Reviewer’s report

Title: Communicating with gaps and tension: The treatment provision experiences of primary care doctors to patients with overactive bladder in Hong Kong

Version: 4 Date: 16 June 2015

Reviewer: Adrian Wagg

Reviewer’s report:

This is a qualitative study which explores the experiences of primary care providers with respect to treatment of patients with OAB in Hong Kong.

Revisions which require addressing:

The abstract appears to be a concise summary of the study and its findings. The conclusion, which I might relabel discussion, introduces the concept of lack of trust and tension and a mismatch of expectations which doesn’t appear elsewhere – this perhaps needs to be justified in the results section somehow.

Background

The definition of OAB is not correct – urgency incontinence is not required to make a diagnosis; reference 4 appears to be misplaced here.

The sentence structure regarding the AUA guidelines needs rewriting “recommends in a new guideline…” in fact the use of English does require some revision and tightening up throughout.

Doctor shopping may need explanation to those unfamiliar with the term.

I’m afraid the meaning of this sentence is unclear to me… Illness experiences often subject to the interaction between health care providers and patients, hence both the health care providers and patients are the key players in accounting the whole treatment experience.

The research question is well framed and interesting – often research in this area is framed by a negative attitude regarding training and awareness, the nature of the interaction between care provider and patient and the influence that one has on the other is a useful paradigm.

Methods

How was the sample size arrived at – was this a purposive sample, was snowballing used, what theoretical framing was employed to understand the schema. Was sampling merely continued until no new themes arose?

Ethical considerations

All seems fine

Data collection

Ah – here is the methodological framework – perhaps this should be
amalgamated with the first paragraph – I would appreciate a discussion of the underlying theoretical framework – this looks like a grounded theory approach.

Was the identification of relevant doctors by OAB patients subject to bias? Were either more negative or positive treatment experiences likely to be identified, and therefore their doctors with them? How representative of the “usual” experience do the authors feel the obtained sample was?

Purely a stylistic preference but one prefers papers written in the third person.

Was there another researcher involved in reviewing the transcripts and identifying the themes? It would be unusual for a single researcher to do this – even twice

In the section titled participants - there are quite a few results – this should be moved to the appropriate section.

The author should explain the term “a dawdling rise”? The presentation of themes is comprehensive and easy to read, the section on ketamine may be less generalizable. The illustration of the multiple “barriers” and the impact of the potentially embarrassing condition is extremely useful particularly as this was expressed by the treating physician; again, I am unsure as to how culturally specific some of these data may be.

There’s a great opportunity to assess the impact of an educational intervention for recognition and treatment of OAB in primary care in order to address treatment and breaking down the barriers of taboo on the part of the physician.

The identification of the need for physicians to “save face” and not admit a lack of knowledge may serve as a factor in exacerbating tensions – perhaps this could be explored?

Changing the expectations of patients regarding the pathology and treatments for OAB seems to be essential to change the nature of the consultation in primary care regardless of the subtle nuances of the specific relationships described here – the authors might attempt to generalise their findings as much as possible and address some of the specifics regarding this particular sample in the limitations section of the paper.

Discretionary revisions

The authors might address the things that they think need to be done and the sequence in which they think things should be addressed in order to improve the situation – this might be a useful addition to the discussion, rather than the simple narrative description

The weakness of the paper is in the single researcher analysing the data – this may have been solved by obtaining a second opinion

Accept following the authors response to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests
Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

I declare that I have no competing interests.