

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Factors influencing the integration of self-management in daily life routines in chronic conditions: A scoping review of qualitative evidence.
AUTHORS	Qama, Enxhi; Rubinelli, Sara; Diviani, Nicola

VERSION 1 – REVIEW

REVIEWER	Spink, Alison Southern Cross University
REVIEW RETURNED	14-Sep-2022

GENERAL COMMENTS	<p>This scoping review aims to draw on patient experience to understand possible barriers of self-management in chronic conditions.</p> <p>I have provided my comments below with some revision suggestions.</p> <p>Abstract Methods section in abstract should include eligibility criteria, sources of evidence and charting methods – as per prisma-ScR checklist</p> <p>The conclusion in abstract can be condensed and should be related to review questions and objectives.</p> <p>Introduction The introduction describes aspects of chronic conditions but does not define what is considered a chronic What would be considered a chronic condition for the purpose of this scoping review?</p> <p>While you have defined self-management, It is not clear what you mean by self-management in the context of this paper? Does this refer to self-management interventions or strategies used at home or medical management at home? Self-management can mean different things depending on the condition (chronic pain, chronic disease). See (Barlow et al., 2002), (Richard & Shea, 2011), (Van de Velde et al., 2019).</p> <p>The fourth paragraph of the introduction briefly discusses outcomes of previous research in this area however there is little information about study design or strengths and weaknesses of the existing literature. I suggest discussing in more detail what has been done previously to better understand how your study adds to the current research. Also, you reference a metasynthesis of qualitative data by Schulman-Green et al., (2016) which comprehensively evaluated barriers and facilitators of self-</p>
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	<p>management from the patient perspective, including home, work and community supports. As this metasynthesis appears similar to your paper it would be worth demonstrating more clearly what your study aims are compared to this paper. The authors use gaps in the literature as a rationale for using a scoping review methodology, however there is no explanation about specific gaps in the research in relation to previous evidence.</p> <p>The introduction would benefit from further information regarding why a scoping review was most suited to your research question. See (Guidance for conducting systematic scoping reviews, Peters et al., 2015).</p> <p>The study aim/objective at the end of the introduction is not a clear statement. Please refer to the prisma-ScR checklist to review what should be included.</p> <p>Methods</p> <p>Eligibility criteria should come before the search as per the prisma-ScR checklist. They form the basis of your search terms.</p> <p>Page 6, line 22. The authors state: "Considering the objective of this review, the literature search was influenced by two factors. First, situations reflecting the difficulties of merging disease-related routines that a person performs in their personal environment (at home, at work, and in public places) with everyday life situations and activities (family interactions, vacations, hobbies, and entertainment) were considered challenges of SM integration. Second, non-modifiable factors related to an individual's personal attributes, such as age, gender, or origins, were not objects of interest in the review" Did this form part of your inclusion or exclusion criteria? How did this factor into your search terms?</p> <p>Page 8, line 18. The authors state: "Finally, we excluded studies portraying any chronic condition with specific requirements for SM related to brain function, such as substance abuse, central nervous system disease, or insomnia, or conditions considered life-threatening even after frequent monitoring, such as HIV/AIDS or cancer" Could the authors provide a rationale for excluding these conditions? Do they change the type of self-management used or ability to use self-management?</p> <p>Selection of sources of evidence: Some of this information is in the results section but it should form part of the methods as stated in the Prisma- ScR checklist. Further information should be provided about the process, including which authors took part in the screening and selection process. Were they screened by one author? If screened by 2 or more, were they screened independently?</p> <p>Charting the data: Was this performed by one author? If so, please state this.</p> <p>I feel the chart should clearly list all types of chronic conditions included in each study rather than stating that they are mixed. This will help clarify the included chronic conditions for the reader. Is there a reason why the authors did not chart the type of self-management activities that were used in each study?</p> <p>Table 2 – the listed papers should be referenced.</p> <p>Collating, summarizing and reporting the results: More explanation needed in regards to the methods here. The authors discuss a thematic narrative approach but use the Braun and Clarke (2006) citation for thematic analysis. Was thematic analysis used? If so, it</p>
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	<p>should be named as such and more explanation is needed about the step by step process. Which author/authors extracted data from the results section and then grouped them into themes? From the explanation, it appears that sections were extracted from results prior to starting the thematic analysis (supplementary table 1), however this should form part of the analysis. Braun and Clarke have published further information relating to thematic analysis over the years which may be helpful. See (Braun & Clarke, 2020) If thematic analysis was not used, please give more information about what thematic narrative approach involves, with citations related to that particular methodology.</p> <p>Outcomes/results Study characteristics: Well explained. You should refer to figure 1. Prisma flow chart in this section. Results: If doing thematic analysis it may give more clarity to demonstrate how the different studies contributed to the themes. The current table (supplementary table 1) with the extracted results do not make this clear. It may be helpful to mention how many studies contributed to each theme. The results could be summarised more succinctly rather than paraphrasing each article related to the theme. Braun and Clarke state “Thematic analysis is not just a collection of extracts strung together with little or no analytic narrative. Nor is it a selection of extracts with analytic comment that simply or primarily paraphrases their content” (2006). The above comments are based on my assumption that you are using thematic analysis. If that is not the case, further clarification is needed within the paper to avoid confusion from the reader.</p> <p>References Some of the references used for definitions and background in the introduction come from papers published in the 1990s. For example Lorig (1993 and 1996) for self-management. Is this the most appropriate definition? The area of self-management has been widely researched particularly in the past decade. It would be useful to review if definitions have changed since this time. See again (Barlow et al., 2002, van de Velde et al., 2019, Richard & Shea, 2011).</p> <p>Discussion In the strengths paragraph the authors say: “Second, to our knowledge this is the first scoping review that explores these aspects, focusing only on qualitative evidence, and giving a significant contribution to the existing quantitative studies “ This implies that only quantitative research has been done on this topic yet your introduction includes citations from a number of qualitative studies/reviews on the same topic.</p> <p>Supplementary reporting Supplementary table 3 is listed in the Prisma checklist but I think that is referring to supplementary table 1. The articles are not currently cited in this table.</p>
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REVIEWER	Haase, Kristin University of Saskatchewan
REVIEW RETURNED	26-Sep-2022

