PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Improving continence services for older people from the service-providers' perspective: a qualitative interview study
AUTHORS	Orrell, Alison; McKee, Kevin; Dahlberg, Lena; Gilhooly, Mary; Parker, Stuart

VERSION 1 - REVIEW

REVIEWER	Dr Chris Shaw Reader in Nursing Research Dept Care Sciences University of Glamorgan UK I have no competing interests.
REVIEW RETURNED	07-Apr-2013

THE STUDY	I feel that the data presented does not answer the research question as posed. The paper aims to: “explore the views and experiences of continence service leads in England in order to identify and gain information about the key service and continence management characteristics needed to deliver effective treatment outcomes for older people with UI.” Firstly, it would require a different design to identify characteristics that would deliver effective treatment outcomes, and secondly the results report some characteristics of an effective service, but mainly provide the service lead’s perceptions of barriers to provision of guideline congruent care, with the characteristics of an appropriate service frequently being implied rather than stated. It also lacks some consideration of what participants perceive as ‘effective treatment outcomes’. A rewording of the research question would seem appropriate. Some further detail of the characteristics of participants would allow better assessment of representation of the range of views. These could be on a group rather than individual basis in order to preserve anonymity. Also, further detail on how analysis was carried out would be helpful, particularly because of the concerns expressed below on analysis and interpretation.
REPORTING & ETHICS	I feel that the analysis and interpretation of the findings needs further consideration. The advantage of qualitative research is that a situation can be explored in depth and interpretations can be made at a number of different levels. In this study, the data suggest that there is an implicit understanding that an effective continence service consists of specially and highly trained nurses delivering one to one care. Interpreting further they also appear impotent in the face of more strategic issues and offer explanations that place the barriers outside of the service rather than identifying characteristics of a service that has the ability to work towards addressing these

	barriers. The authors take what the participants say at face value rather than interpreting further – for example, the data suggests to me that important characteristics of a continence service include the ability to define and empower the role of other health professionals in continence care (including training); the ability to influence wider thinking about continence care (including commissioners), embracing strategies to change culture and attitudes; develop creative and innovative approaches to continence care that make use of scarce resources (e.g. some services are exploring 'group' approaches); involves care that takes account of other stakeholder perspectives (e.g. why are GPs referring inappropriately – other research has found them very frustrated at long waiting lists); and that provides approaches responsive to patient preferences (e.g. some patients prefer to self manage rather than undergo 'treatment'– how do you inform the wider population on self management strategies). Also what is hinted at, but not addressed directly is the distinction between prevention and treatment – do effective treatment outcomes for a continence service involve both? Qualitative research also has the advantage of being able to deal with greater complexity and the data should be discussed from a more objective, considered and wider stance. Based on all the themes reported, it is not convincing that ploughing more resource in to the services as they stand would actually solve the problem, and it is simplistic to take this view, without consideration of other stakeholder perspectives. I would recommend, therefore, that the authors suspend their own preconceptions and approach the data more enquiringly in order to uncover the implicit attitudes and underlying meaning, but also to examine the related literature more carefully to place the issues in context. The limitations of examining only one perspective of a phenomenon must be acknowledged in the discussion. Rather than being the 'answer' the data suggest a number of hypotheses that could be avenues for further enquiry and these could be noted and recommended. To avoid a purely descriptive approach to the findings, the authors could examine the data for relationships between themes that provide explanatory hypotheses. I would, therefore, suggest some reworking of the analysis and discussion.
GENERAL COMMENTS	I feel that this is a well presented and worthwhile piece of research but which requires some further thought prior to publication. It is refreshing to see continence research from this perspective and certainly serves to highlight the views of continence services. I would definitely recommend publication if appropriate revisions are made.

