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:** 1 August 2015

**Reviewer:** Martine Granek-Catarivas

**Reviewer's report:**

**Major Compulsory Revisions:**

This is a very interesting paper, the qualitative methodology is appropriate, the data well collected and the results clearly reported. The bibliography is rich and provides a good background to the research paper.

But the paper requires extensive English editing and shortening.

**Editing:**

1- Abstract: Among all the sections of the paper, the abstract is the one that needs the most to be rewritten after extensive English editing work.

Following are just a few examples
24 OAB in Hong Kong, however, often serves as a challenge
25-26…… Illness experiences often subject to the interaction between health care providers and patients. ??? This sentence is not clear.
26. However, patients’ experiences have been occupying the main focus of
27-28-29 The study on the report of the experiences and the voice of health care providers have been lacking in the literature. Indeed, the satisfaction and morale (??? Well-being? Mood? Degree of burnout? ) of health care providers….
…adopts a qualitative study approach to examine the treatment provision experiences of primary care doctors in Hong Kong who are providing treatment to OAB
31 patients of primary care doctors in Hong Kong.

2- Results: The translated transcriptions are very well written, the English language is very good. Could the person who wrote them correct and edit the other sections?

Just a few English corrections in this section:
306 participants felt confused
337 …some patients do feel offended
340 offended, the mutual trust between doctor and patients is broken
350 physical examination of patients
Minor Essential Revisions

1 - Shortening the results:
There are some repetitions between the introduction of each of the themes and the relevant citations chosen. They should only complement each other and not repeat each other.

2 - Shortening the Discussion:
The discussion could easily be cut by half!

It is very lengthy, very repetitive within itself and repetitive of the comments and introductions of the themes already reported in the results. The discussion should only briefly refer to the themes that have been lengthily explicated in the results, and just elaborate and summarize them in the context of primary care in HK and the Chinese culture.

3 - Content of the discussion:
Discussing the limitations of a methodology is always valorizing the research paper.

In this research, all the interviews were conducted by the same researcher.

It is recommended to have an external interviewer and 2-3 data researchers performing the data analysis and interpretation.

Is suggest discussing the limitation of having only one research person doing the study conception and design, the design of the interview question guide, the data collection, data analysis, data interpretation, and the writing of the manuscript.

In this case, the sample of 30 primary care doctors working in the private sector is perfectly appropriate and more than enough for a qualitative research such as this one.

Minor Essential Revisions:
Methods, Data collection

Overall the methods are appropriate and very well described.

All the interviews were conducted by the same researcher. There should be an additional sentence specifying how many researchers did participate in the transcription, the translation and the data analysis, as well as the coding and the re-coding.

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

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'