Author’s response to reviews

Title: The Role of Action Planning and Plan Enactment for Smoking Cessation

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Author’s response to reviews: see over
Reviewer's report

Title: The role of action planning and goal enactment for smoking cessation

Version: 1 Date: 30 April 2012

Reviewer: James Balmford

Reviewer's report:

The importance of planning and how to optimise it is very topical in smoking cessation research, especially since the publication of several studies calling into question the value of planning prior to beginning an attempt. Few studies have explored whether specific action plans/strategies are related to cessation outcomes, so for these reasons the paper makes a worthwhile contribution. However, there are a number of issues that require attention before publication.

Major compulsory revisions

1. First, the paper would greatly benefit from careful editing by a native English speaker experienced in drafting scientific manuscripts.

   Reply: We did so by a native American speaker (Jennifer Roche). We have sent it again to somebody else.

2. In the main, the paper is easily understood, though the results section is not expressed clearly and the introduction is very repetitive. I'd estimate that a good 1000 words could be cut from the manuscript without sacrificing content and greatly improving readability. For example, as there is commonality between the various definitions of action planning, it is necessary only to briefly state the core meaning, not describe each and every definition.

   Reply: Thank you for your suggestion. We shortened this section.

3. Please provide power calculations to justify the sample size.

   Reply: We added a power calculation for the T3 analysis, since it consists of only 232 participants. The observed power was more than adequate.
4. The results section is poorly organised. Until the results of Table 4 are presented, it is not stated what the actual action plans are. The paper would be easier to follow and flow better if these results were presented first; i.e. first present what was done, then what predicted what was done – not the other way around.

Reply: Thank you for the suggestion, we now reorganized the results section. We now start by describing which plans were planned and executed. The plans are also. Next we describe we explored the predictive value of executing specific action plan. Then we describe the factors predicting action planning. Lastly, we outline how action planning and plan enactment are related to successful quitting.

5. Table 1 - it is interesting that action planning at baseline is negatively related to action planning at follow-ups, a finding not noted in the paper (it is noted that it predicts, but not that the prediction is negative, which should be stated). A negative relationship is what one would expect, as for many of these action plans, you can't continue to plan to do them if they have already been done (e.g., removing smoking-related objects from the house). This should be discussed as a limitation of the study.

Reply: Table 1 is now table 3 (following your suggestions). Yet, we could not find in this table this negative relation that you mention. The beta weights for action planning at baseline with AP at the two follow-ups were .62 and .57 respectively.

6. The expression is sometimes confusing and clumsy. For example the term "goal enactment strategies" suggests strategies for ensuring goals are enacted, not the intended meaning of "goals that have been enacted". This is another example of where revision by a native English speaker would benefit the paper.

Reply: This is interesting, as we discussed this with our native speaker, as well as with colleagues and they did not see this problem. Yet, since goals are indeed not the same as plans, we now use the expression ‘plan enactment’.

7. The low retention rate at follow-up should be discussed as a limitation. There is the likelihood of bias if, for example, those who quit were more likely to provide follow-up data.

Reply: We now discuss the low retention rate. Yet, since only low educational level and a smoking partner was related to drop-out, the likelihood of a bias that those who quit were more likely to provide follow-up data is small.

8. That action planning at baseline would have a positive influence on the amount of plans executed was not part of the second hypothesis. In any case, since people were only asked if they had executed plans they had previously specified they were planning, it is difficult to see how this could not be positively related. Omit this finding, or discuss this structural limitation.
Reply: We apologize for the confusion that may have occurred. We corrected the framing in the introduction. The descriptions of the hypothesis 2 in the introduction and in the discussion are indeed not exactly the same. We changed this, also realizing that this hypothesis has two elements, we now refer to as hypothesis 2a and hypothesis 2b.

Furthermore, smokers were asked to indicate out of a list of 12 plans, which plans they were intending to make (at baseline). The same list of 12 plans was given to them to indicate which plans were executed. This is also indicated in the Method section under the description of plan enactment. We added now “which of the 12 action plans”, to increase the salience of our procedure. We now also added that the scores were averaged into one overall score. Hence, baseline planning as an average score was used to predict plan enactment at later moments in time.

