Author's response to reviews

Title: The experiences of care and motivation for effective self-management among diabetic and hypertensive patients attending public sector primary health care services in South Africa: A qualitative study

Authors:

Katherine M Murphy Dr (katherine.murphy@uct.ac.za)
Thandie Chuma Ms (thandiec@gmail.com)
Catherine Mathews Dr (cathy.mathews@mrc.ac.za)
Krisela Steyn Professor (krisela.steyn@uct.ac.za)
Naomi Levitt Professor (naomi.levitt@uct.ac.za)

Version: 3 Date: 18 May 2015

Author's response to reviews:

Author's response to reviewer's reports

Author's responses to each comment in italics

REVIEWER 1

Title: Qualitative interviews with diabetic and hypertensive patients attending public sector primary health care services in South Africa: Do their experiences of care meet their motivation needs for effective self-management?

Version: 2 Date: 30 March 2015

Reviewer: Blanca Pelcastre

Reviewer's report:

Questions and comments (Major Compulsory Revisions)
1. Is the question posed by the authors well defined?

The question is clear but it appears in the title, it must remove from it and put at the end of background.

The title has been changed accordingly.
2. Are the methods appropriate and well described?

The methods are appropriate and well described but it is necessary some
clarifications.

• Authors mention (lines 122-123) they used a purposive sample of patients in
their study; nevertheless any sampling procedure in qualitative research is, by
definition, purposive. Authors could clarify if the participants’ selection answers to
a theoretical criterion or to a specific interest/hypothesis (supposed ideas) that
carried out the study. It contributes to methodological rigor.

Agreed - purposive sampling is pretty much synonymous with qualitative
research methods. Its main goal is to focus on particular characteristics of a
population that are of interest, which will enable one to answer the research
question. In our case we used a type of purposive sampling technique called
‘criterion sampling’. This involved searching for patients who met certain
predetermined inclusion criteria, which are specified in the text. This term has
been used in the revised text rather than ‘purposive sampling’.

• Clarify the idea “Data analysis proceeded contemporaneously with sampling
after the first ten interviews” (line 167), it does mean the analysis star after the
interview number ten?

This has been clarified. “Once the first ten interviews were completed, data
analysis started and then proceeded contemporaneously with further sampling”.

3. Are the data sound?

The data are ok.

4. Do the figures appear to be genuine, i.e. without evidence of manipulation?

The figure is ok.

5. Does the manuscript adhere to the relevant standards for reporting and data
deposition?

The manuscript is adhered to standards.
6. Are the discussion and conclusions well balanced and adequately supported by the data?
   Yes, the discussion and conclusions are well balanced.

7. Are limitations of the work clearly stated?
   At the end of the study, authors mention some limitations; the first one is referred as: “As with all qualitative studies, the findings may not be generalizable to the larger population of public sector patients in SA.” (lines 449-450). Because its epistemological position, the qualitative designs do not look for the generalization, it is not a qualitative goal, so, this never can be a limitation. If the generalization was an objective of the authors, they must use a quantitative design.

   Agreed, this is unnecessary to state and has been deleted. The sampling is not intended to be representative and this is not considered a weakness in qualitative research. Qualitative methods were clearly and consciously chosen as the most suitable methods to investigate patient’s personal experiences of healthcare and self-management of chronic conditions.

   The second limitation: “More women than men agreed to be interviewed, thus limiting our ability to discern any gender differences.” (lines 450-451) I think it is no so precise, the ability to discern differences is a researcher’ characteristic that is not in the data, but few/limited qualitative data do not let to do a further analysis, including to establish gender differences, like the authors mention.

   Yes, agreed, while it is not possible to establish gender differences in any definitive way, including more men would perhaps have given us some insight concerning how men and women might experience care and self-management differently or discuss it differently. This sentence has been modified to clarify this.

   Finally, the third limitation is not clear, “We did not verify patient’s accounts of their interactions with healthcare providers by direct observation or interview providers in the selected clinics for their perspectives.” It does mean the authors
have doubts about informants’ experiences? How they could justify methodologically the necessity of an observation practice in order to verify patient’s accounts?

