Author’s response to reviews

Title: The influence of social networks on self-management support: a metasynthesis

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Author’s response to reviews: see over
Dear Editor,

We would like to thank the reviewers for their comments and suggestions, which have helped us to clarify and improve the manuscript. Please see below our specific responses and descriptions of the changes and additions that we have made in the text.

Best wishes
Ivaylo Vassilev

Response to the comments by the editor and the reviewers of the paper

Editor comments:

Tables: please place your tables in the main manuscript file after the figure legends and references. You should remove the copy from the additional files.

*The revised tables are now added at the end of the manuscript after the figure legends.*

Reviewer 1 comments:

Major Compulsory Revisions:

1. Methods: The Analysis section should include a few sentences on “Rigor” or “Efforts to Ensure Quality.” While I believe the authors followed “Efforts to Ensure Quality” or “Rigor,” one to two sentences explicitly stating how the authors ensured rigor would strengthen the analysis section. For example, the authors could address triangulation, audit trails, an external audit, etc.

   *We have included further clarification about the process used in the data analysis (see p. 7).*

   *Added text:*
   
   'We kept a record of and revisited decisions taken earlier and discussed conceptualisation and interpretations of the data at project meetings with colleagues involved with the EU-WISE project of which this metasynthesis was a part.'

2. Conclusions: The findings from this study, as with all analyses of qualitative research, are exploratory and should be considered hypotheses. The authors presented their hypotheses/findings, next they should discuss in greater detail what future research is needed to confirm the hypotheses/findings presented in the manuscript (e.g., more detail is needed than simply mentioning that interventions should be designed to maximize possibilities for social engagement). For example, what should interventionists include in quantitative study designs?

   *We have now extended the implications for future research and have added suggestions for possible research questions that might be productively explored in the future (see pp.20-21).*
Added text:

‘Study limitations and future research
This metasynthesis only included qualitative studies. This approach has advantages as qualitative studies offer access to understanding the underlying mechanisms through which social networks operate and fills a gap left by quantitative systematic reviews. The limitations of this review are that the concluding picture presented of network involvement (of the three mechanisms) are limited to a set of propositions which require testing out in empirical studies. Additionally, whilst this metasynthesis was primarily focused on understanding the mechanisms through which social networks are understood as relationships outside formal healthcare operate this necessarily excludes the impact of professionals and the structure and extent of network involvement in illness management which is shaped by the organisation and funding of formal healthcare provision and the ethos of professional-user relations. Future research would need to illuminate illness management at the interface of personal communities, healthcare system support, broader social and physical environment, and individual self-management.’

Further, the findings in the metasynthesis may be too preliminary to have any impact on policy. The authors should be careful not to reach beyond the scope of their data. Perhaps toning down the language on page 18, paragraph 2 to say “Our findings may have implications for policy development…” is more appropriate.

We agree with the reviewer and have changed the wording in the text (see p. 20).

‘Our findings are likely to have implications for policy development…’

3. Conclusions: The authors should address the strengths and limitations of reviewing qualitative research on the influence of social networks on self-management support. This metasynthesis is novel and extremely important! The authors should highlight this fact. In addition, the authors should address limitations that are associated with qualitative research (e.g., researcher bias in data interpretation, selection bias, social desirability bias, homogenous samples, small sample sizes, cross-sectional designs, generalizability concerns, etc.)

We agree with the reviewer and have now added a section on study limitations at the end of the paper (see pp. 21-22, and text under point 2 above).

Minor Essential Revisions:

1. The authors should change ‘type II diabetes’ to ‘type 2 diabetes’ throughout the manuscript. The nomenclature in diabetes research has changed and should now be referred to as type 2 diabetes in the literature.

This has now been changed throughout the manuscript (see p. 4,5,8,14,17).
2. Title: The authors should consider revising the title to more accurately reflect the review of the literature: “The influence of social networks on type 2 diabetes self-management support: a qualitative metasynthesis.”

