your valuable comments on my submitted manuscript “Communicating with differences and tension: The treatment provision experiences of primary care doctors to patients with overactive bladder in Hong Kong” to your Journal BMC Family Practice. Also, thank you very much for giving me an opportunity to revise my manuscript for your Journal. I have revised the manuscript according to the Associate Editor’s comments. Please kindly find below for my responses to these comments.

1. Abstract. The first line of the methods section repeats the last sentence in the background. Suggest revising to 'Semi-structured individual interviews were conducted with 30 primary care doctors...etc'

   - Response: The paragraph of background in the abstract has been revised, with the original last sentence in this paragraph removed.

2. Line 67. Explain the term 'short history'. Do you mean short time to presentation?

   - Response: I have rephrased this to “short history of the existence of OAB in medicine”. (line 67)

3. Line 70 and 140. Remove the word 'my'. It is sufficient to say that this was based on earlier research, and provide the relevant reference.

   - Response: I have removed “my” according to suggestion.

4. Line 105, sentence beginning 'In-depth individual semistructured interviews...' This repeats the information in the next sentence. I would suggest removing this sentence and moving directly to Data Collection.

   - Response: The sentence originally in line 105 was moved to data collection part. (line 107-109)

5. Provide information about how many doctors were approached and declined/accepted (line 127).

   - Response: The following information is now added in the manuscript: “Thirty nominated doctors were approached in the first attempt, with 21 doctors accepted the interviews, and 9 doctors declined. These doctors who declined the interview were replaced by other primary care doctors referred by the patients (6 doctors were approached and accepted the interviews), and referred by the members of an OAB patient self-help group (3 doctors were approached and accepted the interviews).” (line 126-130)

6. Line 135. It is not clear what is meant by 'having data flaws'. Suggest this clause is deleted.

   - Response: “having data flaws” is deleted.
7. Line 142. Suggest the word referenced is exchanged with consulted.

- Response: The word “consulted” is used instead (line 142)

8. Line 143. Sentence beginning 'this ensured robust...' There is no evidence that the data were triangulated with data from a previous study. I suggest this sentence is removed.

- Response: This sentence is removed now.

9. Some of the questions are not 'open questions' (e.g. question 3 and 12.). Perhaps you could rephrase the sentence beginning 'The questions were open-ended..' Line 146) to 'An open questioning style was adopted with some closed questions to clarify particular points.'

- Response: The sentence suggested is adopted to replace the original sentence. (line 144-145)

10. Line 173. What is 'quick data analysis'? Do you mean 'Data generated were initially scanned to determine what information....etc'

- Response: I explained quick data analysis further in the data analysis part: Quick data analysis, involving initial data scanning to determine what information had been obtained and what topics needed to be explored further [19], was conducted by the researcher during the interviews. (line 172-174)

11. Line 180. This sentence is not clear. Do you mean 'The back-translation also assisted in cross-checking the first round translation and minimised errors arising from potential researcher bias'?

- Response: This sentence is revised as “The back-translation also assisted in crosschecking the first-round translation and minimised errors arising from potential researcher bias” according to suggestion. (line 178-179)

12. Provide detail of what analysis approach was undertaken (e.g. Thematic Analysis) and provide a suitable reference to this approach.

- Response: Thematic analysis was adopted, reference added. (line 180-181)

13. The description of coding and recoding of the analysis (line 190) is not clear. I am not clear why this was done and how it established reliability given it was undertaken by the same person (also, no inter-rater reliability data are given on this to confirm that it did in any way limit bias). I would suggest omitting this paragraph, but instead discussing the limitations of using a single researcher for analysis in the Discussion. The attempt to recode does not address this limitation but introduces further potentially concerning issues.

- Response: As suggested by the Associate Editor, the coding and recoding paragraph in the data analysis section is deleted. Instead, I discussed the limitation of single researcher in the limitations section. (line 552-559)
14. Line 222. Insert the phrase 'completed a' in the sentence 'All the sampled doctors had [completed a] rotation in four disciplines...'

- Response: The insertion is done according to suggestion. (line 215)

15. In several places in the manuscript, including the abstract, you refer to experiences being 'the most common' or "nearly half the.' However, this is a qualitative study, and does not purport to have quantified the data (e.g. content analysis), so it is not appropriate to present the data in this way. It is sufficient to say that these experiences were identified. If you wish to quantify the data in this way, some explanation in the methods is needed as to how this was done, and evidence of inter-rater reliability would be needed.

- Response: All the descriptions with quantifying nature were removed.

16. Results. 242. This heading is not needed as it is the only 'theme'. If you remove this, then the following sentence fits with the previous one and the four 'experiences', which are your 'themes', are then clearer (you could number these 1-4). The sentence about generalisation of the findings should be relocated to the Discussion under limitations/areas for further research.

