Author's response to reviews

Title: Fighting for control in an unpredictable life - a qualitative study of older persons' experiences of living with chronic dizziness.

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Author's response to reviews: see over
Dear professor Mangiameli

Thank you for your valuable comments on our manuscript with the ID: MS: 2566403691266291: Fighting for control in an unpredictable life – a qualitative study of older persons’ experiences of living with chronic dizziness.

We have tried to take all reviewer comments under consideration and our comments to the reviewers’ queries are presented below. We have also renamed the labels sub-category, category and theme to sub-theme, theme and overall theme and added the reference Morse (2008). Table 2 has been replaced with Figure 1 (i.e. a different lay-out but with the same overall theme, themes and subthemes).

Reviewer: 1 (CW-H)

1. I missed some information about potential other diseases among the participants that can affect daily life such as arthritis, cardiovascular diseases etc. Many older persons have several comorbidities that interplay and it can be hard to value what ailment that affects daily life most. (Major compulsory revision)

Information about other diseases among the respondents, derived from the interviews, has been added.

2. Were all participants independent of help (eight were living alone) and was this an inclusion criteria? This may be important since one of the subcategories reflects insufficient support and another a struggling to
maintain ordinary life and the meaning of independence is discussed. (Major compulsory revision)

Information about home help and support from relatives, derived from the interviews, has been added. This was, however, not an inclusion criterion.

3. Can you please explain the abbreviation ENT on page 8 (Minor essential revision)

Ear, Nose and Throat (ENT) has been explained.

4. Why were the first interview performed by both the first and the last authors? I miss the rational for doing this. Was it some kind of training session or a part of the pilot study? (Major compulsory revision).

The rational for this has been clarified i.e. to support the first author.

5. How was the pilot study performed? How many interviews? And the interviews were performed with whom? (Major compulsory revision)

This has been clarified. The interview guide was pre-tested in two interviews in older people with dizziness. They were, however, not included in this study.

6. How was the analysis inspired of Graneheim and Lundman? What did you do different? You also refer to Berg (2004) and were the analysis inspired of Berg as well? (Major compulsory revision)

The analysis was performed according to Graneheim & Lundman and this has been clarified in the manuscript.
7. The different steps in the analysis process seem a little unclear. Firstly the interviews were read by the first author to get a general understanding and this understanding was confirmed by two co-authors. Did they also read all the interviews, identified meaning units and codes? I think it would be difficult to confirm the content and sub-categorizing the two interviews otherwise. (Major compulsory revision)

All of the authors read the transcribed interviews. Identification of meaning units and codes were performed by the first author and two co-authors and the schematic overview were confirmed by all of the authors. This has been clarified in the manuscript.

8. In some aspect the content and meaning in the categories “Fumbling for a cure and improvements” and “To get insufficient support” are tangible and the authors should think about in what aspects these categories differ and make this clearer. Also in the discussion section starting in the end on page 18 these categories are discussed together. (Major compulsory revision)

This is an important issue. These categories may be tangible as "Fumbling for a cure and improvement” might be seen as a consequence of "To get insufficient support”. However, they differ from each other. Clarifications have been made in the result and discussion sections.

9. Some of the quotations are quite long and to facilitate for the reader they could be shortened without losing meaning. For example the last one on page 20, line 11 on page 14 and the last one on page 16-17. (Discretionary revision)

To assure that the essence in the quotations is not lost in translation, the quotations have been translated from Swedish to English by a bilingual Englishman. Although some of them are quite long, minimizing the risk of losing the essence has been prioritized.
10. The authors should rethink about how they describe trustworthiness since they are referring to Lincoln (ref nr 35). However, in my book “Naturalistic inquiry” (1985) there are two authors Yvonna S Lincoln and Egon G Guba. Aspects like variation in the sample and transparent descriptions here described ensure credibility may better explain aspects of transferability. There are further no information about the first author and her pre-understanding. My guess is that she is a physiotherapist with experience in treating people with chronic dizziness? (Major compulsory revision)

The reference nr 35 include both Lincoln and Guba. They describe (p. 201) that “….maximal variation sampling will usually be the sampling mode of choice…not to focus on the similarities that can be developed into generalizations, but to detail the many specifics that give the context its unique flavors“. This is the argument for choosing variation in the sample. Although this is related to the design of the study, a design flaw i.e. by not using a variation sampling might be seen as a threat to credibility. In p. 296 they argue that “to demonstrate true value the naturalist must show that… the reconstructions [findings and interpretations] that have been arrived at via the inquiry are credible to the constructors of the original multiple realities”. This is the argument for choosing transparent descriptions and quotations to enhance credibility. However, selection effects might also be a threat to transferability. It is, however, “the appliers” (p.298) responsibilities to assess transferability. This has also been argued in Graneheim and Lundman and the reference has been added in the text.

