Author’s response to reviews

Title: The Chinese version of Attitudes towards guidelines scale: Validity and reliability assessment

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Dear Editors and Reviewers:

Thank you very much for your letter and for the reviewers’ comments on our manuscript entitled “The Chinese version of Attitudes towards guidelines scale: Validity and reliability assessment” (ID: BMRM-D-18-00319). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. We look forward to hearing from you soon.

With best wishes,

Responds to the reviewer’s comments are as flowing:

Reviewer#1:

Comment: What is the content of the factors? If not an uni-dimensional scale, explaining the factors separately (and how to interpreted them separate) would be useful for clinical practice.

Response: Thanks for your questions. We feel sorry for not mention the content, meaning, and use of the separate factors and scores of the scale in our first revised manuscript, and we added these in the discussion part of the second revised manuscript.
Reviewer#2:

Comment 1: The fit of the 4-factor CFA solution presented on pages 7-8 is actually acceptable. The additional modifications resulted in excellent fit.

Response: Thank you very much for your nice suggestion. The acceptable values of RMSEA which we set at the first revised manuscript were $\leq 0.08$ (McDonald RP, Ho MH, 2002). So we thought the result (RMSEA=0.083) was not good. According to your suggestion, we adjusted the values of RMSEA to $\leq 0.1$ (Steiger JH, 1990), and made changes accordingly in the manuscript.

Comment 2: I am a little confused about the process in the EFA and then the model you tested in the CFA. For example, it says you deleted 3 items in the EFA to improve the 4 factor model, but it looks like the CFA is still run with all 14 items? Also Table 2 - it isn't clear what the final item set was for the 4 factor, after deleting the 3 items? Maybe providing figures of each of the models tested would help.

Response: Thank you very much for questions and nice suggestion. This is due to the lack of clarity in our statement. In the process of exploratory factor analysis, we explored from 1 factor model to 7 factor model. Finally, 4 factor model and 5 factor model had adequate fit indices. But the content of two factors of the 5-factor structure could not be summarized as a meaning, so we abandoned the 5 factor structure. There were 3 items loadings $\leq 0.45$ in the 4-factor structure. After deleting them, the 4-factor structure (11 items) could be well explained, and we used the 11 items for confirmatory factor analysis. We made changes in the manuscript.

Comment 3: I have one other major concern. Your results indicate that the measure is composed of 4 subscale (i.e., 4 different scores). However, the follow-up results and the description of the measure indicate that you obtain a total score of all the items. Did you try to fit a unidimensional model (so 1-factor only)? Or perhaps a bi-factor model might be appropriate here? Talking about scoring the whole scale as a single value and presenting reliability indexes for a total score means that you are assuming all the items taken together measure a single underlying construct, but I don't see the evidence of that in the paper. As it stands - you results indicate that there ought to be 4 scores, and results on reliability should be presented for all 4. Or, if you find a unidimensional or bifactor model works best, then a total score would be appropriate.

Response: Thank you very much for your questions and nice suggestions. This is indeed our negligence not performing reliability analysis for each factor. We added the results of reliability analysis for each factor in the manuscript. We also carefully read the process of developing the original version of the scale. According to the original version of the scale, the scoring of Factor 3 and Factor 4 needed to be reversed and then a composite general score was computed. The higher the total score, the more positive the nurse's attitude towards the guideline.