Reviewer's report

Title: How to engage Type-2 diabetic patients in their own health management? Implications for clinical practice

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Reviewer: Edwin B Fisher

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Major Compulsory Revisions:

This is an interesting paper that reports findings from qualitative study of adults with diabetes and regarding their feelings about and engagement in the care and management of their diabetes. The paper includes a number of interesting and provocative observations that would be of value to the field. However, their current framing vis a vis concepts of engagement is somewhat confusing. Revision in this aspect of the paper would, I believe, improve it considerably.

The paper sets out to use patients’ diaries and responses to interviews to advance our understanding of engagement in diabetes management. Engagement as the authors use it is intended to capture more than just behavioral management, adherence, and clinical status, but also to encompass the affective and quality-of-life as well as other dimensions that comprise a more holistic characterization of patients’ response to their diabetes and its treatment.

The present paper, however, little description of engagement but rather details patients’ problems with “lack of knowledge,” “behavioral disorganization,” and “emotional burden” across spheres of diet, physical activity, treatment/medication, and doctor-patient relationships. As such, the paper documents problems in engagement more than a clear model of what engagement is. The two are surely related, but not the same. As a result, some of the conclusions drawn do not really follow from the paper. For example, the assertion (p. 20) that emotional and cognitive domains “in our findings, appear to be crucial in understanding patient availability and capacity to engage in self care” really does not follow from the current findings. This is because those findings do not present clear depictions of engagement from which its essential characteristics might be identified. Instead, they present problems patients note in these areas.

Based on these criticisms, I would recommend that the authors recast somewhat their observations. Rather than looking to their data to build a model of engagement, they can assert the model they have in mind, that is one that includes emotional, cognitive and other dimensions. As they cite, there is much basis for such a model in the literature, so their bringing these perspectives together in a comprehensive model of engagement would not be speculative or groundless. Then, they could show how their qualitative observations indicate
problems in the several domains and dimensions of engagement that their model poses. Further they might show how their model of engagement might be helpful in organizing and integrating the problems patients articulate into a more useful framework than just a collection of complaints. That is, they might show how the model of engagement helps organize and guide responses to diverse problems patients note with their diabetes. This I believe would be a substantial contribution and of interest to the field.

Minor Essential Revisions
1. The task of patients was quite effortful, including daily diaries for a week. How were patients recruited and, perhaps, reimbursed for this?
2. The description of coding and data analysis does not mention how translation from Italian to English was managed and where that took place along the path of data gathering, consolidation, coding, and reporting. Given the importance of idiom in the kinds of issues patients addressed, the approach and placement of translation within the analyses needs to be described.
3. The text on p. 8 indicates that participants were “diagnosed with type-2 diabetes in treatment within 18 months of being enrolled in the study.” I am not quite sure of the meaning here, but interpreted this as indicating that the data gathering took place within 18 months of the time patients had been diagnosed and entered into treatment. However, later in the same paragraph, the text indicates that “13 patients had been treated with insulin for at least 2 years.” Clarification is necessary.

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.