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

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Reviewer: John Yaphe

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This paper reports the results of a qualitative study using the long-interview method to assess the knowledge, attitudes and practices of family doctors in Hong Kong in the management of patients with Overactive Bladder Syndrome (OAB). This research follows an earlier publication by the author on the patients’ experience of the disease and the behavior of doctor shopping. I had the opportunity to review that paper two years ago and so I looked forward to seeing this companion piece on this poorly understood condition from the doctors’ perspective.

The author interviewed thirty general practitioners in private practice who were known to treat patients with OAB. They were asked in semi-structured interviews to describe their experiences in the treatment of OAB and the challenges encountered. The interviews were recorded and transcribed and the transcripts were analyzed using grounded theory to look for overall themes and connections between themes.

The authors found a lack of knowledge about OAB and its causes and treatment. She also found differences in the expectations of doctor and patients (that she called “gaps”) regarding investigations, treatments and outcomes of treatment. These differences caused tensions between doctors and their patients as did feelings of stigma or embarrassment in the clinical encounter. There were also tensions caused by concerns over conflict of interest in the private medical system regarding a poorly understood chronic condition with no objective signs and no widely agreed treatment.

As such this paper contributes to our knowledge of the challenges involved in management of OAB in particular and with medically unexplained physical symptoms (MUPS) in general and there is interest in publishing this. It has also been properly conducted by a researcher experienced in qualitative research methods. This lends credibility to the findings. However, several issues need to be addressed before this can be published.

Minor essential revisions

These issues relate mainly to linguistic problems and the paper would benefit from careful editing by a native English speaker. This is not a trivial issue as is often found in quantitative studies because the language is the key here. The
interviews were conducted in Cantonese, which is the native language of the researcher and her subjects. The transcripts of the interviews were translated into English and the analysis was done on the translation. Though the researcher did the interviews and the analysis (and presumably the translation) this introduces several filters and this needs to be clarified for the reader. What biases might this introduce? I imagine that an article written in Cantonese for local doctors using actual quotes from the doctors might have different impact on the reader.

For example, the use of the term “gap”, which is a key concept in this study, appears to be inappropriate. I would prefer the word “differences” as in differences in knowledge, expectations of treatment, or communication styles. While a gap is something that can be bridged or shortened (as in geographical or even dental usage), these differences need to be discussed and explored by doctors and patients in order to find common ground. The author is referred to the work of Moira Stewart on “Patient Centered Care” (that I am sure she is familiar with) for a discussion of “finding common ground”.

The methods section contains a fascinating description of the process of care of patients with OAB given by this group of doctors (lines 214-227). I would move this to the results section, which follows immediately. The author may also wish to move the discussion of the study participants (lines 202-213) to the beginning of the results section.

I find the use of the term participants to be confusing at several points in the results and discussion. It would be sufficient to say “doctors who participated in this study” early on and call them “the doctors” after that, as distinct from “their patients” who were participants in an earlier study.

There are several linguistic corrections that need to be made throughout the paper especially with regard to the use of prepositions. “Expectations of doctors” (rather than “on doctors” – line 519 and throughout the paper), “made the patients to suffer from dilemma” (line 385), illness experiences “are” (missing word) often subject (line 25). As these are too numerous to list here, I will leave this to the technical editor.

In the discussion I would like to hear the author’s opinion on ways to overcome the deficiencies in care and sources of doctor and patient dissatisfaction that she identified. What approaches in undergraduate, postgraduate and continuing medical education would she suggest? An intervention study might be a fascinating next step for her research.

A summary table comparing doctors’ and patients’ explanatory models, expectations of investigations, expectations of treatment, expectations of outcomes, and preferred communication style would also be helpful.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being
published

**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.