GENERAL COMMENTS	<p>Thank you for the opportunity to review this paper on an interesting topic. For me the main weakness relates to the results section. As presently written, I don't think a narrative analysis has been achieved. I believe the authors would benefit from trying to incorporate more description of what they mean, and citing similarities across studies (synthesis) rather than studies one by one. I have additional comments below which I hope are helpful to the authors.</p> <p>The Medline search string should be included along with the number of results from each database. It should be clear who and how many authors screened the papers at different stages. The description of the thematic narrative analysis would be strengthened if the authors reported who was involved in the process and how the process unfolded. Where included studies are first included in section 3.1, study citations should be provided. i.e. Which studies were cross-sectional, etc. Each time a study type is reference the citation needs to appear. The authors report two main categories of findings- I wonder if they mean themes? In general, the results section needs more attribution to the papers being referenced. I would also encourage the authors to move towards theme description and synthesis and away from this study said this, and this study said that. The discussion is quite long at 7 paragraphs. Part of this can be altered by adding a distinct limitations section. I would also encourage the authors to focus on the most salient findings to allow for a tighter and more focused discussion. It would be helpful for the authors to restate their main findings in the conclusion.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1	
<p>This scoping review aims to draw on patient experience to understand possible barriers of self-management in chronic conditions. I have provided my comments below with some revision suggestions.</p>	<p>We thank you for all the valuable comments and suggestions that you provided for improving our scoping review. Please find below our answers and the way we addressed them.</p>
Abstract	

<p>Methods section in abstract should include eligibility criteria, sources of evidence and charting methods – as per prisma-ScR checklist</p>	<p>Thank you for your comment. This point was taken in consideration and we included this information in the abstract as following:</p> <p><i>"Design: Scoping review</i></p> <p><i>Data sources: PubMed, Web of Science, Cinahl, and PsycInfo</i></p> <p><i>Eligibility criteria: We included qualitative studies on self-management experience, in English, with adult participants, original and peer-reviewed, and depicting the performance of self-management activities in one's own environment.</i></p> <p><i>Data extraction and synthesis: Two reviewers independently screened titles and abstracts. After agreement, one reviewer screened the full text of relevant articles and extracted the data. The data was synthesized and analyzed thematically. PRISMA Extension for Scoping Reviews (PRISMA-ScR) checklist was used for reporting the steps."</i></p>
<p>The conclusion in abstract can be condensed and should be related to review questions and objectives.</p>	<p>We thank you for your comment. We have taken the suggestion in consideration and made the necessary changes in the conclusion part of the abstract as following:</p> <p><i>"Conclusions: The integration of self-management requirements in a daily routine is affected by the patients' inability to apply disease knowledge in different context and by the challenge of understanding body symptoms and predicting body reactions in advance."</i></p>
<p>Introduction</p>	
<p>The introduction describes aspects of chronic conditions but does not define what would be considered a chronic condition for the purpose of this scoping review.</p>	<p>Thank you for your comment. We agree that having a concrete definition on what we are focusing on in our review makes the objective clearer and the whole review more comprehensive. Therefore, we integrated it in our introduction as following:</p>

