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
Dear Sir/Madam

RESPONSE TO EDITOR’S AND REVIEWER 2’S 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 reviewer’s and editor’s comments that have been addressed in the updated manuscript.

REVIEWER 2:
Minor points that are still unclear:

1. “It has not become clear to me what the status was of the second stage of the data collection. Why was a second interview undertaken? Was it a kind of member check? It is not a well-known method to me. It would have been interesting to read what the surplus value of the second interviews was. Did the GPs come up with additional or different info or opinions in the second interview? I keep having the impression that it would have been more worthwhile to have spend this energy on raising the number of professionals to be interviewed”.

   The purpose of the second interview was to discuss the initial findings, seek validation by checking our interpretation of the data and further discuss more details regarding individual SNAP factors. This method of data validation is also known as communicative validation, and is discussed by Felicity Smith in “Research Methods in Pharmacy Practice” p254. Further additions have been made to the methods section to illustrate and clarify the second interview.

2. “The transcripts were professionally transcribed. What do you mean with professionally? And checked for accuracy by the two interviewing researchers. Accuracy check?”

   The transcripts were transcribed by a transcribing service. The transcriptions were then read by the interviewing researchers while listening to the audio files of the interviews. We have clarified this in the methods section with small addition to the wording.

3. “The answer on my remark on clustering risk factors in patients is a bit strange. "It was not the intent of this research to identify aspects of shared decision making". This is qualitative research, so the aspects to be identified come bottom-up from the interview material facilitated by open questions. But apparently problems with decision making on how to reduce cardiovascular risk was not mentioned by the participants”.

Amanda Ampt
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The original comment and response was:

“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.

Shared decision-making is embedded in the analysis (eg motivational interviewing, responding to patients’ choices in change strategies). However, the guiding research questions were looking at the influencing factors of deciding to screen and provide interventions for SNAP behaviours. The clinicians made little reference to shared-decision-making in the interviews.

EDITOR:

Please also do the following:

Relate, more clearly, the structure of the results to the research questions and each box of Figure 2 to the results.

Additions have been made to the headings under results section to relate them to the original research questions, which have now been numbered.

Additions to the text regarding the model presented in Fig 2 have been added under the section Theory of Planned Behaviour. The model presents themes that weave throughout the results and many features are common to all three research questions, hence we believe cross-referencing in detail may be repetitive and cumbersome.

The manuscript has been checked once again for formatting, and conforms with the journal’s requirements.

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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