Reviewer's report

Title: From recommendation to action: Psychosocial factors influencing physician adoption of Health Technology Assessment recommendations.

Version: 1 Date: 9 February 2006

Reviewer: Jill Francis

Reviewer's report:

General
This research paper reports a study of the use of the Triandis Theory of Interpersonal Behaviour to predict the intentions of ophthalmologists and orthopaedic surgeons to use specific HTA recommendations. This approach is both novel and useful. Methods are appropriate to the research question, rigorously applied and clearly reported. The results are convincing and non-trivial. This work could lead to the development of evidence-based interventions to increase the utilisation of HTA recommendations. Overall, the work is scholarly, important and interesting.

I thank the authors for submitting this manuscript and the IS editors for asking me to review it. The paper was both interesting and enjoyable.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

- These were fairly small samples for this type of analysis and it is important to include some kind of argument to convince the reader that the statistical solution is robust.
  - Given the first dot point under Discretionary Revisions (below), I doubt that it is valid or informative to report descriptive statistics for the ‘total sample’ (Table 1). If the samples represent different medical specialties, with different demographic characteristics, who are considering implementing different HTA recommendations, then I think we are talking about two different studies, albeit using parallel methods and measures. I would favour deleting the “total sample” columns from Tables 1 and 2. This would have the effect of making Table 2 redundant, as all the descriptive data would then be contained within Table 3. I would then favour replacing Table 2 with a table of zero-order correlations to support the regression analyses.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

- ‘Priorisation’ is not, strictly, a word in English and could effectively be replaced by ‘prioritisation’.
  - On p. 3, change “the extend to which” to “the extent to which”
  - On p. 3, change “not always used directly into decision making” to “not always used directly in decision making”
  - On p. 4, change “CATHAR” to “CAHTAR”.
  - On p. 4, change “Habit influences directly the behaviour” to “Habit directly influences the behaviour”.
  - On p. 5, change “how she or he should behave given its belonging” to “how she or he should behave given her or his belonging”. [This is a bit clumsy but better than current version.]
  - On p. 5, for “adoption of technical and clinical innovations”, do you mean “adoption of technical and administrative innovations”?
· On p. 6 in several places, change “modal salient” to “modally salient”.
· On p. 6 and several other pages, adopt consistent use of either “speciality” or “specialty”. (I personally prefer “specialty”).
· On p. 6, change “to assess each theoretical constructs” to “to assess each theoretical construct”.
· On p. 8 and elsewhere, change “dependant” to “dependent”.
· On p. 8, insert Table 3 one paragraph earlier (above “Therefore”)
· On p. 8, change “might had different determinants” to “might have had different determinants”.
· On p. 9, change “personal moral or principles” to “personal morals or principles”.
· On p. 9, change “was only significant in the ophthalmologists group” to “was significant only in the ophthalmologists group”.
· On p. 11, change “This study provides a model for applying a social psychological model” to “This study demonstrates the application of a social psychological model” [or some wording that does not suggest a model nested within a model]

Discretionary Revisions (which the author can choose to ignore)

· The contrasts between the two samples are reported and discussed at some length. For example, the ophthalmology group is predominantly female, under 40 years of age and therefore less clinically experienced than the orthopaedic surgeon group, which is predominantly male and over 40. On p. 9 the authors report some kind of additional analysis attached to the regression analyses that indicated no significant effect of such variables. Nevertheless, I can’t help being rather sceptical about this finding and would like to see some more detail (eg were these variables entered into the analysis hierarchically after the theoretical constructs, or were they all entered at the same step, and was the analysis including all the predictor variables sufficiently powered for a reasonably low probability of Type II error?) An important consequence of my scepticism here is that, if the reader believes that the differing results actually reflect different demographic profiles in the two samples rather than differences between the HTA recommendations or medical specialties, then the primary interpretation, the “major finding of the study” (p. 9), becomes less credible.
· The addition of professional norm to the Triandis model is a very interesting development and I note that it is also sometimes used to extend the Theory of Planned Behaviour. Work with this sub-construct is not extensive but it is plausibly related to health professional behaviour to a greater extent than behaviour more generally. Given its relative novelty, I would like to see the presentation of a little more psychometric data here. For example, although internal consistency of Personal Normative Beliefs (PNB) was high, it is not obvious to me that Professional norm fits within PNB and not within Social Normative Beliefs. That is, I would like to see some evidence of discriminative validity with respect to this component of PNB. If this work has been reported elsewhere, a brief sentence with the citation would be a worthy addition. I realise that the regression results (Table 4) indicate that the two normative belief variables independently accounted for variance in intention scores, but it is nevertheless possible that professional norms represent overlapping content between these two variables. A table of bivariate correlations of all the theoretical constructs would perhaps be informative in this respect.
· Figure 1 gives a clear representation of the adapted Triandis model. However, I was a little puzzled by the arrows indicating “new” hypotheses. If the direct links between intention and both habit and facilitating conditions are indeed new, then it would be useful to include an argument about why this theoretical development is plausible. Some would argue that these two constructs bypass the cognitive route, and it would be interesting to read a different line of reasoning in terms of the assumption that responders are able to articulate intentions in this context.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of outstanding merit and interest in its field
Quality of written English: Acceptable

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