Reviewer's report

Title: Supporting health behaviour change in chronic obstructive pulmonary disease with telephone health-mentoring: insights from a qualitative study

Version: 1 Date: 16 April 2012

Reviewer: Sarah Dennis

Reviewer's report:

Thank you for asking me to review this interesting paper describing patient experiences of telephone health mentoring. The paper provides insights as to the value to patients of this type of telephone mentoring. It is a shame that the results of the main RCT have not yet been published. Overall I think the paper is well written however there are a number of points that require clarification. Table 1 – during the uploading process table 1 had been affected and the column headings truncated making it difficult to read so I cannot comment on this.

Major Compulsory Revisions

1. The authors describe the study as a “mixed methods study” to investigate health behaviour changes adopted by people with COPD. I think this should be changed to say that this was a qualitative study to investigate health behaviour changes. A mixed methods approach implies the collection and synthesis of both quantitative and qualitative data which is not what the authors describe here. I would suggest that the overall project (RCT and qualitative exploration) uses a multi-method approach because the qualitative data are not being used to add a further dimension to the quantitative findings but because this paper only reports the qualitative findings with some of the baseline demographic, anthropometric and symptom data then it should be considered to be a qualitative paper. I would suggest rewording the final section of the introduction to reflect this and the introduction section of the abstract.

2. Methods – the recruitment describes patient recruitment to the main RCT and there is not enough information about how the subjects were chosen to take part in the qualitative study other than the fact that it was a purposive sample. Were all patients randomised to the health mentoring and who completed or partially completed the intervention invited to take part in the semi-structured interviews? Why 44 participants? Did 44 people reply and agree to be interviewed and all were or did more agree but interviewing stopped at 44 because of saturation of themes? Presumably patients were interviewed who had completed or partially completed the program to ensure that they had a minimum number of mentor contacts to talk about.

3. Discussion – it might be useful to think about what this means for policy and practice, especially given that telephone mentoring is being proposed as a means to support CDSM and lifestyle risk factor modification in a number of countries.
4. Strengths and limitations of the study?

Minor essential revisions

1. Results – the first section of the results describing the recruitment to the main RCT could probably be left out and the section start with the number of people invited to be interviewed and subsequently interviewed for the qualitative study.

2. The importance of the mentor being outside of the family is mentioned twice, once early on and again at the end of the results. It might be better to put these two examples together in one place.

3. The coding was performed independently by two authors JW and DW – there is no author with initials “DW” listed

4. Abstract – the results section of the abstract could be revised in view of the comments made about made results section

Discretionary Revisions

1. It might be useful for the reader to have some headings in the results section around the key themes identified, it makes it much easier to read.

**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