Author's response to reviews

Title: Understanding, comprehensibility and acceptance of an evidence-based consumer information brochure on fall prevention in old age: a focus group study

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Author's response to reviews: see over
Dear Editor,

Please find attached the re-revised version of our paper “Understanding of an evidence based consumer information on fall prevention in old age: a focus group study” (MS: 8080314124432536).

We kindly thank both reviewers for their helpful comments. Attached you find a detailed point-by-point response with a description of the revised paragraphs according to the reviewers’ recommendations. All changes in the manuscript are highlighted in red font.

Yours sincerely,
Gabriele Meyer on behalf of all co-authors
POINT-BY-POINT RESPONSE

Reviewer: Aleksandra A Zecevic

For better understanding of the brochure and its elements consider uploading it on some website and allowing future readers to access it.

Thank you for providing a pdf file of the evaluated version of the brochure. As I have limited knowledge of Swedish language I was able to understand elements of the brochure, sections, tables and figures mentioned in the manuscript. Nevertheless, your response does not specify if the brochure will be published electronically as a supplement to the article or not. If this is the case, fine; if not then consider uploading the evaluated version of the brochure on a personal website of one of the co-authors, or the website of the institution where research was conducted, and referencing this website in the manuscript. The question remains, however, how will primarily English-speaking reader of your article be able to understand the brochure written in German?

Response: Online access of the brochure via a publisher’s website is temporarily not possible, since we currently revise the brochure according to the results of the study reported here. Therefore, we would prefer to make the version of the brochure which has been evaluated accessible as electronic file at the BMC homepage or at our own homepage. We would like to ask the publisher to make the decision. Nevertheless, the chapters and content of the evidence based patient information brochure is explicitly explained in Table 2. Translation of the brochure would be time consuming and unusual since studies often report about information material and education programs which are accessible in national language only.

(...) Results: Table 4 is very helpful. However, out of 25 themes only 4 emerged from focus group discussion and 21 were pre-determined by the elements of the brochure. This should be clarified in text.

Consider re-wording the table caption to: “Codes defined by elements of EBPI brochure on risk and prevention of accidental falls and codes identified through focus group discussions”. If I am reading this correct, then the column titles of Table 4 should also be re-worded to:

Codes generated from pre-defined topics of the brochure (left column)
Codes emerged during focus group discussions (right column)

Response: We have reworded the caption and column titles of Table 4 according to reviewer’s suggestion and changed the text in section “Results”: Four themes emerged during focus group discussion and 21 were pre-determined by the elements of the brochure (Table 4).

(...) Conclusion: I would strongly suggest that the conclusions are re-visited one more time, to make it more specific, eliminate vagueness and avoid statements such as “seniors seemed to acknowledge the EBPI brochure (did they or didn’t they acknowledge it?) … conventional information (what is it?) … participants had comprehension problems (actually the presentation of the confidence intervals was a problem, so creators of the brochure have a problem, not study participants!).
Response: We have reworded the text in the ‘Conclusion’ section in order to be more specific and to eliminate vagueness: In conclusion, the majority of participating seniors acknowledged the EBPI brochure on fall prevention in old age. Our brochure is a valuable alternative to brochures with a persuasive and oversimplified style. The seniors liked the case story, disliked the nomogram visualisation, had difficulties in understanding of confidence intervals and requested the use of less statistics.

(...) Conclusion, page 11, paragraph 4: My comment was more directed into consideration of Rigor in qualitative research, which includes: credibility, transferability, dependability, conformability and also trustworthiness and generalisability. This reference could help you with evaluating and reporting limitations of your study: Shenton AK. Strategies for ensuring trustworthiness in qualitative research projects. Education for Information. 2004; 22:63-75.

The statement “the results could not be judged as representative for preference of seniors towards EBPI” should be deleted.