   Although we agree with the reviewer that including type 2 diabetes in the title would more closely reflect the reviewed papers we are using diabetes as an exemplar case for self-management support and would therefore prefer to keep the title broader as we believe the findings would be relevant for a wider audience.

3. Introduction/Methods: Given that this metasynthesis focuses on qualitative research on type 2 diabetes self-management support, the authors may want to consider moving paragraph 2 on page 5 to the Introduction section. Stating in the Introduction section that the review focuses on type 2 diabetes self-management (either before or after the aim of the paper) would be extremely beneficial in improving the clarity and purpose of the review for the reader.

   We agree with the reviewer we have now moved this paragraph to the introduction (pp. 4-5).

4. Methods: The review would benefit from a definition or operationalization of the term “social networks.” For example, an individual with type 2 diabetes may include his/her health care team as part of the social network, yet literature on the patient-provider relationship was not reviewed. Clarification of the term “social network” will strengthen the review.

   We have now included a clarification of our use of the notion of social networks (see p. 6).

   Added text:
   ‘For the purposes of this study social networks were understood as personal communities - the set of active and significant ties which are most important to people, with chronic illness in their everyday lives. This included family members, friends, neighbours, colleagues, acquaintances, hobby and other group memberships. Studies about the role of health professionals and user-provider relationships were excluded.’

Discretionary Revisions:

1. Results: The manuscript may benefit from the inclusion of quotations from the cited qualitative studies to support the researchers’ claims and illustrate the meaning of the three themes. The quotations could be included in a table (perhaps as an additional column in Table 1 or 2).

   Following the advice of the reviewer we have now introduced illustrative quotes from the papers, which are included in a separate column in table 2.

Reviewer 2 comments:
**Major Compulsory Revisions** (which the author must respond to before a decision on publication can be reached)

The chosen method of meta-synthesis is well described, it is easy to understand the assumptions of first, second and third order constructs. I can also follow the data analysis process as described in the analysis section and table 2 is helpful to provide an overview of the order of constructs. However, although there is a reference to a quality assessment tool, but we do not get any information about the results of this evaluation, in terms of degree of quality (e.g high-medium-low or similar). This information could be provided in table 1. Indication of where to insert table 1 is suggested to be after line 152 instead and insert figure 1 before that line.

*Clarification on quality assessment is now added in the methods section (see p. 7).*

**Added text:**

‘In assessing the quality of the research we used a quality assessment tool developed by the British Sociological Association [20], which ranks papers as being of high, medium or low quality. Only high quality papers were included for review based on 15 dimensions for quality appraisal…’

We have also followed the advice of the reviewer and have changed the place where table 1 and figure 1 are inserted in the paper.

Line 153-157- one study (22) was about type 1 diabetes, it is not reported. As it stands now it seems that only papers concerning type 2 diabetes are included.

*While most of the studies are directly focused on type 2 diabetes our main interest was in conceptualising and understanding social network mechanisms in everyday illness management. This paper was included because it was highly illuminating about prioritising support and negotiating the availability and acceptability of support.*

About the included papers in the “Findings” section:

Nr 39 is referred to in this section but the paper is not included in table 1.

*Paper 39 was only used as an illustration in support of the discussion, but was not included in the metasynthesis.*

In line 212, suddenly nr 40 pops up, despite that a lot of proceeding nr have not been presented.

*The paper numbering has now been revised in order to correctly correspond to when papers appear in the text (please see table 1 and bibliography).*

Nr 42-47 is included in table 1 but there is no reference to these papers in the
Findings? Are these 6 papers not included in the analysis? I cannot find references to these papers in the Discussion section either.

This omission in the presentation of data has now been addressed (please see table1, and pp.9-17).

There is no statements or discussion of study limitations. The consequences of the broad approach of aspects (social class, role of networks, access to resources and ability to manage chronic illness) and that the included papers mostly was about personal community as network need to be considered.

We agree with the reviewer and have now added a section on study limitations at the end of the paper.