	<p><i>"Chronic conditions on the other side are defined as conditions that need frequent monitoring because of multiple and different symptoms and changes in physiological parameters, and that require commitment of time and effort to manage" (Goodman 2013, O'Halloran 2004)</i></p>
<p>While you have defined self-management, it is not clear what you mean by self-management in the context of this paper? Does this refer to self-management interventions or strategies used at home or medical management at home? Self-management can mean different things depending on the condition (chronic pain, chronic disease). See (Barlow et al., 2002), (Richard & Shea, 2011), (Van de Velde et al., 2019).</p>	<p>Thank you for your comment. We agree with this point and we have provided an updated version of our introduction. In this version we have provided the definition of self-management according to Richard & Shea, 2011 in the beginning of the introduction as following:</p> <p><i>"In healthcare self-management has been defined as "the ability of the individual in conjunction with family, community and healthcare professionals, to manage symptoms, treatments, lifestyle changes and psychosocial, cultural and spiritual consequences of health conditions".</i></p> <p>Furthermore, for better conceptualization of the aim of our review we have taken in consideration the definition of Van de Velde et al., 2019, and we included it in the final paragraph of the introduction as following:</p> <p><i>"Van de Velde et al. that says that self-management is not a task that has an end point, on the opposite, it is a lifetime task is based on how patients see their own problems in their own daily lives; self-management will look different for each person, depending on their skills".</i></p>
<p>The fourth paragraph of the introduction briefly discusses outcomes of previous research in this area however there is little information about study design or strengths and weaknesses of the existing literature. I suggest discussing in more detail what has been done previously to better understand how your study adds to the current research.</p>	<p>We thank you for your suggestion, we agree that presenting more details about the results of literature in the background would improve the clarity of our review. Therefore, we have included further information regarding their conclusions and settings in order to better point out the further contribution of our study, as following:</p>

	<p><i>"The authors describe that "living a life and living an illness" (12) are two different things, and developing a daily self-management routine as a response to lifestyle changes (11) is considered to facilitate self-management. (13) They suggest that patients need scheduling and prioritization skills in their familial and societal roles, such as work or special occasions like holidays and vacations. (11, 13). To better conceptualize the important challenge of developing a self-management routine, it is of significant value to understand the underlying factors that affect such process in people living with chronic conditions. Literature offers valuable evidence on general aspects that influence self-management, from personal factors such as one's emotional needs and health beliefs (14, 15), to more logistical ones like access and financial constraints. (11, 13, 16) Notwithstanding the important contribution, we believe that in order to grasp the complexities of self-management routines there is a need to synthesize the evidence of patients' lived experience on closer lens. Instead of the existing description of self-management within the frame of concepts like barriers and facilitators, we believe that a more personal approach should be presented."</i></p>
<p>Also, you reference a metasynthesis of qualitative data by Schulman-Green et al., (2016) which comprehensively evaluated barriers and facilitators of self-management from the patient perspective, including home, work and community supports. As this metasynthesis appears similar to your paper it would be worth demonstrating more clearly what your study aims are compared to this paper.</p>	<p>We thank you also for this comment. We have taken it in consideration and made the necessary changes in the introduction to present our research aim in a clearer way as mentioned in the previous comment.</p>
<p>The authors use gaps in the literature as a rationale for using a scoping review methodology, however there is no explanation about specific gaps in the research in relation to previous evidence.</p>	<p>Thank you for pointing out that the gap that we are trying to identify is not clear enough. We have made the necessary changes in the introduction on that part as following:</p> <p><i>"Notwithstanding the important contribution, we believe that in order to grasp the complexities of</i></p>

