

Letter to the Editor

Re: Pneumococcal and Influenza Vaccination Status of Hospitalized Adults With Community-Acquired Pneumonia and the Effects of Vaccination on Clinical Presentation

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Dear Editor,

A very informative article was published in the *Turkish Thoracic Journal* in 2019 titled “Knowledge of Physicians about Influenza and Pneumococcal Vaccination”.¹ We have read this article with great interest and consider it to be much-needed research. The article highlights a very clear issue in our healthcare system about doctors not being as educated as they should be with regards to the Pneumococcal and Influenza vaccinations in the adult population. However, we have identified some aspects of this research article that would benefit from further clarification from the author to maximize the paper’s reach and further benefit the reader.

First, the keyword “physician,” while useful, could have been broken down into more specialist doctor titles. For example, the results from the research conducted found “the knowledge level of pneumococcal vaccination in GP was found to be statistically lower than in specialists”. Therefore, it would be beneficial to add “GP,” “General Practice,” or “General Practitioner,” as additional keywords for those working in GP to be better targeted by the paper.

Second, the researcher mentioned a questionnaire provided. However, there was no mention of the method of providing the questionnaire. For example, was the questionnaire provided via electronic communication such as email or was it provided through the post? Moreover, although the researchers declare the questionnaire as a self-administered questionnaire (SAQ), they do not describe the limitations of using an SAQ. This is important to highlight as questionnaires answered without observation are subject to external factors that influence the accuracy and quality of the responses. While the researchers aimed to limit some of these factors by making the questions closed-ended and limiting to only 10 questions, some factors were not accounted for. For example, participants were able to seek external help to improve their performance in the questionnaire and may have done this for a number of reasons. One such cause would be social desirability bias, whereby a participant may aim to improve their performance to better present their specialty compared to the others tested.

Furthermore, while the paper collects some valuable research from various specialties, we feel the authors may have missed a valuable opportunity to compare the levels of varied knowledge between specialties. The paper largely compares “GP” and “specialists” as 2 separate groups when making their conclusive statements. However, it is clear from Figure 3 that these “specialists” were further broken down to 5 different specialties. Thus, for added benefit, the authors could have added a few sentences on how these different specialties compared.

Overall, the researchers have done an excellent job in reporting their findings. They have informed readers about the importance of educating ourselves on the benefit of influenza and pneumococcal vaccines. We believe that highlighting the aforementioned issues will further strengthen the paper and make it more acceptable.

REFERENCES

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