Author's response to reviews

Title: Meso level influences on long term condition self-management: stakeholder accounts of commonalities and differences across six European countries

Authors:

Anne Rogers Prof (a.e.rogers@soton.ac.uk)
Ivaylo Vassilev Dr (i.i.vassilev@soton.ac.uk)
Maria J Purmar Dr (mnavarta@unav.es)
Todorova Elka Prof (elka.todorova@me.com)
Maria Carmen Portillo Dr (mportillo@unav.es)
Christina Foss Prof (i.e.foss@medisin.uio.no)
Jan Koetsenruijter Mr (Jan.Koetsenruijter@radboudumc.nl)
Nikoleta Ratsika Dr (ratsika@staff.teicrete.gr)
Manuel Serrano Dr (manuel.serranogil@gmail.com)
Ingrid A.R. Knutsen Dr (i.a.r.knutsen@medisin.uio.no)
Michel Wensing Prof (Michel.Wensing@radboudumc.nl)
Poli Roukova Ms (proukova@bas.bg)
Evridiki Patelarou Dr (evridiki.paterlarou@kcl.ac.uk)
Christos Lionis Prof (lionis@galinos.soc.med.uoc.gr)
Anne Kennedy Dr (a.kennedy@soton.ac.uk)

Version: 6 Date: 17 May 2015

Author's response to reviews: see over
Dear Editors,

Thank you very much for eliciting and sending on the comments from a member of the editorial team which we have now responded to comprehensively. We have taken on board the new comments added by Prof Patrick Harris. We have in particular been careful to illuminate in addition the focus of the study (i.e. the narrative accounts of purported influences operating at a meso level by key respondents). We do hope that the changes we have made and detailed in now makes the paper acceptable to you for publication.

All best wishes

Anne Rogers

Professor of Health Systems Implementation

---

**Detailed response to the comments made by Prof Patrick Harris**

I feel, like Prof Rutten, that the authors need to be much clearer about core concepts. However I think the problem lies in a mis-understanding of the difference between structure and agency and the institutional dimensions to this. The authors reference Greenhalgh now, but Greenhalgh’s work stems from a very nuanced position about structure and agency and methods to elicit this in research. This paper clearly does not come from a similar position of conceptual depth, and therefore clarity suffers. The clearest example of this is conflating individual action (the purpose of the paper!) at a meso level, rather than a micro one. This is a major flaw which requires addressing in the background and analysis for the paper to be accepted. Overall the inductive nature of the analysis could be strengthened by bringing in some political science theories and understanding of stratified levels within institutions.

We used the reference to Greenhalghs work to illuminate a similarity on self management rather than to discuss structuration or structure and agency and the institutional elements of this. We agree with the reviewer that our work does not come from a similar position. In order to deal with the clarity issue the paper has been rewritten in a manner which ensures that there is no indication that we conflating individual action at a meso level with that at a micro level. We have deleted references to micro and ensured that there is clarity about how we view the informants vies about policy influences that emanate principally from a meso level (though these in turn are linked in the narratives of elements operating at the macro level). The introduction now includes by way of explanation our approach the following:
“Using diabetes type 2 as an orientating condition our aim was to rebalance the focus on the micro individual action focus of policy through tapping the hidden but relevant, predominantly meso level influences of political-economic, policy, and institutional organisational arrangements, by examining perspectives of key stakeholders. The latter is warranted in order to go beyond the documented evidence to tap more hidden knowledge not easily accessible from more traditional sources. Here we focus on the influences viewed as being linked to the political and economic context and institutional arrangements shaping health policy and practice for long term conditions. In this regard the focus is on meso level policy and institutional contexts shaping the SMS environment. This cross-national analysis aims to better understand how and what multi-level factors operate and impact on the SMS environment.”

The inductive nature of the analysis could be strengthened by bringing in some political science theories and understanding of stratified levels within institutions. Here in this study we have not been primarily concerned with stratified levels within institutions directly. Rather we wanted to tap the perceptions of what broader influences may be operating to shape self management. We did not want to distort what we set out to do by introducing this post-hoc. However, the point made about clarity has been taken on board. Moreover, we have linked our focus to similar analysis making reference to political science theories and returned to this in the discussion when considering the findings in the light of Clause Offes’ notions of tensions in the welfare state and in the introduction. For example:

“European countries are increasingly adopting systems of long term condition management which include formulations for the delivery of self-management support (SMS) which stress individual motivation, goal setting, problem solving, life-style modification and information provision. For conditions, such as diabetes type 2, attention has been paid to addressing the complexities of adjusting behaviour and practices through multiple behavioral and lifestyle change interventions [1,2]. However, rather less attention has been paid to the contributions that may shape the uptake of SMS made by broader level influences. These include the economic and social policies related to food production, distribution and consumption, the structural aspects and economics of the environment relating to exercise and the structure and governance of health care delivery systems at a local and regional level [3,4]. The study of such influences operating across different European countries are relevant for balancing out the predominant focus of individual strategies in considering future public health and policy initiatives in this area.”

