Author's response to reviews

Title: Perceived pros and cons of smoking and quitting in hard-core smokers: a focus group study.

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Author's response to reviews: see over
Dear Dr. Aguirre,

Thank you for giving us the opportunity to ensure our manuscript entitled “Perceived pros and cons of smoking and quitting in hard-core smokers: a focus group study.” adheres to the RATS-guidelines.

We have completed the RATS checklist and, where necessary, made changes to our manuscript. We have highlighted these changes in the revised version of our manuscript. Below, we have provided a detailed response to different points in the RATS-checklist.

We hope we have completed the checklist and addressed the issues to your satisfaction.

Yours sincerely (on behalf of all authors),

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Relevance of study question

**Guideline**
- Research question explicitly stated, justified and linked to the existing knowledge base (empirical research, theory, policy)

**Response**
We have stated the purpose of our research in the last paragraph of the background (page 4-5). We have linked this to the existing knowledge in the other sections of the background.

Appropriateness of qualitative method

**Guideline**
- Study design described and justified i.e., why was a particular method (e.g., interviews) chosen?

**Response**
The study design is described in the procedure section of the methods. Focus groups are especially suitable for research on opinions, beliefs or perception of participants on a non-sensitive topic. We now described this in the procedure section:

> “Focus group research is a research method suitable for investigating opinions, beliefs and perceptions on non-sensitive topics, like smoking [25].” (page 6)

Transparency of procedures

**Guidelines**
- Criteria for selecting the study sample justified and explained.
- Details of how recruitment was conducted and by whom.
- Details of who chose not to participate and why

**Response**
In our study we included current and former hardcore smokers. Our criteria are described and justified in the second paragraph of the participants section in the methods (page 5). In the first and fourth paragraph of the participants section we also describe the recruitment process and why some eligible participants could not attend the focus groups.

**Guidelines**
- Method(s) outlined and examples given (e.g., interview questions)
- Study group and setting clearly described
- End of data collection justified and described

**Response**
We describe the conduct of the focus group interviews in the procedure section of the methods (page 6-7). We also cover the topics discussed during these interviews in detail in this section. Our data collection procedure is described in detail in the first and fourth paragraph of the procedure section of the method (page 5).

**Guidelines**
- Do the researchers occupy dual roles (clinician and researcher)? Are the ethics of this discussed?
- Do the researcher(s) critically examine their own influence on the formulation of the research question, data collection, and interpretation?
Response
Our study did not take place in a clinical setting and did not involve patients. The researchers in our study are no clinicians and did therefore not occupy dual roles. The research question follows from a gap in the literature on the perceived pros and cons. This is described in the background. By following the procedures on note based analysis (see second paragraph of page 8), we aimed to limit the influence of the researchers on the answers given by the participants. We critically examine our role in the interpretation in the section on analysis of the transcripts (page 8).

Guidelines
- Informed consent process explicitly and clearly detailed
- Anonymity and confidentiality discussed
- Ethics approval cited

Response
We describe the informed consent process in the second paragraph of the procedure section in the methods (page 7). In the last paragraph of the same section, we also state that the study protocol was approved by the Medical Research Ethics committee of the Erasmus MC (page 7). At the beginning of the interviews participants were ensured their responses would be anonymous and kept confidential. We now described this at in the second paragraph of the procedure section in the methods:

“Participants were ensured their responses were anonymous and would only be used for research purposes.” (page 7)

Soundness of interpretive approach

Guidelines
- Analytic approach described in depth and justified
- Analysis and presentation of negative or deviant cases

Response
We describe our analytic approach in detail in the methods. In this section we cover the analysis of the questionnaires (page 7-8) the interview transcripts (page 8-9) in detail. The aim of our study was to obtain an overview of all the possible pros and cons of smoking and quitting. We therefore had no alternative explanations of negative / deviant cases to describe.

Guidelines
- Description of the basis on which quotes were chosen
- Semi-quantification when appropriate
- Illumination of context and/or meaning, richly detailed

Response
We quantified the participant’s responses to the extent it was appropriate. This quantification is presented in Table 2 (page 25). Also, we illuminated the results with one exemplary quotation per main category. As suggested by one of the referees, we present these quotes in Table 3 (page 26). In the first paragraph of the results we now tell why we selected our quotes:

“For each main category we selected one exemplary quotation that best reflects that main category. These quotations are presented in Table 3.” (page 9)
Guideline
Method of reliability check described and justified

Response
In our study, two coders independently analyzed the data. One of the coders had been present during the focus groups interviews. The two coders independently categorized the pros and cons into different themes. Disagreements were resolved easily and the whole coding process was overseen by multiple other authors. We described this procedure in the method section at page 6 to 9.

Guidelines
- Findings presented with reference to existing theoretical and empirical literature, and how they contribute
- Strengths and limitations explicitly described and discussed
- Evidence of following guidelines (format, word count)
- Detail of methods or additional quotes contained in appendix
- Written for a health sciences audience

Response
In the discussion of our manuscript, we aim to embed the results into the existing knowledge (page 13-15). Also, we try to further this knowledge by proposing the distorted mirror hypothesis (page 15-16). In the study limitations section we describe the strengths and limitation of our study together with recommendations for future research (page 17-18). Our manuscript also follows the formatting guidelines of BMC Public Health and is aimed at a health science audience. Since our methods are described in detail in this manuscript, we did not include an additional appendix. We added a word count to the front page of our manuscript:

“Word count: 5415” (page 1)

Additional changes
We made two additional minor changes to our manuscript. First, we added a third affiliation to one of our authors. Prof. Dr. Dike van de Mheen is also a professor at Maastricht University. Second, we removed a minor typing error in the discussion. We now state that quitting, instead of smoking, makes one gain weight. In the other parts of the manuscript this was already stated correctly.