	<p><i>self-management routines there is a need to synthesize the evidence of patients' lived experience on closer lens. Instead of the existing conceptualization of self-management within the frame of concepts like barriers and facilitators, we believe that a more personal approach should be presented. Van de Velde et al. (2) that says that self-management is not a task that has an end point, on the opposite, it is a lifetime task that is based on how patients see their own problems in their own daily lives; self-management will look different for each person, depending on their skills. (2) Therefore, with this review we want to describe the performance of self-management routines within familial and societal roles in people living with chronic conditions with the aim of identifying factors that challenge its integration in daily life."</i></p>
<p>The introduction would benefit from further information regarding why a scoping review was most suited to your research question. See (Guidance for conducting systematic scoping reviews, Peters et al., 2015).</p>	<p>Thank you for your valuable suggestion. We have included this clarification at the end of our introduction as following:</p> <p><i>"To reach the aim of our study we chose to follow a scoping review methodology. Since our 'phenomena of interest' - the performance of self-management routines - is very broad, we deem this methodology to be appropriate for scoping the range of the available evidence. (17) By summarizing different research findings in qualitative research, this scoping review will allow us to identify possible research gaps and to make recommendations for future research in the field of patient education."</i></p>
<p>The study aim/objective at the end of the introduction is not a clear statement. Please refer to the prisma-ScR checklist to review what should be included.</p>	<p>Thank you for this comment. We have revised the introduction and we have provided a clearer statement of our study aim as following:</p> <p><i>"Therefore, with this review we want to <u>describe the performance of self-management routines within daily settings in people living with chronic conditions with the aim of identifying factors that challenge its integration in daily life.</u>"</i></p>

Methods	
<p>Eligibility criteria should come before the search as per the prisma-ScR checklist. They form the basis of your search terms.</p>	<p>Thank you for this suggestion. We made the suggested change and put the criteria under a new section named 2.2 Inclusion and exclusion criteria, and placed it before 2.3 Search for relevant studies.</p>
<p>Page 6, line 22. The authors state: "Considering the objective of this review, the literature search was influenced by two factors. First, situations reflecting the difficulties of merging disease-related routines that a person performs in their personal environment (at home, at work, and in public places) with everyday life situations and activities (family interactions, vacations, hobbies, and entertainment) were considered challenges of SM integration. Second, non-modifiable factors related to an individual's personal attributes, such as age, gender, or origins, were not objects of interest in the review" Did this form part of your inclusion or exclusion criteria? How did this factor into your search terms?</p>	<p>Thank you for your question and for pointing this out. Indeed, they are part of eligibility criteria. More specifically, these criteria were taken in consideration during the second level of full-text screening. For better clarity we reframed and placed these criteria together with the other ones under 2.2 Inclusion and exclusion criteria as following:</p> <p><i>"We based the selection of studies on the following eligibility criteria: (1) qualitative studies on self-management experience, (2) in English, (3) adult participants, (4) original and peer-reviewed, and (5) <u>depicting the performance of self-management activities in one's own environment. We excluded studies that focus on self-management interventions, portraying challenges related to an individual's personal attribute such as age, gender and origins.</u> Furthermore, we excluded studies looking at chronic condition, such as substance abuse, central nervous system disease, and insomnia, given that they can be particularly different in these population due to affected cognitive function (20) and involve specific requirements for self-management, such as more medication dependency. (21) However, is worth mentioning that we included those multimorbidity studies that look at these conditions among others. Lastly, we excluded articles exploring HIV/AIDS or cancer, given that these conditions are characterized by a great amount of unpredictability and considered life-threatening (22). They require complex therapeutic routines in closer collaboration with health professionals because of demanding and frequent monitoring and there is an extensive use of health services like palliative care for symptom control (23, 24)."</i></p>

<p>Page 8, line 18. The authors state: “Finally, we excluded studies portraying any chronic condition with specific requirements for SM related to brain function, such as substance abuse, central nervous system disease, or insomnia, or conditions considered life-threatening even after frequent monitoring, such as HIV/AIDS or cancer “Could the authors provide a rationale for excluding these conditions? Do they change the type of self-management used or ability to use self-management?”</p>	<p>We thank you for your question and your suggestion. A further rationale for the reason of exclusion of these conditions was provided in section 2.2 Inclusion and exclusion criteria as following:</p> <p><i>"Furthermore, we excluded studies looking at self-management in chronic condition, such as substance abuse, central nervous system disease, and insomnia, given that they can be particularly different in these population due to affected cognitive function (20) and involve specific requirements for self-management, such as more medication dependency. (21) However, is worth mentioning that we included those multimorbidity studies that look at these conditions among others. Lastly, we excluded articles exploring self-management of HIV/AIDS or cancer, given that these conditions are characterized by a great amount of unpredictability and considered life-threatening (22). They require complex therapeutic routines in closer collaboration with health professionals because of demanding and frequent monitoring and there is an extensive use of health services like palliative care for symptom control (23, 24)."</i></p>
<p>Selection of sources of evidence: Some of this information is in the results section but it should form part of the methods as stated in the Prisma- ScR checklist. Further information should be provided about the process, including which authors took part in the screening and selection process. Were they screened by one author? If screened by 2 or more, were they screened independently?</p>	<p>This is a very important point and we thank you for your comment. We clarified the process of selecting the sources of evidence under 2.4 Selection of sources of evidence as following:</p> <p><i>"One reviewer carried out the search through electronic databases and kept a record of the searches. The identified records were exported into EndNote and duplicates were removed. The screening of the articles was performed in two levels. In the first level of screening two reviewers applied the inclusion and exclusion criteria to all titles and abstracts independently for study eligibility. Discrepancies were resolved by consensus or the participation of a third reviewer. For the second level of screening two reviewers independently performed a full-text screening of a sample of the articles against the inclusion and exclusion criteria (i.e. 'depicting the performance of self-management activities in one's own environment' and 'portraying challenges related to an individual's personal</i></p>

