Reviewer's report

Title: Patchy 'coherence': using Normalization Process Theory to evaluate a multi-faceted shared decision making implementation programme (MAGIC)

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Reviewer: Tracy Finch

Reviewer's report:

This is a substantial qualitative study that provides a theory-framed account of the implementation of SDM in three different settings. It is very well written, and clearly adds to a growing literature around understanding how new interventions get implemented and embedded within clinical practice (as well as a growing literature on the use of NPT to frame evaluation and understanding of implementation processes and outcomes). The introduction is concise, but contains key literature to support the paper.

The qualitative methods (54 interviews with 31 professionals, including repeat interviews to capture views and responses at different stages of implementation) are appropriate, and represent a significant body of data for the analysis. The methods are well described. The table of ‘interventions’ is both useful and interesting, and later in the paper the authors note that some of these (e.g. completing DQMs) had a direct and immediate impact on professionals’ views about SDM and practice (what’s interesting here is that it seemed to make the work of SDM suddenly ‘visible’). I wondered to what extent the research interviews (the methods of this paper) had an impact on the progression (or otherwise) of the implementation? Were the key findings of these interviews fed back (either formally or informally), and if so, to what effect?

The use of NPT to frame the analysis is described, but perhaps a little further detail about the process of coding/sub-theme development within the four general NPT constructs would help – was there a more detailed thematic structure than is suggested from the general presentation of results under each of the four construct-related themes? If so, it would be useful to the reader to have an idea of what kinds of issues emerged within the broad constructs. For example, were there there any issues identified that didn’t seem to fit with the NPT?

The results section conveys some key findings that are important, and of general relevance beyond the contexts studied in the paper. At times, the presentation of findings could be further specified to help the reader judge the implications of findings reported. For example, at times statements are made without reference to the time point (9 mths or 15 mths) to which it applies – e.g. top of page 7 ‘It was clear from the interviews that the teams were usually far from agreement on most of these issues’ – is this referring to the earlier time point, later time point or both?, likewise this applies to the statement on pg 8 ‘While we identified and
worked with key champions, we do not think that coherence….was accomplished’. Similarly, differences between the three sites (although suggested by the references next to quotes) could perhaps be usefully teased out a bit more – for example, a summary grid of key findings per construct against the three sites (including for example, a qualitative judgement about degree of ‘normalisation’ achieved) could add this layer of comparative analysis without needing to alter the results text too much.

A point of theoretical clarification is worth noting – ‘relational integration’ has generally be used to refer to aspects of the work of enacting an intervention that involve confidence in working relationships that might be altered by the intervention (rather than replication of existing tasks as stated on pg 10). The description of relational integration suggested here is consistent with the findings reported on page 11, about staff understanding their roles and responsibilities.

Conclusion – A point made both here and in the abstract is that ‘the implementation of SDM is far more complex than the delivery of patient decision support’. This is a key conclusion – and justified by the data and analysis reported – but at the beginning of the paper I did wonder how these two activities are being conceptualised/defined – perhaps a bit more on this in the introduction would help to demonstrate more strongly why the findings of this study are important (ie in terms of challenging more simplistic conceptualisations). At the bottom of page 13, some elaboration on the point ‘Achieving wider coherence proved too difficult’ would help the reader to understand – do you mean for all of the three teams? Or do you mean across the different staff (nurses v consultants)? (and if so, in which teams?). This relates to the point made above about drawing out the site comparisons a little more clearly. Because my reading of the paper is that it was quite well implemented in 2 of the 3 sites.

Overall, this is a strong paper, well written and presented, and could make an important contribution to developing knowledge in this field. A little more (or clearer) comparative analysis between the three sites might allow readers to more easily assess the findings in terms of the contexts from which they are derived and thus translate them to other contexts (SDM and other interventions more generally).

**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'