Author's response to reviews

Title: Understanding the physical activity promotion behaviours of podiatrists: A qualitative study.

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Author's response to reviews: see over
30 August 2013

Dear Reviewers,

Thank you for reviewing our paper and for your comments. We have addressed the comments in a revised manuscript and provide a point-by-point response to each concern.

Author’s response to reviewer’s report

Title: Understanding the physical activity promotion behaviours of podiatrists: A qualitative study.

Revision: 1

Reviewer: Wesley Vernon

Authors: Paul Crisford, Tania Winzenberg, Alison Venn, Verity Cleland

1. The paper is of interest to all podiatrists working clinically. It is also highly topical, particularly in the context of the drive for the public to adopt more healthy lifestyles and also in terms of podiatrists appreciating and demonstrating their wider role in the health care team.

No need for response

2. The qualitative methods adopted by the authors are clearly described and in the main, the paper is well written and appropriately titled.

No need for response

3. The authors have followed the approach required in the reporting of studies of a qualitative nature in their use of quotations to demonstrate points being made and where this has been done, the majority of these quotations are appropriate and illustrative.

No need for response

4. One exception is apparent where the authors attempt to illustrate podiatrists range of beliefs towards their promotional effectiveness. Here the authors should re-visit the use of the quote concerned with a view to replacement or simple removal. (Minor Essential Revision)
“To be honest, most people probably don’t change that much at all. Most people are probably either the same every year, unless someone was on a health kick one year and the next year they're not or vice versa." (Pod12)

5. The participant selection process is detailed well albeit with some apparently irrelevant detail being provided in relation to participant demographics, which I have recommended should be either explained further to help the reader understand relevance or preferably be reduced to a short summarising comment. (Minor Essential Revision)

Page 4, Paragraph 3 (Methods) - Deleted: Podiatrists were randomly selected, stratified by sex, location of practices, and practice type in order to cover a range of demographics including factors such as.

Replaced with: “Podiatrists were selected in order to cover a range of demographics to facilitate collection of a diversity of views.”

6. The paper deviates from the usual conventions of qualitative reporting in that after “Methods”, the authors have reported the outcomes of their work separately under the headings of “Results” and “Discussions”. The usual convention in the reporting of qualitative work of combining data reporting with discussion as “Findings” should be used instead by the authors, who will need to re-write both these sections as “Findings”. The reporting of “Results” and current “Discussion” points does however cover everything required and a re-ordering to align each discussion point with the relevant data is the primary requirement as opposed to changing the points considered already considered. (Major Compulsory Revision)

Instructions for authors require that manuscripts for research articles submitted to Journal of Foot and Ankle Research should be divided into “Results” and “Discussion”. Our manuscript follows the same reporting layout of sections of articles previously published in this journal and similar structures in others such as the British Journal of General Practice [1] and the European Journal of Clinical Nutrition [2]. We would be happy to review this with editorial advice.

7. Additionally, some of the data presented suggests that podiatrists being encouraged to undertake more physical activity promotion with their patients without supportive appropriate education and training programmes raises important governance issues (e.g. quotes page 11 “…Unless you’ve specifically trained in a particular area and have the skills and knowledge … but for many podiatrists they probably haven’t…” “…there’s always the fear of litigation ….”). The authors should consider these issues, the associated risk implications and potential mitigating actions (i.e. appropriate education and training) in their discussions, relating this to their data where appropriate. An appropriate recommendation could also be made by the authors in relation to this particular finding. (Major Compulsory Revision)

Page 21, Paragraph 3, Discussion - Added comment in discussion section to address clinical governance issues:

It is important that consideration be given to the issues of clinical governance [3] of physical activity promotion practices in light of comments made by the participants regarding giving physical activity advice, prescribing exercise, exercise counseling and the lack of education
and training. If physical activity promotion by podiatrists is to be encouraged, then podiatry organisations may need to provide podiatrists with appropriate educational and training opportunities to ensure that physical activity promotion is performed safely and in an evidence-based way. As with any other aspect of their professional practice, podiatrists themselves also need to ensure that they have sufficient knowledge and skills in this area and are aware of the potential risks of and responsibilities associated with physical activity promotion.

8. A few minor typographical errors are apparent, which the authors should re-visit. (Minor Essential Revision)

Typographical errors corrected

9. The attached document contains detailed comments on the authors work, which has been enjoyable to read and which will be of undoubted interest to readers.

