Author's response to reviews

Title: Beyond resistance: Social factors in the general public response to pandemic influenza

Authors:

Mark D M Davis Dr (mark.davis@monash.edu)
Niamh Stephenson Dr (n.stephenson@unsw.edu.au)
Davina Lohm Dr (davina.lohm@monash.edu)
Emily Waller Ms (e.waller@unsw.edu.au)
Paul Flowers Prof (p.flowers@gcu.ac.au)

Version: 4 Date: 31 January 2015

Author's response to reviews: see over
Dear Dr David Muscatello

Thank you for this opportunity to revise our manuscript. Please see below, details of how we have responded to the points raised by the reviewers.

Yours sincerely

Mark Davis
31 January 2015

Reviewer's report

Title: Advancing pandemic influenza control in the general population: qualitative research perspectives from Australia and the UK

Version: 2
Date: 5 November 2014

Reviewer: Afrodita Marcu

Reviewer's report:

I am thankful to the editors for giving me the opportunity to review this interesting manuscript on the topic of public reactions to pandemic influenza. The manuscript is overall well-written, but there are some sections which need further improvement, which I am detailing below:

Major Compulsory Revisions
1. Abstract: the research question should be clearly formulated in the Background. In the Conclusions, the word ‘questionable’ (line 23) is inappropriate in this context – perhaps rephrase as ‘inadequate’.

** The abstract (see page 2) has been substantially revised to take account of other requested changes, see below. The word ‘questionable’ is no longer used.

2. Background: This section needs to include a more detailed and nuanced discussion of documented public reactions to the H1N1 pandemic outbreak of 2009-2010, including qualitative studies.

** The background (see pages 4 to 7) has been extensively revised to include a more detailed and nuanced discussion of documented public reactions to the 2009 pandemic. It now draws on 15 key papers addressing the public response to pandemic influenza.

3. Background: The rationale for the study could be formulated more clearly – it does not naturally follow from the reviewed evidence, nor does it point to any evidence gap it tries to address. There is a plethora of studies, including qualitative ones, on public reactions to pandemic influenza precautionary measures, so the authors need to highlight what is novel in their approach to this topic.
**The background (see pages 4 to 7) has been revised to explain the rationale for the research (see page 7) on the basis of an assessment of the field (see response to point 2). We have highlighted gender and health individualism, among other matters, as our contributions to the field.**

4. Background: Furthermore, the emphasis on 'complacency', 'resistance' and 'fatigue' as a-priori potential explanations for public reactions are not compatible with an inductive thematic analysis – it seems that a deductive approach was used instead, as the authors tried to map pre-established categories of response onto the qualitative data they gathered.

**The reference to a priori categories and their relation to inductive analysis is explained in the methods section (see point 6, below).**

5. Methods: The interview schedule / focus group topic guide could have been included as an appendix, or more details should be included on the questions that guided the interviews/focus groups. Was any stimulus material used? Were the participants asked to respond to public health measures advocated back in 2009-2010 during the H1N1 pandemic?

**The methods (see page 10, lines 1-5) now explain the scope and content of questions used in interviews and focus groups.**

6. Methods: Line 25, p.5: The statement on analysis 'according to the list of themes agreed by the team' is rather incompatible with the nature of inductive analysis as stated in the Background. The authors should make more explicit their analytic strategy, and explain why their analysis followed a list of 'agreed' themes.

**As detailed now in the methods (see page 10, lines 6-21), our approach to qualitative research is framed by a dialectic method that entails moving constantly between theory and data, and this is consistent with cutting edge qualitative inquiry in sociology and social psychology. This approach leads to a mix of a priori and inductively derived categories appearing in qualitative analyses. Philosophically, we assume that it is not possible to pose a question of social reality without having a pre-existing theory about it. Even pure grounded theory is subject to the assumptions held by the researcher as they read and code texts in their analysis, an observation that has led to criticism of the epistemological approach which assumes the data can speak for itself and that the researcher is not involved in what that data reveals of social reality. Our approach simply makes this dialectic of theory and data explicit and open to interrogation.**

7. Results: Overall, the themes not interpretative enough, and their titles should
reflect more closely the data elicited, e.g. ‘Beliefs about preventing and moderating infection’.

