

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Exploring the Prevalence, Knowledge, Attitudes, and Influencing Factors of E-cigarette Use Among University Students in Palestine: A Cross-Sectional Study
AUTHORS	Nazzal, Zaher; Maraqa, Beesan; Azizeh, Razan; Darawsha, Bara'; AbuAlrub, Ibraheem; Hmeidat, Mousa; Al-Jabari, Fadel

VERSION 1 – REVIEW

REVIEWER	El Sharif, Nuha Al-Quds University
REVIEW RETURNED	07-Nov-2023

GENERAL COMMENTS	<p>Dear authors</p> <p>I read your manuscript, "Understanding the Trend: E-Cigarette Usage, Attitudes, and Influencing Factors Among University Students in Palestine," with great interest. In Palestine, e-cigarettes are becoming increasingly popular. This topic has never been studied previously, making this research extremely important.</p> <p>The manuscript is well-written, but I have the following questions:</p> <p>In the methodology section: It is unclear how the data was gathered. How did they reach through to the students? How were these students chosen? Was the sample representative of all faculties and year levels at the university? A proportionate approach was also utilized. How did they put this strategy to use? How many universities participated in this research? Where were these universities located? Please elaborate.</p> <p>Study scale I noted that the attitude scale has four categories. The Likert scale usually has 5 or 7 categories. Why didn't the scale have five scales? Did the authors remove any parts of the scale, or were the responses all zero? A no-opinion/neither agree or disagree response was not included, which may have skewed the findings.</p> <p>What is the mean and standard deviation for each question in the analysis, table 3?</p> <p>Did the authors investigate whether there is a difference in knowledge and attitude based on the study's demographic variable? Is there a difference in knowledge between students with a medical background and those who do not have a medical background? I suggest adding this data to a supplement.</p>
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REVIEWER	Al-Kuwari, Mohamed Ghaith Primary Health Care Corporation, Family & Community Medicine
REVIEW RETURNED	18-Nov-2023

GENERAL COMMENTS	The topic is important. first study in the country carries public health information which is useful for awareness and prevention. It is well written and easy to read article. Both the study methodology and analysis of results were clear.
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REVIEWER	Broadfield, Amy University of Lincoln
REVIEW RETURNED	04-Dec-2023

GENERAL COMMENTS	There is no discussion around ethical approval or consent for the questionnaire. There needs to be more detail surrounding the limitations; why they arose and why they limit the study. There needs to be more information on how the questionnaire was distributed, and how the questions were chosen.
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1 comments

Dear authors

I read your manuscript, "Understanding the Trend: E-Cigarette Usage, Attitudes, and Influencing Factors Among University Students in Palestine," with great interest. In Palestine, e-cigarettes are becoming increasingly popular. This topic has never been studied previously, making this research extremely important.

The manuscript is well-written, but I have the following questions:

Authors responses: We appreciate the time and effort you dedicated to reviewing the manuscript. Your comments were highly constructive, and we believe they have significantly contributed to enhancing the overall quality of the manuscript.

In the methodology section:

It is unclear how the data was gathered. How did they reach through to the students? How were these students chosen? Was the sample representative of all faculties and year levels at the university?

A proportionate approach was also utilized. How did they put this strategy to use? How many universities participated in this research? Where were these universities located? Please elaborate.

Authors responses: We acknowledge your comment and have incorporated additional details into the methodology section to elaborate on the approach used to engage with students, the data collection process, the universities considered in the study, and their respective locations.

Study scale

I noted that the attitude scale has four categories. The Likert scale usually has 5 or 7 categories. Why didn't the scale have five scales? Did the authors remove any parts of the scale, or were the responses all zero? A no-opinion/neither agree or disagree response was not included, which may have skewed the findings.

Authors responses: We appreciate you bringing up this point. It's a widely discussed topic in the literature, with various surveys and questionnaires discussing the inclusion or elimination of a "neutral" choice [1]. It is argued that a neutral midpoint could lead to user satisficing, which is the selection of the least accurate option to avoid additional cognitive exertion and an overrepresentation at the midpoint [2]. As per Garland (1991), excluding the neutral choice in Likert scale measurements may reduce the social desirability bias stemming from participants' inclination to please the researchers [3]. That is why we opted to not include the neutral choice in our survey, and used a Likert scale of four options as was mentioned in the methods section. We elaborated more on this point in the methods section.