REVIEWER	Dr. Adrian Wagg, Professor of Healthy Ageing, Department of Medicine, University of Alberta, Edmonton, Alberta, Canada I have no competing intersets to declare with respect to this pape0072
REVIEW RETURNED	24-Apr-2013

THE STUDY	The correct answer to the last question is "No" Som of the fields are not relevant to this study
GENERAL COMMENTS	Reviewer's report: Improving continence services for older people from the service providers' perspective: a qualitative interview study The aim of this study was to examine the views and experiences of continence service leads in England on key service and continence management characteristics that target effective treatment outcomes for older people. Abstract: Appropriate and accurately reflects the nature of the study

	Article summary: Appropriate and concise Introduction: This is a fairly comprehensive review of the literature, but given its UK focus I wonder whether more use might have been made of UK data in terms of cost and prevalence etc, particularly those from the Leicester MRC study? The research question is well articulated. Methods: The intended method is suitable for the design but the attrition rate is of concern and there appears to have been no attempt at replacement. The analytical method and framework is appropriate. There is no attempt at triangulation and no indication if saturation of themes was reached, or if so, when. Results: These are well presented with quotations relevant to each section; these add value to the results. The results are comprehensive and easy to understand. They are appropriately themed. Discussion: This is well written and comprehensive, acknowledging the limitations of the study. The authors might include some discussion of their a priori work by which they framed the interview schedule and some mention of the reasons whereby they felt that saturation of themes had been reached and that the potentially wide range of subject material had been exhausted and suitably collapsed into themes

REVIEWER	Vari Drennan Professor of health care and policy research Faculty of Health, Social Care and Education St.George's University of London & Kingston University. London, United Kingdom
REVIEW RETURNED	26-Apr-2013

THE STUDY	Thank you for the opportunity to review this paper describing a qualitative investigation into the views of continence service leads in England. The background and rationale for the study would be enhanced by a clarification/description/definition of continence services in the NHS. For the international reader it would be helpful to describe how the NHS is organised (e.g. commissioning and providing splits) and what provision is made for the investigation and treatment of UI and the containment of UI in situations in which it is not treatable. Reference to the International Continence Society guidance for frail elders Incontinence in the frail elderly: report from the 4th International Consultation on Incontinence. DuBeau CE, Kuchel GA, Johnson T 2nd, Palmer MH, Wagg A; Fourth International Consultation on Incontinence. Neurourol Urodyn. 2010;29(1):165-78. doi: 10.1002/nau.20842. would be appropriate not least because they argue that there needs to be a paradigm shift in which dependent continence and well contained continence is the aim for frail elders who are not referred to in this paper. The reader would benefit from understanding what a "continence service lead" is . There is also a reference or footnote number to TACT which does not seem to link to any item in the paper.

	I find it difficult to identify the actual research question (s)being answered. The rather long, (and perhaps a little confusing as stated currently) overall aim could helpfully be broken down into questions. ("to explore the views and experiences of continence service leads in England regarding their work in order to identify and gain information about the key service and continence management characteristics needed to deliver effective treatment outcomes for older people with UI"). Given it is a qualitative , exploratory study , the reader would be aided by a clearer overarching theoretical framework guiding the design and analysis. it would be helpful to the reader to know why the study design only included one type of participant (service leads) " to gain information about the key service and continence management characteristics needed to deliver effective treatment outcomes for older people with UI" and didn't include others such as GPs, district nurses or commissioners referred to in the results. The reader would be aided by knowing who the participants are in more detail e.g gender , types of professional training and background levels of responsibilities .
RESULTS & CONCLUSIONS	As there is no clear research set out I have stated yes to the results answering the research question - even though there isn't a research questions clearly stated as the findings are an exploring of the views of continence service leads. I consider the findings as currently interpreted and written problematic for two reasons . Firstly , qualitative research , while it can be exploratory and illuminative , can only be generalisable at a theoretical level. The data in this study are the perceptions of one occupational group. As currently written their views are presented as facts that apply across England, rather than evidence that might support theory. For example , they perceive other occupational groups such as GPs as not assessing older people with UI symptoms fully or treating them because of their age. This is not the same as providing evidence that most of the 23,000 GPs in England behave in these ways or have these attitudes. Secondly, some of the exemplars could be interpreted in different ways using theoretical frameworks . For example , using Abbott's theories of professions and division of expert labour (1988) I could suggest that the exemplars given are evidence of a group of 'specialists' ,the continence service leads, jostling 'the generalists',GPs and district nurses, to claim work/for occupational territory for themselves. Conversely the reported overlooking of this service and these 'leads' by GPs and referring direct to a medical service in an acute hospital could be explained by occupational status of the leads compared to the medical profession. For these reasons I find the conclusions are not sufficiently derived from the data.

