Author's response to reviews

Title: The emotional base of self-care in chronic illness: A qualitative study of the role of health professional support in the self-management of type 2 diabetes.

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Author's response to reviews: see over
Editor  
BMC Health Services Research  


Many thanks for considering our revision of our manuscript for publication.

We thank you for the opportunity to respond to the very useful and important critiques offered by the three reviewers. We have taken their insights seriously and have significantly reworked the paper. In particular the report of Thorne has prompted an important return to the data as well as a rethink of the theoretical base for the paper. All of the reports have been helpful in reworking the central message of the paper.

The paper is now much less didactic and we believe is more compelling, subtle and nuanced and more strongly grounded in the data. Our central message is that while emotional contexts of living with diabetes are an important area of engagement between health professional and patient, a critical reflection on the part of health professionals with be needed to balance simply supporting this emotional context as opposed to working with the patient to potentially shift the patient’s understanding of their emotional response as a way of moving forward to improved health outcomes.

We believe this is a much more important and innovative message to come out of the paper, one that will be of much greater interest to readers of the journal whether researchers or practitioners.

Reworking of the paper and responding to all the input of the reviewers has meant that the paper is significantly longer than originally, but we would be happy to revisit this depending on editorial input. In addition in view of the work that has been put into reworking the paper, we have changed the author order.

We look forward to your response.

Yours sincerely

Dr John Furler  
Corresponding author
## Responses to reviewers

<table>
<thead>
<tr>
<th>Background and discussion literature</th>
<th>The discussion would be strengthened by incorporating more literature and building on current debates. Little literature is drawn into the discussion which is disappointing given the large number of papers that have been published in recent years on self care and self-management. I think the discussion would be strengthened by the existing literature</th>
<th>Kralik</th>
<th>The background and discussion have been significantly restructured and recast with additional literature being drawn in</th>
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<td></td>
<td>I did not find the background balanced or compelling. The literature referenced seemed weak (one paper is actually about lay-lead groups) and did not support the need to address the issues defined. There are however, stronger studies that do support the importance of these issues with patients. For example, the move away from didactic educational programs into more patient-centered, empowerment-based models (Norris et al) and the resulting benefits of these types of programs and the DAWN study describing the importance of these issues in self-management. The studies cited are not only weak, but also do not make a compelling case for the need to determine appropriate strategies for health professionals to use when working with patients, regardless of the venue. I also did not understand why lay-lead programs were included in the background in two places, given this study was undertaken to determine the health professional's role in social support.</td>
<td>Funnell</td>
<td>Again. The background has been significantly restructured and reworked and we believe it is now clearer in its logic and more compelling. Lay programs are referred to as background justification for exploring the role of health professionals</td>
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<td>There seems to be some conflation between chronic illness self-management programs and the specific variety that are self-led, one-off, and disconnected from mainstream health. Thus comments about their ineffectiveness seem to interpret evidence from the latter context in an overly general manner. The concepts of self management and self care have not been defined. These terms seem to be used interchangeably and this is not congruent with latest literature.</td>
<td>Thorne</td>
<td>The use of terms self care, self management, group and individual setting etc has been clarified in the text</td>
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<td>conflates the descriptive with the normative….by documenting that patients describe that social support within their particular</td>
<td>Kralik</td>
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<td></td>
<td>Taking on bord thisimportant insight from this reviewer We have completely erstructured the</td>
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communities/families is important to them, the study cannot really determine that this is how things “ought” to be done…..For example, the study explicitly recruited for those who had poorly controlled disease.

discussion and message of the paper.

While the PEACH study was focused on patients with poorly controlled diabetes this focus group study was never explicitly focused on poor control and our apologies for giving that impression.

| Method       | The authors need to expand their description of method using the questions detailed in section 2. The methods section would benefit from more description. I was left with many Questions:  
• When was the study undertaken? (year and timeframe)  
• How many focus groups were held? (ie. Did each group meet only once?)  
• How were the groups organized and facilitated?  
• What questions were asked?  
• How long did the meetings last?  
• Were men and women represented equally (ie. Koch and Kralik found gender differences in the way people incorporate diabetes into their lives)  
• I could not find mention of ethical considerations… particularly when researching with non-English speaking people.  
• What are the implications of translation on data? For example there are some Arabic words and concepts in do not translate into English. | Kralik     | Greater detail in response to these questions has be included |

Because conducting valid focus groups requires a specific set of skills, please describe who conducted the groups, information about their backgrounds and steps that were taken to ensure honest communication. Since this is the primary “intervention” it needs to be addressed to understand the validity of the findings.

Funnell     | Greater justification for our method has been included |

the methodological basis for design decisions is not explicitly justified.

As above

Clearly gender emerged as a factor, in that men across the sample seemed more likely than women to have wives cooking for them. However, given the nature of the study, this kind of observation deserves mention as something noticed it the course of the study, but cannot be construed as a “finding.”

Gender has been confined to a small section later in the section on support from health professionals, as an observation (indeed the language we use around our observation has been recast in light of the helpful critiques received from the
it would not be appropriate to reference the observations made on the basis of these data as “theories,” but rather to try to conceptualize them in a manner that is consistent with the limits and constraints of the methodological approach……I would strongly recommend grounding any revised version of this work in a more thoughtful and analytic methodological stance

I therefore suggest that going back into the analysis, and focusing the interpretive report on a particular theme or perspective that can be developed in more depth, moved past the stereotypic and into the thematic pattern analysis, would be helpful.

In essence, it seems to me that the authors are advocating a status quo position in which family support mechanisms be supported and not inadvertently interrupted. However, there seems no place within which this perspective is being linked to clinical outcomes.

We have significantly recast our interpretation here and based on this important insight have discussed the potential for an unquestioning support of the “status quo” to potentially undermine efforts to move towards improved disease control.

Limitations
- Limitations of the study need to be articulated
- Address the issue of lack of generalisability

Kralik
Section added

Conclusion
Make recommendations for further research.

Kralik
Done in the last section

Describe how the results will be (or could be) used in the development of interventions.

Funnell
Implications for research and practice added

Terminology
the term ‘allied health professional’ is offensive to nurses and dietitians in some countries. It would make more sense to say who they are.

Funnell
This language has been changed and we apologise if offense has been caused