**If the Shoe Fits: Enabling Patient-Centred Podiatry through Social Science Methodologies**

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**ABSTRACT**

**Background** A previous study highlighted the importance of footwear to individuals' sense of their identity, demonstrating that shoes must 'fit' someone *socially*, as well as *functionally*. However, unhealthy shoes can have a detrimental effect on both foot health and mobility. This project utilises qualitative social science methods to enable podiatrists to understand the broader contribution of footwear to patients' sense of themselves and from this an online toolkit was developed to aid footwear education. **Method** Semi-structured interviews were conducted with six podiatrists / shoe-fitters and 13 people with foot pathologies, some of whom also completed shoe diaries. These were supplemented with some follow-up interviews and photographs of participants’ own shoes were taken to allow in-depth discussions. **Results** Four areas related to ‘fit’ were identified; practicalities, personal, purpose and pressures, all of which need to be considered when discussing changes in footwear. These were incorporated into an online toolkit which was further validated by service users and practitioners in a focus group. **Conclusion** This toolkit can support podiatrists and help them identify and address patient barriers to making healthier shoes choices what should contribute to improvements in foot health and mobility.

**BACKGROUND**

Marketing figures (1) suggest a major growth in fashion shoe consumption, and yet, up to 4% of people in the country are being seen by NHS podiatry services (2) and about 61% of women and 30% of men have been reported to suffer from painful foot conditions (3). In this context, podiatrists and patients could currently be seen to be on different ends of a continuum in relation to what is seen as ‘healthy’, desirable footwear from a medical perspective, but which is often perceived as unfashionable and thus unwearable over the long term by patients, despite potential negative implications for their health and well-being. If it can be shown that the wearing of healthy shoes helps reduce the level or number of painful foot conditions seen, it is possible that the number of people in pain through their foot conditions could be reduced. This would be expected to create improvements in the foot health of the general population and in turn, reduce the burden being placed on NHS podiatry services. This project builds on previous Economic and Social Research Council (ESRC) funded research on the significance of footwear to individuals in terms of identity, transition and memory to examine the motivations, feelings and preferences that affect the footwear choices of patients who are receiving treatment and support from Podiatry Services (4). The purpose of this study was to use qualitative methods (via interviews and a focus group) to design a practical on-line toolkit to empower foot health practitioners to encourage healthier shoe choices in the people they treat. If more successful strategies can be used to persuade people to change their footwear in turn foot health and mobility could be improved.

**METHODS**

Ethics committee approval was given from The University of Sheffield Ethics Committee and IRAS ; research governance approval was obtained from Sheffield Teaching Hospitals NHS Foundation Trust Clinical Research Office.

A variety of recruitment mechanisms were used in order to reach out to both professionals and patients. Patient recruitment was targeted primarily in Yorkshire and the North East. Flyers and posters were made available in clinics, and eligible potential participants were also identified by practitioners and invited to consider participation. Information about the study was circulated at local diabetes support groups and social media was used extensively to promote the study, specifically through the development of a widely-circulated Facebook page. Practitioners were recruited through targeted advertising in Podiatry Now magazine and through circulation of emails to members of The College of Podiatry and other relevant mailing lists.

Semi-structured interviews were conducted with six podiatrists / shoe-fitters and 13 people with foot pathologies, some of whom also completed shoe diaries. These were supplemented with some follow-up interviews and photographs of participants’ own shoes were taken to allow in-depth discussions. The interviews were carried out to answer the following questions:

1. What factors shape and motivate the footwear choices and preferences of patients receiving treatment and support from Podiatry Services?
2. Where does conflict arise in negotiations between patients and podiatrists around healthy footwear choices?
3. How can these tensions be addressed through providing training to facilitate dialogue between patients and podiatrists?

All interviews were recorded, transcribed and transcripts and shoe diaries manually coded into themes. Each theme was analysed and summarised. Mapping out all the different themes present across the multiple means of data collection provided a template from which to build and develop the toolkit to ensure it was well-grounded in the data. Focus group and field trial data was used to further refine the toolkit.

Once the toolkit was formulated it was presented in a focus group of service users and practitioners to provide feedback and allow for final modifications.

These methods were deemed a highly appropriate means through which to engage both health professionals and the people they treat and to capture links between shoes, wellbeing and identity. As rich data would be expected to be generated and the potential to explore all perspectives in more depth would be possible.

**FINDINGS**

**Conflict**

There can be conflict in what podiatrists and the people that they support and treat look for in a shoe, with many service users raising the importance of the visual appearance of footwear and also the links between footwear, occasion and identity. These themes arose consistently across patient interviews, and there was often considerable overlap between them. For example, Nigel, a recently-diagnosed diabetic in his 40s, talked extensively about the difficulties he experienced in finding suitable footwear, and the importance of the ‘right’ shoes to his wellbeing, self-esteem and pride, as well as his sense of masculinity. The unfashionable ‘fuddy duddy’ shoes he was required to wear in order to accommodate his ulcers and foot pain inhibited his perceived ability to present himself as ‘smart’ and ‘trendy’ and resulted in him feeling socially isolated from particular occasions and describing a part of his identity as being ‘missing’. This tension between ‘comfort’ and ‘fashion’ in shaping shoe choices was evident across the majority of patient interviews, as were discussions around the particular ‘barriers’ to selecting appropriate footwear that were frequently encountered. These barriers were grouped into four distinct themes forming the basis of the toolkit to help reconceptualise ‘fit’ in ways that reflect the wider understanding of the term apparent amongst the participants with foot pathologies (see Figure 1).

*Fit* is more than just physical. Whilst a ‘healthy’ shoe may be one that is perceived to fit well physically, results from this study indicate the importance of re-thinking what we mean by ‘fit’ and imagining it in a wider sense, in terms of practicalities, personal, purpose and pressures.