No need for response

Highlighted comments in Manuscript PDF:

Little is known about the factors influencing with podiatrists incorporation of physical activity promotion into clinical practice. Reads a little awkwardly. Please could the authors re-word to improve clarity of this sentence?

Page 2, Paragraph 1 Abstract - Rewritten as: Little is known of the physical activity promotion practice behaviours of podiatrists.

Reference for Theory of Planned behaviour (TPB):

Page 5, Paragraph 3, Methods - Reference for TPB included

“Survey information was also collected about each podiatrist’s demographic and physical activity characteristics.” Please could the authors proceed to provide a brief explanation as to why this data was collected.

The reasons for the collection of podiatrists’ demographic and physical activity were two-fold. Firstly they were needed to assess whether we had achieved a range of demographics to order to enable us to feel confident that we collected a diversity of views from different perspectives. Additionally the demographic and physical activity characteristics were used in the analysis to ascertain whether there were any obvious patterns between the common (and uncommon) themes and demographic attributes.

Page 5, Paragraph 3, Methods – Added to statement: “…to allow us to check that we had in fact interviewed a diverse range of participants and to ascertain whether there were any obvious patterns of themes across different demographic attributes.”
Author’s response to reviewer’s report

Title: Understanding the physical activity promotion behaviours of podiatrists: A qualitative study.

Revision: 1

Reviewer: Andrea Graham

Authors: Paul Crisford, Tania Winzenberg, Alison Venn, Verity Cleland

A substantial amount of data has been collected here in relation to participant demographics - but this detail has not really been considered within the context of the results of thematic analysis. Is this because there were no differences between gender, age ranges, country of origin of qualification, whether the participants were in private or public practice, amount of physical exercise undertaken by individual participants etc? if not could this be stated within the results for clarity? and if there were any notable differences could these be included in the results and considered with the discussion? It would be interesting to see if any differences were prevalent within the participant population.

Page 17, Paragraph 3, Results - Addition to the end of “Results” section which includes reference to the only notable differences or similarities revealed in the data:

Comparisons of themes and demographic data

The only obvious difference between themes across the different the demographic attributes were between podiatrists working in the public vs private sectors. Public sector participants made more mention of documentation of physical activity promotion:”

“Usually that's in our management plans so any of our care plans we put together for our patients, in particular for Public Health... in private practice that's just part of the medical records that you put together as part of their ongoing history and usually that's on the front page and gets updated from time to time.” (Pod9)

They also more often reported the influence for promotion coming from other health professionals and a team approach:

“Those team roles and relationships that we've had and built up for a long time certainly benefit patients in many ways and benefit us in those inter-professional relationships. I think we all end up picking up other messages that have been passed on also so that team approach, I think, is a really good, positive thing for everyone around.” (Pod9)

Page 20, Paragraph 2, Discussion - Addition to “Discussion” section, which includes a discussion about differences found:

“The suggestion in the data that public sector podiatrists are more likely to document or be influenced by other health professionals’ promotion should be considered carefully. It is possible that public sector podiatrists in Australia do have more stringent documentation policies and procedures, and do collaborate with a more diverse spread of health professionals as compared with private practicing podiatrists. This observation may be useful in the future studies.”

Can the word 'participants' be used instead of 'podiatrists' - so it is clear that the authors are referring to those in the study not podiatrists generally?
The word ‘podiatrists’ have been replaced with ‘participants’ throughout the manuscript.

**Page 4, method: 3rd line:** what are the health practitioner registers that were used? can a reference (web address?) be provided for these?

Page 4, Paragraph 3, Methods - Added references: The sampling frame was a list of Tasmanian practicing podiatrists complete with contact details sourced from publicly available health practitioner registers [4], electronic [5] and local telephones directories [6]

**Page 5: line 2, " the advantage is that this method provides greater flexibility of coverage and produces richer data...." Than what?**

Removed reference to “richer data”

**could this be clarified? For example - did the authors consider any other methods of qualitative data collection (e.g focus groups) and if so, why were they not used**

We considered that semi-structured interviews were better suited to the exploration of participant’s practice, attitudes, beliefs, knowledge, and motives towards physical activity promotion. We believe that interviews, as opposed to focus groups, enabled us to not only gather more specific detail given the time spent with each individual but also reduced the chance of biased responses due to social desirability or interpersonal bias. Additionally, we considered that there would be logistical difficulties in arranging focus groups involving busy podiatrists from the various geographic regions.