Response: Thank you for the recommendation of this helpful article. We followed the reviewer’s suggestion and reworded the paragraph on study limitations: Our research is qualitative, thus the results must not be interpreted as a generalisation of the overall preferences of seniors towards EBPI. The confirmability of study results is slightly limited. A triangulation was not used to reduce effects of a potential investigator bias. The investigator could not document which statement had been raised by which participant. Therefore it was impossible to match statements and opinions to socio-demographic details. Only Likert scale results could be matched to particular participants.

The credibility of the study is good because of the relatively large sample of participants as well as a skilled investigator with sound experience in focus group methods, and support by a second investigator who analysed the transcripts for accuracy of comments and the first categorisation. Nevertheless, participants were recruited by gatekeepers and not by random sampling. Thus a sampling bias with participants having positive preferences, attitudes and opinions towards fall prevention cannot be excluded. Only a few seniors with academic education participated in our focus groups. Therefore the influence of the educational background could not be sufficiently explored. The strength of the study is its transferability since detailed information is presented about the context of data collection and participants’ characteristics. We tried to address the dependability by providing an extensive description of data collection and analysis.

(...) Figure 1: I did not see the reference for the Figure 1 in text, nor the caption for Figure 1 at the end of the manuscript. Please add.

Response: We inserted the reference for figure 1 in the text. The caption of figure 1 was listed below the section “References” (page 16).

(...) Methods: I do not know what is “symbolic interactionism”. Do you mean Participatory Action Research?
Response: We feel it might be redundant to give an explanation of the term since symbolic interactionism is a widely recognised theoretical perspective in qualitative research. We would like to draw your attention to the paper by Benzies & Allen ‘Symbolic interactionism as a theoretical perspective for multiple method research’. J Adv Nurs 2001; 33: 541-7.

(…) Data analysis and ethical consideration: Specify figure you are talking about or correct if you are refereeing to Table 5.

Response: We changed the sentence and mention now: Results were illustrated with Excel and compared.

(…) Abstract: Delete “mostly”. You provided nice description of what was not transcribed verbatim, which is a common practice.

Response: We have followed the reviewer’s suggestion.

(…) Methods: Delete ‘simple’. By “external evidence” do you mean “scientific evidence”? Replace. Add a comma after “preventive approaches,”

Response: We have followed reviewer’s suggestions.

(…) Discussion: Replace “confirm the assumption” with “provide sufficient evidence to conclude”… do you mean comprehensibility when you say judgment? Replace throughout.

Response: We have replaced “confirm the assumption” with “provide sufficient evidence to conclude”. We do not mean comprehensibility since we refer to participants’ Likert scale ratings of the brochure.
**Reviewer:** Bernadette Dierckx de Casterlé

The discussion remains rather limited.

**Response:** We followed the reviewer’s recommendation and present possible implications for our research and for other researchers developing comparable material: 1. *The question arises as to whether the confidence interval and the nomogram have been described really clearly enough, or whether EBPI should be offered differently and statistically elaborated, enabling patients to choose the preferred version.* (...) Although meta-information comprising the aim of the study and criteria of transparency has been demanded as a prerequisite of EBPI [2, 25], only half of the focus group participants who commented on this theme acknowledged the information. Alternatively, meta-information could be presented in a concise table. We discussed the methodology used in the last paragraph of the section ‘Discussion’. We pointed out that further research is needed in the section ‘Conclusion’: *The study revealed further research topics on the best way of presenting statistics to seniors, including case stories and developing EBPI using different statistical elaboration.*

Furthermore, we followed the suggestions of the other reviewer and reworded the paragraph on study limitations: *The confirmability of study results is slightly limited. A triangulation was not used to reduce effects of a potential investigator bias. The investigator could not document which statement had been raised by which participant. Therefore, it was impossible to match statements and opinions to socio-demographic details. Only Likert scale results could be matched to particular participants.*

*The credibility of the study is good because of the relatively large sample of participants as well as a skilled investigator with sound experience in focus group methods, and support by a second investigator who analysed the transcripts for accuracy of comments and the first categorisation. Nevertheless, participants were recruited by gatekeepers and not by random sampling. Thus, a sampling bias with participants having positive preferences, attitudes and opinions towards fall prevention cannot be excluded. Only a few seniors with academic education participated in our focus groups. Therefore, the influence of the educational background could not be sufficiently explored. The strength of the study is its transferability since detailed information is presented about the context of data collection and participants’ characteristics. We tried to address the dependability by providing an extensive description of data collection and analysis.*

**Design**

The option for the methodology of symbolic interactionism is not clear and does not really appear in the analysis of the results. Why did the authors choose for this method and what does this mean for the analysis of data?

