

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Barriers to Smoking Cessation – A Qualitative Study from the Perspective of Primary Care in Malaysia.
AUTHORS	Chean, Kooi-Yau; Goh, Lee Gan; Liew, Kah-Weng; Tan, Chia-Chia; Choi, Xin-Ling; Tan, Kean-Chye; Ooi, Siew-Ting

VERSION 1 - REVIEW

REVIEWER	Ashleigh Djachenko Australia
REVIEW RETURNED	06-Aug-2018

GENERAL COMMENTS	Engaging and original grounded theory study that identifies some unique cultural themes related to smoking cessation. Participants were 98% male, which reflects the low smoking prevalence in the Malay female population - suggest this phenomena would be worthy of its own investigation. Minor grammatical errors throughout the paper which should be identified & corrected - possibly translation errors. Descriptive model is clear & conclusions are justified by the results.
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REVIEWER	Sophia Papadakis University of Ottawa Heart Institute, Canada
REVIEW RETURNED	20-Aug-2018

GENERAL COMMENTS	<p>The author's report on the results of a qualitative study conducted in Malaysia of 57 current smokers who had at least one past quit attempt who were recruited from the primary care study. This is an interesting paper that highlights the challenges to quitting for smokers and in particular highlights cultural factors that are relevant to smokers in Malaysia. I do however have several important revisions that I feel should be addressed prior to this paper being accepted for publication which I have outlining below and also in the comments included in the attached pdf.</p> <p>Major Revisions</p> <p>1. English Language The document requires significant corrections for English language in order to ensure messages are clearly understood. I have made some suggestions below under minor comments and in the attached document using the notes function, however a professional edit is required to improve English language. There are several places where the text is not clear or incorrect language</p>
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has been used that requires correcting which I have identified in the attached.

2. Title and Abstract

Be more specific in identifying the participants and setting in both the title and abstract by specifically stating that this study was conducted in Malaysia. The setting has a very important impact on the study findings as the responses are unique to smokers in this setting as the authors have done a good job in addressing in the discussion – it is however not clear to individuals who read the title or abstract where the study took place and the time period.

These are smokers recruited from primary care setting in Malaysia. I would suggest rewording the sentence to read 'Fifty-seven current smokers were recruited from a previous smoking cessation study carried out in the primary care setting.'

3. Use of term Grounded Theory

Emphasis is given in the paper to the use of grounded theory including the paper's title. This is however not defined in the methods, nor was it clear to me how grounded theory was used

4. Presentation of themes and model

In both the abstract, main results, and discussion there is very little attention paid to the model presented as in Figure 1. This model should be presented in the results section after the presentation of the themes and discussed in more detail both how the model was developed and what the short long and medium term strategies represent. This should be built upon in the discussion

5. Implications to practice

Authors briefly state that this information can be used by primary care providers to guide their counselling. I would like to see a more indepth analysis of how this information can be used to guide practice with reference to the model presented.

Minor revisions

Punctuation

The authors have not paid sufficient detail to punctuation throughout the manuscript. I have identified this in detail in the attached notes. I feel this is not an issue of English language and for peer reviewed publication the extent to which punctuation is missing, inconsistent or incorrect is problematic.

Introduction

The statement 'Quit interest is high as evident by nearly 7 out of every 10 (68%3)'. This data is based on a US source where as we are speaking in this paragraph about international tobacco treatment data. Internationally interest in quitting is much lower and as such this data is misleading. Please use a global source.

General edits

See attached notes.

English Language Examples of Corrections Needed - Abstract

Introduction – Should be from the primary care perspective.

