Author's response to reviews

**Title:** The influence of lifestyle beliefs on lifestyle behaviour following stroke: findings from a focus group study of patients and family members.

**Authors:**

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**Version:** 2  **Date:** 26 October 2010

**Author's response to reviews:** see over
Dear Mr Cochrane

MS: 1781491336416536
The influence of lifestyle beliefs on lifestyle behaviour following stroke: findings from a focus group study of patients and family members.
Maggie Lawrence, Susan Kerr, Hazel Watson, Gillian Paton and Graham Ellis

We would like to thank the reviewers for their comments, which we address here.

Reviewer's report
Version: 1 Date: 9 August 2010
Reviewer: Miren M.I. Jones
Reviewer's report:
Major compulsory revisions
1. There is some repetition of the results in the discussion, e.g. in paragraph 3 in the discussion on information and a balanced diet; paragraph 6 carers behaviours.

We have removed the repetition of the results from the relevant paragraphs. We feel that the length of the discussion reflects the complex nature of the topic.

2. In Limitations, transferability is only considered in terms of ethnicity. Deprivation may also be important and should be considered.

We appreciate that there was insufficient detail in the original version of the paper regarding the issue of deprivation to enable the reader to determine whether this represented a limitation of the study. We have address this by inserting more detail into paragraph one of the results section and therefore, as this was not a limitation of the study, we felt it was not necessary to add anything regarding deprivation to the limitations section.

3. How do these findings on patients' lifestyle beliefs and behaviour following stroke relate to findings in other health conditions e.g. following heart attack, where behaviour change is also important?

In our discussion, we have related our findings to those from studies of other health conditions i.e. in paragraph 3 of the discussion, we have compared our findings with those from a study of people with type 2 diabetes, and in paragraph 4, we have discussed our
study in relation to a study of childhood obesity and a community-based cardiac primary/secondary prevention study. To make our references to these other health conditions more apparent, we have augmented the discussion regarding the latter two interventions.

Minor essential revisions

4. Focus groups with patients with communication difficulties is clearly challenging. More information would be useful - were patients and family members in the same focus group?, how long after their stroke did the focus groups take place? (patients’ ability to take in information in the early stages is mentioned in the results), number of people present in each group.

We have inserted detailed information into paragraph 1 of the results section regarding the make up of the focus groups and the time post-stroke.

5. The same quote is used twice in the results. The last quote in the section Behavioural Beliefs is also used in the penultimate quote in Normative Beliefs. While a statement may be coded under several different themes, different quotes should be used to illustrate each theme.

This quote concerned has been amended to avoid duplication.

6. Each table is presented split into two and shown side by side, with data in 3 columns. Frequency and % in 2 columns are usually presented as number (%) in one column. The tables would be better as 2 longer tables, or combined into 1 table with matching subheadings.

We have amended the tables, as suggested, and now present two longer tables.

Reviewer’s report

Version: 1 Date: 13 September 2010
Reviewer: Simon Cohn
Reviewer’s report:
Minor revisions:
1. The title of the paper implies that the research really addresses the relationship of beliefs with actual behaviour, which I personally don’t think captures the strength of
the submission. Rather than the authors pursuing what might be the associations between subjective accounts and any objective measures of what they actually do, the paper gains its strength from looking at the ways people experience and then talk about a range of relevant factors.

To represent the paper’s strengths more accurately, the title has been changed to 
*An exploration of lifestyle beliefs and lifestyle behaviour following stroke: findings from a focus group study of patients and family members.*

2. The conclusion is surprisingly limited, given the dept of data offered in the results section. Even given a limited word count, a less tentative conclusion would serve to reaffirm the value of the qualitative study.

We have strengthened the conclusion, which we hope now more closely reflects the nature of the contribution made by our study.

Major compulsory Revisions:

1. The methods section is adequate, but needs to be augmented in order for it to explicitly describe how the themes that arose during analysis and were agreed upon were linked to the prescribed categories driven by the psychological model employed and how this was reconciled when it did not. As currently described, it is not really clear how a genuinely ‘qualitative’ approach steered by what participants say in focus groups can be easily translated into categories that are predetermined and that don’t necessarily reflect the ways they themselves experience things or come to describe them.

The description of the data analysis process has been augmented to more accurately reflect the stages of that process and the role played by the Theory of Planned Behaviour (TPB), which was employed more a means of facilitating description and interpretation of the findings, rather than predetermining the nature of the data. We were interested to see if TPB would ‘fit’ with participants’ experiences and understandings and how they described them, and therefore, whether it would be an appropriate theory with which to underpin our planned programme of research.
2. It is also unclear how the TPB psychological model based on individual behaviour can be successfully integrated at a theoretical level with a family-based model.

Prior to undertaking this study, we reviewed the literature regarding behaviour change theory and subsequently selected TPB as an appropriate theory to inform our work. We believe TPB to be of particular relevance to this study as it describes and explains behaviour/behaviour change as determined by intentions to engage/not to engage in specific behaviours. Intentions are informed by attitudes, motivation and perceived behavioural control, and these are factors, which are embedded in/influenced by intersubjective relationships within the family. The Calgary and Family Assessment/Intervention Model draws on numerous theories, including theories of behaviour change, and was selected as being sufficiently flexible to complement the TPB.

3. This general concern about the applicability of framing the research with something like the TPB is further amplified in the actual presentation of the data. Notwithstanding the fact that what people say is far removed from what they actually do, many of the quotations, and in fact much of the analysis, appears to either challenge or even refute a psychological theory that frames behaviour as the outcome of prior individual cognitive processes. In other words, what is most interesting is the fact that neither simple provision of information, nor general awareness about healthy lifestyle were in themselves sufficient to alter what people did, and that context, timing and the influence of the social environment were at least as crucial factors. It is therefore not clear what the TPB offers ‘as a lens’ in this paper, or if another model or theory might have led to different findings and interpretations.

The authors hope that they have already addressed some of the concerns articulated here. However, in response to the additional concerns raised above, we would like to clarify that we did not use TPB to predict behaviour, which is how the theory is more usually applied; rather we used it as a means of exploring participants’ beliefs and attitudes. Specifically, in terms of the presentation of the data, rather than analysing what people say they do compared with what they actually do, we analysed participants’ accounts of how their beliefs and attitudes are influenced by factors such as context and environment (as highlighted by the reviewer), but also peer groups and families, and sources of information, credible or otherwise. The results of this analytic exploration were then framed within broad, overarching headings derived from the key concepts associated with TPB.
Discretionary Revisions:

1. Consequently, if part of the argument of the paper is to critique the TPB model, as many others have now done from a range of disciplines, this might be of interest as a part of the paper’s argument – as it is, however, the TPB simply appears as a somewhat unnecessary addition. There are potentially many other ways of theoretically framing the fascinating data that might prove much more appropriate and productive in revealing new insights.

We feel that it is beyond the intention and the scope of this paper to critique TPB. In light of the changes we have made and our responses to the reviewer’s comments, we hope that the use of TPB to facilitate an understanding of the findings is deemed appropriate. However, we acknowledge that had we considered our findings in the light of Social Cognitive Theory, for example, we may have gained other insights or found other ways of presenting the data.

We would also very much appreciate it if you could include a statement about the funding obtained for your study in the 'Acknowledgements' section of your paper.

We have acknowledged the funding body in the Acknowledgements paragraph, at the end of the paper.

We hope you will find the changes satisfactory and look forward to hearing from you in due course.

Yours sincerely

Maggie Lawrence (on behalf of the authors)