Reviewer's report

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

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Reviewer: Florian Vogt

Reviewer's report:

This study addresses an interesting question about whether multiple goals in a clinical context facilitate or limit the performance of evidence-based behaviours and whether current theories, which mainly consider individual behaviours, and therefore might miss out on valuable information. Overall, this is a well written paper and the methodology is sound. I do however wonder whether the authors could be more critical about the decision to abandon current theories and adopt multiple goals. While the authors conclude that quantitative work is needed to assess whether considering multiple goals can predict behaviour over and above well measured current theories, considering individual behaviours, this question is not really addressed in the manuscript. In other words the authors may have been able to focus more on highlighting the differences between multiple goals and constructs in the existing theory used (i.e., TPB). For example by searching for qualitative differences in ‘beliefs about factors or circumstances that make it easier or more difficult to perform a behaviour’ (i.e. control beliefs) and ‘goals and behaviours that facilitate and interfere with performing a behaviour’. Because this issue was not addressed head-on, at least that was my impression, the reader is left with the feeling that the latter is simply a sub-construct of the former and therefore already addressed in existing theories of health behaviour; at least if they are well measured. I would like to this issue to be addresses somewhat more critically if possible.

- Minor Essential Revisions

  • Thematic analysis. The results section regarding ‘goal interference’ presents a deeper level of analysis that does not appear to be reflected in the content coding style described in the methods section. For example goal-directed behaviours are described as relating to relating ‘consultation in general’, ‘pervasive quality’, ‘transient’ in nature. These themes which are interesting seem to run across the themes chosen to represent the data (i.e. Table 1 = consultation, diabetes, GP factors). There appear thus to be two competing thematic analysis going on. This could be shaped up and may make the analysis more concise.

  • Separation between control beliefs and goal facilitation/interference. The authors describe in their methods section that control beliefs were identified as “any belief about factors or circumstances reported to make it easier or difficult …". Goal facilitation and goal interference on the other hands was described as
“goals and behaviours that GPs reported as facilitating and/or interfering with performing. I guess the big question for me reading the manuscript was are these two concepts different in a way that justifies them being considered as separate concepts. The question is whether one considers a goal or behaviour as a factor or circumstance. If one does, than one is just a more detailed description of the other. So for example, I have the “goal” of ‘treating acute illness’ and this would be reflected in the “factor” that I am not ‘having time’ enough to provide physical advice. While clearly one of these is a more detailed version of the other it probably does not mean that control beliefs do not include interfering goals. One could say that by asking questions about conflicting and facilitating goals one is able to construct a better measure of control beliefs however. The statement in the discussion “This study builds on this research by providing evidence that the perceived relationships between performing multiple goal-directed behaviours in a clinical consultation can usefully augment single-behaviour models such as the TPB to reflect the competing demands in clinical practice. (p15)” appears not to be fully supported at this time. Indeed the authors seem to state a bit later in the discussion that asking about multiple goals may allow us to better measure control beliefs of existing theories better “this study demonstrates that the goal interference construct allows us to identify a potential source of the identified difficulty of performing the target behaviour”. That is if one swaps the word ‘source’ with ‘factor/circumstance’.

• Separation between a good measure of intention and the need for multiple goals. The authors touch upon the difference between different types of intentions those that are priority and those that are not. Bandura talks about proximal and distal goals in his theory even though it would still be considered a theory looking at an individual behaviour. Perhaps assessing multiple goals in a measure of intention will explain additional variance. The question that remains somewhat is whether this means that the individual behaviour theories are no good or whether we haven’t yet found the best way of assessing intentions. Maybe one needs to measure intentions for an individual behaviour including prompting individuals about potentially conflicting behaviours.

• Recruitment. The authors describe that they used ‘diversity sampling’ without specifying more detail what that involved in practice. Could authors specify how the GPs were actually targeted? That is, presumably there are more than 14 GP that work in the Grampian NHS that would have fit the gender, age, practice setting mix. Was that done by randomisation? The response rate of 86% in the study is higher than anything I have seen for a study among health professionals, particularly interviews among GPs. There may be something to learn from the authors with regards to recruitment.

• Interviewee IDs. The authors describe that 12 GP were interviewed. Could it be explained why the numbering of the individual GPs (as seen from the representation of quotes) include JP005 but also the likes of JP019 and JP020. The later identifiers suggest that there were more than 12 interviewees.

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

**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'.