	<p><i>attribute such as age, gender and origins') to determine the degree of consistency in the individual assessment. Any disagreements were resolved through discussions with the third reviewer. After reaching an agreement one reviewer screened the full texts for inclusion and exclusion criteria. (see Supplementary Figure 1. Prisma Flow chart)."</i></p>
<p>Charting the data: Was this performed by one author? If so, please state this.</p>	<p>Thank you for your question. We made the necessary changes and provided more explanation on the process of charting the data under 2.5 Charting the data as following:</p> <p><i>"Two reviewers prepared a standardized table to extract relevant information from eligible articles. Data extraction was conducted independently by the same reviewers. Table 2 includes the primary author, year of publication, country, sample size, place of recruitment, type of disease, study design, and aim of the study. Supplementary Table 1 summarized the data from the articles' results sections. Since we did not discriminate according to the study aim or objectives when selecting eligible studies, the findings of the included studies do not necessarily report only on challenges of the performing self-management routines. Therefore, only those parts of the findings where those challenge are mentioned, were taken in consideration. Furthermore, the reviewers agreed that we will extract, only the author's own interpretation of the data accompanied with quotes for illustration. The three reviewers met regularly to discuss findings. During these meetings key codes were identified and preliminary and final themes were generated. Table x and y represent the process."</i></p>
<p>I feel the chart should clearly list all types of chronic conditions included in each study rather than stating that they are mixed. This will help clarify the included chronic conditions for the reader.</p>	<p>Thank you for your comment. We took the recommendation in consideration and listed all the different conditions included in each study as reflected in Table 2. Furthermore, we added the explanation also in paragraph 3.1 Study characteristics as following:</p> <p><i>"Articles cover a wide range of conditions including diabetes (n = 12), cardiovascular</i></p>

	<p><i>conditions (n = 11), lung conditions (n = 7), rheumatic diseases (n = 5), kidney disease (n = 4), spinal cord injury (n = 2), cancer (n = 2), depression (n = 2), inflammatory bowel disease (n = 1), multiple sclerosis (n = 1), back pain or sciatica (n = 1), obesity (n = 1), glaucoma (n = 1), hearing disability (n = 1), vision problems (n = 1), tuberculosis (n = 1), immune disease (n = 1) and gastric bypass surgery (n = 1)."</i></p>
<p>Is there a reason why the authors did not chart the type of self-management activities that were used in each study?</p>	<p>We thank you for your question. For more clarification we have listed the types of self-management activities in Table 2.</p> <p>However, when doing our analysis we focused on exploring the factors that challenge the performance of self-management routines within patient's environment, independent of what type of activity it is.</p> <p>However, we acknowledge in discussion that exploring the topic by looking at specific self-management recommendations could contribute with further evidence under 4.2 Strengths and limitations as following:</p> <p><i>"This research entailed synthesizing evidence on a broad range of chronic diseases and self-management activities. Although this evidence can offer a strong basis for generalization, more in-depth research on individual conditions or self-management activities and recommendations should be carried out."</i></p>
<p>Table 2 – the listed papers should be referenced</p>	<p>Thank you for your comment. We have made the necessary changes and referenced all the articles in Table 2.</p>
<p>Collating, summarizing and reporting the results: More explanation needed in regards to the methods here. The authors discuss a thematic narrative approach but use the Braun and Clarke (2006) citation for thematic analysis. Was thematic analysis used? If so, it should be named as such and more explanation is needed about the step by step process. Which author/authors extracted data from the results</p>	<p>Thank you for this comment. Indeed, we agree that a clearer explanation of the steps followed can contribute to clarify the methodology. We have made the necessary changes under 2.6 Collating, summarizing and reporting the results, as following:</p>

