Reviewer’s report

Title: The meaning of self-care in persons with cervical spinal cord injury in Japan: a qualitative study of the person-environment interactions on health

Version: 1 Date: 27 September 2012

Reviewer: Amiram Catz

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General comments:
1. This paper is an interesting document describing various problems in implementing spinal cord injuries (SCI) rehabilitation, as experienced by Japanese patients. It points out that rehabilitation in tetraplegia should be focused on preventing complications of the neurological deficit, and improving social reintegration and QOL, regardless of the ability to achieve independence in ADL. It highlights the need that rehabilitation should not be perceived as a synonym for achieving independence in daily life.

2. This tremendously important notion is presented, however, in a very awkward way, and is diluted in abundant irrelevant information. The article is too long. It includes redundant repetitions of same ideas, and too many details that hide or obscure the main points.

3. It is stated that the study aims to illuminate how people with CSCI perceive self-care and what factors influence their perception of self-care. In fact, the study is about the perception of SCI rehabilitation goals in society and among medical professionals, as witnessed by SCI patients.

4. Phrasing requires much attention.

5. The information deserves publication, provided the paper is re-written, with a different title that reflects its content, with an appropriate stated objective, with presentation of results, which fits the objective, and in a shorter format, concentrating on the main points.

Specific comments (require Major Compulsory Revisions):

Introduction:

6. Patients with tetraplegia frequently require assistance, even with the best rehabilitation. Pressure sore prevention, in these patients, may rely on the capability of the caregiver more than on the patient’s attitude, regardless of the cause for the patient’s attitude. Even when the patient is totally dependent, good nursing can prevent sores, and failure to prevent a sore when the patient is assisted by a caregiver, may be a professional failure of the nursing, and not a result of the patient’s behavior or of socio-cultural factors. Understanding the significance of CSCI patient perception of self-care requires explanation of the role of the patient in performing self care activities, when a caregiver is present, which is missing in the introduction.
7. There is no clear separation between problems in patient behavior, and medical community perception of disability.

8. Meaning of terms is not clear: What the authors mean by saying “learned maintenance of bodily functions during hospitalization”? What are “bodily functions” that can be learned”? Are “bodily functions” activities of daily living, reflecting ICF “activity”, or physical properties reflecting ICF “body functions and structures”?

Methods:

9. Do the “self help groups” represent Japanese SCI population, or is the patient selection biased?

10. What are the questions to which the paragraph about interview relates?

Results:

11. The description of the answers given to the interview questions should be systematic and concise.

12. Findings presentation is confusing lack of proper management despite proper rehabilitation because of shortage in patient and family education, with unsatisfactory medical information given to patients during hospitalization, leading to decreased participation in complication prevention, with lack of proper rehabilitation because of ignorance regarding the role of rehabilitation in preventing complication, prolonging life, and improving QOL, and with inability to realize rehabilitation’s achievements because of environmental barriers. All these may have socio-cultural background, but they are not specific for Japan, and each should be addressed separately in a proper context. It is also confusing problems of body image with problems of insufficient patient autonomy. These can be related, but the authors do not make their relationship clear.

13. It is not clear how embodiment was achieved in different cases. Was there any intervention during this study?

14. Better distinction is required between problems in management or care, and patient desires.

15. There is no clear distinction between results and discussion. In fact, the introduction, the results and the discussion, look like one long long discussion, without clear relationship between findings and conclusions.

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

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

Declaration of competing interests:

I declare that I have no competing interests.