Reviewer's report

Title: What supports physiotherapists' use of research in clinical practice? A qualitative study in Sweden

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Reviewer: Katherine Harding

Reviewer's report:

General comments (Discretionary Revisions)

This is a well written and very interesting paper exploring factors that support the use of research in clinical practice by physiotherapists. The methodology is sound, and the findings presented clearly. My main comment overall is that at almost 7,000 words and close to 100 references, the paper is very long and I feel that there is potential for reducing some sections without loss of important content. In particular, the discussion is very thorough but also quite wordy in some sections (further detail below).

It may be useful to clarify the distinction between Research Use and Evidence Based Practise early in the paper. The paper opens by talking about EBP, but the term Research Use then becomes the central concept. A linking sentence in the second paragraph of the introduction explaining the relationship between the two terms and how they are used in the context of the paper would be useful. That is, are they considered to be interchangeable, or is ‘research use’ considered to be one component of the broader concept of EBP? The results on ‘Knowledge Exchange’ at the workplace level talk about consultation with colleagues and gaining a second opinion – this can be about using research, but may also be about drawing on expert clinical opinion and experience, which is also considered to be an important component of EBP. In reading the paper I was therefore wondering about the choice of the term “research use” throughout the majority of the paper, rather than the broader term EBP. In short, this is a matter of personal choice, but if the authors choose to stick with the current terms a better distinction early in the paper would be of benefit for readers.

Minor Essential Revisions:
1. Typographical error page 13 – “breadth” instead of “breath”
2. 2nd paragraph 5th line – needs an “and” before “inadequate” as the last item in the list.

Discretionary Revisions

Background

The background is generally clear and well written.
3rd line – Consider rewording the first sentence of this paragraph. The phrase “a more EBP” sounds awkward, although this use of the acronym may be grammatically correct. Consider perhaps “…recognise the importance of using research findings to increase the use of evidence in clinical practice”

Methods

The methods are clearly described.

The details about the study setting could be reduced. For example, the opening sentence of this section describes services as being publicly funded. Therefore the additional detail in brackets in paragraph 2 is probably unnecessary. This paragraph could, for example, be reduced to read “Patients in Sweden do not need a referral from a physician to consult a physiotherapist and are free to choose a physiotherapist from the private or public sector. Physiotherapists in Sweden are entitled to choose any physiotherapeutic treatment technique they find suitable for the individual patient.”

Paragraph 2 under “Study design”

• is it possible to be specific about the number of hospitals/clinics that were sent the invitation to participate, rather than using the phrase “a number of hospitals…”?

• The phrase “in their department, unit, clinic, and so forth, to participate…” could be simplified to read “their department or clinic to participate…” The variety of clinical settings included is already clear to the reader.

Last paragraph under “Data Analysis” – this sentence is very long. Consider splitting into 2 or 3 sentences.

Results

The results section is well organised and easy to read. Selected quotations are used well to support the text. This section is quite lengthy, but is informative and easy to follow.

Discussion

The discussion is very thorough and the authors have done a good job of presenting and discussing their findings in the context of previous literature. However, as mentioned in the overall comments above, this section does feel very long to read, and I feel that some of the detail in some sections could be reduced without losing valuable content from the paper.

One strategy to achieve this may be to discuss some key concepts that cross the varying system levels together, rather than progressively discussing each of the 9 categories of results as separate concepts.

For example, paragraph 9 (p 22), p.10 (p23) and p.13 (p.24) all relate to knowledge exchange at different levels (colleagues, patients and conferences/networks respectively). It is perhaps worth considering combining
these into a single paragraph discussing the concept of knowledge exchange.

Similarly, the second paragraph on p. 21 talks about organizational culture, and uses the example of university hospitals. The concept returns in the last paragraph of p 24, in discussing the benefits of academic/clinical collaborations. There is potential to combine these into a single paragraph and reduce some repetition.

The acceptable word length is primarily a decision for the editors, but I believe that some close attention and possible rewriting of some of the discussion section to reduce repetition and combine similar concepts (even if they cross system levels) will significantly improve the paper.

**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 have no competing interests to declare.