Author's response to reviews

Title: Healthcare worker's attitudes to working during pandemic influenza. A qualitative study

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Author's response to reviews:

Dear BMC editorial team,

We would like to thank the two reviewers, Dr Strikas and Professor Gershon for taking the time to review our submission, and to thank you for giving us the opportunity to revise our article.

We note below the reviewers concerns, and how we have addressed them.

Reviewer one

1) Dr Strikas recognised that this paper reports qualitative data gathered and analysed using qualitative methods, but questioned the value of such qualitative data in the absence of robust statistical evidence of attitudinal prevalence. We have provided more justification throughout the text (see, particularly, page 4, 1st paragraph continued from page 3, page 4 in ‘design’ and page 5 in ‘data analysis’), for the value of this kind of qualitative data, and these new insertions make clear the purpose of qualitative enquiry and the limitations of this data in terms of generalisability. We accept that it is a limitation of qualitative research in general that it cannot provide statistically significant data. It is, however, generally accepted that what qualitative data lacks in generalisability it gains in its depth of exploration of ideas and motivations (See: Bowling, A. 2004, 2nd ed. Research Methods in Health: Investigating health and health services. OUP; Silverman, D. 2004. Doing qualitative research: A practical handbook. Sage).

Regarding his suggestion that we conduct a large scale attitudinal survey, we agree that this is necessary, we have made it much clearer in the text (see page 5, 3rd paragraph, and page 17, 1st paragraph of ‘conclusions’) that the qualitative data we are reporting here was used to develop a questionnaire survey. This paper reports only the qualitative data, and future papers will
discuss the survey results.

2) Dr Strikas asked whether our participants were representative of the NHS workforces as a whole. We have explained (see page 4, ‘recruitment’) why this is not necessary, and we have explained that our sampling aimed to elicit a wide variety of views from a broad range of workers in the NHS rather than statistically significant representativeness (see page 5, first paragraph of ‘results’). This is a strategy typical of qualitative research: (See: Bowling op cit.;

3) We have expanded on the section entitled ‘recruitment’ to make clear how voluntary participation was solicited (see page 4, ‘recruitment’).

4) Dr Strikas requested that we provide frequency indicators to support statements made about the participants’ views. Although we disagree on theoretical grounds with this manner of presenting qualitative data, we have added frequency indicators for the main sub-titled themes, which show the number of groups in which each theme was prominent. In addition, we have added a discussion in the ‘design’ (see page 4) and ‘analysis’ (see page 5) section to make clear why we have not included frequency indicators elsewhere, and to make the case for the limited usefulness of frequency indicators in qualitative reporting. We have also emphasised that when using focus groups, the analysis is concerned with the emergence of group themes rather than individual views (See Finch, H. & Lewis, J. 2005 Focus Groups, in Ritchie, J. & lewis, J. (eds.) Qualitative Research Practice: A guide for Social Science Students and Researchers. Sage)

5) Dr Strikas asked how well documented it is that an education strategy is important in meeting our participants’ concerns that they were not being told what was expected of them, given that we propose Trusts consider finding effective methods of dissemination and information. We have amended the text to make the hypothetical nature of our proposal more apparent (see page 16, 2nd paragraph). This proposal is one possible response to a potential barrier to working: if a lack of information is a widespread problem (something which we are not claiming as such a claim would be difficult to substantiate with qualitative data alone), then a strategy of education may mitigate this problem.

6) Dr Strikas asked us to clarify why data from Australia was of limited applicability to the UK. We have done this (see page three, 4th paragraph). We have also added a small paragraph on page 16 (bottom), which emphasises the point made by Professor Gershon, that the similarity of our core data to other international studies suggests that international collaboration may be fruitful.

7) Dr Strikas asked us to define ‘snowballing’. We have done this (see page 4, in ‘recruitment’)

8) Dr Strikas noted that we did not have a consistent N for participants. This inconsistency was the result of a typing error, which has now been removed (see page, 4).

9) Dr Strikas asked us to correct our referencing of Qureshi and Ehrenstein on page 15. We have done this (see page 16, bottom paragraph)

10) Dr Strikas asked that Figure One be amended to make the arrows more
distinguishable. We have done this.

Reviewer two

11) Professor Gershon asked us to rewrite and clarify our abstract. We have done so (see page 2)

12) Professor Gershon asked us to check and correct our spelling of ‘Qureshi’. We have corrected the two erroneous spellings.

13) Professor Gershon asked us remove the table of demographic characteristics and provide a summary in the text. We have done this (see page 5, 1st paragraph in ‘results’).

14) Professor Gershon asked us to remove the table showing the breakdown of themes prominent in each group and insert the information into the text. This has been done in brackets next to each theme subheading in the results section.

15) Professor Gershon asked us to provide a title for Figure 1. We have done this.

In addition we have updated references to DH planning documents.

Yours sincerely,

Jonathan Ives, on behalf of all the authors