“Many smokers and former smokers indicated that quitting makes one gain weight (con of quitting).” (page 12)
Qualitative research review guidelines – RATS

R Relevance of study question

Is the research question interesting?  
Is the research question relevant to clinical practice, public health, or policy?  
Research question explicitly stated, justified and linked to the existing knowledge base (empirical research, theory, policy)

A Appropriateness of qualitative method

Is qualitative methodology the best approach for the study aims?  
• Interviews: experience, perceptions, behaviour, practice, process  
• Focus groups: group dynamics, convenience, non-sensitive topics  
• Ethnography: culture, organizational behaviour, interaction  
• Textual analysis: documents, art, representations, conversations  
Study design described and justified i.e., why was a particular method (e.g., interviews) chosen?

T Transparency of procedures

Sampling

Are the participants selected the most appropriate to provide access to the type of knowledge sought by the study?  
Is the sampling strategy appropriate?  
Criteria for selecting the study sample justified and explained:  
• theoretical: based on preconceived or emergent theory  
• purposive: diversity of opinion  
• volunteer: feasibility, hard-to-reach groups

Recruitment

Was recruitment conducted using appropriate methods?  
Is the sampling strategy appropriate?  
Could there be selection bias?  
Details of how recruitment was conducted and by whom  
Details of who chose not to participate and why

Data collection

Was collection of data systematic and comprehensive?  
Are characteristics of the study group and setting clear?  
Method(s) outlined and examples given (e.g., interview questions)  
Study group and setting clearly described
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Why and when was data collection stopped, and is this reasonable?</td>
<td>End of data collection justified and described</td>
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<tr>
<td><strong>Role of researchers</strong></td>
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<tr>
<td>Is the researcher(s) appropriate?</td>
<td>Do the researchers occupy dual roles (clinician and researcher)? Are the ethics of this discussed? N / A</td>
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<tr>
<td>How might they bias (good and bad) the conduct of the study and results?</td>
<td>Do the researcher(s) critically examine their own influence on the formulation of the research question, data collection, and interpretation? ✓</td>
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<td><strong>Ethics</strong></td>
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<td>Was informed consent sought and granted?</td>
<td>Informed consent process explicitly and clearly detailed ✓</td>
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<td>Were participants’ anonymity and confidentiality ensured?</td>
<td>Anonymity and confidentiality discussed ✓</td>
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<td>Was approval from an appropriate ethics committee received?</td>
<td>Ethics approval cited ✓</td>
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<tr>
<td><strong>S Soundness of interpretive approach</strong></td>
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<td><strong>Analysis</strong></td>
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<td>Is the type of analysis appropriate for the type of study?</td>
<td>Analytic approach described in depth and justified ✓</td>
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<td>• thematic: exploratory, descriptive, hypothesis generating</td>
<td>Indicators of quality: Description of how themes were derived from the data (inductive or deductive) ✓</td>
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<td>• framework: e.g., policy</td>
<td>Evidence of alternative explanations being sought N / A</td>
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<td>• constant comparison/grounded theory: theory generating, analytical</td>
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<td>Are the interpretations clearly presented and adequately supported by the evidence?</td>
<td>Analysis and presentation of negative or deviant cases N / A</td>
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<td>Are quotes used and are these appropriate and effective?</td>
<td>Description of the basis on which quotes were chosen ✓</td>
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<td>Semi-quantification when appropriate ✓</td>
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<td>Illumination of context and/or meaning, richly detailed ✓</td>
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<td>Was trustworthiness/reliability of the data and interpretations checked?</td>
<td>Method of reliability check described and justified ✓</td>
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<td>e.g., was an audit trail, triangulation, or</td>
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Discussion and presentation

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<tr>
<td>Are findings sufficiently grounded in a theoretical or conceptual framework?</td>
<td>Findings presented with reference to existing theoretical and empirical literature, and how they contribute</td>
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<td>Is adequate account taken of previous knowledge and how the findings add?</td>
<td>Strengths and limitations explicitly described and discussed</td>
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<td>Are the limitations thoughtfully considered?</td>
<td>Evidence of following guidelines (format, word count)</td>
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<td>Detail of methods or additional quotes contained in appendix</td>
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<tr>
<td>Is the manuscript well written and accessible?</td>
<td>Written for a health sciences audience</td>
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<tr>
<td>Are red flags present? These are common features of ill-conceived or poorly executed qualitative studies, are a cause for concern, and must be viewed critically. They might be fatal flaws, or they may result from lack of detail or clarity.</td>
<td>Grounded theory: not a simple content analysis but a complex, sociological, theory generating approach</td>
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<td>Jargon: descriptions that are trite, pat or jargon filled should be viewed skeptically</td>
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<td>Over interpretation: interpretation must be grounded in &quot;accounts&quot; and semi-quantified if possible or appropriate</td>
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<td>Seems anecdotal, self evident: may be a superficial analysis, not rooted in conceptual framework or linked to previous knowledge, and lacking depth</td>
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<td>Consent process thinly discussed: may not have met ethics requirements</td>
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<td>Doctor-researcher: consider the ethical implications for patients and the bias in data collection and interpretation</td>
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