** New subheadings have been included (see pages: 11, line 6; 13, line 6; 14, line 11; 15 line 7; 15, line 24, 16, line 16) and the quotations are situated in the text and more thoroughly digested (see pages 11 to 17).

8. Results: Quotes from the interviews and focus groups should be included in the Results section under each theme to support the analysis, as other qualitative papers in BMC Public Health have done, e.g. Wang et al. (2014, 14: 1138, doi:10.1186/1471-2458-14-1138). More quotes should be included so as to support the arguments better.

** The quotations from interviews and focus groups are now integrated into the results section (see pages 11 to 17).

9. Results: Lines 6-7, p.7: The authors should revise their interpretation that the lay public made ‘flawed risk calculations’, as this is at odds with the nature of qualitative studies which usually focus on people’s subjective interpretations of events or life experiences. The lay public are not experts therefore their responses should not be judged as ‘flawed’.

** We have altered the language here (see page 13, lines 1-4) to avoid making it seem as if we adopt the paternalistic view that the general public makes flawed assumptions.

10. Discussion: This is overall well-written but it could include a section on ‘Strengths and limitations’ of the current study. The discussion should emphasise what this particular study brings new to the field. It should include more reflection on the implications of the present findings, as well as suggestions for future interventions regarding public uptake of precautionary measures.

** The discussion includes a section on strengths and limitations (see page 21, lines 1-8 and lines 10-20) and now emphasises what the paper brings to the field, i.e. a gender and health subjectivity analysis. We have argued that future interventions need to account for social structures and cultural practices, i.e. gender and health individualism (see page 20, lines 1-11 in particular).

Minor Essential Revisions

11. Methods: Interviews and focus groups were ‘conducted’, not ‘recruited’ – line 15, p.4.

** Done (see page 8, line 2).
12. Methods: More background information on the number of swine flu casualties in Scotland and Australia could be included to provide a context to the participants’ reactions.

** H1N1 mortality figures have been included (see page 8, lines 9-10).

13. Methods: Lines 8-9, p.5: interviews explored personal experience rather than ‘disclosure’; and do the authors mean personal experience of H1N1 influenza?

** Language use has been addressed (see page 8, lines 24-25 and page 9, lines 1-2).

14. Methods: Line 9, p.5: the authors mean social norms concerning precautionary behaviours against pandemic influenza.

** Language use has been addressed as suggested (see page 9, lines 1-2).

15. Results: the analysis of the participants’ responses does not go into enough depth in some place, e.g. Lines 19-22, p.6: what did the focus on social units like family serve in the participants’ responses? did it motivate them to adopt precautionary measures?

** The analysis presented in the results section is now more thoroughly digested throughout and cast in such a way as to moderate misinterpretation (see pages 11 to 17).

16. Results: Line 13, p.10: 64 ‘they had ever had an influenza vaccination’ or ‘never had’?

** The language use here has been addressed (see page 16, lines 19-20).

17. References: These need to be double-checked, as some are incorrect, e.g. paper by Davis et al. in Sociology of Health and Illness is from 2014, not 2013.

** All references have been checked and corrected.

Discretionary Revisions
18. Lines 22-23, p.3 are ambiguous: the public insufficient uptake of precautionary measures, not the portrayals of the general public, should be addressed.
One of the premises of this study was to explore whether current explanations for the public responses to pandemic influenza such as complacency, resistance, and fatigue are sufficient for our understanding of public behaviour regarding pandemic influenza prevention. However, these explanations are not addressed in the Results – was there no evidence of these? If so, this should be made more obvious, and the analysis should be constructed in a way that shows evidence of this. Currently, the themes do not make a case for the absence of complacency, resistance, or fatigue.

In some places in the Results, there are reflections on different studies and comparisons between surveys and qualitative measures – these should be reserved for the Discussion. The authors should discuss whether there any differences in responses between Scotland and Australia and what might account for them. On a minor note, do not use ‘UK’, but ‘Scotland’, as the study was conducted in Scotland only. The same applies for the title.

Overall, while this paper deals with an important issue in public health, it somewhat fails to highlight what it brings new in terms of method, perspective, or findings. As it is, it does not offer new insights into how the public make sense of pandemic influenza and what should inform future health campaigns during new influenza pandemics. Nevertheless, the editors might want to consider this paper for publication once the authors have made all the necessary revisions.

