

Peer Review Report

Review Report on Unveiling the Impact of Smokers' Self-Concepts on the Effectiveness of Smoking Cessation Campaigns: A Comparative Analysis of E-Cigarettes and Combustible Cigarettes

Original Article, Int J Public Health

Reviewer: Shehzad Ali

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EVALUATION

Q 1 Please summarize the main findings of the study.

The study investigates the association between self-concepts/self-construal of individuals, i.e. how they see themselves in relation to others (independent or interdependent) and intention to quit. This is investigated in relation to smoking preference (i.e. e-cigarette vs combustible) and also in relation to public health messaging to facilitate smoking cessation. Study 1 reveal that smokers with a strong interdependent selfconstrual are more likely to express an intention to quit smoking when using e-cigarettes as opposed to combustible cigarettes. In Study 2, e-cigarette smokers demonstrated a greater likelihood of expressing an intention to quit smoking when exposed to anti-smoking messages framed within an interdependent self-construal compared to those employing an independent self-construal framing.

Q 2 Please highlight the limitations and strengths.

Please see the next section for detailed comments.

Q 3 Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

Major

The authors should discuss the ideas of 'self-concepts' and 'self-construal'. These may be common in the psychology literature but many public health practitioners will be unfamiliar with these concepts. In the same vein, I would discuss the meaning of 'high levels of independent self-construal'.

I would also distinguish between ties with own family members and other members of the society, including colleagues. Concerns based on 'social ties' tend to be different between these two groups. As a result, public health messaging that focuses on exposure to the family members are likely to have greater effect as those that focus on impact on the wider society.

The sex distribution of the sample (85% male) needs to be discussed and justified. Does this represent the smoking population in Korea?

It is unclear why linear regression was used for the smoking intention variable which is measured on a seven-point Lickert scale. Would an ordinal regression not be more appropriate in this case?

The variable for smoking type (e-cigarette vs combustible) seemed to be based on participant preference rather than actual smoking behaviour/consumption? Is this the case? The appendix should include the questionnaire.

Another concern is that the underlying assumption here is that self-construal and smoking behaviour (e-cigs or combustible) are independent of each other. This is a strong assumption.

The following sentence in relation to the methodology is unclear and needs to be explained better: "the level of interdependent self-construal, representing the cultural background of the subjects".

It is not conventional to present Results under the Methods section. I understand that the authors want to separate out studies 1 and 2 but they should use appropriate headings.

In the results section, the following sentence seems to suggest that the respondents had both behaviours (e-cigs and combustible) which is probably not the case. "smokers with strong interdependent self-construal tend to exhibit a stronger intention to quit smoking "when using e-cigarettes as compared to combustible cigarettes"".

The main effects in study 1 were not significant. The implications of this needs to be clearly stated.

It is not clear how the investigators came up with the sample size of 125 for each study. Was this based on a sample size calculation?

Minor

Abstract:

Secondhand smoke only introduced in the conclusion part. Its not clear how this is relevant to studies 1 and 2.

Contribution to the field section basically reiterates the abstract which is not the purpose of the section.

The abstract and the contributions sections do not discuss the context of the study, i.e. the country where the study was conducted.

Others:

The dependent variable, i.e. intention to quit, was explained in more detail in study 2 but very briefly in study 1. It should be the other way around. Both studies use the same scale.

PLEASE COMMENT

Q 4 Is the title appropriate, concise, attractive?

No, this could be better

Q 5 Are the keywords appropriate?

Yes

Q 6 Is the English language of sufficient quality?

Yes

Q 7 Is the quality of the figures and tables satisfactory?

Yes.

Q 8 Does the reference list cover the relevant literature adequately and in an unbiased manner?)

Yes

QUALITY ASSESSMENT

Q 9 Originality



Q 10 Rigor



Q 11 Significance to the field



Q 12 Interest to a general audience



Q 13 Quality of the writing



Q 14 Overall scientific quality of the study

☒☒☐☐☐

REVISION LEVEL

Q 15 Please make a recommendation based on your comments:

Reject.