Reviewer’s report

Title: A meta-ethnography to understand the experience of living with urinary incontinence: ‘is it just part and parcel of life?’

Version: 0 Date: 22 Jul 2019

Reviewer: Jean Hay-Smith

Reviewer's report:

General

Reading this (revised) paper for a second time emphasises the contribution it has to make to conceptual and theoretical understanding of living with urinary incontinence. I appreciated the authors’ drawing my attention to the newly published guidance from France et al (2019) on the reporting of meta-ethnography (eMERGe reporting guidance) and I have used this as the structure of my review.

Specific

Deciding what is relevant: I find it difficult to reconcile the exclusion of studies that exclusively explored 'peri-partum' experiences of urinary incontinence with the inclusion of papers such as those by Mason et al (references 139, 140). Peri-partum means before and after childbirth and the papers by Mason et al are about experiences of UI and its management while pregnant and post-partum. Please explain. Conceptually, I find this exclusion of peri-partum studies even more difficult to understand. Childbearing is a normal part of life for most women. The first experience of involuntary leakage for many women is during pregnancy or after a birth. Epidemiologically, pregnancy and birth are the strongest predictors of the development of UI in women. Further, older women commonly give childbearing as the reason they have UI later in life and this is part of their 'normalisation' of the symptoms - they are a 'normal' part of being a biological mother. If not addressed in the conduct of the review, then this certainly is worthy of discussion as a limitation of the research.

Deciding what is relevant: Please make it clear in the second paragraph that once critical appraisal was completed then 'irrelevant' and 'fatally flawed' studies were excluded - are these the exclusions (references 111-117) seen in Figure 1?

Reading included studies. How was close reading achieved (item 9) - are there specific strategies to support this practice? You were extracting second order constructs - what does an 'idea' or 'concept' mean in this context? And is a second order concept (see determining how studies are related) the same as a second order construct? Are construct and concept synonyms in this context?
Determining how studies are related and translating studies. How was context preserved in this process, or was any comparison done by context? (item 11, 13) Perhaps signal in this section that it was possible at this stage to identify second order concepts or constructs could not be translated to 'fit' your developing model. How were reciprocal and refutational translations conducted, and alternative explanations considered? (item 13, 15)

Synthesising translations and expressing the synthesis. How was GRADE-CERQual incorporated in the synthesis? For instance, was it necessary for each item appearing in Figure 4 to have support from at least one key paper and more than one satisfactory paper to have confidence that the item had a place in the model?

Conceptual model. Figure 4 is excellent. Is it barriers to appropriate care, or barriers to seeking help, or both? Also in the last paragraph of discussion you mention barriers to treatment. Again, barriers to seeking help (which is how you frame the meta-ethnography in the introduction to the paper) is not the same as barriers to treatment. These are different things and the practice implications are quite different.

Minor editorial

Background. "those with a neurological diagnosis". Sounds like referring to people here rather than the diagnosis.

Methods. Campbell and colleagues (add 's')

Results. Start a new paragraph with 'Table 3 shows the country etc' and another new paragraph with 'We organised the concepts into'

Figure 3. This is said to describe themes, and illustrate them with examples of concepts from the primary studies written in the first person. The Figure looks 'thin' on detail. I am not sure what the capitalisation means (e.g. RECOMMENDATIONS for PHYSIO) versus lower case (e.g. Complementary therapy). Is one a theme, and the other a concept? None of these read as an example in the first person.

Non-italicised and italicised words, with and without 'quotation marks'. I am not clear if italics are used for concepts or for quotation from primary studies. I am not sure if the 'quotation' marks signal quotation or have some other meaning. Please clarify. I have seen 'non-italicised words within quotation marks', italicised words without quotation marks, and 'italicised words within quotation marks' and don't know what the differences between these conventions mean.

Inconsistent use of - and : and italics and capitalisation in naming and presenting the indented third order construct summaries.

Theme heading it effects who i am and how i feel, and have I got to the point i need help. Is the lack of capitalisation here intentional? It is not used elsewhere.
"As such it bears the burden of shame". What does? The condition? Does the condition bear the burden, or does the person with the condition bear or feel the burden?

Pelvic floor muscle exercises rather than pelvic floor exercises, but also using PFMT as an abbreviation. I'd choose PFMT or PFME and use consistently throughout and make sure the abbreviation is explained in full the first time, e.g. PFMT suddenly appears in discussion without explanation.

Under I must keep incontinence under control, HCP not HPC.

Confidence in findings. Why is this capitalised?

In discussion, start a new paragraph with "There are anthropological concepts…"

Table 3. What does = denote? It is not in the key below the table.

Please confirm that you have included your review in the ‘Comments to Author’ box?

As a minimum standard, please include a few sentences that outline what you think are the authors’ hypothesis/objectives, their main results, and the conclusions drawn. Your report should constructively instruct authors on how they can strengthen their paper to the point where it may be acceptable for publication, or provide detailed reasons as to why the manuscript does not fulfill our criteria for consideration. Please supply appropriate evidence using examples from the manuscript to substantiate your comments. Please break your comments into two bulleted or numbered sections: major and minor comments.

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