Author’s response to reviews

Title: Understanding reactions to an internet-delivered health-care intervention: accommodating user preferences for information provision

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Version: 2 Date: 19 August 2010

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

Please find below our detailed responses to the very helpful suggestions for clarification made by the reviewer. We hope that you will now find the paper suitable for publication.

Regards,

Lucy Yardley, on behalf of all authors

The paper demonstrates an important approach to evaluating internet delivered healthcare interventions, although the title could be more focused toward the results of the qualitative thematic analysis. Since only the themes related to information preferences were discussed perhaps the title could reflect this, understanding reactions to information on the internet delivered health intervention or something related to understanding user information preferences. Your section named "Dilemmas posed by user preferences for information control" seems like a central or core theme that could be used for the title.

We have changed the title as suggested, replacing ‘enriching usability testing with theoretical modelling’ with ‘accommodating user preferences for information provision’.

The background could benefit from more detailed explanation of theoretical modelling.

We have now included in the introduction (pp.5-6) this passage further explaining how we operationalised theoretical modelling:
Theoretical modelling can include any qualitative or quantitative empirical work that draws on theory to analyse processes affecting the delivery and receipt of an intervention. In the studies reported here, we first used qualitative methods inductively, to identify potentially important processes without making a priori assumptions about what these might be. Since attitudes to information provision emerged as an important theme, we linked our findings to existing relevant theory and research in this field to generate hypotheses about how best to accommodate user information preferences. We then used further qualitative research to explore whether users purposively sampled from populations likely to have differing preferences for information provision would respond positively to the revised method of information provision suggested by theory and by the theoretical modelling process.

In particular the use of this approach is not clear in the analysis section and is not mentioned until the conclusions, especially regarding use of hypotheses. It would be clearer if the method explained the use of working hypotheses before and after the data collection and how they changed, specifically before, between and after study 1 and 2. A table of the hypotheses would help explain the process and analysis used in the study. With grounded theory approaches, use of working hypotheses helps clarify the emergent theories. While the authors discuss that the data did not supporting full theory analysis, the use of working hypotheses was central to this evaluation and needs to be explicated.

We felt that the end of the introduction (p. 6) would be the best place to clarify the approach used, and have expanded this description to include the passage:

‘For the purpose of theoretical modelling, we also identified inductive themes with wider theoretical implications. Major emerging themes concerned dilemmas about how much information should be presented, how, and to whom. We therefore linked our findings to the literature on patient preferences for information-seeking by considering their application to the specific context of using the Internet for self-assessment and self-care of acute illness. This theoretical modelling process was used to inform the design of a prototype website which we hypothesised should be able to accommodate the information preferences of diverse users.’
This passage makes it clear that the first study was inductive, and it was only after this study that we formulated a general hypothesis about the format of information provision that might prove accessible to diverse users.

In the Method (see p.9), we have also clarified the process as follows:

‘Linking the findings from the first study to existing theory and research (see Discussion section), we hypothesised that in order to meet the needs of people who differ in their desire for information it may be best to provide users with only essential personalised advice, delivered in accessible language and format [38], but with the choice to access more detailed information if wanted.’

Since this is a single hypothesis (the elements of the hypothesis are not separable as we did not hypothesise that a website with only some of these elements would be accessible) we do not consider it appropriate to present it in a table. We also feel that it would not be possible to go into the process of hypothesis generation in more detail at this stage, since this would entail presenting our findings from Study 1 and relating them to the literature, which can only be done in the Results and Discussion sections (to which we now refer the reader).

_It is also not clear how the "reactions" were explicated from the data. I am left with wanting to know what the themes or categories are for the studies and a list of specific themes regarding reactions that are hinted to in the discussion and implications._

We have now clarified in the Method (p. 11) that all the themes relevant to the topic of the paper are already presented in the paper, and those that were omitted were irrelevant and mainly website-specific comments.

‘The analysis presented below focuses on five themes (see Table 1) which concerned positive and negative views of providing in-depth information. These were selected because we believed that these findings had wider theoretical relevance to the development of online interventions in general. The remaining themes were not reported here as they were not relevant to the topic of this paper, and had chiefly practical utility in terms of improving this particular website: these were related to specific page content or format; general website format (e.g. colour, navigation, terminology); whether the participant agreed with the advice
given on whether to consult the doctor; reflection on the circumstances in which they would consult the doctor rather than (or in addition to) the website; and specific suggestions for altering, updating or expanding what the website provided [43].

I do think this is an important paper that justs needs some clarification of the methods/ analysis of theoretical modelling and more examples- themes or categories to give evidence to the discussion, in particular working hypostheses.