PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (**http://bmjopen.bmj.com/site/about/resources/checklist.pdf**) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Healthcare workers' perceptions on Diabetic Foot Ulcers (DFU) and foot care in Fiji: a qualitative study
AUTHORS	Mohammadnezhad, Masoud; Ranuve, Malakai

VERSION 1 – REVIEW

REVIEWER	Bui , Ut Queensland University of Technology, School of Nursing, Faculty of Health
REVIEW RETURNED	27-Feb-2022

GENERAL COMMENTS	Thank you very much for submitting your interesting research on the perception of healthcare workers on foot complications in Fiji. Congratulations to you and your team on successfully conducted such important research in this area. Please see my following comments to make the manuscript more succinct for publication. The results were written quite descriptive, it would be more interested to the readers if you could synthesise what have been found/said by participants more succinctly. Discussions: - Some irrelevant discussions: comparing the knowledge of doctors with nurses while your study did not include any doctors; discussions regarding short-staffed clinics – there were no mentions about lack of time from participants' responses. - Some areas need more in-depth discussions, such as a need of specialists in foot care, and the HCWs' perspectives on the importance of respecting patient privacy has not been picked up. Writing: - Add definitions of abbreviations at the end of table where these abbreviations were used. - Please review your writing in relation to grammar, punctuation etc.., e.g., Inconsistency in the use of verb tense, starting sentence with a number, use of spoken language in writing … References: - Incorrect format of references in both in-text citation and in the reference list according to the MBJ Open requirements, including: authors' names, capitalisation errors, issue number etc.. - Some out-dated articles on the burden of diabetic foot disease (e.g., Boulton et al., 2005) were used, which could be replaced with the more recent ones (such as: Zhang et al., 2017. Global Epidemiology of Diabetic Foot Ulceration: a Systematic Review and Meta-Analysis. Annals of medicine (Helsinki) 49(2): 106–116.; World Health Organization World Health Organization Fact Sheet on Diabetes. 2019.; Zhang et al., 2020. Global disability burdens of diabetes-related lower-extremity complications in 1990 and 2016. Diabetes Care.43:964-974.

BMJ Open: first published as 10.1136/bmjopen-2022-060896 on 2 August 2022. Downloaded from http://bmjopen.bmj.com/ on March 28, 2024 by guest. Protected by copyright.

REVIEWER	Lee, Mary National Healthcare Group, HOMER
REVIEW RETURNED	15-Mar-2022

GENERAL COMMENTS	Interesting and important study. Sub-themes are not on the same level of abstraction. To pay attention to grammatical errors (including spelling and punctuation) and tighter phrasing of statements. Suggest to underline the importance of patient education addressing cultural norms (stigmatisation, going barefoot, turning to herbal medicine first etc) Interesting and important study. Data is adequate and provides readers insight into the challenges faced by the diabetic foot ulcer clinic in Fiji. p.11 The sub-themes are not on the same level of abstraction Eg. The sub-theme, Patient-related factors is not as granular as sub-themes like Infrastructure, Supplies, Human Resources. Thus Patient-related factors or even Staff-related factors are not immediately illuminating. Some grammatical errors Eg. the main verb is missing in “Additionally, misinformation about diabetic wound and a non-diabetic wound healing abilities”. [p.34, after the second quote]. Eg. 2 p.31, first quote - spelling errors “than” for “then”. 4. See if you can shorten some of your quotes? 5. In the abstract, the third theme is worded as “factors of influence on practice” whereas in the main body of the manuscript, “determinants of practice” (eg. p.11 and p.38, Discussion section) is used. I personally prefer “factors of influence on practice” even though it seems less succinct. I prefer “factors of influence” because it is more informative for me. 6. DISCUSSION section p.40, fourth line, “Additionally, Several [several] studies have shown that patient education, awareness and foot care advice is a powerful strategy to prevent DFU and every HCWs involved in the care of DM patients must make an effort to conduct foot care advice, education and awareness as part of prevention of DFU [7, 28, 29, 34-36].” <u>Suggested elaboration</u>: “This study shows that patient education situated in the local cultural context could address the issues of stigmatization and preferences for herbal medicine, and barefoot walking”. Providing culture-specific patient education may make a more helpful contribution to changing mindsets and perceptions. Training for HCW to include the strengths and limitations of herbal medicine; and how herbal medicine may not fix a chronic disease

BMJ Open: first published as 10.1136/bmjopen-2022-060896 on 2 August 2022. Downloaded from http://bmjopen.bmj.com/ on March 28, 2024 by guest. Protected by copyright.

