Reviewer's report

Title: Health professionals' provision of evidence-based physical activity advice: A theory-based multiple behaviours approach

Version: 1 Date: 2 May 2011

Reviewer: Mary E Jung

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Major Compulsory Revisions:
1) the length of time between baseline (when variables of primary concern in this manuscript are assessed) and follow-up assessment of primary outcome behaviour is reported, is 6 months. No rationale or explanation is provided as to why this time lag was so long, or how transient/stable measures of goal conflict or goal facilitation are. There is literature suggesting the appropriate length of time one can "safely" measure intentions and PA behaviour - this would be important for the reader to know as well so that the present study findings could be placed into context. I would encourage the authors to explain their rationale for the chosen measurement timepoints and the potential implications of trait vs. state goal conflicts and or facilitative GDB (e.g., is it plausible that goals and associated behaviours would have changed within 6 months?).

2) While reading the manuscript, I was trying to envision what types of goals would conflict or assist with the “focal GDB” for a health care provider. Could you please provide some examples of what types of goals/scenarios you might think health care providers might be experiencing when proving PA advice? I think this simple change will assist the reader with understanding what you are referring to.

Minor Essential Revisions:
3) Upon first read, it was a little unclear to me as to whom was perceiving PA recommendations to be in conflict or facilitating with their other personal goals—the health care practitioners or the patients. In other words, I didn’t find a section where it was clearly outlined that health care practitioners had a personal goal to encourage PA in their patients with uncomplicated hypertension, and had other personal goals to that would specifically influence that PA-Rx goal of theirs. If the authors are suggesting that the health care practitioners’ do not need to have a personal goal but rather a more “generic” practice-based goal (i.e., I strive to make all my patients with hypertension more physically healthy, and as such it is implied that I would want to tell them about PA), perhaps this could be specified? Based on goal literature, I would think that knowing whether goals were self-selected, assumed/implied or imposed is an important piece of information for readers to know.

4) I felt that there was a slight discordance between the concluding paragraph and the actual measures used in this study. I agree with the authors’
summarization of how this data may be used in the applied setting, but wonder if the beginning of this paragraph could be tweaked to more align with the measures used.

Discretionary Revisions:

5) With respect to whether the title and abstract adequately convey what has been found… I’m not sure if "evidence-based" is needed in the title?

6) I find some wording of a few sentences in the abstract and manuscript a tad confusing. Perhaps it is just me, but I wonder if the following statements could be clarified:

-ABSTRACT BACKGROUND "Goal conflict and goal facilitation may influence health professionals' performance of guideline-recommended behaviours". It comes across as if the professional is doing the performance of the behaviour, not prescribing it.

-pg 4, line 4 onwards

-pg 13, line 3 onwards

7) Use of the word “moderately” is used frequently when discussing relationships between study variables. Could you define and/or reference what you are terming “moderate”?

8) The authors are experts in the topic of goal conflict and goal facilitation – but the readers may not be. I wonder if a brief explanation could be inserted in the introduction as to why it may or may not be appropriate to have a bidirectional measures of conflict – facilitation? Just a suggestion for the reader’s sake.

9) It is reported that gender was assessed… do you mean sex?

Overall, I feel that this manuscript provides important theoretical advancements with respect to the study of clinicians' physical activity advice and recommendations. The exploration of goal conflict and goal facilitation when predicting volitional goal behaviour is sorely needed, and the authors do well to examine the potential influence these constructs have within the clinical domain. I commend the authors for completing this project with such a challenging population to recruit. While the response rate was low, the authors sufficiently explained and acknowledged this study weakness. The results of this study clearly provide evidence that providing PA advice is not a single, isolated goal that should be assessed individually. I am curious as to whether the measure of goal facilitation “During these consultations, other things I do helpfully lead me to five lifestyle advice for increasing PA” was clearly comprehended by participants. “Other things” may or may not refer to goals, or goal-directed behaviours, and “helpfully” may be interpreted a number of different ways within the context of this item. Nonetheless, the study findings taken together do suggest that goal facilitation and goal conflict play an integral role in health care provision, and warrant further research. The authors did an excellent job reporting results, and overall the paper was well written. I believe this manuscript is very well suited for Implementation Science.
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.