Author's response to reviews

Title: Patient reported barriers and facilitators to using a self-management booklet for hip and knee osteoarthritis in primary care: Results of a qualitative interview study

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Author's response to reviews: see over
Dear Editor,

We thank the reviewers for reviewing our manuscript. We are grateful for their helpful comments and suggestions. We have addressed each comment in our revised manuscript, and provide a point-by-point response for each of the concerns. We hope that by incorporating the comments this revised manuscript is suitable for publication.

On behalf of all authors,

Sincerely yours,

Nienke Cuperus
Reviewer 1

Minor Essential Revisions

Title

1. Change ‘use’ to ‘using’
   -- Answer--
   As suggested by the reviewer we changed the word use to using in the title.

Participants

2. I would not use percentages here - it doesn’t feel appropriate with such a small sample size and is a quantitative approach to data analysis.
   -- Answer --
   We agree with the reviewer that percentages are not appropriate here and we removed the percentages.

Discussion

3. Typo – ‘whit’ instead of ‘with’
   -- Answer --
   We corrected the typo.

Discretionary Revisions

Abstract

4. In the abstract you might want to outline how you undertook purposive sampling in more detail. For instance the sample included ‘readers’ and ‘non users’ and what this means.
   -- Answer --
   As suggested by the reviewer we included the following sentence in the method section of the abstract: “The sample included patients who actually used the booklet (‘users’), only read the booklet (‘readers’) and neither read nor used the booklet (‘non-users’)”.

Data collection

5. Why was a decision made to exclude interviews that were videotaped? Why did you decide to video tape the interviews if they weren’t going to be used?
   -- Answer -
   The equipment we used to record the interviews provided both audio and video tapes. Prior to the start of the data collection we did not decide that the video tapes of the interviews were not going to be used. Before the start of the data analysis we decided for pragmatic reasons to only use the audiotapes.

   We changed the following line in the paragraph data collection of the method section: “The equipment we used to record the interviews provided both audio and video tapes. However, before the start of the data analysis we decided for pragmatic reasons to use only the audio tapes”.

6. Although this point has largely been addressed it might be useful to be even clearer about what the I-Change model is, e.g. ‘it postulates that behaviour is the result of a person’s
intention which is influenced by four factors: motivation, awareness, information and predisposing variables such as...

-- Answer --
As suggested by the reviewer we extended the information on the I-Change model by rephrasing the following sentence in the data collection paragraph of the methods:

“This model postulates that behaviour is the result of a person’s intention which is in turn influenced by four factors: motivational factors (e.g. attitudes, social influences, efficacy), awareness factors (e.g. knowledge, risk perceptions, cues to action), information factors (e.g. quality of messages or sources used) and predisposing factors (e.g. personality, environment)”.

7. It would be useful to have a bit more detail about why the I-Change model was selected. I know this is partially explained but why is it useful to choose a framework that incorporates insights of several behavioural models?

-- Answer -
The aim of our study was to identify a broad spectrum of barriers and facilitators for patients to use the booklet. Because of this broad spectrum we needed a comprehensive behavioural model as theoretical framework for the current study. The I-Change model incorporates insights of several behavioural models and because of this integrated nature, the I-Change model made it feasible to investigate a broad spectrum of potential barriers and facilitators for patients to use the booklet.

We rephrased the following line of the data collection paragraph of the method section: “We selected the I-Change model as the theoretical framework for the current study as we aimed to identify a broad spectrum of barriers and facilitators for patients to use the booklet. Since the I-Change model incorporates insights of several behavioural models, its integrated nature made it feasible to explore a broad spectrum of potential barriers and facilitators”.

8. Again this is just an issue of clarity but it would be useful to be more clear about how the topic guide was structured, e.g. ‘it was structured around the four constructs of the I-Change model: behaviour (i.e. booklet use), motivation factors (i.e. attitude towards the booklet and OA, efficacy to use the booklet), awareness factors (knowledge about OA, severity of OA, self-management) and information factors (i.e. information received from health care providers). In addition, we were interested if patients had suggestions for improvement.’ It would also be useful to explain what ‘motivation’, ‘awareness factors’ and ‘information’ mean in this context as I am not sure about this.

-- Answer -
As suggested by the reviewer we extended the information on the interview guide by rephrasing the following sentence in the data collection paragraph of the methods:

“The interview guide was structured around four constructs of the I-Change model: behaviour (i.e. booklet use), motivation factors (i.e. attitude towards the booklet and OA, efficacy to use the booklet), awareness factors (knowledge about OA, severity of OA, self-management) and information factors (i.e. information received from health care providers). In addition, we were interested if patients had suggestions for improvement of the booklet. We did not ask patients about their current intention with regard to using the booklet as patients were interviewed 12 months after they had received the booklet; predisposing factors were already assessed by the questionnaires of the BART-project”.

9. Since there is always going to be some degree of prejudice in the questions being asked in semi-structured interviews and how the data is interpreted, I would leave out the statement ‘with minimal prejudiced interpretation of the researchers’.

-- Answer --
As suggested by the reviewer we removed the statement ‘with minimal prejudiced interpretation of the researchers’.
Data analysis

10. I don’t think it’s necessary to mention that readers were categorised into ‘non-users’ or ‘readers’ at this stage as it does not make sense if it is not fully explained and a full explanation is provided in the results section.

-- Answer --
We agree with the reviewer that it is not necessary to mention this in the data analysis section as it is fully explained in the results section. We removed this sentence in the paragraph data analysis.

Results

11. Perhaps you might want to discuss how dividing readers into ‘non users’ and ‘readers’ could influence the barriers and facilitators experienced by patients. I’m assuming that this was the primary reason that you made this distinction.

-- Answer --
During the interviews we asked patients how they used the booklet what resulted in a broad variety of responses. During the analysis of data we distinguished ‘users’ from ‘readers’ as we found differences in how the booklet was used and in barriers and facilitators to use the booklet between these two groups.