Reviewer's report

Title: Self-care coping strategies in people with diabetes: a qualitative exploratory study

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Reviewer: Elizabeth Peel

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This is an interesting and very clearly written and organised paper on self-care coping strategies in diabetes management which will make a useful addition to the literature in this area. All my comments fall into the 'minor essential revisions' category and I'll list them in order.

1) I'm not entirely sure the claim that there is limited understanding of how people with diabetes cope with self-care is founded. There's quite a qualitative literature on this - some of which provide patient typologies as do these authors. Two articles in particular spring to mind which the authors should engage with (Parry, O., Peel, E., Douglas, M. & Lawton, J. (2006) Issues of cause and control in patient accounts of type 2 diabetes. Health Education Research. 21(1), 97-107. And Ockleford E, Shaw RL, Willars J, Dixon-Woods M. Education and self-management for people newly diagnosed with type 2 diabetes: A qualitative study of patients' views. Chronic Illness 2008; 4(1): 28-37.)

2) The methodology is clear and comprehensive but I think the very varied heterogeneous sample needs accounting for (and perhaps discussing as a limitation). Qualitative diabetes research is moving more towards homogeneous samples so that findings focus on particular sub-groups and it's concerning the diversity in this sample (in terms of regimen especially). But what's more concerning is that the authors don't tease out (or engage with) potential differences based on demographic characteristics or regimen in the analysis or 'types' of patients. Some reflection on this is needed at a minimum.

3) Related to 2) - as 'types' aren't related to gender, age, regimen etc etc in any way the usefulness of the typology for health care professionals is limited - if the authors were to engage with this they could potentially develop better recommendations for clinical practice.

4) Figure 1 is cluttered and somewhat confusing - can it be made clearer?

5) Would 'proactive manager' be a better term than 'reactive manager' given what you describe is a proactive rather than a reactive approach?

6) I don't think that not having participants 'validate' the data is necessarily a limitation - it would only be the case if you were interested in member checking. The fact that the design was one off interviews rather than longitudinal is more of a limitation given that you argue that individual's move between coping
typologies.

7) More could be done with the 3 data tables. The 'category...ID number)' at the start of them can be cut and you can outline how the data are tagged in the method section. I would provide some information in tagging the data - for example MO1 = male participant 1 on an oral agents regimen. By doing this readers can discern whether 'types' are gendered, connected to regimen etc.

Overall I enjoyed this article. It's concise, clear and interesting and once these issues are addressed it will make an excellent contribution to the qualitative diabetes literature.

**Level of interest:** An article of importance in its field

**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