Author’s response to reviews

Title: Experience of finding footwear and factors contributing to footwear choice in people with gout: a mixed methods study using a web-based survey

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Author’s response to reviews:

Reviewer 1

Comments to the Author:

Line 143 - change to The method included the collection of both quantitative and qualitative data.

The sentence has been revised as requested.

Line 196 - for the analysis of the qualitative data, how was this done? Did you use a framework for example, constant comparative as per Braun and Clarke.

A conventional content analysis approach was adopted to analyse the open-ended responses [line 148]. The researcher followed the process described by Hsieh and Shannon, reference [18] page 1279 as follows:

• All data was read several times to achieve immersion

• Initial codes were then generated through highlighting words and phrases to capture key thoughts and concepts

• The researcher then made notes of her first impressions, thoughts and initial analysis and produced labels for codes that were related but reflected more than one key thought
• The codes were then sorted into categories based on how different codes were related and linked

• The emergent categories were used to organise and group codes into meaningful clusters or sub categories

In the discussion it is worth mentioning about the response rate being 58% male and how this reflects against the known gender distribution of gout.

The following underlined text has been added to the limitations, line 361

“In addition, the response rate of 58% male does not reflect the known gender distribution of gout [1]. Therefore, further work is required to understand the issues of footwear faced by men and other ethnicity groups who are disproportionately affected by gout.”

Also, footwear is often seen as less of an issue with males due to the design features of the footwear so clearly the reports of issues related to gout are all the more significant.

The following text has been added to the discussion, line 310

“Footwear is often seen as less of an issue for males than females. Therefore, the current findings are of particular significance when considering the known gender distribution of 3:4:1 males: females with gout [1].

Reviewer 2

Comments to the Author:

One of the important themes highlighted in the results and discussion is how footwear choice is influenced particularly during a gout flare. Therefore, it would be useful to understand more about the connections between the location of gout flare at the forefoot, midfoot or rearfoot and the particular footwear characteristics that were enabling or disabling.

We are unable to make specific connections between the location of gout flares in the study participants and the qualitative comments regarding footwear experiences. However, we have added the following text, line 340

“In the current study, lack of width was the predominant concern, which likely reflects the frequency of gout in the first metatarsophalangeal joint [4].

Pg7 line 155 states that the qualitative data analysis was conducted by one researcher with no further verification. To improve the trustworthiness of the data it would be useful to outline the researchers previous experience of this type of analysis.
The researcher (ABR) has not previously conducted qualitative analysis. However, she attended a university course on content analysis and followed a structured process as outlined above. An experienced qualitative researcher from within the university also supported ABR. If required, we could note the researcher’s lack of experience in qualitative analysis as a limitation to the study. Please advise if this additional text is required.

Pg15 line 346-347 advice to clinicians could be made clearer here by making reference to how we can determine, based on the study findings, what is the right/wrong shoe for individuals.

A further sentence has been added, line 353:

“The findings of the current study may assist clinicians in determining the right shoe type for their patients with gout.”

Pg15-16 line 362-365 may be the type of data analysis is not a limitation, but it's the nature of responses having been elicited by survey that is the limitation.

We agree with the comment which is addressed in the following sentence, line 373:

“However, the brevity of responses elicited via a survey and inability to clarify meaning through face-to-face questioning limits the ability to determine/interpret deeper meaning.”

Pg15 line 355 is a bit repetitive of Pg16 line 370 in quick succession.

The statement, “To our knowledge, the current findings are the first to report experiences of footwear in people with gout using a mixed methods approach”, removed from line 355 to avoid repetition.

Minor points and typographical errors:

Pg3 line 64 'intervention' is listed as a keyword but that was not the focus of the study, it's more the focus of future work.

Intervention removed as a keyword.

Pg4 line 71-74 is a long sentence and could be made clearer.

This long sentence has been split into two sentences:

“Gout frequently affects the feet, particularly the first metatarsophalangeal joint, but also the midfoot and in advanced disease can affect the Achilles tendon [4]. Therefore, gout is of particular importance and relevance to health care professionals who manage foot problems.”

Pg4 line 76 'influence of footwear to' should be 'influence of footwear on'
Requested change made.

Pg5 line 106 'using a web-based survey was used' could be worded better

Reworded

“A cross-sectional observational study using a web-based survey.”

Pg16 line 372 change 'tow' to 'toe'. Also 'wide topline' needs to be defined, this feature is only mentioned for the first time in the study conclusion

Tow changed to “toe”. Topline (an American term) changed to “opening” for consistency with remainder of manuscript.

Pg16 line 379 full stop required after intervention

Corrected.

Pg19 line 432-33 repeat of Ann Rheum Dis in reference 4

Corrected.

Pg23 Table 1 (first line top of the page) Gout disease duration should be 11-15 years

Corrected.