<p>section and then grouped them into themes? From the explanation, it appears that sections were extracted from results prior to starting the thematic analysis (supplementary table 1), however this should form part of the analysis. Braun and Clarke have published further information relating to thematic analysis over the years which may be helpful. See (Braun & Clarke, 2020).</p> <p>If thematic analysis was not used, please give more information about what thematic narrative approach involves, with citations related to that particular methodology.</p>	<p><i>"For this stage of the review we followed Braun and Clarke's methodology for inductive thematic analysis, based on the theoretical framework of a realist account. (47) In the first stage of data extraction, we became familiar with the results of each included study, by repeatedly reading the content in depth. In this phase one reviewer started taking notes on possible codes. The same key findings could contribute in more than one code and theme. After generating the initial codes, two reviewers went through the process of generating themes and subthemes, through continual revisions and definitions of themes as seen in Supplementary Table 2. Any discrepancy was resolved by the participation of a third reviewer. For the final phase we produced the report by following an analysis of the challenges of performing self-management routines within one's daily environment guided by our research question: what are challenges of keeping up with recommendations of self-management regardless of the setting or daily activities of the participants?"</i></p>
<p>From the explanation, it appears that sections were extracted from results prior to starting the thematic analysis (supplementary table 1), however this should form part of the analysis.</p>	<p>Thank you for pointing this out. Before describing 'Collating summarizing and reporting the results', we provide this information under 2.5 Charting the data, as following:</p> <p><i>"Two reviewers prepared a standardized table to extract relevant information from eligible articles. Data extraction was conducted independently by the same reviewers. Table 2 includes the primary author, year of publication, country, sample size, place of recruitment, type of disease, study design, self-management activity/recommendation and aim of study. Supplementary Table 1 summarized the extracts from the included studies and initial codes. When conducting the database research, we did not include the keywords "challenge" or "barrier", neither did we discriminate according to the study aim when selecting eligible studies. Therefore, findings of the included studies did not necessarily report only on challenges of the performing self-management routines. For this reason, only those parts of the findings where challenges in one's environment and daily routines are mentioned, were taken in</i></p>

	<p><i>consideration. Furthermore, the reviewers agreed to extract only the author's own interpretation of the data accompanied with author's chosen quotes for illustration."</i></p>
Outcomes/results	
<p>Study characteristics: Well explained. You should refer to figure 1. Prisma flow chart in this section.</p>	<p>Thank you for your comment. We have added the reference to the Prisma flow chart under 3.1 Study characteristics.</p>
<p>Results: If doing thematic analysis, it may give more clarity to demonstrate how the different studies contributed to the themes. The current table (supplementary table 1) with the extracted results do not make this clear. It may be helpful to mention how many studies contributed to each theme.</p>	<p>Thank you very much for your comment. Indeed, we agree that further clarification on how different studies contribute to the themes is needed. Therefore, we present two supplementary tables where one involves the codes of the data extracts, and the second involves the themes, subthemes and the articles that contributed to each of them (please refer to Supplementary Table one and Supplementary Table 2).</p>
<p>The results could be summarized more succinctly rather than paraphrasing each article related to the theme. Braun and Clarke state "Thematic analysis is not just a collection of extracts strung together with little or no analytic narrative. Nor is it a selection of extracts with analytic comment that simply or primarily paraphrases their content" (2006). The above comments are based on my assumption that you are using thematic analysis. If that is not the case, further clarification is needed within the paper to avoid confusion from the reader.</p>	<p>Thank you for the comment. In response to your question, we confirm that thematic analysis was used, and we have made the necessary amendments in order for this to be reflected in the result section. In this version a more concise and analytical narrative style of presenting the results was followed.</p>

