Reviewer's report

Title: How healthcare professionals respond to parents with religious objections to vaccination: a qualitative study

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Reviewer: Kristina Tiedje

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The authors conducted a qualitative study with healthcare professionals (HCPs) in the Netherlands who had experience dealing with parents with religious objections to vaccinations to understand how HCPs responded to parents’ concerns. They found that HCPs have three ways of responding to religious objections: providing medical information, discussion of the decision-making process, and adoption of an authoritarian stance. This is a small study with some interesting findings that could be presented better or in more depth to bring out how important this study is for the field. The manuscript could greatly benefit from revisions. I do have some comments and believe that while this study should be published, the manuscript needs essential revisions before publication.

Major essential revisions:

Structured Abstract: Methods: Could be more specific (what type of purposeful sampling? How many study participants).

Main Text: Background: This study is about the Netherlands, yet the authors cite the American Academy of Pediatrics guidelines about how to deal with religious objections to vaccinations. It seems a bit out of place unless the authors will make a link to other studies of the same issue in the U.S. and also report on any existing guidelines in the Netherlands (or are clinicians in the Netherlands following AAP guidelines)? Please clarify. The same applies in the next paragraph about the American states allowing religious exemption from school immunization laws. This seems to be out of place unless further explained why this is considered important as a context for this Dutch study. As written, it appears to be not the most appropriate contextualization for a study in the Netherlands and should be revised. -p.2-3 Unclear wording. Needs revision to be clear and concise: “touched upon religious considerations”. This needs to be rephrased to be clear and to the point. Following sentence should be split into to and each then could be more specific. I.e. What “willingness of the parents”? The willingness of discussion religious objections to vaccinations? Make one sentence to explain what you mean and what your main results are in relation to these patient/family and HCP factors and the clinical relationships. For example, consider making the topic of HCPs experience, religious background its own sentence and how these HCP factor impacted the decision-making processes. Give a result, rather than descriptions.
Please read later comments (Discussion) to re-organize background section and contextualize study aims (what are the aims exactly?), design, and set up the literature “gap” and the contribution of your study to the literature early on.

-p.5 second paragraph is not flowing well and needs revisions to explain the goal of the study. It is currently not clear enough what exactly the study contributes to existing literature on the topic and this should be explained better. Also, the second sentence (HCPs can obviously…) is unclear, uses spoken language (obviously) and should be revised. There is no clear link between sentence 2 and sentence 3 (An interview study…).

Methods: The methods section needs revisions to give more details about methods and sampling and cite relevant literature. The Setting paragraph seems out of place, consider moving it to Background in order to prepare the reader for your study goals, gap, and contribution (why it is important in this context and in general, i.e. this could go before the last paragraph of background and provide better context).

Alternatively, authors could start Methods with Context, providing an explanation of why they considered a qualitative study and what theory have guided them in this study and provide relevant literature. It would also be helpful to know who funded the study, if this was part of a larger mixed methods trial etc. Was this an exploratory study? It is a small study and only one dataset was used, so it could benefit from explaining the context.

The methods section should be more detailed to explain why you chose qualitative methods. Methods should be more detailed to describe what you did to maximize reliability and internal validity of the results of this qualitative study. Consider having subsection for study design, sampling, data collection, analysis. It would be helpful to know: How the interview guides were constructed (based on a lit. review, exploratory research?), how exactly were participants recruited, what made them eligible (what type of purposeful sampling was used?). Give range of time and mean for interviews. Say in methods how many total participants you had (move up from results). For data collection, did you also use grounded theory? You mention it in analysis. What did you do to maximize reliability of your findings? Be more specific both for Data collection and Analysis. Give study dates here (from when to when?).

Results: Consider moving first two sentences and participants characteristics to methods. Participants characteristics could be more detailed (consider putting some numbers in text to present table to reader, and then refer to table 3, rather than just saying generalities and asking the reader to do the work. Consider highlighting key points of the characteristics (i.e. religious faith of HCPs).