	like diabetes and its complications.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1			
1.	The results were written quite descriptive, it would be more interested to the readers if you could synthesise what have been found/said by participants more succinctly.	That you for your comment. The change is made	Result section.
2.	Discussions: Some irrelevant discussions: comparing the knowledge of doctors with nurses while your study did not include any doctors; discussions regarding short-staffed clinics – there were no mentions about lack of time from participants' responses.	That you for your comments. That is noted	Change is made Discussion section.
3.	Discussions: Some areas need more in-depth discussions, such as a need of specialists in foot care, and the HCWs' perspectives on the importance of respecting patient privacy has not been picked up.	That you for your comments. That is noted	Change is made in Discussion section.
4.	Add definitions of abbreviations at the end of table where these abbreviations were used.	That si noted	Abbreviations are defined at the end of table
5.	Please review your writing in relation to grammar, punctuation etc.., e.g., Inconsistency in the use of verb tense, starting sentence with a number, use of spoken language in writing …	That is noted.	Paper is again edited
6.	References: - Incorrect format of references in both in-text citation and in the reference list according to the MBJ Open requirements, including: authors' names, capitalisation errors, issue number etc..	That is noted	All references are correct now.
7.	Some out-dated articles on the burden of diabetic foot disease (e.g., Boulton et al., 2005) were used, which could be replaced with the more recent ones (such as: Zhang et al., 2017. Global Epidemiology of Diabetic Foot Ulceration: a Systematic Review and Meta-Analysis. Annals of medicine (Helsinki) 49(2): 106–116.; World Health Organization World Health Organization Fact Sheet on Diabetes. 2019.; Zhang et al., 2020. Global disability burdens of diabetes-related lower-extremity complications in 1990 and 2016. Diabetes Care.43:964-974.	That is noted	They are replaced
Reviewer 2			
1.	Sub-themes are not on the same level of abstraction.	Thank you for your comment. Sub-themes were identified by grouping similar codes and define by two researchers. We tried to name sub-themes	

BMJ Open: first published as 10.1136/bmjopen-2022-060896 on 2 August 2022. Downloaded from http://bmjopen.bmj.com/ on March 28, 2024 by guest. Protected by copyright.

		based on the participants answer to the research questions.	
2.	To pay attention to grammatical errors (including spelling and punctuation) and tighter phrasing of statements.	That is noted	Edited
3.	Suggest to underline the importance of patient education addressing cultural norms (stigmatisation, going barefoot, turning to herbal medicine first etc)		
4.	p.11 The sub-themes are not on the same level of abstraction Eg. The sub-theme, Patient-related factors is not as granular as sub-themes like Infrastructure, Supplies, Human Resources. Thus Patient-related factors or even Staff related factors are not immediately illuminating.	As I mentioned above, they were chosen based on similarity of concepts we underendowed form participants answer to questions and similarity of codes were used to identify sub-themes.	
5.	Some grammatical errors Eg. the main verb is missing in "Additionally, misinformation about diabetic wound and a non-diabetic wound healing abilities". [p.34, after the second quote].	Thank you for your comment.	They are now corrected
6.	Eg. 2 p.31, first quote - spelling errors "than" for "then".	Thank you for your comments.	It is corrected now.
7.	4. See if you can shorten some of your quotes?	That sin opted	Some quotations are shortened
8.	5. In the abstract, the third theme is worded as "factors of influence on practice" whereas in the main body of the manuscript, "determinants of practice" (eg. p.11 and p.38, Discussion section) is used. I personally prefer "factors of influence on practice" even though it seems less succinct. I prefer "factors of influence" because it is more informative for me.	That is noted.	It is corrected as you advised.
9.	6. DISCUSSION section p.40, fourth line, "Additionally, Several [several] studies have shown that patient education, awareness and foot care advice is a powerful strategy to prevent DFU and every HCWs involved in the care of DM patients must make an effort to conduct foot care advice, education and awareness as part of prevention of DFU [7, 28, 29, 34-36]."	That is noted	
10.	DISCUSSION section: p.40, fourth line, "Additionally, Several [several] studies have shown that patient education, awareness and foot care advice is a powerful strategy to prevent DFU and every HCWs involved in the care of DM patients must make an effort to conduct foot care advice, education and awareness as part of prevention of DFU [7, 28, 29, 34-36]."	That is noted	
11.	Providing culture-specific patient education may make a more helpful contribution to changing mindsets and perceptions.	That is noted	
12.	Training for HCW to include the strengths and limitations of herbal medicine; and how herbal	That is noted.	

BMJ Open: first published as 10.1136/bmjopen-2022-060896 on 2 August 2022. Downloaded from http://bmjopen.bmj.com/ on March 28, 2024 by guest. Protected by copyright.

	medicine may not fix a chronic disease like diabetes and its complications.		

BMJ Open: first published as 10.1136/bmjopen-2022-060896 on 2 August 2022. Downloaded from http://bmjopen.bmj.com/ on March 28, 2024 by guest. Protected by copyright.