**Page 4, Paragraph 4, Methods - Revised statement: “Semi-structured interviews were used because they are well suited for an exploratory study of the participant’s experiences and views. They allow the researcher and participant to engage in a dialogue in which initial questions are modified in the light of the participants’ responses and the researcher is able to probe interesting and important areas which may arise. This method enables the identification of detailed perceptions, opinions, beliefs, and attitudes of participants whilst allowing for flexibility of coverage and insights into novel areas [7]. They also had logistical advantages over focus groups, for example, in that they are more flexible as to location and timing, making it easier to accommodate the scheduling of data collection with busy health professionals.”**

**Page 5: paragraph 3: other than the TPB model did anything else influence the development of the questionnaire for the interviews? were the questions modified from those of other similar studies following a search of the literature for example?**

The TPB model formed the main theoretical basis for this study however some of the interview schedule questions were influenced by other studies of the physical activity promotion views and practice of health professionals.

**Page 5, Paragraph 3, Methods - Added statement: “The development of the interview schedule was also influenced by a general overview of the literature and in particular some key papers [8-10].”**
Following the pilot of the interview questions, were any modifications made to ensure clarity of meaning or understanding? and can the authors clarify the purpose of the pilot?

This was done to ensure a clear understanding of questions by both the interviewers and participants. Some minor modifications were made to ensure clarity of meaning.

Page 5, Paragraph 3, Methods - Added statement: “This was done to ensure a clear understanding of questions by both the interviewers and participants. Some minor modifications were made to ensure clarity of meaning”.

Page 6, line 2 (end of method section): was any 'member checking' undertaken once the interviews had been transcribed to allow the participants the opportunity to view the transcribed dialogue and ensure it was a faithful representation of the interview? (trustworthiness of the data).

Member checking was not carried out

Page 6, paragraph 2, line 2: state age range of participants for clarity.

We do not have exact age range as the survey asked for an age range, as we did not want to potentially offend the participants by asking an exact age.

Page 7, paragraph 3, Line 2: "A number of podiatrists.." can the number be given for context?

Page 8, Paragraph 2, Results - Replaced “a number” with “seven”

Page 7, paragraph 4: reference made to additional file for supportive quotes... which quote? can an exemplar not be placed in the text here if the point is significant enough to be included in the results for discussion? ** can this be considered throughout the narrative where this has been done so the reader doesn't have to refer to a separate document?**

We have included a substantial number of additional quotes where reference had been made to “see additional file 3” in the manuscript (listed in full below). Inclusion or the entire “additional file” quotes in the main body of the manuscript would make for a very long paper and may potentially result in a loss of interest to readers. However those readers that are interested in more quotes have the option of accessing more through the additional file.

Quotes added to Result section:

Page 8, Paragraph 1, Results - “I think that generally we probably see populations that have come in with some type of injury or disease or disability, so it’s part of the role is to be able to educate them of ways that they can continue physical activity while being able to accommodate that disability or injury or whatever may potentially be reducing their current physical activity.” (Pod 2)

Page 8, Paragraph 2, Results - “...it depends on the person coming in really. If it’s someone who’s quite high risk, multiple complex issues, I think err on the safe side, and have to be a referral off to someone who is an expert in the area.” (Pod13)
Page 9, Paragraph 1, Results - “Would probably be a middle age, over weight diabetic patient and recently diagnosed as well.” (Pod1)

Page 9, Paragraph 1, Results - “Older people... if they’re coming in for a general treatment I’m not likely to assess their physical activity. I might encourage them to do more... whereas someone who’s coming in with a pain in their foot condition type of thing, I’m more likely to assess them.” (Pod14)

Page 9, Paragraph 2, Results - “I guess once they start talking to you and talk about their health problems, as most of them do, and I guess then you can sort of assess to sort of what level they’d be at and what they could do. That’s about it”. (Pod5)

Page 9, Paragraph 2, Results - “I guess you do that to a certain extent, probably not a huge written report, but when you see someone, particularly the biomechanics side of it, you are actually looking at what they do, and what they can do.” (Pod15)