**Response:** We have followed the suggestion of the reviewer and reworded the text: *For raising participants’ individual perceptions of the brochure, we chose the method of focus group discussions. Since we evaluated participants’ opinions evolved by the social interaction in the focus group discussion, our study could be assigned to the theoretical perspective of symbolic interactionism. Focus groups are recommended for the evaluation of material for risk clarification [19].*
The consequences of the method chosen for data analysis is described in section ‘Data analysis and ethical considerations’: The second step involved open coding [23]. The open coding was influenced by the themes of the topic guide and the themes which were addressed by the participants during the discussion.

Setting and data collection
You write that, for warming up, participants were asked to talk about their own experience with falling or with fall risks. These talks could provide interesting information concerning the research group. One can imagine that the acceptance and comprehensibility of the brochure could be different according to their experience with falling. A good description of the sample is of crucial importance in qualitative research.

Response: This is an interesting hypothesis, which we did not consider within our sampling and data analysis. Therefore, we are unable to comment on this issue and feel that our sample is sufficiently described in the sections ‘Methods/Sampling and Recruitment’ and ‘Results/Population’ and Table 3.

Results:
Re: the overall acceptance: you conclude that in general, participants appreciated the EBPI brochure, based on 7/4 “very good” evaluations and 12/3 “good evaluations”. These are evaluations of 19 respondents. What do you know about the other 19 respondents?

Response: We changed the text in section ‘Overall acceptance’: Two participants had a negative opinion towards the brochure. One participant judged the brochure as boring and another called the brochure worthless. The other participants commented the brochure in a neutral way or did not comment on it at all.

Take care when you are reporting the results of a small minority (e.g. in Fall prevalence. “Participants judged the differentiation of fall, fall-related injury, and gender-related risk of hip fracture as far too detailed (2/2)). This is the opinion of only 2 respondents!

Response: We suggest avoiding any changes. We chose to display the number of participants irrespective of high or low numbers in order to give the reader an impression about the frequency of quotations. However, a comment given by a single participant is meaningful as well, since it contributes to the diversity of opinions.

Re: Rating within groups of different educational levels. It would be more clear if you give all ratings, in stead of only the rates of 3 groups.

Response: We have inserted the recommended information: Participants with a university degree or apprenticeship and semiskilled persons rated the brochure with a mean Likert scale rating of 2.5. Participants who visited a training college and participants without job training assigned a mean Likert scale rating of 3.
Discussion
Try to discuss more the findings instead of repeat the most important results. What do they mean (taking into account the methodology used)? What are the implications for you as research group, for others developing such kind of brochure? What specific further research do you suggest based on these results? ...

Response: We followed the reviewer’s recommendation and present possible implications for our research group and for other researchers developing comparable material: 1. The question arises as to whether the confidence interval and the nomogram have been described really clearly enough, or whether EBPI should be offered differently and statistically elaborated, enabling patients to choose the preferred version. (…) Although meta-information comprising the aim of the study and criteria of transparency has been demanded as a prerequisite of EBPI [2, 25], only half of the focus group participants who commented on this theme acknowledged the information. Alternatively, meta-information could be presented in a concise table. We discussed the methodology used in the last paragraph of the section ‘Discussion’. We pointed out that further research is needed in the section ‘Conclusion’: The study revealed further research topics on the best way of presenting statistics to seniors, including case stories and developing EBPI using different statistical elaboration.