Added text:
'Study limitations and future research
This metasynthesis only included qualitative studies. This approach has advantages as qualitative studies offer access to understanding the underlying mechanisms through which social networks operate and fills a gap left by quantitative systematic reviews. The limitations of this review are that the concluding picture presented of network involvement (of the three mechanisms) are limited to a set of propositions which require testing out in empirical studies. Additionally, whilst this metasynthesis was primarily focused on understanding the mechanisms through which social networks are understood as relationships outside formal healthcare operate this necessarily excludes the impact of professionals and the structure and extent of network involvement in illness management which is shaped by the organisation and funding of formal healthcare provision and the ethos of professional-user relations. Future research would need to illuminate illness management at the interface of personal communities, healthcare system support, broader social and physical environment, and individual self-management.'

There is almost no references to the literature review from the Background section (only nr 3). Findings are supposed to be integrated and/or compared with and viewed from the initial standpoints.

We have now extended the discussion section in order to more clearly establish links between our background and discussion sections (see p. 17-19).

Added/edited text:
'However, accepting support may also lead to a sense of losing control of one’s life and autonomy or if network members provide more support than the person wants or needs this may prevent the use of their full physical and mental capacity to develop sustainable illness management strategies. These complexities in network dynamics offer an insight as to why network support cannot simply be reduced to a cumulative process (i.e. more network members more network support) even where a degree of substitutability between network member support might exist [11]. Access to different types of network members offers access to a wider range of information sources and support [13-14], opening possibilities for adaptations to be made in relation to individual identities, concerns preferences [6] and context.
The network mechanisms that we identified are broadly related to individual and network members’ capacity of network navigation and negotiation and collective efficacy created by network members. Our review suggests a janus face of the role of networks which are characterised by contradictions irreconcilable objectives, outcomes, roles, identities, values inherent which can vary across the contexts within which CIM takes place.’

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

About Table 1 I have some further comments:

1) It would have been easier for the reader to have the included papers in numerical order instead of alphabetical order. It took me some while to check that all 25 papers were included and then I noticed that the numbers 39 and 41 are not presented in the table? Why? I suggest you revise so the included papers are numer 21-45.

We agree with the reviewer and have now reordered the reviewed papers in table 1. Papers 39 and 41 were used in the text as references to relevant studies, but they were not included in the metasynthesis.

2) The heading “Focus” in the table seems to give information about sample. Why not give this information under the heading “Sample”? Then you could use the empty column to provide information about the quality assessment instead.

We have followed the advice of the reviewer and have moved the information that was under ‘Focus’ in the ‘Sample’ column. Additional clarification about quality assessment is now added in the method section.

Added text:
‘In assessing the quality of the research we used a quality assessment tool developed by the British Sociological Association [20], which ranks papers as being of high, medium or low quality. Only high quality papers were included for review based on 15 dimensions for quality appraisal…’

In contrast to Figure 2, I do not find Figure 3 clarifying. It is easier to read the text than understand how self-efficacy and collective efficacy are related to each other in Figure 3.

Following the advice of the reviewer we have now simplified and clarified figure 3.

Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

The aim is condensed in the abstract compared to in the manuscript. Usually the aim
is supposed to be identical. I suggest that the authors use the first sentence in the manuscript also into abstract and keep the extended description of related concepts to put the research question into context.

We agree with the reviewer and have now used the extended description of aims from the manuscript. We decided not to use the entire paragraph in order to be able to stay within the journal abstract word limit requirement.

Added/edited text:
‘However, the mechanisms (processes, activities) taking place within social networks are insufficiently understood. The aim of this review was to focus on identifying the mechanisms linking social networks with CIM. Here we consider network mechanisms as located within a broader social context that shapes practices, behaviours, and the multiplicity of functions and roles that network members fulfil.’

Why was not ”social support” included as a keyword in the searches? It seems to be highly related to the other chosen concepts and is implicitly present in the literature review in the background as well as in the findings.’

Our main focus of this study was on understanding how social networks operate and this directed the choice of our key search terms. However, as the reviewer indicated social support was implied discussion of social support and we found that social support tended to already be included in studies discussing social networks, interpersonal relationships and ties.