Reviewer's report

Title: Documenting the experiences of health workers expected to implement guidelines during an intervention study in Kenyan hospitals.

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Reviewer: Jill Francis

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Manuscript Title:
Documenting the experiences of health workers expected to implement guidelines during an intervention study in Kenyan hospitals

Reviewer: Jill Francis, PhD, C.Psychol.

General comment

I enjoyed reading this manuscript. It documents important research into the processes and challenges of implementation of evidence-based practice in Kenyan hospitals. I can see from the comments of the editor and previous reviewers that the authors have already improved the manuscript considerably. It is clear and readable. A particular strength of the study is its multi-level focus, identifying implementation issues at the level of institution, health care team and individual health care professional.

Given that the authors have chosen to adopt a theoretical framework (as opposed to analysing the data using a fully ‘emergent themes’ approach), I think further improvements can be made in terms of identifying how these frameworks were used to develop the study materials and how the analysed themes map on to the theoretical constructs, domains and levels. I have made more specific suggestions in the sections below.

The Conclusions section appears to be a summary of the results rather than a set of Conclusions. It is helpful but could go further in answering the “So what?” question. From the authors’ extensive experience in delivering this intervention and investigating the perceptions of those to whom it was delivered, they are now in a strong position to make recommendations for (i) further exploratory research, (ii) enhanced interventions and (iii) the theoretical frameworks that might be most relevant to this context. I would thus welcome a more speculative – and even visionary! – statement in the Conclusions section.

Major Compulsory Revisions

1. Table 1 is confusing. It appears to present “elements” or components of the intervention (Page 5) and “mechanisms” of change (Page 5), but the Table title refers to “aims” of the intervention and “envisaged barriers” to achieving the aims. I am unclear who envisaged these barriers. Are they barriers to delivering
the intervention or barriers to implementing evidence-based care? Are the barriers the results of the interview study or the result of research team discussion? If they are study results, it would be better to report them as a separate table in the Results section. If Table 1 refers to the delivery of the intervention it would be better to re-structure it, perhaps under the following Column headings: Behaviours targeted for change; Intervention components; How they were delivered; Theoretical domains (or constructs) that each component is proposed to influence (i.e., mechanisms of change).

2. The study tools (Page 6) were informed by the Theory of Planned Behaviour and the Theoretical Domains reported by Michie et al (2005). I take it that these study tools consisted of the interview topic guide. This guide should be uploaded as an additional file and readers would need an explanation precisely how it was informed by these theoretical frameworks. If the frameworks were used not to inform the topic guide but to inform that analysis, this would be acceptable but should be made clear.

3. Given that the analytic approach corresponds to ‘framework analysis’, then instead of creating category labels, you could use labels indicated by the theoretical frameworks that the study is based on (i.e., either the TPB or the Theoretical Domains) and then also, as you have done, identify any data that was not covered by these categories. This would avoid the problem, in the reported analysis, of creating common sense labels that duplicate the labels proposed by the theoretical frameworks. Furthermore, the label “negative outcome expectancy” (page 12) is not a common sense label; it reflects a theoretical construct from Social Cognitive Theory, which is not one of the theories on which the study is based. I would thus recommend that the authors reconsider the labels used for the 10 themes reported in the Results section.

4. In the Discussion section (page 12) the authors begin to map the results onto the labels of the theoretical domains but “self-efficacy” is a theoretical construct, not a theoretical domain. (This should be “beliefs about capabilities”.)

Minor Essential Revisions

5. The Introduction contains several instances of wording that I found puzzling and this became somewhat distracting. I have listed these below and suggest that these be reworded if possible:

   a. Page 4: “adopted by rational health care practitioners” (as opposed to irrational health care practitioners?)
   b. Page 4: “EBM has been widely adopted in theory” (better to say ‘endorsed in theory’, as adoption implied action which is inconsistent with ‘in theory)
   c. Page 4: “these are endorsed” (the referent for ‘these’ is unclear but appears to be ‘children and newborns’)
   d. Page 4: “through the introduction of best-practice guidelines” (sentence structure suggests that the intervention consisted of this ‘introduction’, but this feels inadequate as a description of the intervention)
   e. Page 4: I am not sure what a “job aide” is.
6. The first paragraph on Page 5 (commencing, “the starting plan”) would fit better in the Introduction than Methods, as it further describes the rationale of the study rather than what was actually done.

7. On Page 5, the citation style changes and this should be changed to be consistent with the journal’s requirements.

8. On Page 5, under ‘General Study Approach’, the text slips into the language of causation at “to identify the ... experiences ... that influence...”. This should be changed to “reported to influence” or “thought to influence” or “may influence”.

9. I read the main text first and then the Abstract (which helps me to identify correspondence between the Abstract and the main text). Some information in the Abstract was very helpful, but surprising, and I had not noticed this in the main text. It would be helpful to ensure that the following points are represented in the main text (or presented more clearly):

   a. The study reported here was conducted in the “early phase” of an intervention study. Greater clarity is needed in the Methods section about what this means and precisely when the interviews were conducted in relation to the delivery of the intervention.

   b. Results were discussed with “four ... within-hospital facilitators”. The Methods section did not report that there were four. I assume these facilitators were the people who delivered the intervention but this could be made clearer.

10. At Page 6, I do not understand the text at “beliefs about outcomes attributable to the guidelines”. I think the authors mean “beliefs about consequences that might follow the performance of guideline-recommended behaviours”.

11. At Page 7, what is meant by “interview [transcripts] ... were cleaned”? Were they anonymised?

12. On Page 15, the last complete is unclear and would benefit from re-wording.

13. Re-wording would also be helpful on Page 16 at “What developing countries studies have been done...”

### Discretionary Revisions

14. On Page 16, the discussion of the reluctance of clinical officers to accept change could potentially fit into a consideration of the literature on the influence of “experts” and the way they process new information.

In summary, I apologise for this long list of suggestions but I hope the authors can see that I found this study to be extremely interesting and the manuscript to be well written in a way that was very engaging. I recommend publication of this paper in Implementation Science if the authors are able to make the suggested changes.

**Level of interest:** An article of importance in its field
Quality of written English: Needs some language corrections before being published

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

Declaration of competing interests:

I declare that I have no competing interests