Reviewer's report

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

Version: 2 Date: 11 March 2009

Reviewer number: 1

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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

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]. 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.

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.
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.

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

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

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