Design – Using the Straussian grounded their

Methods – From the respondents of a previous smoking

	<p>- Current smokers who had at least one failed quit attempt Results – The sentence – “Misconception...mind-control” does not read well. Reword to “A misconception among smokers that ability to quit was solely based on one’ ability to achieve mind control.”</p> <p>Reword sentence “Participants also...health complications”. To a misconception that smoking could be therapeutic and quitting smoking could result in serious health complications”.</p> <p>Reword next sentence - Participants identified cultural norms which involved accepting cigarettes from friends as a token of friendship was problematic.</p> <p>The reviewer provided a marked copy with additional comments. Please contact the publisher for full details.</p>
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REVIEWER	Aimei mao Kiang wu nursing college of Macau
REVIEW RETURNED	13-Oct-2018

GENERAL COMMENTS	<p>Quitting smoking is indeed a big challenge for most of smokers. There are numerous research studies on barriers of smoking cessation. This study certainly added cultural related contributors for continued smoking.</p> <p>This study is generally well written. However, there are some aspects the authors need to address.</p> <p>This is a grounded theory study. What is the theory the authors developed from the data?</p> <p>The authors established a model of barriers to smoking cessation. However the authors did not describe relationships among the five themes in the model, as shown in figure1.</p> <p>There are 57 participants in this study. This is relatively large sample size in qualitative research studies. The authors may want to provide more information on sampling technique. As the participants are patients, there is a need for more information on the background of the participants.</p> <p>There are sentences which need clarifications: “Over the past 12months, 52.3% of its current smokers made an...” What does “its” mean?</p> <p>In the section of “data collection” there are lots of term abbreviations. The authors should provide full name of the terms when they appear the first time.</p> <p>There is a grammar error with this sentence “Temptation cue was described as an environment where the presence of smokers, when cigarette was exposed or easily accessed.”</p> <p>“I have been to smoking cessation clinic two times. It is just too troublesome” (Participant 27). It is important to give information on what the troublesome is.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Comment: Minor grammatical errors throughout the paper which should be identified & corrected - possibly translation errors

Response: We agree with the reviewer. Many grammatical errors have been addressed and the revised manuscript has been checked by Turnitin ETS e-rater grammar check. A native English speaking colleague has proofread the revised manuscript before submission.

Reviewer: 2

Major Revisions

1. English Language

Comment: The document requires significant corrections for English language in order to ensure messages are clearly understood. I have made some suggestions below under minor comments and in the attached document using the notes function, however a professional edit is required to improve English language. There are several places where the text is not clear or incorrect language has been used that requires correcting which I have identified in the attached.

Response: We thank the reviewer for taking the trouble to point out exactly where the English language error was and at the same time provided us with suggestions. We have since carefully revised the paper to improve the grammar and readability. The revised manuscript has been checked by Turnitin ETS e-rater grammar check. A native English speaking colleague has proofread the revised manuscript before submission.

2. Title and Abstract

Comment: Be more specific in identifying the participants and setting in both the title and abstract by specifically stating that this study was conducted in Malaysia. The setting has a very important impact on the study findings as the responses are unique to smokers in this setting as the authors have done a good job in addressing in the discussion – it is however not clear to individuals who read the title or abstract where the study took place and the time period.

These are smokers recruited from primary care setting in Malaysia. I would suggest rewording the sentence to read 'Fifty-seven current smokers were recruited from a previous smoking cessation study carried out in the primary care setting.'

Response: We thank the reviewer for bringing up this point. We have made the following changes:

TITLE: Barriers to Smoking Cessation in Malaysia– A Grounded Theory Study from the Primary Care Perspective. (Page 1, line 1)

ABSTRACT: Participants and Setting Fifty-seven current smokers were recruited from a previous smoking related study carried out in a primary care setting in Malaysia. (Page 2, line 8-9)

3. Use of term Grounded Theory

Comment: Emphasis is given in the paper to the use of grounded theory including the paper's title. This is however not defined in the methods, nor was it clear to me how grounded theory was used.

