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Factors Shaping Patients' Engagement in Digital Health Self-Management Tools

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1. Round 1

1.1. Reviewer 1

Reviewer:

The first paragraph states that digital tools "have become central tools for enabling individuals to monitor symptoms...". This claim would benefit from more critical nuance, acknowledging inconsistent evidence across chronic conditions. The paragraph currently reads as overly promotional.

The paragraph discussing usability and interface design lists several design elements but lacks connection to theoretical frameworks in HCI or behavioral informatics. For example, usability principles (e.g., Nielsen's heuristics) could enrich the theoretical grounding.

The sentence "These insights reveal that engagement is not merely a behavioral act but a deeply personal process entwined with values..." is conceptually strong but overly broad. Consider adding one or two concrete examples to make the argument more tangible.

While the paragraph references cost, connectivity, and geographic disparities, it does not address how these factors intersect (e.g., digital divide dynamics). A more intersectional analysis would strengthen the argument.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

In the sentence “Engagement encompasses both the behavioral elements… as well as the psychological dimensions…”, the article introduces engagement as multidimensional but does not clearly define how the current study conceptualizes engagement. Consider clarifying whether the study adopts an existing model or develops an emergent conceptualization.

The third paragraph emphasizes health literacy (eHealth literacy) but does not sufficiently link these determinants to the need for qualitative exploration. The reviewer recommends explicitly clarifying why quantitative models alone have not been sufficient.

In “Participants were adults residing in Canada who had experience using at least one digital health self-management tool…”, it would be useful to report the specific distribution of chronic conditions for sample diversity, as presented later. The reviewer suggests moving that information to Methods for clarity.

In the sentence “Feeling overwhelmed; frustration with errors; excitement about tracking…”, emotional reactions are presented descriptively. The reviewer recommends clustering them more analytically (e.g., negative vs. positive affect, anticipatory vs. reactive emotions) to enhance conceptual coherence.

The statement “If the app freezes even once, I lose trust...” is powerful. Consider developing this into a more formal subtheme on “Trust Fragility,” as it appears consistently influential across participant accounts.

In the paragraph where the authors mention “When my nurse checked my logs during each visit...”, the reviewer recommends linking this more directly to existing theories (e.g., clinician endorsement as a “social cue” in persuasive system design).

The sentence “I don’t want anyone looking over my shoulder and seeing my health stuff.” is analytically rich but is not fully unpacked. The authors should expand this into a discussion of “social privacy,” differentiating it from institutional privacy concerns.

The first paragraph of Discussion repeats several descriptive findings without offering new interpretation. Consider condensing description and focusing more on theoretical implications or contradictions with prior research.

The sentence “These findings mirror prior research demonstrating that healthcare professional engagement…” cites literature but does not critically evaluate whether provider engagement functioned differently in this study compared to earlier studies.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.
Editor in Chief’s decision: Accepted.

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