Page 10, Paragraph 1, Results - “…but my ongoing geriatrics would be more like me gleaning information as they walk in, as they walk out, as they move from the chair to the other chair after we get their shoes and stuff on, so it’s me just watching everything happening.” (Pod 16)

Page 9, Paragraph 2, Results - “You get someone with lots and lots of health problems that come in, like someone who’s got cancer, and they’re having treatment at the moment for cancer, they really don’t want to be fussed about knowing that they should do this and that for their diabetes. And I would not be bothered.” (Pod17)

Page 15, Paragraph 3, Results - “Well of course, even just going to conferences and hearing people talk about the importance of physical activity and making changes in the community, of course that provides a level of motivation to... for us to promote physical activity.” (Pod2)

Page 16, Paragraph 1, Results - “I was trimming their nails, because they were just presenting for that, and the diabetes is out of control, to losing a lot of weight and then being able to trim their own nails and been taken off insulin for diabetes...” (Pod1)

Page 16, Paragraph 2, Results - “To be honest, most people probably don’t change that much at all. Most people are probably either the same every year, unless someone was on a health kick one year and the next year they’re not or vice versa.” (Pod12), to positive:

Page 17, Paragraph 1, Results - “Unless you’ve specifically trained in a particular area and have the skills and knowledge and expertise to be able to assist patients more in that field... but for many podiatrists they probably haven’t had that degree of undergraduate or possibly even postgraduate training. I think if they’ve got skills, knowledge and confidence in that area to be able to do it well then go for it, I think it would be great.” (Pod9)

Page 17, Paragraph 2, Results - “…theoretically if I was going to go down the pathway of really doing proper physical assessments, I’d probably want to do a bit more continued ed, just to learn a little bit more, feel a bit more confident I guess.” (Pod15)
Page 8, paragraph 3: could this be considered as 'stereotyping' of patients by the participants perhaps?

Yes this comment could be considered as stereotyping however it was not a common theme that was supported by the data.

Page 10, Paragraph 2, Results - Added 2nd quote regarding assessment by appearance: “…but my ongoing geriatrics would be more like me gleaning information as they walk in, as they walk out, as they move from the chair to the other chair after we get their shoes and stuff on, so it’s me just watching everything happening.” (Pod 16)

Page 10, Line 1: clarity needed where it states " needing to receive the message..” what message?

Page 11, Paragraph 1, Results - Added: “physical activity promotional message”

Page 10, paragraph 3, line 3: can 'formal' as opposed to 'informal' follow up be defined briefly?

Page 12, Paragraph 1, Results Replaced “formal” with “systematic”

Page 10, Paragraph 4, line 2: where it says " a few podiatrists” can the number be provided for context?

Page 11, Paragraph 2, Results Replaced “a few podiatrists” with “three participants”

Page 11, paragraph 4, line 1: consider rephrasing sentence for clarity..e.g: "the patient was perceived by the podiatrist as being unmotivated...

Page 12, Paragraph 3, Results - Rephrased as: "the patient was perceived by the podiatrist as being unmotivated..."

Page 13, paragraph 2: coding of participant "Pod 9 Public".. does this mean all the other podiatrists that were quoted in the study were Private practitioners?

No, not all the other practitioners quoted in the study were private practitioners (2 full time and 2 part time public sector practicing participants).

Can the codes for the other participants reflect their status also?

As there were only a couple of instances where participant status was relevant to differences in themes, we have now identified these in a separate section in the results for clarity. This avoids the need to add unnecessary descriptive detail to all quotes throughout the manuscript.

Page 14, paragraph 3: between exemplars consider joining the quotes with: "Participants exhibited a range of beliefs towards the effectiveness of their health promotion from positive....(quote pod 8) to negative (quote pod 20).

Page 16, Paragraph 2, Results - Text changed to: “From negative:
"To be honest, most people probably don't change that much at all. Most people are probably either the same every year, unless someone was on a health kick one year and the next year they're not or vice versa." (Pod12),
To the positive:
"I had a patient in last week who, on my advice, has been walking 20 to 30 minutes every day, has lost weight, he’s medication reduced, he’s really quite happy that I’ve got him motivated to go and walk every day, so." (Pod20)

Page 15, paragraph 1, line 1: "A few podiatrists..." can the number be stated for context?