<p>References: Some of the references used for definitions and background in the introduction come from papers published in the 1990s. For example Lorig (1993 and 1996) for self-management. Is this the most appropriate definition? The area of self-management has been widely researched particularly in the past decade. It would be useful to review if definitions have changed since this time. See again (Barlow et al., 2002, van de Velde et al., 2019, Richard & Shea, 2011).</p>	<p>Thank you for your comment. We appreciate the suggestions and we have taken them in consideration, as reflected in the introduction.</p>
<p>Discussion</p>	
<p>In the strengths paragraph the authors say: "Second, to our knowledge this is the first scoping review that explores these aspects, focusing only on qualitative evidence, and giving a significant contribution to the existing quantitative studies " This implies that only quantitative research has been done on this topic yet your introduction includes citations from a number of qualitative studies/reviews on the same topic.</p>	<p>We thank you for your comment. Indeed, we agree that the way this is phrased may not imply the reality of what was intended. We have made the necessary changes throughout the study, by clarifying how does our review contribute to the existing literature. Therefore, we have also clarified this statement in the discussion part under 4.2 Strengths and limitations as following:</p> <p><i>"Second, to our knowledge this is the first scoping review that explores self-management solely from the context of creating a routine within one's daily setting, giving contribution to the existing literature."</i></p>
<p>Supplementary reporting Supplementary table 3 is listed in the Prisma checklist but I think that is referring to supplementary table 1. The articles are not currently cited in this table.</p>	<p>Thank you very much for identifying this typo. We have made the corrections in Prisma checklist by indicating the correct Tables and supplementary materials.</p>
<p>Reviewer 2</p>	
<p>Thank you for the opportunity to review this paper on an interesting topic. For me the main weakness relates to the results section. As presently written, I don't think a narrative analysis has been achieved. I believe the authors would benefit from trying to incorporate more description of what they mean, and citing similarities across studies (synthesis) rather</p>	<p>We thank you for your valuable comments and suggestions. They were all taken in consideration and addressed, including the revision of the narrative thematic analysis. Please find our answers to the comments and the corresponding changes below.</p>

<p>than studies one by one. I have additional comments below which I hope are helpful to the authors.</p>	
<p>The Medline search string should be included along with the number of results from each database.</p>	<p>We thank you for your comment. We have provided the databases search strings under Table 1. Also, the number of results from each database are included in the Prisma flow diagram.</p>
<p>It should be clear who and how many authors screened the papers at different stages.</p>	<p>This is a very important point and we thank you for your comment. We clarified the process of selecting the sources of evidence under 2.4 Selection of sources of evidence as following:</p> <p><i>"One reviewer carried out the search through electronic databases and kept a record of the searches. The identified records were exported into EndNote and duplicates were removed. The screening of the articles was performed in two levels. In the first level of screening two reviewers applied the inclusion and exclusion criteria to all titles and abstracts independently for study eligibility. Discrepancies were resolved by consensus or the participation of a third reviewer. For the second level of screening two reviewers independently performed a full-text screening of a sample of the articles against the inclusion and exclusion criteria (i.e. 'depicting the performance of self-management activities in one's own environment' and 'portraying challenges related to an individual's personal attribute such as age, gender and origins') to determine the degree of consistency in the individual assessment. Any disagreements were resolved through discussions with the third reviewer. After reaching an agreement one reviewer screened the full texts for inclusion and exclusion criteria. (see Supplementary Figure 1. Prisma Flow chart)."</i></p>

The description of the thematic narrative analysis would be strengthened if the authors reported who was involved in the process and how the process unfolded.

Thank you for this comment. Indeed, we agree that a clearer explanation of the steps followed can contribute to clarify the methodology. We have made the necessary changes under **2.5 Charting the data** and **2.6 Collating, summarizing and reporting the results** as following:

"2.5 Charting the data

Two reviewers prepared a standardized table to extract relevant information from eligible articles. Data extraction was conducted independently by the same reviewers. Table 2 includes the primary author, year of publication, country, sample size, place of recruitment, type of disease, study design, self-management activity/recommendation and aim of study. Supplementary Table 1 summarized the extracts from the included studies and initial codes. When conducting the database research, we did not include the keywords "challenge" or "barrier", neither did we discriminate according to the study aim when selecting eligible studies. Therefore, findings of the included studies did not necessarily report only on challenges of the performing self-management routines. For this reason, only those parts of the findings where challenges in one's environment and daily routines are mentioned, were taken in consideration. Furthermore, the reviewers agreed to extract only the author's own interpretation of the data accompanied with author's chosen quotes for illustration."