- Response: The heading mentioned in line 234-235 is still remained, though the word “themes” is now removed. The reason why I still keep this heading is because there are two parts in the “results” section. The first part is “participants”, and the second part is about the experiences of the sampled doctors. To avoid confusion, I therefore decided to keep this heading; otherwise, the readers may misunderstand that the whole “results” section is about the participants’ characteristics. I have also numbered the four themes to make things clearer. The paragraph about the potential of generalization made by this paper is now moved to the “limitations” part (line 539-543).

17. Line 292. This theme is potentially much richer than described. There is very little analysis and two large quotes. It would be stronger if there was more interpretation of the different expectations and how these cause challenges and are managed (and the implications for each party). Some of the information in the quotes (e.g. about feeling they are being blamed by the patient and perceive patients feel 'cheated' is buried in the quotes but could be brought out in the analysis. This is important as it's a key part of the findings and conclusions. In the Discussion the ideas of 'professional dignity, perceived capability and authority (line 467) are referred to, but they aren't explained in the analysis.

- Response: The analysis of the quotes of theme 2 “mismatch in treatment expectations” has already been elaborated in the discussion. This can be seen from line 401 to 476.

18. Line 316. Consider rephrasing this first sentence - what do you mean by significant differences? Is this in doctor and patient expectations about communication? Or between doctors? I think it's the former. Perhaps this theme title (and the previous one) would work better if it was about 'mismatch' rather than 'difference' so it is clear it's about alignment between doctor and patient, not differences between healthcare professionals.
- Response: The sentence is now rephrased as “As experienced by the sampled doctors, there was significant mismatch in expectation about the communication style between themselves and their patients” (line 303-304). Besides, “mismatch” is used to replace “differences” in title, headings, and text to make the meanings clearer.

19. In several places in the manuscript it needs to be made clear that the expectations etc of the patients are ‘doctors beliefs/perceptions about patients’ expectations etc’. ie we do not know from these data what patients actually think, only what doctors interpret they think from their behaviour or what they believe they think. This is something you can then address in the Discussion.

- Response: Doctors’ beliefs about their patients is emphasized in the results section to avoid confusion. Such changes in expressions can be seen in theme 2, theme 3, and theme 4.

20. In theme 4 (Embarrassment), Line372, the idea that doctors become embarrassed and fear embarrassing patients, which leads them to avoid taking a full history (examination) and hence potentially not diagnosing OAB appropriately, needs to be explained. This is in the quote and is referred to in the Discussion, but not ever stated in the analysis.

- Response: Please note that the analysis is embedded in the discussion part. Please see line 513-521 for details.

21. Line 384. Sentence beginning 'however the sampled doctors...' It is not clear what the 'different challenges' refer to here - different to each other (the data suggest there are common challenges in the data set) or different to patient? I suggest this sentence is deleted.

- Response: This sentence is rephrased by deleting “different” to avoid confusion (line 373).

22. Liner 400. Sentence beginning 'doctors addressing their...' this is not clear - consider rephrasing.

- Response: This sentence is rephrased as “Addressing their limitations in diagnosing procedures and treatment provision to patients was perceived as taboo by the sampled doctors, who said that doing so would damage the patients’ belief in the capability of doctors” (line 388-391).

23. The Discussion is overly long and still repetitive in parts, with large sections that do not discuss the findings in the light of the literature, but repeat findings. I would recommend that cutting the Discussion by at least a third, with a succinct summary of findings, followed by more comparison of these in the light of the wider literature, would greatly increase the focus and clarity of the manuscript.

- Response: The discussion section of this paper is all about the analysis of the findings. This section does not just only repeat findings, but more importantly, I analyzed the findings with the reference of doctor-patient relationship and medical culture of Hong Kong plus the comparison of other overseas literature. The discussion section, though, has been gone through again to make the argument tighter and clearer. Indeed, some arguments in the discussion section were suggested by the previous reviewers (thus cannot remove them), making this section seem overly long. Therefore, a new sub-section (line 522-547).
is now added to make the organization of the whole paper clearer, incorporate the changes in relation to the earlier suggestions from reviewers but at the same time avoiding the problem of repetition.

24. Table 1 is interesting. One of the Row headings is missing. It is not clear that that the data from patients is all from the data presented in the study (in which case why not refer to it at the end of the Results section) or if it draws upon findings from the wider literature. If the former, it is important to make it clear that the information about patients is from doctors perceptions about patients' expectations (see point 18)."

- Response: Table 1 has been revised, and has indicated that the information about patients was from the sampled doctors’ perceptions.

Thank you very much for your kind consideration of my manuscript, and also thank for your and reviewers’ valuable comments. All these comments enable me to further improve my manuscript. I sincerely hope that my revised manuscript and the responses to reviewers’ comments can meet the standard of your Journal. As your Journal enjoys a high reputation in the field of study in family medicine and family practice, I feel honorable that my manuscript can be considered to be published in your Journal.

I am looking forward to hearing from your Journal in the near future!