Author’s response to reviews

Title: Limits of the social-benefit motive among high-risk patients: A field experiment on influenza vaccination behaviour

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Re: PUBH-D-19-01368R1: Self-regard motivates patients with high-risk perceptions to vaccinate more than altruism: Exploratory evidence from a field experiment

Dear Dr Szunyogova,,

We thank the editor and the two reviewers for their insightful feedback. We have provided below responses to each of the issues raised and we made revisions to the manuscript noted in highlights. Thank you for your consideration.

Reviewer 1

This is a much improved version of the originally submitted paper and in my view suitable for publication subject to some minor language corrections. Perhaps a native speaker can do a final editorial proof-reading of the paper. As a final suggestion, I would also propose to change the title of
the paper to a somewhat more modest statement, perhaps "Selfbenefit MAY motivate patients with high-risk perceptions more than social-benefit: Exploratory evidence from a field experiment on influenza vaccination behaviour" in view of the lack of statistical significance of the main finding of the paper. I am fully aware of the challenges associated with requiring statistical significance for publication (which is why the paper can in my view be published nonetheless), but I think that the title should qualify the conclusions of the paper a little more in view of the lack of statistically significant differences in outcomes across the treatment groups.

RESPONSE: We revised the title as "Limits of the social-benefit motive among high-risk patients: A field experiment on influenza vaccination behaviour". We think that this new title acknowledges the reviewer’s comment, which we agree with. One of the co-authors, a native English speaker, reread the manuscript for improvements in writing.

Reviewer 2

Overall, the authors have addressed the majority of my concerns in a thoughtful and thorough fashion. Only a few points for consideration remain.

1. In the authors' responses to Reviewers, the authors explain they were motivated by already existing frames used in the field (UK national health services pamphlets), "...the content of our frames were driven by messages actually in use by the UK health services to maintain realism and relevance to policy making." (response to Reviewer 2, Comment #2). I suggest noting this as a limitation in the Discussion, because choosing existing frames just because they are already in use is not optimal when conducting an intervention study to systematically compare health messages.

RESPONSE: We agree that choosing frames in existing preventive health practice may not be optimal in looking for the most effective intervention possible. However, our goal is to compare between existing practices. This may be seen as an alternative approach to comparison of campaign messaging. The footnote on page 7 provides link to the frames used by NHS Wales.

2. The justification for eliciting risk group perception after vaccination decision (p. 16) and the ensuing application of moderation analyses continues to be troubling. Perhaps a statistician might review this approach (p. 8, lines 5-9; p. 9 lines 6-8).

RESPONSE: We have thoroughly reviewed our statistical methods—a standard way of modelling moderation—and we have discussed at length the limitations of our risk group elicitation procedure. As we note in the Discussion subsection “Limitations of the study” on pages 15 to 16, eliciting risk perceptions after the vaccination decisions opens the measure to possible confounds. We also would like to note that eliciting risk perceptions prior to vaccination may instead have confounded the vaccination decisions, which were our primary outcome variable.

3. I was confused by the addition of the Theory section (p.12-13) to "represent the above findings more formally, both as an explanation for these findings and as means to guide future studies" (p.12). The proposal that the relative salience of information may explain how a social benefit message might lower vaccination seemed to come out of nowhere. Perhaps shortening this section and including it in the Discussion as a direction for future research might be more appropriate.


RESPONSE: We agree that the use of theory in our manuscript is not standard, and we have taken it out of the manuscript. We added a sentence in the Discussion (p. 13) as direction for future research: “We invite future research to test our exploratory finding that high risk perceptions dampen the positive effects of social benefit messages.”

We hope that you find the paper now more suitable for publication in BMC Public Health.

Yours sincerely,

The authors