Author's response to reviews

Title: Challenges in identifying barriers to adoption in a theory-based implementation study: lessons for future implementation studies

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Author's response to reviews:

We were very grateful for the constructive feedback that we received from both reviewers, especially given the length and complexity of the paper; it has helped reshape what we feel to be a much better paper now. A number of comments were made by the two reviewers, which we summarise below, alongside our comments as to how we have addressed these in our revised paper.

1. To make the focus clear and consistent (both reviewers): the paper is now clearly focused on illustrating, through use of our case study, the challenges of conducting a 'diagnostic analysis' to identify factors influencing adoption of a recommendation. This compares with the original submission which, as pointed out by the reviewers, at times focused on the barriers health professionals reported as influencing innovation adoption. We have edited the abstract to ensure it mirrors the rest of the paper; edited the methods section to focus on decisions made when operationalising the factors from the underpinning framework, and to highlight the strategies used to try and boost the response rate; and through significant changes to the results and discussion section. Compared with the original submission, these sections have been combined, starting with an outline of the response rate and impact of strategies to boost it, followed by a detailed discussion of the key challenges we experienced in engaging health professionals in the process. The tables and findings presented originally in the results section have now been made into an 'additional file' for the interested reader as they do not fit with the focus of the paper, as pointed out by both reviewers. We are happy for this additional file not to be included if it is felt to be unnecessary.

2. Strategies used to boost response rate and their impact: the strategies used to try and boost the response rate are outlined in the methods section, with their impact outlined at start of the results section due to the low response rate being critical to the subsequent focus of the combined results and discussion section.
3. Is the conclusion that the clinical topic hampered response rates supported by the data and are there ways to overcome this? A more detailed and critical discussion of this assertion is provided in the combined results/discussion section.

4. Why were three of Greenhalgh et al's factors focused upon? Why were they operationalised in this particular way? To address this, greater detail about how the clinical topic was selected is provided in the background section, as three other factors from Greenhalgh et al's framework were explored during topic selection, before we performed the diagnostic analysis. More detail regarding how we conceptualised and measured the factors is provided in the methods section.

5. Qualitative section - why did you focus on these three topics? More detail regarding the purpose of the qualitative interviews and what they covered is provided in the methods section.

6. Cook et al (2012) have also operationalised Greenhalgh et al's framework, this should be referenced: this paper was not published at the time of submitting our paper; however, reference has now been made to this paper towards the end of the discussion section. Thank you for making us aware of it.

7. More details required regarding the 'objective ratings' of the recommendation by the team: as the focus of the paper is now 'challenges', the analysis of the questionnaire data that this point relates to is no longer in the paper, although a sentence has been added into the discussion section regarding the fact that we reviewed the NICE guidance and literature to assess the recommendations strengths.

8. How did you engage study participants? This has been addressed through providing more detail in the background and methods section regarding how we selected the topic through engagement with stakeholders and through surveying the local health professionals.

9. Case study approach: we removed reference to the case study method as given the length of the paper we felt that this added yet another layer of complexity into it for the reader and was not critical to the ethos or focus of the paper.

10. Study limitations: given the nature of this paper is on illustrating challenges; limitations to our study are outlined throughout the discussion section. However, these are pulled together towards the end of the discussion section, leading into future recommendations.

We hope that our response to the reviewers' comments is satisfactory; we
agreed with all of them and have attempted to address all of them. The biggest change to the paper has been to ensure the consistency of the focus is maintained throughout the paper, with the other changes smaller in nature and complimenting this main change. We look forward to hearing your response,

Yours sincerely,

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