

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Lived experience of women with gestational diabetes mellitus living in China: A qualitative interview study
AUTHORS	Ge, Li; Wikby, Kerstin; Rask, Mikael

VERSION 1 – REVIEW

REVIEWER	Judith Parsons King's College London
REVIEW RETURNED	30-May-2017

GENERAL COMMENTS	<p>I enjoyed reading this interesting paper. I have some comments - please see below.</p> <ol style="list-style-type: none">1. Could you include information about how you consented the participants?2. I think there needs to be more explanation of how the research question links to the background and conclusion point about poor relationships with health professionals in China in general. Do you think that by making care of women with GDM more caring, violence and murders of health care workers would be prevented? I think that the research stands alone as an important finding without having to present it in the context of violence towards healthcare staff.3. In relation to my previous point, the research questions (and therefore the results and discussion) do not focus on relationships with care providers at all, so it makes the aims of the research seem a bit confused if you put it the context of deteriorating relationships.4. Did you use a programme such as NVivo to do the analysis or did you do it on paper?5. I think it would improve the results if you used quotes to illustrate more of your points. You have used them in places but not all your points are evidenced with quotes.6. The English is not always clear or easy to understand and needs addressing.
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REVIEWER	Julia Lowe University of Toronto, Canada
REVIEW RETURNED	06-Aug-2017

GENERAL COMMENTS	<p>I think by "Caring care" the authors mean what is commonly called "patient-centered" care. I like the way they express it better as "patient focused" has tended to become jargon.</p> <p>The article provides useful insights into the declining doctor patient relationship in China in one area of acre. The main problem is that the use of English is not always as clear as it might be. I have some suggestions to improve this.</p> <p>Line 62 should read ' a recent study"</p> <p>Line 66-67 "The awareness often leads to improvements in the healthcare area" This sentence needs re-writing and may need to be toned down with references to provide support.</p> <p>Lines 120-121 I am not sure what is meant by "information about women with GDM was obtained through the recommendation of participants " I think it means women were referred to the study by participants or midwives but it could be read to mean confidential information about them was passed on by study participants and midwives and I suggest rewording it.</p> <p>Lines 153-4 should read "Relevant literature..... was discussed"</p> <p>Lines 162-3 I suggest "Dialectical interpretation of the text and the meaning of the lived experience was achieved by discussion between authors." Replace the existing text.</p> <p>Line 183 -I do not understand what is meant by "afflictive feelings"</p> <p>Line 206 I suggest "uncaring" instead of " lack caring"</p> <p>Lines 219-222 I do not understand</p> <p>Line235 I do not understand what is meant by "afflictive"</p> <p>Line 240 should read "were affected" instead of "was affected"</p> <p>Line 279 I suggest change to "their parents' old fashioned views."</p> <p>Line 290 "ignoring attitude " is not good English but I am not sure what best catches the meaning. It could be " tendency to ignore them": "Minimising the problem of GDM" or " ignorance of GDM"</p> <p>Line 292 I think should read " and not be left alone"</p> <p>Line 294 "was" not " were"</p> <p>Line 304 should read " their beliefs and..."</p> <p>Line 315 " a stable " rather than "the stable" and " other study findings" rather than "the findings in a study"</p> <p>Line 316 the meaning of afflictive is not clear.</p> <p>Lines 317-8 I think means the patients felt unsupported by doctors and their own close contacts/ family. Please reword.</p> <p>Line 321 "of" instead of "on"</p> <p>Line 335 I do not understand what is meant by "ignoring attitude" (see earlier).</p> <p>Line 337 I suggest adding "them" after "people around"</p> <p>Line 3349 " ignoring attitude" again problematic.</p>
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For Reviewer one Dr. Parsons

1. Could you include information about how you consented the participants?

Our revisions: Participants were recruited by using a snowball sampling technique.[17] Women with GDM were referred to the interviewee of the study by participants or by four midwives who worked at hospital, and were then orally invited to participate in the study. They were first informed of the aim and the procedures of the study, and were assured of the right to withdraw at any time without negative consequences. They were informed that all transcripts were anonymous, and the analysis of data and presentation of results were carried out in such a way that no individual could be identified. They took part in the study voluntarily and their written informed consent was obtained.

