Author's response to reviews

Title: Attitudes, norms and controls influencing lifestyle risk factor management in general practice

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Author's response to reviews: see over
RESPONSE TO EDITOR’S REQUESTS AND REVIEWERS’ COMMENTS:
Attitudes, norms and controls influencing lifestyle risk factor management in general practice

Thank you for comments and suggestions to improve this manuscript. Please find below specific responses to the reviewers’ comments that have been addressed in the updated manuscript.

REFEREE 1:
Minor essential revisions
“nevertheless it is unclear if saturation point was reached”
Further details of the method have been provided, with explicit statement that data saturation point had been reached.

“So (as the authors stated in their conclusion) this is not a random sample of Australian GPs so this could influence very badly the results of this study and make them less commonly applicable”
Further statements have been added regarding the self-selected nature of this sample of GPs (under Characteristics of the sample of GPs), and caution regarding transferability of results (first section under Discussion).

“It is also unclear if the “health check” was clearly defined or not for the GPs? If there were guidelines for implementation purposes? p11 ‘asked how they would proceed with intervention, there was a variety of responses’ “
Further details of the health check have been added to the manuscript under Background, which reveal both the non-standardised approach to implementation of a health check, but also what each consultation should include. Further reference to the non-standardised approach has been added under Results – managing multiple SNAP factors

“…not clear how (the authors) got this model (Theory of Planned Behaviour) and not another”
Additional details regarding the choice of Theory of Planned Behaviour have been added in the new Analysis section of Methods, with reference to other theories that were not chosen and why.
REFEREE 2:

Major compulsory revisions

“I miss crucial info on the 45-49 year health check. Is it a national guideline? What is the content? How should this patient group be approached?

Opportunistic case finding, or systematic screening by inviting all 45 year old patients for a health check consultation?”

Similar to reviewer 1 comments & response – further details added under Background, with more details of potential patient engagement outlined.

“Why were the GPs interviewed twice? Is this not in fact a qualitative study with 15 interviews only? How about saturation of the data?”

Again, similar to response to reviewer 1, more details of method have been added, with statement regarding data saturation, and two stages of the interview outlined.

“The GPs did self-select, so selection bias is probably existent. It seems a group of GPs participating in a motivational interviewing training. The authors should describe the characteristics of the population at the beginning of the results. Please reflect on the magnitude of the selection bias in the discussion.”

Potential bias inherent in this sample has been discussed in an added section “Characteristics of the sample of GPs” in the Results section. Additional information had also been added. The potential bias has also been reinforced with further reference cautioning transferability in the Discussion.

Minor essential revisions:

“I am surprised that there is no text on the approaching procedure of the patients for such health check. How did it go, according to the GPs? Do patients show up? Do the GPs view problems or challenges?”

The intent of this research was limited to identifying barriers and facilitators to delivering preventive care during a health check. As the majority of the GPs’ experiences with the health check were with patients who had been specifically recruited for a recent study, this factor was not addressed. However a reference has been added to the prior study (Amoroso, Harris et al. 2009), which gives further details of patient involvement and recruitment. Follow-up of patients may be undertaken opportunistically or by specific arrangement (as outlined in ‘Arranging follow-up appointments’ in the Results section), reflecting a variety of approaches employed by the GPs.

“It took me some time to find out what the acronym SNAP means. So, make it more clearly in the second paragraph of the background, eg by using bold letters”

Done

“Did the researchers code each interview, independently from each other? How about discrepancies in coding?”

This is addressed by added detail in the methods section.

“The fact that risk factors are often clustered within the same patient is typical eg in cardiovascular risk. Therefore the part on Managing multiple SNAP factors is highly relevant. I would have expected more discussion on this issue, eg reflection on shared decision making.

As mentioned, the majority of GPs stated that patient-led decisions regarding which factor to address first was preferable, a variety of responses were nonetheless evident reflecting
different approaches. GPs’ responses to motivational interviewing also reflected aspects of shared decision-making. Shared decision-making as a separate entity was not explicitly addressed by the GPs, nor by the researchers in the analysis. The degree to which GPs embraced shared decision-making is implied in the variety of approaches used. It was not the intent of this research to identify aspects of shared decision-making within the health check; however it has potential for further research.

**Discretionary revisions**

“Page 7: What is Lifescripts. You refer to the website, but can you tell us a bit about it in a few lines?”

Further information added to manuscript

“Page 11: transfer text on theory of planned behaviour to the analysis section of the methods”

A new subheading “Analysis” has been added to the methods section, with all text on Theory of Planned Behaviour transferred.

“page 11 and 12: ”attitudes, expectations and controls” in the text and ”attitudes, norms and controls” in the figure. Confusing.”

Text changed to include norms.

“page 12: I do not agree that the clinicians feeling about their own effectiveness is part of attitude. It is part of controls, to me known as perceived behavioral control or self-efficacy.”

It is the authors’ understanding that the attitude as described by Azjen reflects the evaluation of the behaviour with the ultimate outcome. In this context we have take the position that it is thus the degree to which the GPs hold the attitude (or believe) that a successful outcome can occur (that is, a change in patients’ behaviour). We agree that how the clinician perceives each aspect of his/her delivery of care (both real and perceived) is part of control, but the belief that this care will actually provide an ultimate outcome is an attitude. We have added more detail with further reference to Azjen’s work in the section outlining the Theory of Planned Behaviour, in addition to additional statements in the early part of the discussion.

**EDITOR**

“Include more context information in the background of your abstract, in addition to the aims of your study”

Further detail added to abstract.

Amanda Ampt is the corresponding author during the process of review. If accepted for publication, the authors request that Prof Mark Harris (m.f.harris@unsw.edu.au) become the corresponding author.

Yours sincerely

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