VERSION 1 – AUTHOR RESPONSE

We are very grateful to the reviewers for taking the time to read our manuscript so carefully, and for providing such insightful comments and suggestions. At least two of the reviewers advocated a partial reanalysis of our data, and a reinterpretation of our results. We have duly followed these suggestions. While generating no new original themes, our reanalysis did provide a new cross-cutting theme, which we describe in the revised manuscript. We have also added a new level of interpretation of our results, which we believe moves beyond an unquestioning 'face value' reading of the data, and integrates as far as possible our own theoretical input with the perspectives of our reviewers. Our detailed response to the reviewers' comments and suggestions follows, with reference to revisions in the text. The revised manuscript is now longer than the original, we feel the length of the revised manuscript is justified due to the substantial nature of the revision and inclusion of new material.
Reviewer 1: Chris Shaw
1. '[…]the results report some characteristics of an effective service, but mainly provide the service lead's perceptions of barriers to provision of guideline congruent care, with the characteristics of an appropriate service frequently being implied rather than stated. […] A rewording of the research question would seem appropriate.': We agree that our research questions did not adequately match the results presented, and so have reworded and refined our objectives (Pages 1 & 5).
2. 'Some further detail of the characteristics of participants would allow better assessment of representation of the range of views': We have provided further detail of the characteristics of the participants in the Results section as requested by the reviewer (Page 9).
3. '[…] further detail on how analysis was carried out would be helpful': We have provided additional information on how we conducted our analysis as requested by the reviewer (Page 8).
4. 'The authors take what the participants say at face value rather than interpreting further. […]To avoid a purely descriptive approach to the findings, the authors could examine the data for relationships between themes that provide explanatory hypotheses.': We agree that the analysis in our original manuscript was somewhat descriptive, and have provided an additional cross-cutting theme in the analysis, and less literal interpretations in our discussion section.
5. 'Based on all the themes reported, it is not convincing that ploughing more resource in to the services as they stand would actually solve the problem, and it is simplistic to take this view, without consideration of other stakeholder perspectives.': We agree on the whole with the reviewer's comment, although we would point out that, rather than advocating 'ploughing more resources' into the problem, our participants pinpoint specific ways in which investment might be anticipated to bring about benefit. Nevertheless, we have introduced a cautionary note to our discussion of this issue, and also within our conclusions.
6. 'The limitations of examining only one perspective of a phenomenon must be acknowledged in the discussion.' We have highlighted the limitation of only examining one perspective of a phenomenon in the Strengths and Limitations section as requested (Page 20).
7. 'Rather than being the 'answer' the data suggest a number of hypothesis that could be avenues for further enquiry and these could be noted and recommended': We now more explicitly identify needs for further research.

Reviewer 2: Adrian Wagg
1. 'I wonder whether more use might have been made of UK data in terms of cost and prevalence etc, particularly those from the Leicester MRC study?': We have included UK data from the MRC Leicestershire study in terms of cost and prevalence as recommended by the reviewer. (Page 3).
2. '[…] the attrition rate is of concern and there appears to have been no attempt at replacement.': We have explained to the reader why we were unable to replace participants (Page 6-7).
3. 'There is no attempt at triangulation [….]': It is not clear whether the reviewer is suggesting triangulation by comparison with other similar data sources, such as from interviews with other health professionals, or with other forms of data, for example the findings of divergent research studies on related topics. If the former, we acknowledge this weakness, but do discuss our reasons and the

potential implications of our approach in the manuscript. If the latter, we would suggest that we do embed our interpretations of our findings within the context of many different research studies which testify to the veracity of the perspectives offered by the continence service leads.
4. '[…] no indication if saturation of themes was reached, or if so, when.; […]some mention of the reasons whereby they felt that saturation of themes had been reached [….]': We have provided information on when data saturation was achieved as suggested by the reviewer (Page 8).
5. 'The authors might include some discussion of their a priori work by which they framed the interview schedule.': We have included some information on the material that we used to frame and develop our interview schedule as requested by the reviewer (Page 5 & 6).