**Practicalities (physical fit)**

When purchasing appropriate footwear a number of practical considerations were raised by the respondents including cost. Many assumed that healthy footwear is expensive, or contrary to this, the more expensive the shoe the better it must be. Balancing comfort and fit with the cost of the shoe was a common issue for participants, as illustrated by Frank and Charlie, both diabetics in their fifties who were interviewed together and expressed concern about what they saw as the prohibitive costs of appropriate footwear:

*Interviewer: Would you say that that's the main priority then… comfort?*

*Charlie: Yes.*

*Frank: Comfort, yeah, definitely. And price as well because I'm on benefits. Because some of the wide-fitting shoes are ridiculous prices.*

*Charlie: Yeah, I mean I'm the same, it's got to be the right price range to fit my pocket and my feet at the same time, do you know?*

There were also difficulties in knowing what to look for in a good shoe, which stockists to purchase them from and actually getting to certain shops for some with mobility problems. Participants felt pictures of ‘healthy’ footwear and lists of local stockists could help with this. Difficulties were also discussed when actually trying to buy shoes in terms of choice and styles which may be limited if feet have specific deformities. The problems of purchasing footwear online were also highlighted, as it is difficult to ascertain fit and comfort until shoes have been tried on.

**Personal (mental fit)**

Footwear was associated with an individual’s identity and personality. Shoes are related to image and should ‘fit’ someone mentally as well as physically or they will not be worn. Those who had to wear shoes that they felt were unattractive said that this could affect their self-esteem, self-image and pride. For example, Jo – who was in her thirties - had been advised to wear a specific brand of trainers by her podiatrist, but felt this ‘clashed’ with her desire to present herself as an ‘alternative’ person and did not fit with the image and identity she wished to portray through her dress and appearance:

*…people who wear these shoes [trainers] conform to a lifestyle that I do not conform to, so I feel a bit like a pretender wearing them as well. I feel that they hint to a lifestyle that I do not want to be associated with’*

Many respondents commented that changing shoe buying and wearing habits were difficult, even if advised by a podiatrist. The positive benefits of changing footwear on foot health should be encouraged rather than emphasising the negative serious problems that may occur.

**Purpose (lifestyle fit)**

It is important that footwear is appropriate in terms of lifestyle, hobbies and occupational needs. When recommending shoes, practitioners should take into consideration the social norms and expectations around footwear and the impact these might have on individuals’ preferences and values. Some participants commented that they were in jobs that required a certain ‘type’ of shoe which would be difficult to change. For example, Tricia, a retired solicitor with foot pain and plantar fasciitis, talked extensively about the difficulty of managing her footwear choices throughout her career. Special occasions and events could also be particularly difficult times to manage shoe choices, as illustrated by Elizabeth, a great grandmother in her eighties who was very resistant to attempts by podiatrists to encourage her to wear more supportive shoes:

***Interviewer: How do you think you'd feel if you were wearing something like that [Velcro-fastening shoe recommended by Podiatrist] to a formal occasion?***

*Elizabeth: I wouldn't. There is no way. I'd sorted all my shoes out and I'd thrown them away and then I realised that my great-granddaughters were being christened and I thought ‘God’! So I had to go out and buy a pair of court shoes because, I said to my daughter, ‘there's no way I can go to the christening, you know, with my feet like this… so I've been out and I've bought a pair of shoes’*

**Pressures (social fit)**

A number of pressures could affect footwear choice and restrict change; these include fashion and social norms. Unsurprisingly, fashion was important – at least to an extent – for the majority of participants regardless of gender, and many felt there was always a significant disconnect between ‘fashion’ and ‘comfort’. Peer pressure also played a role in shaping shoe choices, including occasional judgement or negative reactions when participants attempted to change their shoe choices, as illustrated by Ron, a man with diabetes in his seventies with foot swelling and discomfort:

*I had some a while ago with the Velcro fastening and people laughed at them. My son in particular said ‘you look ridiculous wearing those shoes'*

It is clearly important for practitioners to recognise this and where required, to work to bring the wider family ‘on board’ with any proposed footwear changes.

### The findings of the study have been used to develop a visual tool and set of practical recommendations to assist foot health professionals as part of their training and to inform and develop practice. The visual tool can be used in a number of different ways:

* As part of the initial training of new podiatrists / foot health professionals
* As part of Continuous Professional Development
* As a prompt or trigger for discussion in direct consultation with patients, for example in combination with techniques such as motivational interviewing. Patients may be able to identify how far the different types of fit and related barriers impact upon their own shoe choices and visually situate themselves within the diagram, helping podiatrists to understand their values and motivations and to open up further dialogue and discussion around the next steps forward / how to make changes (drawing on the recommendations table)

Both the visual tool and recommendations are available to download and print on the study website ([www.sheffield.ac.uk/podiatrytoolkit](http://www.sheffield.ac.uk/podiatrytoolkit)).

**CONCLUSIONS**

Footwear recommendations should be tailored to take into account individual’s lifestyles but with the emphasis on how ‘healthy’ shoes could improve mobility and reduce pain.

In order to help with footwear change, practitioners could provide examples of different types of shoes that may help to challenge this pre-conception that fashion and comfort are at different ends of the scale.

This research suggests that there are some areas of common ground between practitioners and patients on which to build. To maximise the chances of individuals making footwear changes, foot health professionals must work to address these four barriers that service users may encounter. Thinking more holistically about ‘fit’ allows foot health professionals to take into account individuals’ preferences and values, psychological and emotional wellbeing and the ways social pressures impact on footwear decisions. Consideration of fit in this wider sense will improve interaction between practitioner and service user and increase the likelihood that positive, long-term and sustainable footwear changes are made to make ‘every contact count’.

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