"2.6 Collating, summarizing and reporting the results

For this stage of the review we followed Braun and Clarke's methodology for inductive thematic analysis, based on the theoretical framework of a realist account. (47) In the first stage of data extraction, we became familiar with the results of each included study, by repeatedly reading the content in depth. In this phase one reviewer started taking notes on possible codes. The same key findings could contribute in more than one code and theme. After generating the initial

	<p><i>codes, two reviewers went through the process of generating themes and subthemes, through continual revisions and definitions of themes as seen in Supplementary Table 2. Any discrepancy was resolved by the participation of a third reviewer. For the final phase we produced the report by following an analysis of the challenges of performing self-management routines within one's daily environment guided by our research question: what are challenges of keeping up with recommendations of self-management regardless of the setting or daily activities of the participants?"</i></p>
<p>Where included studies are first included in section 3.1, study citations should be provided. i.e. Which studies were cross-sectional, etc. Each time a study type is reference the citation needs to appear.</p>	<p>We thank you for your comment and for pointing this out. We included the references of each study every time they were mentioned under paragraph 3.1 Study characteristics.</p>
<p>The authors report two main categories of findings- I wonder if they mean themes?</p>	<p>Thank you for your question. Indeed, we mean themes. For better clarity throughout the analysis, we have made the necessary changes and categorized the results in themes and subthemes as seen in paragraph 3.2 Thematic analysis.</p>
<p>In general, the results section needs more attribution to the papers being referenced.</p> <p>I would also encourage the authors to move towards theme description and synthesis and away from this study said this, and this study said that.</p>	<p>Thank you for your suggestion. We have taken it in consideration as seen under the result section. Now the themes are presented in a more descriptive and analytical narrative. It is also clearer how papers contribute to the themes and very few extracts are used only to better illustrate the story we are telling with our data.</p>
<p>The discussion is quite long at 7 paragraphs. Part of this can be altered by adding a distinct limitations section.</p>	<p>We thank you for the comment. We have indeed shortened the discussion part by limiting it on the most salient findings, future research and we have created a separate 4.2 Strengths and limitations section.</p>

I would also encourage the authors to focus on the most salient findings to allow for a tighter and more focused discussion.	We thank you for your suggestion. We have taken it in consideration and now the discussion is reduced by focusing on the most important findings, future research and limitations.
It would be helpful for the authors to restate their main findings in the conclusion.	Thank you for your comment. We have clarified the conclusion by restating the main findings as following: <i>"The integration of self-management requirements in a daily routine is affected by the patients' inability to apply disease knowledge in different context and by the challenge of understanding body symptoms and predicting body reactions in advance."</i>

VERSION 2 – REVIEW

REVIEWER	Spink, Alison Southern Cross University
REVIEW RETURNED	23-Nov-2022

GENERAL COMMENTS	<p>Thank you for your work in addressing all of my comments. There is more clarity now from the reader perspective in regards to study objectives, rationale for scoping review and methodology. There are just a couple of things that I feel should be reviewed:</p> <p>Presentation of results has improved, however I would review the citations for the direct quotes to ensure they are cited appropriately and it is clear which paper the quote has come from (some of the citations reference more than one paper after a quote). Supplementary table 1 and 2 are more relevant to the results now, however, the separate reference list for table 1 is confusing as it doesn't relate to in-text citation at all. Is there a reason for not using the citations from the reference list? I tried to refer to the table from an in-text citation within the results section but could not find the corresponding paper easily as the numbers were irrelevant.</p>
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VERSION 2 – AUTHOR RESPONSE

Reviewer 1	
<p>Thank you for your work in addressing all of my comments. There is more clarity now from the reader perspective in regards to study objectives, rationale for scoping review and methodology. There are just a couple of things that I feel should be reviewed:</p> <p>Presentation of results has improved; however, I would review the citations for the direct quotes to ensure they are cited appropriately and it is clear which paper the quote has come from (some of the citations reference more than one paper after a quote).</p> <p>Supplementary table 1 and 2 are more relevant to the results now, however, the separate reference list for table 1 is confusing as it doesn't relate to in-text citation at all. Is there a reason for not using the citations from the reference list? I tried to refer to the table from an in-text citation within the results section but could not find the corresponding paper easily as the numbers were irrelevant.</p>	<p>Thank you for all the valuable comments, which contributed to improving the quality of our review.</p> <p>Thank you for this comment. We have checked the references in the result sections and made the following corrections:</p> <ul style="list-style-type: none">- In the cases where a direct quote is mentioned, we made sure to reference only the article where it came from.- The references of the Supplementary Table 1, indeed do not relate to the in-text numbering. This happened because the document was submitted as separate Supplementary material, and because we used EndNote the numbering started from number 1. We corrected the reference numbers by putting them manually in the table. Now they match to the in-text references.