1- Moors G. Exploring the effect of a middle response category on response style in attitude measurement. *Qual Quant.* 2008 Dec;42(6):779-794. doi: 10.1007/s11135-006-9067-x.

2- Krosnick, J.A., Narayan, S. and Smith, W.R. (1996), Satisficing in surveys: Initial evidence. *New Directions for Evaluation.* 1996; 29-44. doi.org/10.1002/ev.1033.

3- Garland, R. (1991). The mid-point on a rating scale: Is it desirable?

Marketing Bulletin, 2, 66-70.

What is the mean and standard deviation for each question in the analysis, table 3?

Authors responses: We added the mean and standard deviation of each attitude items in table three.

Did the authors investigate whether there is a difference in knowledge and attitude based on the study's demographic variable? Is there a difference in knowledge between students with a medical background and those who do not have a medical background? I suggest adding this data to a supplement.

Authors responses: We appreciate your recommendation. In response, we have incorporated two additional tables (Supplementary Table 1 and Supplementary Table 2) along with a corresponding paragraph in the results section. The two table presented the students' knowledge and attitude in relation to their demographic and lifestyle factors.

Reviewer 2 comments

The topic is important. first study in the country carries public health information which is useful for awareness and prevention.

It is well written and easy to read article. Both the study methodology and analysis of results were clear.

Authors responses: Thank you for taking the time to review the manuscript and for your encouraging feedback. Your support is highly valued, and we are grateful for it.

Reviewer 3 comments

There is no discussion around ethical approval or consent for the questionnaire.

Authors responses: We included additional information in the methods section regarding ethical approval or consent related to the questionnaire.

There needs to be more information on how the questionnaire was distributed, and how the questions were chosen.

Authors responses: We agree with your comment. We expanded the methodology section to include information on how the students were approached, data were collected, the questionnaire was distributed, and questions were chosen.

There needs to be more detail surrounding the limitations; why they arose and why they limit the study.

Authors responses: Thank you for bringing this up. We added more details more detail surrounding the limitations, at the end of discussion section.

Editor comments

- Please work to improve the quality of the writing throughout your manuscript. We recommend asking a colleague who is proficient in written English to assist you; alternatively, you could enlist the help of a professional copyediting service.

Authors responses: We appreciate your recommendation. We worked throughout the manuscript to enhance the writing quality and revise the English language. We hope it's been refined and improved adequately.

- Please revise the title of your manuscript to include the research question, study design and setting. This is the preferred format of the journal.

Authors responses: We agree with your suggestion. The title has been modified to " Exploring the Prevalence, Knowledge, Attitudes, and Influencing Factors of E-cigarette Use Among University Students in Palestine: A Cross-Sectional Study."

- Please ensure that your abstract is formatted according to our Instructions for Authors:
<http://bmjopen.bmj.com/pages/authors/#research>

Authors responses: We restructured the abstract as per the journal's instructions for authors.

- Please add a section entitled 'Strengths and limitations of this study', immediately after the abstract. This section should contain up to five short bullet points, no longer than one sentence each, that relate specifically to the methods. The novelty, aims, results or expected impact of the study should not be summarized here.

Please remove the "Implications" section, this is not standard for BMJ Open.

Authors responses: We incorporated a section with four bullet points titled 'Strengths and limitations of this study' right after the abstract.

We removed the "Implications" section

- Please attach a copy of the questionnaire as a "Supplementary Material" file.

Authors responses: We attached a copy of the questionnaire as a "Supplementary Material" file

- Inspired by the work of the patient partnership strategy at The BMJ (<https://www.bmj.com/campaign/patient-partnership>), BMJ Open is encouraging active patient involvement in setting the research agenda. BMJ Open now requires authors of all submissions to the journal to include a Patient and Public Involvement statement. The Patient and Public Involvement statement should be included as a sub-heading in the methods section of all manuscripts. It should provide a brief description of any patient involvement in study design or conduct of the study, as well as any plans to disseminate the results to study participants. If patients and or the public were not involved, please state "None". See our Instructions for Authors for further details: https://bmjopen.bmj.com/pages/authors/#reporting_patient_and_public_involvement_in_research.

Authors responses: We added the Patient and Public Involvement statement in the methods section

VERSION 2 – REVIEW

REVIEWER	El Sharif, Nuha Al-Quds University
REVIEW RETURNED	26-Jan-2024
GENERAL COMMENTS	Thank you for responding to every comment. Your comments were evident to me, and they provided a clearer perspective of your research.

VERSION 2 – AUTHOR RESPONSE