Response: We agree with the reviewer that grounded theory should be defined and also made clear how it was used in this study. We have therefore added a subheading "Study design" as follows

Study design

Grounded theory study design was chosen as it will break new ground in understanding barriers to smoking cessation. This is a "general method of comparative analysis"¹⁵ without pre-existing conceptualization to uncover social processes, a theory can be constructed through the interaction of the data analysed.¹⁶ Details of data analysis are covered below. (Page 5, line 22-25)

Some revision was also made in "Data Analysis"

Data was anonymized and transcribed. The researchers started the analysis with line-by-line open coding by all six researchers independently to ensure that the analysis was holistic and inductive. They then met for axial coding and clustering to develop master headings and subsequently higher categories. The process of analysis was facilitated by the techniques of constant comparison, keeping one another informed through the use of memos, continual checking and clustering of emerging themes. Finally, a theoretical model was formulated by linking the fragmented codes.²⁰ (Page 8, line 1-8)

4. Presentation of themes and model

Comment: In both the abstract, main results and discussion there is very little attention paid to the model presented as in Figure 1. This model should be presented in the results section after the presentation of the themes and discussed in more detail both how the model was developed and what the short long and medium term strategies represent. This should be built upon in the discussion

Response: Sure. We have made the following revision:

ABSTRACT: A more systematic presentation of the themes and the model (Page 2, line 12-24)

RESULTS: The model is now presented in the results section after the themes under subheading: "A descriptive model from grounded theory" (Page 14, line 24; page 16, line 1-15).

The short term, medium term and long term strategies have been defined under subheading "Time frames for overcoming barriers to smoking cessation" (Page 16, line 17-21).

DISCUSSION: More elaboration has been added under the following headings:

2. What is new? (page 16, line 3-14)

3. Lessons learnt (Page 16, line 16-29; page 17, 1-29; page 18, line 1-3)

5. Implications to practice

Comment: Authors briefly state that this information can be used by primary care providers to guide their counselling. I would like to see a more in depth analysis of how this information can be used to guide practice with reference to the model presented.

Response:

A more in depth analysis of how information gathered can be used to guide practice with reference to the model developed have been added under subheading:

3. Lessons learnt (page16, line 16-29; page17, 1-29; page 18,line 1-3)

Minor revisions

Punctuation

Comment: The authors have not paid sufficient detail to punctuation throughout the manuscript. I have identified this in detail in the attached notes. I feel this is not an issue of English language and for peer reviewed publication the extent to which punctuation is missing, inconsistent or incorrect is problematic.

Response: We apologise for our negligence. We have made the appropriate correction accordingly.

Introduction

Comment: The statement 'Quit interest is high as evident by nearly 7 out of every 10 (68%)'. This data is based on a US source where as we are speaking in this paragraph about international tobacco treatment data. Internationally interest in quitting is much lower and as such this data is misleading. Please use a global source

Response: Thank you for bringing up this point. We have revised the data by using the statistics published by Borland et al 2012, which reported levels of quit smoking attempts in 15 countries.

General edits

Comments: English Language Examples of Corrections Needed - Abstract

Introduction – Should be from the primary care perspective.

Design – Using the Straussian grounded theory

Methods – From the respondents of a previous smoking

- Current smokers who had at least one failed quit attempt

Results – The sentence – “Misconception...mind-control” does not read well. Reword to “A misconception among smokers that ability to quit was solely based on one’ ability to achieve mind control.”

Reword sentence “Participants also...health complications”. To a misconception that smoking could be therapeutic and quitting smoking could result in serious health complications”.

Reword next sentence - Participants identified cultural norms which involved accepting cigarettes from friends as a token of friendship was problematic.

Response: We thank the reviewer for her guidance. We have made major revision to all parts of the manuscript.

Reviewer: 3

Comment: This is a grounded theory study. What is the theory the authors developed from the data?

Response: The theory developed from this study offered an explanation of barriers to smoking cessation in Malaysia. We have revised the manuscript to make the theory clear to readers. This can be found in the manuscript as follows:

ABSTRACT: Results (page 2, line 12-24)

RESULTS: "A descriptive model from grounded theory" (page 14, line 24; page 15, line 1-15)

Comment: The authors established a model of barriers to smoking cessation. However the authors did not describe relationships among the five themes in the model, as shown in figure 1.