Furthermore baseline intention was indeed related to baseline action planning, but not to action planning at later stages. We now describe this process more explicitly in the discussion section.

Minor essential revisions
1. P.5 – what is "self-efficacy self-satisfaction"?

   Reply: We changed this section and avoided this expression.

2. It appears from the results that participants were only asked whether they had executed the plans that they had earlier stated that they had indicated they would do. If true, this needs to be made clearer.

   Reply:

   We changed the description of the assessments of plans in the method, and hope that this prevents reading the results in this way. We also altered some of the wording in the results section. If there is still a specific phrase that we overlooked we appreciate hearing this.

3. It should be clearly stated that baseline action planning was not a significant independent predictor of cessation outcome after controlling for other factors. This important finding is somewhat hidden.

   Reply: we now mention this in the discussion. We now clearly state: “Baseline action planning was thus not a significant independent predictor of cessation outcome after
controlling for other factors, including plan enactment. These results suggest that the effects of action planning may be mediated by plan enactment. We indeed found support for a mediation effect, since our results showed that 81% of the direct effect of action planning was mediated by plan enactment.”

4. Second paragraph of the discussion on p.14 – please change 'were not predicting' to 'did not predict'.

Reply: we did so, thanks for your suggestion!

Discretionary revisions

1. 'Smoking by children' is a curious measure of social influence, and would be irrelevant to younger participants and those without children. I'd be interested to know how well the 2 items in the social influence scale correlate and whether the relationships found for social influence change if this item is dropped.

Reply: We used this measure as a tool to assess potential influence of the children of the smoker. Furthermore, the question was framed in such a way that respondents without children would reply by filling out a 0 if they had no children. In addition, there might have been some confusion regarding the formation of a social influence scale. We reformulated the method section to clarify that no scale was formed and that both questions were entered separately in the analyses.

2. It would be interesting and useful to discuss which plans were most likely to be executed. For example, reading information about how to quit successfully was frequently executed among those who planned to do so; making non-smoking agreements with housemates was the least frequently executed plan, among those who originally intended to do so. This could lead to specific recommendations for intervention.

Reply: Indeed, we now do so. Thanks for the suggestion!

3. Second paragraph of the discussion on p.14 - an important predictor not included may be intention to plan, or otherwise stated, a preference for spontaneous quitting (without pre-planning). The findings should be discussed in the light of recent studies to have explored predictors of quitting spontaneously, e.g. Murray et al 2009 (Addiction).

Reply: Thanks for the suggestion. There is quite some debate in the literature about planned and unplanned smoking cessation. We initially did not want to elaborate on this discussion, also because of word constraints. Furthermore, we believe that many studies about the
effectiveness of unplanned smoking attempts are hindered by serious flaws. For instance, as Murray and colleagues even indicated themselves, we are not quite sure whether these attempts were really unplanned, maybe some quit attempts were, but not all. Many if not most of these studies have not real assessment of plans made, nor used a longitudinal approach. Yet, we understand the need for discussing this issue to some extent. Hence, we now included a section on this issue in the discussion section at the very end of the paper.

“Finally, some studies suggest the importance of unplanned quit attempts, but cannot really exclude whether action plans were not made, and used retrospective designs (see e.g. Larabie, 2005; Murray et al., 2009; Ferguson et al., 2009). Other studies do not support these claims (see e.g., Cooper et al., 2010; Prochaska, 2011). Our study clearly demonstrates that discussions about whether or not to use planning need better documentation than has been done in the past, namely by assessing which plans were made and were enacted”
Reviewer's report

Title: The role of action planning and goal enactment for smoking cessation

Version: 1 Date: 18 June 2012

Reviewer: Hua Yong

Reviewer's report:

Major compulsory revisions:

1. The authors appear to be inconsistent with the focus of the outcome of interest, sometimes referring to smoking cessation and at other times, successful quitting. The latter is a more important outcome to examine in relation to the role of action planning and goal enactment as it helps to shed light on whether these two factors contribute to quit maintenance among those who made a quit attempt. Thus, the analyses predicting quit outcome at T2 and T3 should be based on the subgroup who reported making a quit attempt rather than based on the entire sample. It is now well established that factors predicting initiation of a quit attempt are not necessarily the same as that for quit maintenance and so the current analytic approach taken conflates the two processes.

