Reviewer’s report

Title: ‘Motivational work’: a qualitative study of preventive health dialogues in general practice

Version: 1 Date: 20 Dec 2019

Reviewer’s report:

This is a very interesting paper with a thought-provoking argument. The results about the interaction and interplay between GPs and patients and the argument you develop on motivational dialogue has a lot of potential and deserves to be published and further discussed. However, I think there are a some issues that you need to work with before possible publication.

Overall comments:
To improve the argument even more, the analysis could be elaborated somewhat - it needs to be sustained with more contextualization and even more empirical foundation, I believe. This might especially help the authors to move on to a more nuanced conclusion than the actual one and a discussion about what their findings indicate. To move the results beyond the data would be fruitful - and I know this can be a trivial thing to say but I really feel that right now the results need more reflection and contextualization related to e.g. how motivation in general practice is employed in general, what influence routine GP work has on motivational work or what influence the intervention in itself has on the findings. The latter is not much reflected.

In the conclusion the main argument is presented as if this is how motivational work looks like in general. Is this how you see it and how do we know? It is not convincingly based on a thorough discussion of the argument and needs to be discussed in its context, through a situational analysis of the empirical material, the intervention, the idea of motivation etc. Especially, when the authors claim to take context into account in their analysis, what then about the whole intervention? What role does it play for the interaction, what are its structuring mechanisms and paradigms? If this is not accounted for, I would say that you stay at a dyadic level of consultation analysis even though you wish to go beyond it.

Another point is that I feel there are several 'studies' or angles/concepts mixed into this one: the process evaluation with a realist evaluation approach, the actual analysis, some ideas or concepts from different inspirations (dyadic, motivational work, temporal complexities). Not all concepts are accounted for, e.g. what are temporal complexities in this case? This study needs to find its own way and clarify its design and conceptualizations, explain them and integrate those that are the most important ones.
I really hope the below suggestions may help you develop your paper because it has a point that deserves to be promoted but also enforced to make its real point.

Abstract:
Background
This section does not really present the problem of the study, it does not give an idea about what research question you are interested in, specifically. What is the problem and the analytical backdrop the study feeds into and speaks against? (see also comments for Introduction)
Results:
Not quite sure I get the meaning of 'affected motivational work…'

Conclusion:
Please elaborate or rephrase the first sentence which is very complex. And what is a biomedical action perspective? This is not explained later on either.

Introduction
Line 50: what are 'health behavior diseases'? I get the meaning but this is not a common term, why use it? Why not lifestyle diseases? Or is there a development in the terms I am not aware of with a specific intention of meaning you wish to indicate?

Line 58-59: I think this is a somewhat sweeping statement….maybe valid for primary prevention but there are lots of studies on secondary prevention.

I really miss a more problem-focused Introduction. What is the analytical problem you address rather than the empirical problem? How is your study relevant at a more general level apart from what GPs might think about compliance and the hassle of prevention etc? Does it speak to e.g. discrepancies in the present understanding of consultations, dyadic or contextual, as you refer to later on? Does it speak to the encounter of different realities/rationales/disease models or something else? Or does it speak to 'motivation' as a key concept to be discussed? Or perhaps what you write about in the first section on Analysis? Placing your study from the beginning in a more analytical framework/problem would give it much more ballast - please try to rewrite.

Method
Line 85: The study is presented here as a kind of secondary analysis - if this is so, it should be explained or be transparent to what extent this is a secondary analysis and what this means to the study. If the process evaluation was meant to test acceptability etc (line 87), how did this then impact your analysis in this paper? Please, justify how your material is suitable for the analysis at hand. In line 134-135 we see a bit of that but, how does that fit with line 87? (see also below)

Line 94: the TOF intervention offers a digital health profile which the patient (according to my reading of the TOF project description) is encouraged to look through to prepare for the health dialogue and to reflect on lifestyle barriers or own motivation for change. This does not seem to be reflected in the interviews or observations by the researcher or in the analysis? It is a point in the analysis of the GPs work but not of the patients… This seems important to include to take the full intervention context into account

Line 97: TOF also offers, BEFORE the health dialogue, a focused health examination (blood tests, weight, height, blood pressure etc). This part of the intervention is neither included in the analysis but just stated as something the health dialogue is based on. How does this very 'medical' examination play a part as pre-encounter to preventive talks, how does it inform the investigated health dialogue? I suggest to elaborate the analysis of the health dialogues, taking their 'intervention context' into account.
Line 116: the recruitment process is very generally described and not fully transparent, logistically. How were patients recruited for example? (later on in Ethics there is brief information on this but it should be said here). And who did what? How many invited, how many accepted etc…how should GPs recruit patients, on what criteria? Is it ethically permitted to have the GPs recruit for example the patients directly? In my research setting this is not allowed - they can give them information about a study but they are not allowed to 'ask' properly and get a yes or a no. Is this allowed in the Danish context?