No, the authors certainly do not doubt the veracity or validity of patients’ accounts. To avoid creating this impression, this sentence has been deleted.

8. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   Yes, they do.

9. Do the title and abstract accurately convey what has been found?
   Title: it is not recommendable that title stars with “qualitative interviews”, because the methodological technique is not the main topic studied. Main topic could be indicated through an asseveration more than an answer; as suggestion, title could be transformed as follow: “Diabetic and hypertensive patients: Experiences of care and motivation needs for effective self-management in South Africa”.

   The title has been changed accordingly. However, identifying the study as qualitative is conventional in a study title and follows existing guidelines for writing of qualitative papers (see SRQR O’Brien et al 2014). This aspect has now been added at the end of the title rather than at the beginning.

   Abstract is accurate.

10. Is the writing acceptable?
   The document is about a qualitative study of diabetic and hypertensive patients’ experiences of care, the objective is to contribute to the reorientation of health promotion and disease prevention actions. It is acceptable with some modifications.

   Discretionary Revisions
   The paper presents the importance of non-communicable diseases (through
some epidemiologic data) and indicates the paucity respect users healthcare experiences of chronic care, perspectives on and capacity for self-management; nevertheless, there is a vague idea (lines 90-92) about the study contribution to knowledge in patient-centered models of care. I think authors must argue deeper.

I don’t really understand this point...........I think for the purposes of the introduction, there is sufficient description of the purpose of the study. This paragraph (pgs 90-92) needs to be read in the light of the previous one, which explained that the Dept of Health is SA is proposing a shift to a more patient-centred model of chronic care, which emphasises the importance of empowering patients to play an active role in self-management by enhancing their knowledge, motivation and skills for behaviour change, as well as their self-efficacy to carry out the behaviours necessary for long term self-care in their life context.

The aim of this study was to investigate NCD patients’ current experiences of chronic care, their perspectives on and their capacity for self-management so as to contribute to a greater understanding of what patient-centred models of care may mean from their perspective and how planned interventions can take into account their needs and preferences.

Discussion: Time living with diabetes or hypertension is one variable that could have a role in patients’ experiences, would be interesting include some ideas about it in discussion. Discussion is centered on main theoretical themes and its relationship with health promotion and disease prevention actions, and it is correct, but the authors should mention other variables, such as comorbidity and age, which also could influence the experience and should be considered in those actions.

As these issues did not emerge during the interviews as themes of significance, they were not discussed in this paper. Only the main themes were presented. Other issues/data just could not be included in the results due to the word limits on the manuscript.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable

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.

REVIEWER 2

Title: Qualitative interviews with diabetic and hypertensive patients attending public sector primary health care services in South Africa: Do their experiences of care meet their motivation needs for effective self-management?

Version: 2 Date: 18 March 2015

Reviewer: Indiran Govender

Reviewer’s report:

Major compulsory revisions:

1. The fact that the participants were either Afrikaans or Xhosa speaking is stated in the methods section, however it is not specifically stated that the interviews and short questionnaires were in English. Add this to the methods section. Arising from this what measures were put in place to ensure that the participants understood the English in the interviews as English was not their first language.

The following paragraph has now been included in the Methods:

“The interviews were conducted in simple English, but an interpreter who could speak both the local vernaculars, Xhosa and Afrikaans, was on hand to assist participants who needed to explain something in their mother tongue. This was then interpreted back into English for the benefit of the interviewer, who was not proficient in these languages. This procedure was explained during the recruitment process.”
Minor Essential revisions:

2. Correct the punctuation in line 280.
Corrected.

3. Line 117. It seems the word agency should have been urgency?
No, it is supposed to be agency (sense of personal agency ie: sense of personal power that enables you to feel in control of your own life).

4. Line 119. There is no need to capitalize Motivational Interviewing.
Fine, this has been corrected.

5. In the reference list – add the URL (web site) for reference number 7.
I have changed the reference to that of a journal.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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'