2. I think there needs to be more explanation of how the research question links to the background and conclusion point about poor relationships with health professionals in China in general. Do you think that by making care of women with GDM more caring, violence and murders of health care workers would be prevented? I think that the research stands alone as an important finding without having to present it in the context of violence towards healthcare staff.

3. In relation to my previous point, the research questions (and therefore the results and discussion) do not focus on relationships with care providers at all, so it makes the aims of the research seem a bit confused if you put it the context of deteriorating relationships.

Our answer: We appreciate that you agreed our research. Thank you. The development of violence and murders of health care workers in Chinese society is very complicated. Chinese government and researchers are trying their best to solve the great problem. According to the result of our present study, making care of women with GDM more caring could be one of possible solutions. However, it could not be the only way. My colleagues and I will continue to conduct further studies on this area in the future. All the work is going.

When we designed the present study, we put the violence and murders of health care workers as the social background. A review study revealed that the influencing factors of the experience of women living with GDM included cultural roles and beliefs, social stigmas, social and professional support, and social roles and barriers to self-care.[1] Moreover, GDM seriously depends on good professional-patient relations in order to obtain satisfied effects of health education due to the strict routine and lifestyle management that women with GDM have to perform.[2] However, the deteriorating professional-patient relations were not our research question in the present study. Our research question was what the lived experience of women with GDM living in China was. We would like to know what it is like to live with GDM and how suffer is from it. We hope that health providers and policymakers could better understand the women's suffering and thus provided more effective healthcare for these women after they read my published articles. Therefore, according to your comments, we revised the section of introduction and the aim of the study to make them clearer. Please read the revisions in the revised manuscript.

References

[1]. Devsam BU, Bogossian FE, Peacock AS. An interpretive review of women's experiences of gestational diabetes mellitus: proposing a framework to enhance midwifery assessment. *Women Birth* 2013;26(2):e69-76.

[2]. Ge L. Women's call for caring care: perspectives of Chinese women with gestational diabetes mellitus about beliefs, self-care behavior, quality of care and lived experience [dissertation]. Sweden: Linnaeus University; 2016.

4. Did you use a programme such as NVivo to do the analysis or did you do it on paper?

Our answer: We did not use a programme such as NVivo to do the analysis. We did it on paper. The steps are following,

Firstly, I transcribed sound records verbatim in Chinese and then translated the texts from Chinese to English.

Secondly, I did 'naïve reading phase'. The transcribed interview texts were first merged into one text. And then the text was read several times as open-minded as possible in order to obtain its meaning as a whole. I wrote down the text meaning which is following,

Naive understanding

Women with GDM living in China described their initial emotional reactions when they were informed GDM. They felt shock, doubt, surprise, strange, in denial, fear, and worried. They reflected the reasons of getting GDM and searched help from the health professionals and the popular sector, i.e. relatives, friends, internet and books. It seems that they did not obtain the satisfied answers about GDM from the health professionals at the initial time, so they sought help from the popular sector. They perceived the information obtained about GDM was inconsistent. It seems that women considered all the information. After that, some women had been being afraid of and worried about GDM; some women thought GDM was not a severe illness; and some women almost ignored GDM. It seems that all the women in this study obtained the care mainly based on the biomedical perspective without caring. Women's experiences about GDM seem to contain the afflictive feeling caused by the illness, helplessness and confusion, or on the contrary, the nearly incognizant feeling related to GDM.

Thirdly, I did the 'structural analysis phase'. The whole text was read and divided into meaning units. Please the details in Table 3,4,5,6 in the revised manuscript.

Fourthly, I did the 'comprehensive understanding phase'. The step of it was the same as the text written in the page 7 of the manuscript.

During the analysis, many discussions were conducted between authors.