Line 125: How come there are 11 patient interviews when there are only 10 dialogues observed?

Line 127: As part of transparency, how did SML know which patient to greet in the waiting room? And did she observe the physical examination as well? Why not perhaps?

Line 134: The topics for the patient interviews seem very related to exactly this study. But in line 87 other issues are mentioned as being central to the interviews, as part of a process evaluation. And the whole evaluation is based on a realist evaluation approach, but it seems as if this is not well reflected in how you describe the interview content. Could you clarify this? How do these different approaches and aims and issues fit together?

Line 142: The GP interview content seems much more connected to a process evaluation purpose….in other words, were the GP and patient interviews concerned with the same topics, and if not, how solid is the analysis then, making a comparison of each party's experiences?

I would say that table 2 and table 3 are unnecessary - none of the information given is used in the analysis or discussion. You might describe this briefly in the Methods section in a prosa form just to give an overview or you should decide whether the info needs to be taken into the analysis. Their risk profile (which we are not informed about) is probably more interesting than age, gender and work, and could be used along with understanding their reactions during consultations or interviews.

Analysis
Line 156-158 and the following: I fully agree with this ambition (also line 171 etc), which here reads as a red thread to the analysis, however, it is rather scarce how you follow it up and the way you sustain the notion of context in your analysis of your empirical data. I would like to see this much more elucidated (also from the start, cp. Intro). In the Discussion you point to several inferences on contextual dimensions and claim that the methodology is context sensitive, i.e. bringing forward these dimensions. This in my view promises more than context details based on general knowledge of either literature or common ideas about e.g. biomedical knowledge and the paper would profit much from bringing in empirical data on context if possible.

Line 163: I would like to see some references to motivation as work and process. And in the Discussion, I would like to have reflections on the notion of motivation.

Line 166: using 'motivational work' as analytical lens…. Was this chosen a priori the analysis or did this concept emerge along the way? Somehow the analysis is presented in both ways, and also
there is a confusion between 'motivational work' as analytical concept versus the empirical observation of it. Please clarify the way you understand 'motivational work'

Line 253: 'our empirical material shows...' You use this phrase several times. To me this is not correct, it is your analysis that produces your interpretations, makes your inferences, not your empirical material as such. Please rephrase all places.

Page 19: You have mentioned a few times earlier that temporal complexities are central to what your argument is about. And here you bring in the temporal aspect again which becomes a major finding in your conclusion. If this is to be a major part of your argument, it should be explained, defined, and substantiated more. You have a limited empirical basis in this study for justifying what are the patients' 'temporal complexities'.

Discussion:
Things to discuss:
Did risk profile influence the patients' attitudes to health dialogue?
I suggest that you bring in the notion of dyadic consultations again and discuss what this has to say for your study, in a more general way and as your contribution to consultation studies. I would also like to see more discussion on the concept of motivation - not just related to GP practices but also more general ways of understanding this, relevant to your study and the way you employ 'motivational work'. Take a critical stance to your own notion and position in relation to motivation for example.

Implications: Finally, what is not shown or discussed is whether it is the intervention that structures prevention in this way, or it is contextual factors for both patient and GP? Or sth else? This is important. We need to get an idea about the scope of the argument of motivation - is it inherent-generic to any interaction with a GP or is it determined by the intervention?

The conclusion is interesting and thought-provoking but do the results really point to a change in patients understanding? This moves your argument away from context and back to individual attitudes, but is that your last word? To some extent this may be right, but again, what about the intervention itself, which may have a determining role. And when patients bring up medical problems instead of focusing on prevention (line 468), this is perhaps not a personal individual problem but a contextual or a relational one? You do try to follow that line but then slip back again.

Concludingly: I am aware that I have suggested quite a number of things to revise but most of these are connected and are exemplifications and explanations of the same aspects. I wish to emphasize that I think a twist of these aspects, of the analysis, the argument and the problem this research addresses, would be the way to approach a revision.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?
5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

'I declare that I have no competing interests'

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal