Reviewer's report

Title: Multiple goals and time constraints: perceived impact on physicians' performance of evidence-based behaviours

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Reviewer: Rebecca Lawton

Reviewer's report:

I read this paper with interest because I agree with the authors contention that behaviour rarely occurs in a vacuum without competition for time and information processing resources from other possible behaviours. The authors present the argument that during a diabetes consultation GPs have multiple goals and possible behaviours and that these may interfere or facilitate one another. The nature of the facilitatory and interfering behaviours relating to the performance of two key behaviours - prescription of anti-hypertensive medication and the provision of physical activity advice, are explored in a qualitative study. The novelty of this approach is a strength of the paper. However, there are a number of weaknesses that mean that some further work is required before publication.

Minor Essential Revisions

The TPB is employed as a theoretical framework from which this research emerges and the authors argue that 'investigating the influence of performing multiple goal-directed behaviours may help to better understand the performance of a particular evidenced behaviour, thereby potentially improving the TPB's utility'. This statement lacks clarity and it might be clearer if they were to suggest how the model might change to accommodate these ideas. The term goal conflict is introduced later (on page 10) without any explanation in the Introduction. This term seems to be used interchangeably with goal interference - are these the same?

The authors describe two aims of the study and it is not clear that with a qualitative study of this kind they can adequately address the second of these aims: to assess whether this augments the information provided by single-behaviour approaches. The authors should explain how the study reported in this paper fits within the series of studies and be clear about separating the aims of this study from those of the programme of research as a whole.

The authors should provide some further explanation of the following in the Methods section:

1) What is meant by a diversity sample?
2) The interview topic guide should be included perhaps as appendix
3) What were GPs told about the nature of the study?
4) Reference is made on page 9 to random sets of transcripts - please clarify how
many transcripts were provided in each case

The Discussion does not reflect the qualitative nature of the study which, in fact, might be better framed as an investigation of the behaviours and factors that GPs report interfere or facilitate the performance of two key behaviours in diabetes consultations. The authors need to be cautious about making claims about association and causation e.g. pages 15 and 16 when reporting qualitative findings.

There seems to be an important point that is not made entirely clear here that prescribing behaviours might better reflect the perceived primary function of GPs to diagnose and treat rather than prevent disease. There is something important here to be said about prescribing fitting better within the culture (perhaps conceived as the pattern of behaviours or the way we do things) of GP consultations.

Is there evidence for the claim in the discussion that begins 'When discussing facilitating goal-directed behaviours...' (page 18)? If so, this evidence needs to be reported in the Results section. The remainder of this paragraph would benefit from greater clarity.

Discretionary revisions

The term 'lost compliance on page 11' might not be immediately obvious to some readers.

The authors might also want to consider the notion of goal conflict in the discussion. For example, there is a strong policy drive towards patient involvement in decision making and yet patient preference may sometimes conflict with the goal of prescribing.

My reading of the section on Intention (page 12) was that the notion of an intention that one enacts during a consultation might not sit very comfortably with the responses of the GPs. Most appear to indicate that they are responding directly to the situation e.g. the needs of patients, the drugs that they are already on and that the uncertainty surrounding a consultation means that they cannot specify their plans in advance. The authors might want to discuss these findings in the context of the TPB.

There are, of course, a variety of explanations as to why offering PA advice may not be a priority amongst GPs other than that there are no financial incentives. These include issues of competence and skill in the area of primary prevention as well as the possibility that offering PA advice can feel uncomfortable for both GP and patient.

It might be useful on page 21 to discuss whether data saturation was achieved with 12 participants.

**Level of interest:** An article of importance in its field
Quality of written English: Acceptable

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