The first author is a PT with experience of working with older people, but since the analysis process has included all co-authors (nurses, GP, PT’s) the risk that her pre-understanding would affect the interpretation was considered small.

Reviewer: 2 (HT)
1. Yet, I do have one suggestion and that is to discuss the QDA literature on controlling and add a paragraph on how this study compares with the rest of the Controling literature - not only for patients with dizziness. To try to control a chronic condition is so general and the literature correspondingly rich. So, how does Fighting for control of dizziness compare with fighting for control of diabetes or asthma etc? It would thus be scholarly interesting to do a small literature review on the Control literature.

Thank you for this valuable comment. Different challenges to personal control occur at old age. Some of them are diagnose-specific and some are not. The challenges are, however, mainly linked to the resources and the experiences of the individual and to the the context, described by Black et al. (2013). The article has been added along with a more detailed discussion in the concept of control.

Reviewer: 3 (MM)

1. The content of the introduction section is relevant; however, the structure is not as it is to be expected. As an example, I would expect the first para of the introduction much later, e.g. previous to the objectives. You might want to rewrite the section. You should also consider shorten the paras with information on epidemiological data.

The structure in the introduction section has been revised and the information on epidemiological data has been shortened.

2. P. 5, l. 19-21: The sentence “A frequent and underdiagnosed...” is wrong, because you start with singular and end with plural. In addition, you introduce BPPV there but you don’t explicate it in the following para.

The language has been corrected and BPPV has been removed.

3. P.6, l. 3-4: I am not sure what the information on medical assessment adds to the paragraph. Please either clarify or delete the sentence.
4. On p. 6, l. 22ff, you state that the experiences of living with dizziness differ between older and younger persons, but you do not give an argument except the different stages of life. Maybe this has to do with different challenges at different stages of life. Please clarify this.

A sentence has been added to clarify this argument.

5. Methods: The content after line 20 on p. 7 (Participants) and the last sentence of the Procedure-section has to occur in the results section.

Since information of the respondents and the length of the interviews not is a result per se, a common approach in qualitative studies is to describe this under the method section.

6. Methods – Procedure: One of the most critical aspects of each qualitative study is the selection of a sampling strategy. Please describe it in more detail and provide a compelling argumentation for the chosen strategy.

An argumentation for the purposeful selection of participants has been added.

7. Please state if you have returned (a) the transcripts and (b) your analysis results/interpretations to the participants for validity reasons or explain why you did not.

We did not return the transcripts or results/interpretations to the respondents. Various approaches can be used to enhance credibility. According to Graneheim and Lundman seeking agreement among co-researchers and experts, instead of among the respondents, is one way. The authors of this study have experiences of working with older people and also included an expert in vestibular disorders. Since all of the authors recognized the content in the interviews, transcribed verbatim, this was considered sufficient to ensure this aspect of validity.

8. Results: The results are well written and the subcategories are nicely illustrated by the quotations. Can you please be more explicit in how you
have developed the main categories? The examples in Tab. 1 are not that intuitive, e.g. why is “Cannot engage in social activities” a sub category of “Having a precarious existence” rather than a subcategory of “Striving towards normality”?

“Cannot engage in social activities” is a code and not a subcategory/theme. This code evolved from a meaning unit that was interpreted as having restrictions in daily life. “Having a precarious existence” include passive, inflexible states and was considered suitable.

9. Discussion (p. 17, l.20&21-p. 18, l. 1&2): I am not totally aware of the meaning of this sentence. Why does describing disability with ICF categories contradict individual perception of the actual living situation? Please clarify.

It does not. Dizziness may interfere in all ICF categories at group level but only in a few categories in the individual and therefore the perception of living with dizziness is individual. But ICF can preferably be used to describe the actual living situation for the individual and this has been added in the manuscript.

10. Discussion (p. 20, l.7-10ff): I assume that “multimodal team” refers to “physical and psychological therapies”. Please clarify this by reorganizing or rewriting these sentences.

These sentences have been clarified.

11. A limitations section is completely missing. Please add.

The label ”Methodological considerations” has been added.

12. The conclusion section contains too much detailed results (l.12-17.) Please shorten it and give a brief summary about what this study adds.

The conclusion section has been shortened and a brief summary added.
• Minor Essential Revisions (The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.)

12. P. 8, l. 7: Please define ENT Ear, Nose and Throat (ENT) has been explained.

• Discretionary Revisions (These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.)

13. You may want to have a look at two recent publications from my group on vertigo and dizziness and disability/participation in older adults:

Impact of vertigo and dizziness on self-perceived participation and autonomy in older adults: results from the KORA-Age study. Qual Life Res. 2014 Apr 10


The article above has been added to the introduction section of the manuscript.

Sincerely,

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