5. I think it would improve the results if you used quotes to illustrate more of your points. You have used them in places but not all your points are evidenced with quotes.

Our answers: We split Table 3 into Table 3.4.5.6., and added quotes in them to illustrate our points. Please see the Tables in the revised manuscript.

6. The English is not always clear or easy to understand and needs addressing.

Our answers: I invited Prof. David Brunt, a native English speaker, to revise the language in the article again.

For Reviewer two, Dr. Lowe

1. I think by "Caring care" the authors mean what is commonly called "patient-centered" care. I like the way they express it better as "patient focused" has tended to become jargon.

Our answer: Yes, we mean that "Caring care" is "patient-centered" care. However, Accord to the analysis method 'phenomenological hermeneutics'[1] we used, the literature that could mutually illustrate the interview text was chosen for interpreting the text in the comprehensive understanding. The text was re-contextualized in the light of the literature, and a comprehensive understanding of the text, i.e. the main theme, was attained by focusing on the possibilities of living in the world that the interview text opened up. Among literature, Kari Martinsen's 'Philosophy of caring' [2] and Katie Eriksson's 'Theory of Caritative Caring'[3] were suitable to interpret the text. Therefore, we formulated the main theme as 'Longing for caring care' based on the two chosen references. We hope it is Ok that we use 'caring care' in the manuscript.

References

[1].Lindseth A, Norberg A. A phenomenological hermeneutical method for researching lived experience. Scand J Caring Sci 2004;18(2):145-53.

[2].Martinsen K. Kjerland LE. Care and Vulnerability. Oslo: Akribe 2006.

[3].Eriksson K. The Suffering Human Being. Chicago: Nordic Studies Press 2006.

2. The article provides useful insights into the declining doctor patient relationship in China in one area of acre. The main problem is that the use of English is not always as clear as it might be. I have some suggestions to improve this.

Line 62 should read 'a recent study'

Our answer: I have revised the error according to your comment.

Line 66-67 "The awareness often leads to improvements in the healthcare area" This sentence needs re-writing and may need to be toned down with references to provide support.

Our answer: I have revised the error according to your comment. Please see the manuscript.

Lines 120-121 I am not sure what is meant by "information about women with GDM was obtained through the recommendation of participants " I think it means women were referred to the study by participants or midwives but it could be read to mean confidential information about them was passed on by study participants and midwives and I suggest rewording it.

Our revision: Women with GDM were referred to the interviewee of the study by participants or by four midwives who worked at hospital, and then were orally invited to participate in the study.

Lines 153-4 should read "Relevant literature..... was discussed"

Our answer: I have revised the error according to your comment.

Lines 162-3 I suggest "Dialectical interpretation of the text and the meaning of the lived experience was achieved by discussion between authors." Replace the existing text.

Our answer: I have replaced the sentence according to your suggestion.

Line 183 -I do not understand what is meant by "afflictive feelings"

Line235 I do not understand what is meant by "afflictive"

Line 316 the meaning of afflictive is not clear.

Our revision: We used 'distressed' instead of 'afflictive' in the manuscript.

Line 206 I suggest “uncaring” instead of “lack caring”

Our answer: I have revised the error according to your comment.

Lines 219-222 I do not understand

Our revision:

Being left alone to struggle with GDM (Table 5)

The beliefs and experiences of the women in the study could be divided into three styles: they believed the illness should be treated seriously, but feel afflictions; or they believed it was not a severe illness, but feel helplessness; or they believed it was nothing to worry about, but be unawareness. These personal beliefs and experiences showed that women in the study were left alone to struggle with GDM.

Line 240 should read “were affected” instead of “was affected”

Our answer: I have revised the error according to your comment.

Line 279 I suggest change to “their parents’ old fashioned views.”

Our answer: I have revised the error according to your comment.

Line 290 “ignoring attitude “is not good English but I am not sure what best catches the meaning. It could be “tendency to ignore them”: “Minimising the problem of GDM” or “ ignorance of GDM”

Line 335 I do not understand what is meant by “ignoring attitude” (see earlier).

