Reviewer's report

Title: Barriers and facilitators to implement shared decision making in multidisciplinary sciatica care: a qualitative study

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Reviewer: Anik Giguere

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Title: Barriers and facilitators to implement shared decision making in multidisciplinary sciatica care: a qualitative study

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Summary of the paper

This is the report of a qualitative study to identify barriers and facilitators to shared decision making (SDM) implementation in multidisciplinary sciatica care. The authors have conducted interviews with five types of physicians involved in sciatica care, and with a range of patients who had made different decisions, or who were still unresolved about the decision to make. Distinct lists of barriers/facilitators to implementation of SDM were identified from the patient and from the professional interviews, and they were compared.

General comment

The question addressed in this report is well defined and represent a valuable contribution to the field of SDM. There are other studies on the barriers and facilitators to the implementation of SDM, but the present study is new in seeking barriers and facilitators pertaining to a specific health problem (sciatica care), in systematically seeking and comparing perceptions of both patients and health professionals, and in seeking perceptions of various types of physicians who are providing multidisciplinary care for the same health problem in distinct settings.

The title and abstract accurately convey the findings and the report is well-written and clear. The report generally adheres to standards for reporting of qualitative studies, except for a few specific suggestions made below. The context of the study is well described in the introduction. The authors were transparent in reporting their methods, and they have used quotations from participants to illustrate their findings. The interview guides are accessible in the appendices.

The authors should be commended for their excellent strategy to select representative samples of physicians and patients. They also used appropriate methods to collect and analyze data. Interpretation of the data could be pursued
further, for example by comparing identified barriers to those previously reported, and this would help improve the contribution this paper is making to the field. Data, interpretation and conclusions could also be further integrated, to offer recommendations on strategies to implement SDM that would take the identified factors into account, or to propose next steps.

Major Compulsory Revisions

1. Research should address identified gaps in knowledge and build on the available evidence. In the present case, there are a few important studies reporting barriers to implementation of SDM, but the authors have cited only the first one authored by Legaré et al.[1,2] A recent demonstration study [3] has also described barriers to SDM implementation and it might be useful to see how its results concur/differ with the results from the present study. There is also a study of the barriers to implementation of SDM as perceived by dieticians that could be used to discuss the results [4]. More importantly, a study of the barriers/facilitators to inter-professional SDM [5] was not mentioned in the present report, although there are similar challenges in implementing SDM with inter- and multidisciplinary contexts. Because the present study aims to identify the specific barriers to implementing SDM in the context of multidisciplinary care, and for a specific health problem, sciatica care, the authors should then highlight the specific contribution made by this study to the available knowledge base. This could be incorporated in the presentation of results, or in the discussion, by listing the barriers/facilitators specific to implementation of SDM in multidisciplinary context, and barriers/facilitators specific to sciatica care. The results and discussion sections should be rewritten in this perspective.

2. The authors should explain their rationale in selecting the Grol and Wensing framework to code their barriers and facilitators. They should explain why this framework is the most appropriate in the present context. Since many other studies have looked at barriers to SDM implementation, the authors could also have used a framework from the barriers identified in these earlier studies.

3. The authors should clarify how participants were informed about what SDM is, as they probably had to define the term at the beginning of the interview. It is a challenge to explore barriers to implementation of SDM when participants do not have any past experience in using SDM. In the past, authors have used videos or printed material to allow users to understand the approach. What have been the strategies to explain SDM to participants in the present study? This should be clarified in the report.

4. The table 3 is an excellent summary of the findings, and it is necessary. However, it has to be improved to really be useful: the names given to the themes are not self-explanatory. I suggest using a longer description if needed, or a definition. Also, each factor (e.g. waiting list) should be framed differently whether they are a barrier (e.g. long waiting list) or a facilitator (e.g. short waiting list). The way this is presently presented, it seems that waiting lists are facilitators of SDM implementation.

Minor Essential Revisions
5. The authors seem to be using inter- and multidisciplinary care interchangeably, although these are different concepts. I suggest defining and distinguishing the two terms at first mention.

6. Please define how you evaluated data saturation.

7. Please describe the research team (reflexivity):
   a. Who conducted the interviews? If it was an author of the report, please identify the author(s) in the report. If not, then provide a description of the background of the interviewer, or any information on reasons and interests of the interviewer in the research topic
   b. What are the experiences and trainings of the researchers involved?
   c. What did the participant know about the researchers (personal goals, reasons for doing the research)

8. Please clarify if the participants provided feedback on the findings, and if they did not, please state it clearly in the report.

9. The factor ‘time to implement SDM’ should not be classified under ‘tool’. Please use another name for this theme. I would suggest separating the factors under ‘tool’ into something like ‘situational factors’, ‘availability of tools to facilitate SDM’ and ‘strategies for patient-provider communication’.

Discretionary Revisions

10. As the authors have well characterised participants, it would be interesting to cross participants’ characteristics with perceptions of barriers and facilitators to implementing SDM. For example: Is age predictive of perception of some barriers? This type of analysis might be useful to personalise an intervention based on individual characteristics.

References


**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.