Reply: Thanks for this comment and we apologize for the confusion. We now realize that we did not outline the role of quit attempts clearly in our introduction. We agree that factors predicting quit attempts may not be the same as successful quitting. This is also the reason why we explored which plans were associated with both types of behaviors. We now describe this purpose more clearly.

We thus use baseline predictors (and thus baseline action planning) to predict different types of quitting behavior: quit attempt and actual quitting (7-day point prevalence). Furthermore, it is conceivable that person A does not report a quit attempt at baseline but did so before one of the post-tests. Hence, subgroup analyses are not needed for the aim of our paper.

2. It’s unclear to me why the authors chose to use correlations rather than univariate logistic regression to determine the unadjusted association between predictors and quitting outcomes in Tables 3 and 5. Also, it is unclear what type of correlation was conducted. Given the outcome is binary, Spearman’s rho should be used.

Reply: We thank the reviewer for this comment. We discussed about this and decided to change this. We now report both the univariate and multivariate odds ratio’s since this provides the most complete picture.
Minor essential revisions:

3. Action planning and goal enactment in the paragraph before Analysis section – It is unclear whether levels of action planning and goal enactment used in the regression analyses (in Tables 1-3) were based on mean score or total score. Is the score normally distributed or skewed?

Reply: We changed the method section so that it clearly states that we used mean scores for the analyses. In addition, it is now mentioned that the scores of action planning and plan enactment were normally distributed. Hence, the analyses used are appropriate.

4. Under the heading “Intention is related to action plan development”, replace “follow-up moments” with “follow-up assessments”.

Reply: we did so

5. Under the heading “Intention leads to goal enactment” first paragraph, replace “table II” with “table 2”.

6. Under the heading “Plans and their enactment”, correct “quite” to “quit”.

7. The paragraph before “Discussion”, add “neither” to the sentence so that it reads “for some preparation plans, neither the planning nor the enactment...”

8. Second paragraph in the “Discussion”, correct “asses” to “assess”.

9. Second paragraph on p15 in Discussion, correct “partly” to “partial”.

10. Second paragraph on p16 in Discussion, add “of” to the sentence so it reads “we did not assess a differential impact of preparation and coping plans...”

11. Last paragraph on p16 in Discussion, mentioned “Zhou and colleagues(2009)” but not found in the Reference list.

12. Table 1 – Make it clearer “pros of quitting” and “cons of quitting”.

13. Table 1 – Add T1 to Action planning so that it’s clear that it refers to baseline

14. Table 1 – spell out SI as Social Influence or add in footnote so that it’s clear to readers

15. Table 2 – fourth column, correct B to #
Reply: We made these changes. Thanks for mentioning this!

Discretionary revisions:

16. It may be useful to discuss how the current findings fit in with that from some recent studies showing that planned attempts were less likely to be successful compared to unplanned ones.

Reply: Interestingly the other reviewer made a similar comment and suggested to read Murray et al. 2009. We initially did not want to elaborate on this discussion, also because of word constraints. Furthermore, we believe that many studies about the effectiveness of unplanned smoking attempts are hindered by serious flaws. For instance, as Murray and colleagues even indicated themselves, we are not quite sure whether these attempts were really unplanned, maybe some quit attempts were, but not all. Many if not most of these studies have not real assessment of plans made, nor used a longitudinal approach. Yet, we understand the need for discussing this issue to some extent. Hence, we now included a section on this issue in the discussion section at the very end of the paper.

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