Author’s response to reviews

Title: "A Secret Club": Focus groups about women's toileting behaviors

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Author’s response to reviews:

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Dear Dr. Aronin:

Thank you for the reviews for the manuscript, “A Secret Club”: Focus groups about women’s toileting behaviors,” (BMWH-D-17-00369). As you know this paper has been in review since September 2017. With the start of 2019, my co-authors and I reluctantly decided to withdraw the paper. In preparation for a new submission, we revised and deleted text to make the paper tighter. I am submitting this revised version, since several comments from reviewer 2 have been addressed in this revision. No new content was added, other than phrases, highlighted in yellow, making points clearer or additions addressing reviewers’ comments. I used red font in the responses below, to highlight the changes in the text. Yellow highlight was used in the manuscript to indicate revisions.

There is a change to author information. While the manuscript has been in review, Mitch Conover completed his doctoral degree and his designation has been updated on the title page.
Please thank the reviewers for their helpful feedback. We have provided a point-by-point response to the comments. All changes to the manuscript are indicated in the text by highlighting. We look forward to an editorial decision in the very near future.

With best regards,

Mary H. Palmer

Responses to the editor and reviewers

Editorial points:

Please be consistent in referring to locations either by state or by city. Please include in the beginning of the methods that both of these locations are in the USA.

We revised this section in Methods and added a description of senior centers in the case readers outside the United States are not familiar with this type of facility. The text now reads:

Lines 46-55: Focus groups were conducted between January and March 2015 in two locations in the United States: Chapel Hill, North Carolina and Philadelphia, Pennsylvania. The aim was to elicit women’s responses about what a healthy bladder meant to them and to identify behaviors they used to urinate at home and away from home. Administrators from the sites, an urogynecologic clinic (North Carolina) and two senior centers (Pennsylvania), provided access to potential participants and private conference rooms on the day of the focus groups. Senior centers are community centers where older adults across the U.S. engage in multiple social, physical, and intellectual activities to help them remain healthy and independent. The Institutional Review Boards of the University of North Carolina at Chapel Hill and the University of Pennsylvania approved this study.

Reviewer reports:
ISAAC A BABARINSA (Reviewer 1): The conduct of this study, the synthesis and presentation of findings are satisfactory. The paper will add to knowledge in this facet of health related behavior care in women.

Thank you for your comment. We agree this is important information to add to foundational knowledge about toileting behaviors in women.

Dongjuan Xu (Reviewer 2): 1). Page 5, Line 17, "OAB bladder", OAB already has the word bladder. This has been removed in revision. We thoroughly reviewed and revised the paper accordingly to fix typos and improve the clarity of the text.

2). Regarding TB-WEB (Page 7 Lines 47-48), the five factors' name is not exactly the same as mentioned in the development paper (Wang & Palmer 2011). Later, in Page 8, Lines 76-77, different concepts were mentioned. It might be better to have consistent names. We agree that the wording was not identical and given that we were not directly quoting from the article, we did not believe we needed to cite the phrases identically. However, in response to this comment we edited this sentence for it to be identical to the original article. It now reads: Lines 65-66: The discussion guide reflected major constructs from the Toileting Behaviors: Women’s Elimination Behaviors (TB-WEB) questionnaire: place preference for voiding, premature voiding, delay voiding, straining voiding, and position preference for voiding.

3). Page 7 Lines 56-59, the study sample was "from older adult women". However, one of the inclusion criteria was "aged 21 years and over" (Page 8, Line 67). We revised this section, editing out "from older adult women."

4). Page 8. Lines 81-82, I would like to know the seven interview questions (supplement material). The interview questions are included as an appendix. The text now reads:
Lines 66-68: The research team revised the discussion guide that included seven interview questions with associated probing questions in consultation with a qualitative study design expert, see Appendix 1.

5). Page 9, Line 90. It might be better to spell out the full names of ICIQ-UI SF and ICIQ-OAB. These two questionnaires were used in this study. In the method section, full descriptions of them would be necessary.

We agree and the text now reads:

Lines 74-80: Women were told that the session would be audiotaped, but they were assured their identity would be kept anonymous. At the end of each focus group, they were asked to complete an anonymous questionnaire that elicited information on several demographic variables, and two validated instruments that are part of a series of questionnaires used in clinical practice to evaluate treatment effectiveness and impact of symptoms. The International Consultation on Incontinence Questionnaire-Short Form (ICIQ-UI SF) (four items) is used to assess symptoms and impact of UI and the International Consultation on Incontinence Questionnaire- Overactive bladder (ICIQ-OAB) (eight items) is used to assess symptoms and impact of OAB.