Line 3349 “ignoring attitude” again problematic.

Our revision: We used “the neglectful attitude to GDM” instead of “ignoring attitude”.

Line 292 I think should read “and not be left alone”

Our answer: I have revised the error according to your comment.

Line 294 “was” not “were”

Our answer: I have revised the error according to your comment.

Line 304 should read “their beliefs and...”

Our answer: I have revised the error according to your comment.

Line 315 “a stable “ rather than “the stable” and “ other study findings” rather than “the findings in a study”

Our answer: I have revised the error according to your comment.

Lines 317-8 I think means the patients felt unsupported by doctors and their own close contacts/ family. Please reword.

Our answer: I have revised the error according to your comment.

Line 321 “of” instead of “on”

Our answer: I have revised the error according to your comment.

Line 337 I suggest adding “them” after “people around”

Our answer: I have revised the error according to your comment.

VERSION 2 – REVIEW

REVIEWER	Julia Lowe University of Toronto Canada
REVIEW RETURNED	31-Aug-2017

GENERAL COMMENTS	Lines 225-229 are still confusing. I think afflictions should be changed to distress but I am still unclear as to the meaning of " they believed it was not a severe illness, but feel helplessness;" .Do you mean they felt it was serious but felt helplessness; or that they did not believe it was serious in which case why did they feel helpless and does it matter? Secondly "they believed it was nothing to worry about, but be unawareness" makes no sense. I think the conclusion is still overstated. It is a reasonable assumption but one study in one group of patients it insufficient to draw this conclusion in what is likely to be a complex , multifactorial problem
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VERSION 2 – AUTHOR RESPONSE

Dear Dr. Lowe:

We appreciate you very much for your valuable and constructive comments on our manuscript. Our revisions are following:

1. Lines 225-229 are still confusing. I think afflictions should be changed to distress but I am still unclear as to the meaning of " they believed it was not a severe illness, but feel helplessness;" .Do you mean they felt it was serious but felt helplessness; or that they did not believe it was serious in which case why did they feel helpless and does it matter?

Secondly "they believed it was nothing to worry about, but be unawareness" makes no sense.

Our revisions:

Page 9: The beliefs and experiences of the women in the study could be divided into three styles: they believed the illness should be treated seriously, but felt distress; or they believed it was not a severe illness, but at the same time experienced helplessness; or they believed it was nothing to worry about, and ignored the seriousness of having GDM. These personal beliefs and experiences showed that women in the study were left alone to struggle with GDM.

Page 10: The women who believed GDM was not a severe illness were affected by the views of “GDM does not matter” from the health professionals and people around them. In terms of behaviour, the women with the style of belief controlled GDM based on the information they received.

Once the value of their blood glucose was normal, the women thought that they recovered from GDM and returned to their previous customary lifestyle. However, some women felt helpless because they wanted to keep the value of their blood glucose in the normal range but the blood glucose could not be controlled well.

I think gestational diabetes isn't a big illness, but I want to be healthy...I controlled according to doctor's advice...Doctor said the same thing every time. She said that you paid attention to your diet. ...I try not to eat if I am not hungry. I only eat cucumber and tomato instead of fruit, because they contain little sugar. No way. I have tried my best to control it, but the values still aren't in the normal range. (Participant 40)

2. I think the conclusion is still overstated. It is a reasonable assumption but one study in one group of patients is insufficient to draw this conclusion in what is likely to be a complex, multifactorial problem

Our revisions:

Page 17: The eagerness for caring care in China was highlighted in the study. The lack of caring care could be one of the possible reasons why the professional-patient relations in China were deteriorating. The results of this study could be used as a contribution to strengthen caring care in China by carrying out and updating diabetes guidelines and routines with aspects of humanistic and psychological care, and training health providers in caring care. Using the health metaphor concerning balance and 'patient participation' and 'patient-centred' approaches may benefit the women with GDM and thus improve the quality of GDM care.

All the best