The manuscript is sloppily edited in places and the language could be much clearer. The whole manuscript has been re-edited- We have reduced the word count by over 1000 words and simplified the language used throughout. Please see the track changes version where deleted and altered language is highlighted in all sections of the manuscript.

Additional information provided about the SMS is under the key information (sic) interviews section when it should be in the introduction.
We thank the reviewer for pointing this out and we have now moved the section back up to where it should have been in the introduction.

References 3& 4 don’t seem to support the issues about macro versus micro issues. In support of the issues framing the central focus of the analysis we have now included a precursor paper from our FP7 programme of work relating to the identification of factors for further exploration. Kousoulis AA, Patelarou E, Shea S, Foss C, Ruud Knutsen IA, Todorova E, Roukova P, Portillo MC, Pumar-Méndez MJ, Mujika A, Rogers A, Vassilev I, Serrano-Gil M, Lions C (2014) Diabetes self-management arrangements in Europe: a realist review to facilitate a project implemented in six countries BMC Health Services Research 2014, 14:453 doi:10.1186/1472-6963-14-453. The terminology has been clarified in a way which makes the support from references 3 clearer.

The thematic analysis seems okay but did the authors make up their approach or was this rooted in some of the qualitative methods literature (Silverman is a good introduction). There are too many papers being written now which appear to have some magic ability to do a thematic analysis, which is not useful and may actually miss off some core dimensions of what this approach is and how it can be achieved.

The thematic process analysis process has been clarified and elaborated in the methods section to take on board these comments and the core dimensions clarified further. Silverman is now cited.

Relatedly I feel there are too many quotes and not enough analysis. In table 2 why are there some themes which no country seems to have discussed. This suggests the themes were not inductively developed but were pre-conceived.

We have cut down the quotes and extended the analysis (there is now a much longer discussion section). The pre-conception of some of the themes emanate from the realist review which shape some of the questions asked (presented in Box 1). However, new and inductive themes emerged about core topics from the interviews and in this sense there was also substantial induction in the analysis. We have in the analysis now tried to make more reference to the absence of elements in some countries. We discuss for example the absence of much policy of any sort about self management support in Bulgaria and it’s very limited presence in others (Greece).

Table 2 also needs to be more clearly aligned with the themes that appear in the data – for example the role of the media is not in table 2. Overall the analysis suffers from not being sign-posted enough. Each finding and core theme should be clearly articulated up front in each paragraph (or section), and a meaningful table or figure could be also produced to help the reader navigate the issues.

We have amended table 2 to align it more closely with the themes that appear in the data including incorporating the comment about the role of the media.

The discussion is depressingly short given the implications of the research. This is limited by the authors lack of knowledge of the broader empirical and theoretical literature.
The authors have written fairly extensively elsewhere about the broader empirical and theoretical literature in this area. This is now forefronted in the introduction so as to frame the study better. This clearly did not come through as well as it might have done in previous. We have extended the discussion in terms of theories of the topic about SMS and additionally we have brought in the suggestion of linking it more to notions evident in the political science of Claus Offe vis

“For Offe the welfare state, is an adaptive system of survival which is in a constant state of contradiction in its attempts to progress and protect the mass of the population in terms of health and well-being whilst being subject to the commodifying logic of capitalism inherent in its institutional logics1 [20,21]. Here our analysis of the narratives of informants resonate with the alignment of these notions in the tension uncovered in the analysis which point to an interpretation of policy making encouraging dedicated policies for individual action to address a problem of the proliferation of the costs and morbidity associated with long term conditions through more effective self-management whilst needing to appease or incorporate other parties who look to modern welfare states to promote their interests. The findings point to the continuing disparities between states in the EU becoming manifest at the level of the nuances of policies about self-management support…………..

1 In the sub-system or space within which chronic illness is being managed it is not clear where the contradictions might lead to but Offe emphasises that the management of the welfare state would encounter one after another problem of legitimacy (‘the crises of crisis management’).