Reviewer's report

Title: Patients’ perceptions of a self-management booklet for hip or knee osteoarthritis: A qualitative interview study

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Reviewer: Marjan Faber

Reviewer's report:

Dear authors,

This paper presents a highly relevant topic: supporting patients in their self-management behavior, while interacting with their health care providers. A number of issues can to be clarified, to improve the quality of the paper. These will be listed below.

Major compulsory revisions

1. The title and research aim of the study, is not aligned with the results that are presented in this paper.

   It is suggested that the content of the booklet is the study objective, i.e. “patients’ perceptions of a self-management booklet”, whereas the study is mainly about achieving self-management. The booklet is just the tool. The authors are encouraged to rephrase the research objective and outcomes throughout the manuscript.

2. The aim of the booklet is 3-fold: (i) educate patients about OA; (ii) enhance patients’ active role in the treatment course; and (iii) improve communication with healthcare providers. It would have been helpful to address the three aims separately, as they might have their own specific barriers and facilitators. The authors could be more explicit about this.

3. The study was part of the umbrella project BART. BART aims to implement the stepped-care strategy for hip and knee OA in primary care and to evaluate the implementation process. The authors refer to Heuts et al (2005) for more background information about this study. This paper, published in 2005, presents the results of trial. It’s unclear when the trial was performed (at least before 2005, which is 8 years ago) and when the data were collected for the qualitative study. There seems to be a time lag, that cannot be explained from the provided information. This should be clarified.

4. In line with the previous comment, it’s surprisingly that patients experience so many barriers that relate to the BART-intervention. It feels as if the intervention was not implemented properly: doctors don’t agree with the cornerstones of self-management for patients with OA and don’t encourage the use of the booklet. How can the effectiveness of the intervention be evaluated, when the uptake is so poor? Apart from the Heuts et al (2005), I could not find any other
publication on the BART-project. For the interpretation of the results, its highly relevant how the context looked like, i.e. what measures were taken to facilitate the implementation of the BART-intervention? How did the booklet fit into this intervention?

5. In total 17 patients participated in the study, which was enough to achieve data saturation (page 9, last sentence of “data collection” section). How was data saturation confirmed? More information is needed, as 17 interviews is not very much, given the different perspectives that users, readers and non-users broad forward.

6. For all three themes, that emerged from the analysis, the authors present a comparison between users, readers and non-users. This comparison should be included as a research objective.

7. The I-change model was used to structure the interviews. This is a very extensive behavioral model, while the interview guide is rather comprehensive. Were elements in the model left out? If so, why?

Minor essential revisions

8. Page 5, last sentence of first paragraph: the authors state that “Increasing evidence shows …”. Three references support this statement, one published in 2003, one in 2005 and one in 2012. The most important one, a meta-analysis, is the oldest, as it was published in 2003. What makes that the authors conclude that “evidence is emerging”?

9. Page 5, second sentence of second paragraph (“the use of educational booklets is common practice”). The authors refer to a large research trial, from the UK, to support this statement. How does a research setting relate to “common practice”? Is this common practice in the UK, or in other countries as well? Please clarify.

10. This paper addressed the barriers and facilitators, as experiences by patients, are addressed. On page 5, in the third paragraph, the authors suggest that the patients perspective is the only one that needs to be clarified, for a successful introduction of the booklet. Of course, that is not true, as also pointed out in the discussion of the paper. It would be better to state in the background section more clearly, that the patients are just one piece of the implementation challenge.

11. Out of the 313 patients, participating in the BART-project, 26 (<10%) were invited for an interview. How was this sample drawn?

12. It’s surprisingly to read that all patients that used the booklet regularly, all refused to participate in the study (page 8, last sentence of the “participants” section).

13. What was the benefit of having both audio and video tapes of the interviews? Was the information coming from the video tapes used in the analysis?

14. Audio and video tapes of one interview got lost, but field notes were used for the analysis. Field notes will not be a full representation of the interview: it is
recommended to leave this interview out of the results.

15. A point is missing, at the end of the first paragraph of the “Barriers and facilitators for booklet use” section.

16. Page 16, last sentence of the second paragraph: please add the context of reference [23]. For example, “... of the booklet what prevented diabetes patients from discussion a diabetes self-management booklet”.

17. Discussion: the limitations of the study are presented at the end of the discussion. It reads better when the limitations are put upfront in the discussion section and end the discussion more positive.

18. One of the finds is the influence of the professionals’ attitude on patients activation. The authors are encouraged to link this to other studies, like “Frosch DL, May SG, Rendle KA, Tietbohl C, Elwyn G Authoritarian physicians and patients’ fear of being labeled “difficult” among key obstacles to shared decision making. Health Affairs. 2012;31(5):1030–8.”

19. The reference list contains many typo’s, mainly in the authors names. For example:
   a. reference 8: the second author is not “de BR”, the last author is not “van SO”.
   b. reference 32: the first author is “de Vries H” instead of “Vries H”.
   c. reference 47: volume and page numbers are missing

Discretionary Revisions

20. It would be helpful to summarize the results in some sort of a model for effective usage.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.