6). In Table 1, it seems the women in Pennsylvania were older, had higher BMI, higher prevalence of UI and OAB compared to those in North Carolina. I would like to know whether the themes vary by study sites. I am not sure the meaning of the last row N(%) of Table 1.

Our objective for this study was to better understand what women say what healthy bladder meant to them and what they say about meeting urination needs using focus group methodology. As this is exploratory research with a small sample, we were interested in hearing what women think and say they do to meet their urination needs regardless of their age and continence status. In a future study, with a larger sample and employing quantitative methods to test hypotheses, the aim could be making comparisons by age, body mass index (BMI), and other demographic variables to different toileting behaviors (or themes) while using sampling strategies such as matching on BMI, functional and health status, etc. to tease out confounding versus age effects. Considerable work is needed to conceptually develop and operationally define the themes identified in this study. This latter aim was beyond the scope of this study.

7). Almost all participants in Pennsylvania (93.8%) had OAB. It is possible that they engaged in behaviors to adapt to OAB.
It was beyond the scope of this study to draw a conclusion that women with OAB use behaviors to adapt to OAB. We agree with the reviewer that this is an important factor to investigate in future research.

In the Discussion it reads:

Lines 238-250: Further research is needed to better understand the relationship between toileting behaviors and UI and other LUTS. Two unidirectional relationships may be possible. First, women change their behaviors to adapt to LUTS and second, behaviors women use to urinate play a role in LUTS development and progression. A bidirectional relationship may also exist; thus more research is necessary to explore the underlying mechanism between behaviors women use and disease development and prevention. A surprising finding was that some women intentionally did not fully empty their bladders when they urinate, usually when they were away from home. Further investigation is needed about the prevalence of this behavior in the adult female population and its impact on bladder health.

Women with and without UI and OAB participated and no attempt was made to correlate behaviors with urinary symptoms due to the exploratory nature of the study. Women with UI and other LUTS may engage in different behaviors than women who do not.

8). It is better to use title and subtitle to organize the result section. For example,

1. Bladder health
   1.1 how the bladder functions
   1.2 the presence or absence of infection or disease
   1.3 control over the bladder

2. Toileting behaviors
   2.1 Cures/triggers/alerts
   2.2 Cleanliness matters
   2.3 Toileting as a nuisance
   2.4 Situational awareness
Thank you for this suggestion. We believe the revisions we made consolidated the Results section and obviated the need for subtitles. We also direct the readers to Table 2 to observe actual quotes from women under each theme.

9). It may be useful to distinguish healthy toileting behaviors from unhealthy toileting behaviors under each theme.

The aim of this study was not to distinguish healthy and unhealthy toileting behaviors and we do not have data regarding healthy and unhealthy behaviors under each theme.

10). I am not sure it would be better to organize the results using three categories: antecedents, urination itself, and consequences (Page 5, Lines 21-23), or the concepts: preferred place for voiding, premature voiding, delay voiding, straining to void, and position preference for voiding (Page 8, Lines 76-77).

The aim of this manuscript was to capture the voice of women through focus group methodology. Three co-authors of this paper are familiar with focus group methodology. We also engaged a qualitative researcher consultant to review methods, data, and data analyses. In addition, we used the Tong et al (2007) paper, Consolidated criteria for reporting qualitative research (COREQ); a 32-item checklist for interviews and focus groups. International Journal of Health Quality 19(6): 349 to report our findings.

The text now reads:

Lines 81-87: The audiotaped data were transcribed and then coded/analyzed using Atlas.ti7. Coding was an iterative process in which two investigators reviewed transcripts independently to develop coding schema and identify common themes. The investigators discussed the themes they identified and refined/collapsed those themes. The transcripts were re-reviewed and to the greatest degree possible, the investigators sought to define themes and coding schemes based on the input of focus group participants, as opposed to the structure of the focus groups, which can be influenced by the moderator, or existing frameworks, or definitions in the literature.

11). page 17. Line 283, I am not sure the meaning of "USA2".

The manuscript has been proofread and edited. USA2 no longer appears.