Page 16, Paragraph 3, Results - “A few podiatrists” changed to “Three participants”

Page 15, paragraph 2, line 6: spelling- "behavioural" and "counselling" - (although that is UK versions...if it's US spelling then yours are correct...)

Changed "behavioural" and "counselling" to “behavioral” and “counseling”

Page 16, paragraph 1, line 7: can it be clarified who's attitude is claimed to be an instrumental factor?

Page 18, Paragraph 3, Discussion - Changed to: “A positive and supportive attitude of health professionals has been claimed to be an instrumental factor in promotional behaviour [11, 12]”

and - is there a reference to support the statement regarding the association between physical activity assessment /promotion and the role of the podiatrist?

Page 18, Paragraph 3, Discussion - Rewritten as: “This finding is probably not surprising given that there appears to be a natural synergy between physical activity assessment and promotion and the podiatric role, as maintaining or improving mobility and enhancing the independence of individuals is considered core to podiatry practice”.

and where it says 'a few' can the number be given for context?

Page 19, Paragraph 1, Discussion - “a few podiatrists” changed to “seven participants”

and consider ending this paragraph with clarification..." there is a distinct lack of clarity around the role of all health professionals, in relation to the promotion of physical activity and related health behaviour"

Page 19, Paragraph 1, Discussion - Ended paragraph with: “there is a distinct lack of clarity around the role of all health professionals in relation to the promotion of physical activity and related health behaviour”

Page 16, paragraph 2, 2nd to 4th line: this point requires clarification in relation to the nature of 'manual tasks' and how they provide opportunity to counsel patients.
Page 19, Paragraph 1, Discussion - Statement changed from: “Routine clinical podiatric care regularly involves the use of manual tasks in the treatment of many of the foot conditions which present to the podiatrist.”
To: “Problem nails, corns, callus and toe deformities are conditions that commonly require routine core podiatry care[13], the performance of which appears to provide an opportunity to counsel patients on their physical activity behaviours.”

Page 17, paragraph 2 (concluding sentence): justification? as to why follow up doesn't happen? what did the results of the study lead you to conclude with regards this point?

Page 20, Paragraph 1, Discussion - Statement changed to: “The description of current practice suggests a lost opportunity for podiatrists to potentially contribute to public health efforts to reduce the burden of chronic diseases by assessing, promoting or following-up physical activity with all patients rather than simply “as required” as in the case of the annual diabetic assessment or when it is only relevant to the presenting condition. Our data suggests that the reasons for this are diverse, ranging from podiatrist beliefs about their role and their effectiveness at physical activity promotion, to a lack of skills and educational opportunities.”

Page 17, paragraph 3, (concluding sentence): providing tailored physical health activity advice - is mirrored by other areas of foot health education where such an approach is similarly advocated - e.g: in diabetes and RA and you could use this to support your concluding summary?

Page 20, Paragraph 3, Discussion - Added concluding sentence: “The tailoring of advice to the patient has also been advocated in diabetic education [14, 15] and foot health education for patients with rheumatoid arthritis [16].”

Page 18, Paragraph 3 and 4: ? supportive references? and paragraph 3: was there any consideration of alternative methods of data collection? pro's/con's of this?

Paragraph 3 supportive references:
We moved paragraph 4 to the end of the methods section under advice of reviewer and included supportive references.

Page 6, Paragraph 3, Methods – Supportive references and text added: “The use of two interviewers and two coders from different backgrounds was undertaken as this approach aimed at gaining a broader understanding of the phenomenon under study whilst limiting the potential risk of individual interviewers’ and coders’ epistemological perspective or professional identity impacting on the research [17, 18].”

Paragraph 4 supportive references:
Page 22, Paragraph 1, Discussion – Supportive references and text added: “As with other physical activity promotion studies involving self-reports [19, 20] there was the possibility of social desirability bias, however we believe that this may not be an issue as there was a wide range of reported levels of promotional behaviour and no podiatrist reported high levels of promotion.”

…consideration of alternative methods of data collection? pro's/con's of this?:
We had given much consideration to alternative forms of data collection, however we considered that qualitative interviews were better suited to the exploration of participant’s
practice, attitudes, beliefs, knowledge, and motives towards physical activity promotion. We felt that this method of study would provide important information and direction for a larger quantitative study into the physical activity promotion behaviours of podiatrists, as well as the development of future intervention studies.

References

5. Find a Podiatrist [http://www.findapodiatrist.org/]