In paragraph 2 (which could be first paragraph of results), you describe “three manners of responding to religious objections”. Are these the main “themes” you have identified during your analysis or are there others? This could be improved and the article would benefit from a higher level analytic description of what your main results are right in the beginning of the results section to guide the reader. For results, consider providing a table with other quotes as addl. verbatim
examples of the themes you are describing for each “manner of responding…”. This would show the range of responses in each category or subcategory. Otherwise, the results section is laborious to read and one quote per themes spread the analysis a bit thin. Reader could be guided better and more results could be provided through a data table.

-p. 7 first paragraph of results. Consider using language such as HCPs described-reported/said/stated, rather than HCPs responded, as the latter would suggest that you analyzed actual clinical encounters when you are referring to interview data. This applies to results section and paper. It is often not clear the way the findings are presented that you are referring to what the study participants said in the interviews. It seems as if you were present at their clinical encounters or analyzed video data. Correct throughout.

-Decision-making: You mention vaccination decision-making on p. 7 and before on p. 2, 5 and later, yet, you explain DM only on p. 8. You have not explained what vaccination decision-making entails, if it should be shared of why it is important to the study findings, they study aims, or the study set up. It seems as if decision-making is an important concept for the overall study but it remains under the surface and almost hidden except during results/discussion of the decision-making process. Your paper could be strengthened to define why decision-making is important (either give a definition from the literature and relate to local decision-making approaches as conceptualized by study participants, or explain it otherwise to make it more explicit, i.e. how to the GPs conceptualize decision-making? Why is medical information so important for decision-making? How about patient preferences? Sharing the decision-making process or not sharing? These are all questions that arise when decision-making is mentioned and the reader is at loss on where you stand and what this study adds.

-p. 8 Discussion of DM: You say: the HCPs discussed the vaccination decision-making process itself. So what did they say about it exactly? Did they give examples? In addition, it would be helpful to know at the beginning of each theme, what the main 2-3 findings are and then go into providing examples for each.

-first quote: Quote fragment. Consider giving the question to provide context to the quote. Also check the translations to make them sound more English (might say: “carefully through things through” not “over”)

-It is confusing to the reader that you jump between GP, HCPs or CHC staff. Consider either explaining well why it is important that some are GPs, and when you mentioned specifics, how the study participants’ role affects the findings (you might consider organizing the results section by clinician type to make this more clear?). Or, if there is no difference, consider using “study participants” during the results, or HCPs.

-i.e. the religious affiliations of HCPs seems meaningful in your findings. This should be spelled out more clearly in the methods/participant characteristics section and may even provide a good anchor for the study in the beginning. For instance, in results, you mention that HCPs’ faith that may lead them to not vaccinate their children or provide clinical guidance to parents with objections but
this point remains veiled in your study and raises questions of why this was not explored more directly (or was it?). Also, are there guidelines in the Netherlands for HCPs on how to “use” their faith (re: quote 2 in this section). In results, consider organizing results according to religious affiliation to bring out key points.

- p 9. You say: “the final decision on taking part in the NIP was always left up to the parents.” Is this what HCPs reported? It seems as if clinicians often state what they feel they do. Do you have another dataset to prove it? Consider revising sentence to make clear that this is what HCP described.

- As written, the decision-making “manner” shows that your study has limitations. Consider analyzing more how HCP conceptualized their role in DM, patient preferences, religion and other specific issues, rather than providing descriptions only (HCP found the discussion “interesting, enriching”? How? Why? In what way? Why?). These descriptions make the reader ask why you did not also do videos of the clinical encounters or interviewed parents with religious objections to complement what is there...

Factors influencing: this section of the results is a bit surprising since it was not announced up front. Consider re-organizing your results and introducing is better to avoid surprises. Also, does this section add anything new? It seems as if the same themes are presented. Maybe you could merge the two and thus add more content to the analysis of the three approaches by focusing on the “what” and on the “why” (attitudes of HCP, patient preferences…etc.). This would strengthen your findings.

Discussion:

- p. 12: “man should not interfere…” should be placed in quotation marks or it should otherwise be explained that this is the typical language of the Orthod. Protestant Church (is it?).

