Author’s response to reviews

Title: Sex-related illness perception and self-management of a Thai type 2 diabetes population: A cross-sectional descriptive design

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Author’s response to reviews:

Dear Editor in Chief

Thank you for given us the possibility in revising our manuscript and also informing the potentially acceptable for publication. We have made all our corrections in the manuscript and hope these will make the paper more sufficient for publication in your journal as follows.

1) Ethical approval and consent to participate: please indicate whether written consent was obtained from the subjects

Thank you for this important comment. We indicated details of ethical issues and ethical approval after the conclusion section, as detail in the followings,

“The study project has been reviewed and approved by Committee on Human Rights Related to Research Involving Human Subjects, School of Nursing, Rangsit University, Thailand, based on the declaration of Helsinki. (approval number 005/2015). All procedures were in accordance with the institutional ethical standards. The participants were informed about the purpose of the study and procedures, and how to withdraw from or participate in the study was described before the interview started. The participants were assured that participation was voluntary, confidentiality would be maintained, and no medical attention would be denied although they
declined to participate. If any adverse effects derived from the study, the participants were further assured of full and free access to the healthcare facility and that therapeutic interventions would be recommended where need arose. Consent form was obtained by all participants when they agreed to participate.”

(Ethical approval and consent to participate section, line 14-22, p. 16 and line 1-3, p. 17)

2) Figure 1: the title for figure 1 should be removed from the Figure and placed within the main Word file after the reference list.

We cut the title from the figure 1 and wrote its title after the reference list.

(Line 1, p. 25)

Answer to the editorial board member comments

1. The power calculation remains unclear and it is confusing to me. I am not a statistician of course, and I won’t sink the paper just on this as the paper still provide interesting insights, but it need to be clear.

Thank you for commenting this.

Our study was conducted using a survey design to estimate a population parameter like prevalence or finding the average value of some variables in a population. The illness perception and self-management we defined them as qualitative variables in a population; therefore, we selected the sample size formula for qualitative variable \[ n = \frac{Z^2 \cdot d^2}{P(1-P)} \].

This formula was calculated by the standard normal variate at 5% type I error \( (Z^2/2) \), it is 1.96, and a parameter of the distribution of prevalence of diabetes \( (P) \) from prior study, as well as the absolute error that we decided at 5% \( (d) \). We have revised the sentences/phrases that may make confused and also added information about power of the study in order to make it clear, as the followings,
“The sample size for this study was calculated using the estimated proportion of Thai people with diabetes (7.7%) with the absolute error of 5% and alpha, two-tailed, at 0.05 that the study would have power of 80% to detect the differences of illness perception and self-management among women and men [27].”

(Method section-Sampling method, line 23, p. 4 and line 1-2, p. 5)

2. When IQR is mentioned, they author elected to insert this as a single number. It is much easier to understand IQR when reported as a range (25th to 75th centile), so we should ask the authors to amend.

We have changed the number of IQR from a single number to a range of 25th to 75th centile according to the suggestion.

(Results section-Illness perception, line 3-4 and line 7, p. 11)