** We have made it clear that there was no evidence of complacency in our data (see title, abstract (page 2, lines 17-18), methods (pages 10-11, lines 23-25 and 1-3) and discussion (page 18, lines 2-13). As we say in the paper our research participants were engaged and that they say that the barriers to behaviour change have to do with social factors such as gender and health individualism.

The results section now makes no reference to existing research (see pages 11 to 17). We have made reference to the only subtle differences between Scotland and Australia (see page 8, lines 3-13) and have replaced ‘UK’ with ‘Scotland’ (see page 11, line 11).

We have now foregrounded how our paper makes an original contribution to the field by saying that it goes beyond the commonly held view that the general public is resistant to health communications by examining what appears to be the active engagement of the general public but also social and cultural factors that enable and limit agency and therefore shape the responses of the general public to pandemic influenza. This analysis offers a compelling reframing of the field of social inquiry into communications with the general public on pandemic influenza and other challenges in the era of emerging infectious diseases.
Reviewer's report

Title: Advancing pandemic influenza control in the general population: qualitative research perspectives from Australia and the UK

Version: Date: 14 November 2014

Reviewer: Bernadette M Sebar

Reviewer's report:

Minor essential revisions:
1. One reference missing: P3, In 22 regarding public health's awareness of different levels of advice.

** The need to address this point has been edited out of the current version.

2. The abstract requires revision. The background simply states the two research questions. The authors have not offered any background nor significance to the study. The methods reads like a series of dot points. The results do not include the second research question around complacency.

** The abstract now explains why this research is important (see page 2, lines 2-9).

Discretionary revisions:
1. The question posed by the authors is a significant and important one. The authors need to contextualising the significance of the research a bit more with a very brief discussion of the rise of pandemics and the need for public health to be able to communicate effectively.

** The abstract (see page 2-3) and background (see page 4-7) now situate the research problem in emerging infectious diseases and makes a more streamlined argument with regard to the contribution to knowledge of this paper.

2. P3, In 13 replace in addition with however

** Extensive revision of the background has removed this point (see pages 4-7).
3. Re: method: One minor point, I was a bit unclear of the purpose of the first paragraph and where the current research fits in relation to the other publications/research from the ARC Discovery Project. The authors may like to expand a bit on this and discuss the position/significance of the current research in relation to the broader project.

** The methods (see page 7, lines 17-25) now explains how this paper relates to our previous work.

4. Data analysis: p5, In 25 A thematic analysis was conducted on the interviews and focus groups.

** Further clarity is provided with regard to our analytic approach in the methods section (see page 10, lines 5-21).

5. The way that the findings are reported makes it difficult to delineate between the findings of the current research and that of the literature. For example, the theme pre-existing conditions and pregnancy is well reported. However, the two themes: symptoms, diagnosis and expectations of recovery and vaccination relied very heavily on literature thus making it difficult to identify what the findings were for the present study. I would recommend that the authors report the findings of their thematic analysis in the findings section and move the discussion with the literature to the discussion section.

** This has been done with a substantial rewrite of the results (pages 11 to 17) and discussion (see page 18 to 21) to give a much stronger paper.

6. The authors allude to health individualism as an explanation for many of the participants' behaviours. It would be good to see this point explored in a bit more detail in the background, especially as it forms a major part of the conclusion

** This has been done and the theme has been reinforced throughout the paper (see page 6, lines 5-13, in particular).

7. This may be outside the scope of the research, but were there any differences between Australia and Scotland?

** As noted, we have commented in methods (see page 8, lines 10 - 13) and in the results (see page 11, line 11). We found more convergence of themes than differences.
8. I would suggest that the title does not really convey what the research is about. I think it would be more appropriate for the focus to be on understanding how the public take up pandemic risk messages rather than on advancing control.

** The title has been amended to express the argument of the paper (see page 1).

9. I would question the use of the word "publics". It may be personal preference, but I think that the public or the general public reads better.

** Use of 'publics’ has been amended throughout in preference for ‘general public.’

10. The abstract and the background section need attention. The background section could be tightened up with the inclusion of the significance of the research. The first paragraph is only one sentence

** As noted in point 2, the abstract (see pages 2-3) and the background (see pages 4-7) have been substantially rewritten to foreground the significance of this research project.

- Overuse of colons and semi-colons (throughout document)
- P4, In 10 focused --> focussing
- P4, In 18 Southern--> southern

** All addressed