- If the authors consider the discussion of the “two cognitions” fundamental to the analysis of this study, this idea/literature needs to be explained better or maybe introduced earlier (background?) as context of the study/paper. As is, it seems like an add on and out of place, sandwiched in between the main findings here in the discussion and if kept in, it should be described better, without jargon. As noted, it is confusing to the reader and unclear if authors agree with this or how it adds to the discussion overall.

- p.13, You mention other studies that have found differences in how GPs with different faiths approach objections to vaccinations. You say your study adds to this. Yet in results, the data presented does not support this argument enough.

- p.13. Your discussion of decision-making is important but also seems late in the paper. Paper could benefit from using this as part of the context for your study and the literature you aim to contribute to.

Limitations. Consider a subheading.

- A clear limitation of the study is that you worked with only one dataset on a topic that asks for video of clinical encounters and patient interviews to triangulate your data. This should be noted here.
Your discussion of subjective data should be moved into a context section of methods and then you would have the possibility to describe in study design, data collection and analysis how hard you worked to not make this study "subjective" and what you did to make it reliable and sound. It also would allow you to explain in methods why you chose qualitative methods for this topic (which is a well suited topic for qualitative methods).

Conclusions: Be more specific in your last sentence. What do you mean by “HCP should not confine themselves to the provision of medical information and thus discuss the vaccination decision-making process whenever possible”? Explain what you mean or reword.

Minor essential revisions:

Authors should avoid spoken language at all times (i.e.):
- p. 4 consider rewording to avoid spoken language: “Although HCPs are not completely positive towards vaccination…”
- p. 5, second paragraph: “obviously”. Revise or remove word entirely.

The manuscript should be reviewed by a native speaker to ensure correct use of grammar and spelling and overall flow to make sense (i.e.):
- Protestant should be capitalized at all times (i.e. p. 4)
- Tense needs to be consistent (not mix past and present tense)
- Although: word choice. Many sentences and some paragraphs begin with the word “Although”. Consider revising. In English, paragraphs should not start with Although. Consider not starting sentences with although.
- Abstract: Methods: Remove comma before who

Results:
- p. 4 last paragraph: Sentence: “Forty percent….., while…” The word while seems an odd connector for this sentence. Revise.
- p.4 last paragraph: “The orthodox…” Consider removing “the”? Same for next sentence on p.5 (Consider writing: “Orthodox Protestant churches”).
- p.5 second paragraph: “little is known on the way” (should say “about the way”) Methods:
- p.5 staff can be a singular or plural noun. There is no ‘s’ at staff when it is a plural noun. Remove ‘s’ from staffs.
- p.5 might be better to say CHC staff than “the staffs of the CHC”
- p. 5 check grammar in sentence: Although vaccination… is high, more than 95% in 2-year olds. Consider using ; after high.
- p.6. word choice: gleaned. Consider using “until data saturation was reached.”

Results:
- There are some language issues in this results section. Please read carefully
and revise. I.e.

p. 7 Provision of medical information: move ‘predominantly’ before word ‘with’. Sentence should say “to vaccination predominantly with...” In the following sentence, it’s is grammatically incorrect. Should say ‘its.’

-Sentence: “The staff reported....” needs revision to sound more English. Is there a word missing? As written, does not make sense. Also consider putting “bother” in quotation if this is a direct quote, as it is otherwise spoken language, which should be avoided.

-p.7. word choice : “fear”. Strong word. Avoid strong words. Consider using “concern”

-p.8 word order in some sentences needs revisions

-p.8 suddenly in present tense. Stay within past tense (HCPs reported) throughout

-Authoritarian stance: First sentence. Insert described: The third manner of....

-best interest (no s), not interests.

-Reword: “In cases of tetanus...” to... When describing ways to respond to parents objections in cases of....., (also, add colon)

-p. 10 reword: “press the parents into compliance” (? not English)

-revise grammar in quotes. i.e. p. 10 HCP says something that he said, so in the quote use quotations marks. .....So I say: “The wound will be cleaned...”, and that is usually swallowed more or less without a problem.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'