Reviewer 3: Vari Drennan
1. 'The background and rationale for the study would be enhanced by a clarification/description/definition of continence services in the NHS.': We have provided the readers with a description of continence services in the NHS as requested by the reviewer (Page 4 & 5)
2. 'For the international reader it would be helpful to describe how the NHS is organised (e.g. commissioning and providing splits) and what provision is made for the investigation and treatment of UI and the containment of UI in situations in which it is not treatable.: We feel that it is beyond the scope of this paper to describe in detail the complexities of the NHS. We have, however, provided an outline of Fonda and Abrams' Continence Paradigm to show that UI can either be treated or contained (Page 3).
3. 'Reference to the International Continence Society guidance for frail elders Incontinence in the frail elderly: report from the 4th International Consultation on Incontinence. DuBeau CE, Kuchel GA, Johnson T 2nd, Palmer MH, Wagg A; Fourth International Consultation on Incontinence. Neurourol Urodyn. 2010;29(1):165-78. doi: 10.1002/nau.20842. would be appropriate […..]': We have made reference to this paper to add to our evidence for the prevalence of UI to increase with age (Page 3).
4. 'The reader would benefit from understanding what a "continence service lead" is.':We have defined "continence service lead" as requested by the reviewer (Page 5).
5. 'There is also a reference or footnote number to TACT which does not seem to link to any item in the paper.' We apologise for confusing the reviewerr with regards to the absence of a reference or footnote number to TACT. We used a superscript number as this is on the logo for the TACT project. To avoid repeating this confusion amongst readers, we have now changed TACT3 to TACT3 in the text (Page 5).
6. 'I find it difficult to identify the actual research question (s) being answered. The rather long, (and perhaps a little confusing as stated currently) overall aim could helpfully be broken down into questions.' We have reworded and refined our objectives to remove the ambiguity with regards to 'effective treatment outcomes' as requested by the reviewer (Pages 1 & 5).
7. 'The reader would be aided by a clearer overarching theoretical framework guiding the design and analysis.': We have provided a more detailed description of the development of the study design and our approach to analysis (see pages 5-7).
8. 'It would be helpful to the reader to know why the study design only included one type of participant (service leads) […] and didn't include others such as GPs, district nurses or commissioners referred to in the results. ; The data in this study are the perceptions of one occupational group. ': We have provided further information on why we only interviewed on type of participant (Page 6), and addressed this issue within the discussion and conclusions.
9. 'The reader would be aided by knowing who the participants are in more detail e.g. gender , types of professional training and background levels of responsibilities' We have provided further detail of the characteristics of the participants in the Results section as requested by the reviewer (Page 9)
10. 'As currently written [the participants] views are presented as facts that apply across England, rather than evidence that might support theory. For example , they perceive other occupational groups such as GPs as not assessing older people with UI symptoms fully or treating them because of their age. This is not the same as providing evidence that most of the 23,000 GPs in England behave in these ways or have these attitudes.': We agree entirely with this observation, and draw

attention to this issue both within our revised analysis, and also within our less literal interpretations of our findings in our discussion.
11. 'I could suggest that the exemplars given are evidence of a group of 'specialists' ,the continence service leads, jostling 'the generalists', GPs and district nurses, to claim work/for occupational territory for themselves. Conversely the reported overlooking of this service and these 'leads' by GPs and referring direct to a medical service in an acute hospital could be explained by occupational status of the leads compared to the medical profession.': These are entirely valid interpretations of our findings, and we engage with such alternative interpretations of our findings in our revised discussion and conclusions.
12. '[…] I find the conclusions are not sufficiently derived from the data.': We have changed the emphasis within our conclusions, to reflect a more critical reading of our findings.

VERSION 2 – REVIEW

REVIEWER	Dr Chris Shaw Reader in Nursing Research Dept Care Sciences University of South Wales Pontypridd UK I have no competing interests
REVIEW RETURNED	10-Jun-2013

- The reviewer completed the checklist but made no further comments.