Reviewer's report

Title: "It All Needs To Be A Full Jigsaw, Not Just Bits": Exploration of Healthcare Professionals' Beliefs towards Supported Self-Management for Long-Term Conditions

Version: 0 Date: 16 Feb 2019

Reviewer: Fiona Clague

Reviewer's report:

The authors have conducted a novel and interesting mixed methods study exploring the beliefs of health professionals towards Supported Self Management (SSM) using the Theory of Planned Behaviour (TPB) as the underlying theoretical model used to shape the research methodology. Introductory section gives a concise and focused summary of the key long term condition and supported self management literature. The introductory and discussion sections perhaps slightly understate the influence of immediate social support and social deprivation factors in long term condition management, though models implemented within the family system are referenced. A convincing case is made to explore the beliefs of professionals as well as service users, including careful adherence to published methods recommended to evaluation the TPB. There are potential gaps in theoretical critique of the TPB in relation to the stated findings.

Study objectives p.8

Line 26 - The study objectives section states that Health Social Care and Voluntary (HSV) staff participated, but at other points in the paper states "health professionals". Were all the study participants qualified healthcare professionals or a combination of health, social care and voluntary sector professionals with different training backgrounds? Might be helpful to define professional backgrounds or consistently use HSV term.

p.8 Methods lines 47-56. Some points of clarification -

Does the existing House of Care project refer to people with a wide array of LTCs, or a specific condition such as diabetes?
How are direct and indirect contact defined in this context? Presume direct contact refers to patient care delivery but unclear about whether indirect refers to contact with patients by phone etc, or working within a user organisation but not providing direct services to service user.

Line 56 notes that certain participants were eligible for the focus group - how were they actually recruited and selected?

p.9 Participants and Procedures - it might be helpful to have information about different professional roles if this is available or not too identifying. Were most of the participants nurses or carers, or was the health professional demographic more diverse?

For example some AHPs and/or psychologists might have specific familiarity with specific self management and behavioural change techniques. Participants in management roles could have a different profile of control beliefs.

p.9 Phase 2: Online Questionnaire Line 56 - it might be helpful for reader to be able to refer to questionnaire given or some sample items from it.

p.10 line 27 - it might be helpful to briefly signpost what is shown in Figure 3 for ease of reading.

Table 3 - Note that GP buy in and resource appear to be strongly endorsed by the coding, that are likely to be critical to implementation but perhaps slightly understated in text.

p.12 line 11 - it may be helpful to add a sentence briefly explaining what Figure 4 shows to orient reader.

Results

The authors have been careful to adopt a mixed methodology based on recommendations in the literature for evaluating the TPB, though interpretation of these findings may be limited by recruitment difficulty and small participant sample.
Table 4 - is the standard deviation of 129.00 quoted for indirect sum of perceived control correct?

Discussion

The discussion gives a good overview of the key findings and potential implications for healthcare delivery and future research. It may underplay potential criticisms of the TPB and linkage to existing evidence about organisational change and implementation.

p.16 Line 32 - Authors state that "intention is a strong predictor of actual behaviour" which has been disputed in literature including widely cited paper of Sniehotta et al 2014. The authors may wish to briefly discuss potential counterarguments to this assertion, including limitations of the TPB in longitudinal prediction (possibly relevant to the gradual processes of healthcare implementation) and the often cited "intention behaviour gap", potentially magnified by time, planning, resource etc.

p.18 Line 15 - Agree with authors about the potential impact of conducting the study in a rural environment and wonder if they might wish to briefly expand on the potential implications for tailored implementation, skills mix and resourcing in rural settings.

e.g.

Might some participant commentary covertly refer to potential sources of change resistance, over which they might perceive reduced control? Main study findings overlap with some healthcare change (such as "7 areas" model) and resistance factors cited in other literature:

For example

https://www.health.org.uk/sites/default/files/ConstructiveComfortAcceleratingChangeInTheNHS.pdf

https://www.health.org.uk/sites/default/files/WhatsGettingInTheWayBarriersToImprovementInTheNHS.pdf
References

p.30 line 36 (reference 110) Possible unintended typing error at end of reference line

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

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Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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