Reviewer's report

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.

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 conducted the study. It contributes to methodological rigor.
- 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?

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.

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.

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?

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 trough 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”.

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.

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.

**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