Response: Thank you for the suggestion. The relationships among the five themes in the model have now been described under subheading "A descriptive model from grounded theory" (page 16, line 5-15).

The short, the medium, and the long term implementable strategies vis-à-vis the 5 themes have also been proposed under subheading "Time frames for overcoming barriers to smoking cessation" (Page 16, line 17-21).

Comment: The authors may want to provide more information on sampling technique

Response: We have added some more information on sampling technique as follows:

Participants were recruited by purposive sampling. This is a "non-probability" and a criterion based sampling technique.¹⁷ Subjects were selected based on certain characteristics they have, which will enable a holistic and in-depth exploration of the research topic. (page 6, line 2-4)

Comment: As the participants are patients, there is a need for more information on the background of the participants.

Response: In table 2: study sample characteristics, we have added 2 more demographic variables namely, marital status and previous attendance at smoking cessation clinics. (page 8 and 9)

Comment: There are sentences which need clarifications:

Response: We apologise of the lack of clarity and therefore we have made some revision as follow:

Comment: "Over the past 12 months, 52.3% of its current smokers made an..." What does "its" mean?

Revision: Over the past 12 months, 52.3% of current smokers in Malaysia made an attempt to quit smoking.¹¹ (page 5, line 3)

Comment: In the section of "data collection" there are lots of term abbreviations. The authors should

provide full name of the terms when they appear the first time.

Revision: Fifty-seven one to one individual in- depth interviews (IDI) were conducted. IDIs were done by six interviewers in the team. . The team comprised of two family physicians and lecturers -Tan KC (male) and Chean KY (female) of Penang Medical College; three medical graduates awaiting internship posting - Liew KW (male),Tan CC (female) and Choi XL (female) and one medical student - Ooi ST (female) from Ireland. Chean KY provided training in conducting the interviews for the rest of the team. (page 6, line 19-26)

Comment: There is a grammar error with this sentence “Temptation cue was described as an environment where the presence of smokers, when cigarette was exposed or easily accessed.”

Revision: This sentence was deleted.

Comment: “I have been to smoking cessation clinic two times. It is just too troublesome” (Participant 27). It is important to give information on what the troublesome is.

Revision: “I have been to smoking cessation clinic two times. It is just too troublesome to keep going there.” (page 14,line 14)

VERSION 2 – REVIEW

REVIEWER	Aimei Mao kiang wu nursing college of Macau, Macau
REVIEW RETURNED	20-Nov-2018

GENERAL COMMENTS	Generally the manuscript is in good shape now. Still it needs minor revisions: I don't understand what mode of age in Table2 means. I suggest delete the category of “mode”. In the Discussion section, I suggest the authors delete the subtitles, such as “What is known?” The authors need more reflections on the Limitations of the study. More reflections need on the section of conclusions.
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VERSION 2 – AUTHOR RESPONSE

Reviewer: 3

Reviewer Name: Aimei Mao

Institution and Country: kiang wu nursing college of Macau, Macau

Comment: Please state any competing interests or state ‘None declared’: None declared

Response: This was done in page 17, line 5. We wrote “none declared”.

Please leave your comments for the authors below

Generally the manuscript is in good shape now. Still it needs minor revisions:

Comment: I don't understand what mode of age in Table 2 means. I suggest delete the category of "mode".

Response: Agree. We have removed the category of mode in table 2.

Comment: In the Discussion section, I suggest the authors delete the subtitles, such as "What is known?"

Response: Agree. We have removed the subtitles as suggested.

Comment: The authors need more reflections on the Limitations of the study.

Response: Thank you for your suggestion. We have added more reflection on the "Limitations" of the study. (Page 17, line 12-20).

Comment: More reflections need on the section of conclusions.

Response: Thank you for the suggestion. We have added line 6-9 on page 18.