Author’s response to reviews

Title: Challenges of foot self-care in older people: a qualitative focus-group study

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Author’s response to reviews:

Dear Editor and Reviewers,

We thank you all for your valuable comments. We have taken those all into account while revising the manuscript. We have made all revisions in red color. Here, you can find our detailed responses to each comment.

Yours sincerely,

Authors.

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Reviewer #1: Please include more up to date references to support some of the statements made.

We have updated our references.

On page 3 line 12 I would disagree that moisturising the feet solely prevents skin deformities - please clarify or re-word this statement.

We have clarified this point and re-worded in the text.

Page 3, line 20 the authors have stated that foot pain is associated with quality of life, this should be clarified as foot pain can have a detrimental affect on quality of life.

We have revised this as reviewer suggests.
Page 5, line 25 the authors state they used non-purposive sampling, then later on in this section they state it was purposive sampling - please revise.

There was a mistake, and we have now corrected this to mean consecutive sampling, in both places of the text.

Page 6, line 22 exchange 'volunteers' for 'participants'.

Volunteers for participants exchanged.

Line 27, why did the authors just carry out less focus groups with more participants in each to reach the optimal number as per their reference? Please add more details to justify this statement.

Our aim was to recruit 4 to 8 participants in each focus group. However, due to recruitment and timetable challenges, we were able to have focus groups with 3 to 5 participants. We have added more details to justify this statement.

Page 9, lines 7/8 self care is not when someone else is providing the care, please can the authors clarify this statement.

Yes, we have clarified this. The point was that participants were contacted professionals to support them in foot care when their own resources were not enough. We have reworded this so that participants highlighted the importance to identify when to seek professional care.

Reviewer #2: This is a straightforward qualitative study of foot self-care in older people, exploring older people's perceptions of foot care and identifying the barriers to performing self-care. The paper is well structured and written, and the interpretations of the data are appropriate and well justified. I believe that the paper makes a valuable contribution to the literature and is worthy of publication. I have no suggested edits, other than to suggest that the authors make a brief comment about how foot care is delivered in Finland (i.e. the relative roles of nurses, podiatrists and physicians), as this may differ to the largely Anglophone readership of JFAR.

We have added a paragraph how foot care is delivered in Finland.

Reviewer #3: Thanks for the opportunity to review this manuscript. I see that it has already been reviewed, and the authors have diligently responded to the reviewer's suggestions, but unfortunately I cannot recommend publication. This is for a number of reasons. I will make number of specific points, then summarise, and make a suggestion:

1. Undoubtedly, the paper contains data that may have utility in the Finnish context, but I feel it will have limited appeal to the international readership of JFAR. Some of the terminology will be unusual for the international audience of JFAR, and they are not
defined - e.g. multi-level professionals? We do not know what licensed practical nurses are.

We have clarified and revised the terminology with the idea that international audience would be able to understand. We think strongly that investigating foot self-care in older people have international relevance because for example in international guidelines responsibility for own health and health promotion are underlined.

2. I found a number of the supporting references in the text did not necessarily support the statements being made - for example, on page 17, the statement about the positive effect of health education is only supported by two references from studies conducted on very specific minority populations - furthermore one of these references is 10 years old.

We have updated our references and also checked that the references support the statements made.

3. The organisation of the manuscript is a little mixed up - the section headed 'Characteristics of the participants' belongs in the results section.

We have changed the description of the participants to the Results section.

4. Whilst I appreciate the choice of method, I think the authors need to justify why the qualitative descriptive (QD) design approach was taken and provide an overview of QD - not just that focus groups were used as the means of data collection.

We have strengthened our rational for using qualitative descriptive design.

5. In particular, page 7 line 7 talks about focus group themes based on previous studies. Initially I thought this meant themes as in qualitative analysis themes. I realised later that this is not what the authors meant, but it is confusing. I think what you mean to say is topic guide. In any case, you need to refer to the studies that informed the topic guide - and not just a qualitative methods textbook.

We have now used term interview guide which is commonly used in qualitative studies. We have also added references which supported us when developing the interview guide.

6. Page 9, line 22 - Isn't washing the feet a normal hygiene task anyway?

Yes.
7. I appreciate that this may be as a result of translation, but some of the language is a little strange for an academic paper - 'thoughtlessness' and 'laziness'. I see that these words were changed following the suggestion from reviewer 1 - they are not a great improvement, in my view. They are a bit victim-blaming and paternalistic. Multiple terms are used to refer to the participants - e.g. pensioner. Don't do this. Use older people throughout.

We have revised the terminology and checked that only one term is used to refer the participants.

8. I am not clear on the approach to analysis - the authors state that an inductive approach was taken but that the research questions informed the coding (I think that is what is meant anyway - I apologise if I misunderstand - in which case this should be clearer!). If the RQs inform the analysis, then it is not truly inductive. It is probably a bit inductive and a bit deductive.

Usually in qualitative research, the aim is to find responses to research questions. We used in the analysis the inductive approach to find responses to research questions.

We have checked this from the methodological literature which says: “An approach based on inductive data moves from the specific to the general, so that particular instances are observed and then combined into a larger whole or general statement (Chinn & Kramer 1999). A deductive approach is based on an earlier theory or model and therefore it moves from the general to the specific (Burns & Grove 2011).

References:


9. The first paragraph of the results should explicitly state what the themes are. As it is, the reader needs to go and look at the figure. The conceptual model presented is good and useful, however.

We have added the themes in the first paragraph in the Results.
10. The suggestions for intervention - e.g. lectures or education sessions - is not novel - I suspect this conclusion could have been drawn without doing the study.

We have revised this and suggested not only lectures and education.

11. The discussion amounts to little more than a list of findings from other studies about interventions for the feet. Reference is made to interventions in the Finnish context - this comes as a bit of a surprise, and perhaps some mention should be made of this in the introduction. It seems this study was done in order to inform an intervention of some sort - this kind of comes out in the discussion, but should also really be mentioned in the introduction.

We have revised this.

In summary, I was quite excited when I initially saw the title of this manuscript, but sadly, I was a wee bit underwhelmed - mainly because I was left thinking that an opportunity had been missed for a more sophisticated analysis. In terms of the conclusions, I am not sure that the manuscript offer anything particularly novel - lectures are suggested as a means of imparting foot health information, but is this really the best approach? I can't help but think this work represents a missed opportunity to rethink how self-care in this area can be delivered. I would encourage the authors to go back to the data and maybe have a fundamental rethink about where you could take this work.

Suggestion: A more novel approach might have been to frame the study in terms of behaviour change - and perhaps drawing more from the empirical literature on self-managing long-term conditions. This approach might then take a more systematic approach to informing intervention development, by taking account of the processes behind motivation, intention and action. The authors might look to the Behaviour Change Wheel for a bit more on this. See:

https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-6-42

We have taken this Behaviour Change Wheel into account while discussing paths for future research.

Rather than end on a complete negative, I would congratulate the authors for conceiving of the study, as well as for the data collection (I know how long this takes) - this is an important topic - it's just that the manuscript falls down on the execution.

Editors Comments
Please can you address the concerns of the reviewers. Please can I recommend that you pay particular attention to the discussion section. For example, you may want to report on any future directions from a clinical and research perspective.

We have addressed the concerns of the reviewers with particular attention to discussion section. We have added future directions from clinical and research perspectives.