Author's response to reviews

Title: Understanding the relationship between stress, distress and healthy lifestyle behaviour: a qualitative study of patients and general practitioners

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Author's response to reviews: see over
14 October 2013

Professor Margaret Cupples  
Associate Editor  
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Dear Professor Cupples

Re: MS9908546941012670

New title: Understanding the relationship between stress, distress and healthy lifestyle behaviour: a qualitative study of patients and general practitioners

Thank you for the opportunity to address the comments provided by the two peer reviewers and for considering the revised manuscript for publication in BMC Family Practice.

The manuscript has been revised based on their comments and a point-by-point response (in italics) to their concerns follows. I also confirm that the study adheres to the RATS guidelines on qualitative research and we have added a statement to that effect in the revised manuscript (at the end of the methods section).

Reviewer: Barry Lambe

Minor essential revisions

1. Under Data Collection - delete the extra space in 'semi-structured'

Done

2. Under Psychological Distress and the Process of....' indent and italicise quote from Female GP2

Done

3. Under Moderators - the last 2 short paragraphs appear to describe moderators. Maybe you could consider where these belong or how better context can be applied. The work comment appears to relate to the previous section.

The results section has been reformatted and this issue resolved.

4. Under 'behaviour choices cause distress' similar issue here. The last 2 quotes from Rural Male 1 and 2 don't fit under this heading. Consider moving or place them in better context.

The results section has been reformatted and this issue resolved.
5. In the same section - grammar to be revised in sentence beginning 'GP’s described strategies....' Insert 'as'? and make ‘with a level anxiety’ clearer to the reader

Done

Reviewer: Margaret Cupples

Major Compulsory Revisions

1. Three questions are posed by the authors - the first of these is not clearly defined; the second ('did behaviour choices result in changes in distress?') cannot be definitively answered by qualitative work, which reveals perceptions but not definitive measures. Clarification to the aim and question being asked is required.

The aim and research questions have been clarified as follows:

Therefore this study aimed to explore GPs’ and patients’ perspectives about the relationship between external factors or stressors, psychological distress and maintaining healthy lifestyle behaviours. The following research questions were addressed:

1. How are external stressors and distress perceived to influence healthy lifestyle behaviour?
2. Do the participants feel that making healthy lifestyle behaviour changes result in changes to psychological distress?
3. What factors do participants report as moderating the relationships between external stressors, distress and behaviour change?

2. Linked to this lack of clarity, the second para of the introduction states that previous work attempting to show an association between psychological distress and lifestyle behaviours failed to do so - I am not at all clear why then this study is based on a premise that there is a relationship existing between these factors? This requires explanation.

The premise for the relationship between psychological distress and lifestyle behaviours has been explained in more detail in the introduction.

3. Further clarity is needed regarding description of the identification and selection of patients for the study - how many groups were identified? Is it 3 categories of distress, each with 2 divisions (rural/urban) and two further divisions for gender? - It would be helpful to report how many were invited overall.

The identification and selection of patients for the study has been clarified in the methods and the total number invited has been added.

4. The questions posed to the patients and practitioners were different - suggesting that different emphasis was placed on the components of the interviews. The lack of consistency in approach adds to the lack of clarity in respect of the questions defined for the study. The GPs' focus is on psychological health rather than distress; the patients' focus is on 'stress' - consistent use of terminology and clear definition of the meaning of terms used is important. It may be that this is an accurate record of the methodology or it may be that the paper requires revision, considering careful use of consistent terminology, appropriate to the stated aim and research question. Acknowledgement of this issue is required.
The questions posed to the patients and practitioners were similar in intent and the interview schedules have now been provided in Table 1. The use of different terminology for similar concepts has been added to the introduction.

5. In relation to the findings, it is important to note that anxiety, depression and stress are not synonymous - the manuscript does not make clear what is being explored and recorded. Furthermore, several quotes do reflect sources of stress - but do not illustrate the impact of that stress on behaviour choices, nor do they illustrate the actual process of behaviour change, as suggested by the sub-heading. Other factors are also reported in relation to lifestyle behaviours - but these again do not appear to have been explored in such a way as to provide new insight into their impact on processes of change. More consideration should be given to reporting the interpretation of data and provision of appropriate supportive data for themes and analyses presented. The discussion reads well but the conclusions reached are not well supported by data reported within the results section, nor by the analysis of those which are presented.

The results have been extensively re-formatted and the themes re-labelled to improve clarity. The discussion and conclusions are now better supported by the data in the results section.

6. The limitations of the work in respect of the characteristics of respondent participants - both GPs and patients - need further discussion. For example, of the 16 GPs invited only 5 agreed to take part - why?? - this may suggest bias in the data. 14 of the 16 patients had completed a higher qualification - this should be acknowledged. Similarly the absence of patients with high distress levels must also limit the application of findings to practice. These additional limitations have been added to the discussion.

7. I feel it would be relevant to include acknowledgement and discussion of current literature which reports the wider influences on behaviour change – to include the factors of an ecological model and, for example, the components described in the concept of the 'behaviour change wheel'.

Reference to the factors in the ‘behaviour change wheel” have now been added to the introduction and the discussion.

Further exposition of the conceptual model presented is required.

The narrative in relation to the conceptual model presented in the manuscript has been expanded.

8. The conclusion indicates that stressors were discussed within the paper – and this is so. In fact it may be more accurate to describe the work in relation to an exploration of stressors, rather than an exploration of psychological distress, in relation to lifestyle behaviours.

The manuscript now more clearly presents an exploration of stressors and the relationship between these and psychological distress and healthy lifestyle behaviour. The title of the manuscript has been changed to reflect this change in emphasis.

Yours sincerely

Suzanne McKenzie

Associate Professor Suzanne McKenzie