Author's response to reviews

Title: Bridging the gaps among research, policy and practice in ten low- and middle-income countries: Development and testing of a questionnaire for health-care providers

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Author's response to reviews: see over
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Dr. Miguel Gonzalez-Block and Dr. Stephen Hanney
c/o Health Research Policy and Systems

Dear Miguel and Stephen,

We apologize for the delay in responding to reviewers’ comments. We have been trying to synchronize the processing of this set of papers with the set of papers containing the detailed findings from the use of the two questionnaires, and the latter were significantly delayed. However, we are now back on track. We just received word that the other set of papers will be published by CMAJ in late March or early April.

We provide below our responses to the two reviewers’ comments about our second paper (focused on providers).

Reviewer 1:
This is a generally well-written paper that provides an interesting account of the processes of developing a questionnaire covering an important topic in the area of research utilisation. It should provide a useful guidance for any other team planning to undertake surveys in this field.

There are several points where the paper could be strengthened. The following suggestions are based partly on my involvement in helping to develop the early stages of the overall project of which this survey eventually formed a part.

It would be useful to give some indication of the timescales of the development of the survey. For example, on p4 towards the end of the paragraph under the heading Questionnaire development, a sentence starts: ‘A pilot study conducted……………….’ But, as far as I understand it, this pilot study preceded use of the CHSRF framework as an organising framework. I suggest it might be more accurate to start that paragraph something along the lines of ‘In 2002-3 a preliminary study conducted in four countries [existing text…………………] started the process of identification of relevant conceptual domains and questions. From 2003 it was taken forward using an organizing framework drawn from the framework for capacities to bridge the gap between research and actions…….. etc’ [as in existing opening sentence]. Another advantage of referring to the 2002-3 study as a preliminary study (rather than a pilot) is that on pp6 and 11 reference is made to piloting the questionnaire, but this is piloting the final version not the version currently described on p4 as a pilot study. The above points are also relevant for the strengths of the study described on p12.

- We have amended the text as suggested by the reviewer.

It might also be helpful to give a reference for the 2002-3 study, as is given in the linked paper from Cameron et al.
We have added a sentence and the associated references

P12: the discussion of the Principal findings refers to the possibility of omitting the first 5 items in Landry’s list. I think this section needs the reference to be added for Landry’s scale, and also needs a little more analysis. Landry’s scale itself builds on the well-known Ladder of Research Utilization from Knott and Wildavsky. Not only should this too probably be referenced, but also I think there should be some discussion of the possibility that the high Cronbach alpha for these items might have been a result of them not being explained sufficiently well in the survey, rather than just being an indication of redundancy. Whilst there may be some element of redundancy in the Ladder of Research Utilization it does not seem to me to be appropriate to suggest deleting the first 5 items.

We have re-written this section as follows: “The questionnaire has high Cronbach’s alphas (> 0.90) for two domains, suggesting some item redundancy. Consequently, pairs of items (DARE / Cochrane Library, HINARI / other open access initiatives, and international / regional bibliographic databases) can be reduced in number. Also, the first five items (reception, cognition, discussion, reference, and adoption) in Landry’s extent of research utilization scale (based on the work of Knott and Wildavsky [22]) can conceivably be omitted. However, given the possibility that linguistic or cultural differences may have affected providers’ interpretation of these items, additional research is needed before recommending that these items be omitted.”

I asked a colleague to conduct a statistical review and he thought at a general level the statistics in the 2 linked papers looked fine but made the following comments:

1. On p6 reference is made to ‘at least 100 health-care providers for each topic’: it would be useful to give a reason for this selecting this number;

   We have added a sentence.

2. On p8, in the Results section, the response rate is given as 0.92: it would be better as 92%.

   Changed.

3. On p13 it is explained that test-re-test reliability was not done: it would be helpful to say why not, especially as it is recommended that anyone else using the questionnaire should do so.

   We have added this information.

Level of interest: An article whose findings are important to those with closely related research interests
• No response required.

Quality of written English: Acceptable

• No response required.

Statistical review: Yes, and I have assessed the statistics in my report.

• No response required.

**Reviewer 2: Lisa DeMaria**

Review of “Bridging the gaps among research, policy and practice in ten low- and middle-income countries: Development and testing of a questionnaire for health care providers”

This manuscript presents findings from a study to develop and validate a questionnaire to examine health care providers’ views about using research evidence and how they use this evidence in their work. The manuscript is clearly written and well-structured. The methodology and findings are clearly presented and the analysis employed is appropriate. Overall, I find the article acceptable for publication, yet suggest some minor changes, aimed primarily at expanding and strengthening the discussion section, to further improve the manuscript.

Discretionary Revisions

The following comments apply to the discussion section.

The questions 9 and 10 in the questionnaire address knowledge and practices specific to providers’ clinical domains. It would be pertinent to address more clearly how this part of the questionnaire could and should be adapted to other, and potentially more complex, health interventions (e.g. use of MgSO4 for management of pre-eclampsia, prescription of first line ART for HIV infected individuals, management of diabetes). Would the authors recommend that this questionnaire be used for more complex health problems? What factors should be taken into consideration when using this questionnaire for more complex health interventions?

• We purposely decided not to discuss specifically the knowledge and practices questions in this article. The knowledge and practices questions are different for each clinical area, and hence were only asked in four of the ten countries (per clinical area). We also feel these questions are more context specific. We plan to analyze these questions in a separate article, which is in the process of being drafted.
For those two domains in which Cronbach’s alpha was low, what observations can the authors make and what (if any) adjustments should be made to the questionnaire to address this point?

- As suggested by the first reviewer, we have provided additional information along those lines.

Finally, it would be useful for anyone wishing to follow up on survey results to include the URL where the first citation may be accessed.

- We have added a reference for both results articles (researchers and providers) and for development/validation researchers article.

**Level of interest:** An article of importance in its field

- No response required.

**Quality of written English:** Acceptable

- No response required.

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

- No response required.

We have also added statements about authors’ contributions. To summarize them here, the named authors meet (or will meet) the three criteria of the International Committee of Medical Journal Editors, namely that they: 1) contributed substantially to the conception and design of the studies, the collection of data, and/or the analysis and interpretation of data; 2) drafted the papers and/or revised them critically for important intellectual content; and 3) will give final approval of the version to be published. The group authors contributed to the conception and/or design of the studies, the collection of data, and the revision of draft papers.

Thank you for considering this revised paper, along with the accompanying revised paper (focused on providers) for publication in Health Research Policy and Systems.

Sincerely,

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