Author’s response to reviews

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

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Author’s response to reviews:

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:

Comment 1 : What was the the range of I-CVI values of the items?
Response: Thank you very much for your question. The I-CVI values of the 14-items were ranged from 0.83 to 1.0. We have added this in the manuscript.

Comment 2: There are lots of typos through the text. For example, P7R11 Typo: DAT should be Instead of data. P7R31 the sentence is cut in half.
Response: Thank you very much for reminding. We feel very sorry for our incorrect writing. We have corrected it according to your suggestion.

Comment 3: There are no descriptive parameters for overall scales, means and 95% confidence intervals in the part of result. It would be more informative to have that information in one table, if possible. But that can be done only after author decide how to form the final score on the test.

Response: Thank you very much for your suggestions. We had thought about describing the score of each item of the whole scale in a table, but there would be more tables in this way, and this article mainly reflects the reliability and validity of the Chinese version of Attitudes towards guidelines scale, so we only added the total scoring range, mean and standard deviation of the scale in the part of results.

Comment 4: Through the text author are repeatedly referring to test-retest, which author did not examine. The reliability in the manuscript is an example of interrater reliability, but not test-retest. If author would perform test-retest, they should have the same participants in two situations assessing the same items, and then to draw correlation between the assessments.

Response: Thank you very much for your suggestions. We performed the test-retest with a sample of 32 clinical nurses selected conveniently who filled out the questionnaire at an interval of 14 days, and used the intra-class correlation coefficient (ICC) and their 95% confident intervals to measure it according to reference: Polit, Denise F . Assessing measurement in health: Beyond reliability and validity[J]. International Journal of Nursing Studies, 2015, 52(11):S0020748915002242.

Comment 5: The author has not provided the final description of the scale. What is the final form of the scale, what is the min-max of scores per subscale?

Response: Thank you very much for your questions. The final description of the scale was presented in the part of result and discussion. We have added the min-max of scores of subscales in the part of conclusion.

Comment 6: In the results authors stated that most of participants did not have an education about guidelines in the past six months. Do they have the evidence that the participants knew what the guidelines are and what is their purpose? If the participants were assessing something which they are not familiar, that could raise the question about the validity of the study.

Response: Thank you very much for your questions. We didn’t have any evidence that the participants knew what the guidelines and their purpose were. But Evidence-based medicine has been introduced into China for 20 years, and guidelines are being gradually understood by Chinese nurses which we could see from some Chinese references.( e.g. Xin Z, Changying C, Gaihong Q, Yan C, Hongyin M: investigation on understandings of the China Clinical Blood
Glucose Monitoring Guideline among endocrinology nurses. Journal of Science Nursing 2014, 29(23):52-54.) And before the survey, the research's purpose and benefits were explained to the nurses. Nurses who had questions could ask the researcher. No researcher responded to the question that nurses did not understand what the guidelines were.

Comment 7: The cut-off value for the items in EFA was 0.45. However, some of the items had loadings above 0.45 on two factors. From what can be seen from the Table 3, each item could be in only one subscale, which can pose a problem if the item is related to two different factors. There is no information in the text what are the correlation between factors, which could be very useful information in composition of the final score, and it is nowhere mentioned in the text. Furthermore, in your model, could you elaborate why did you not perform the EFA on overall sample, which would be the initial step to test the validity? The author reported the results on CFA on overall sample (N=768) but not on the EFA. Finally, were the factors in your models (CFA) related or orthogonal?

Response: Thank you very much for your questions. Table 3 which we presented in the manuscript before was the Standardized Factor Loadings for the Four-Factor Model Derived by EFA. And now Table 3 we present in the manuscript is Geomin Rotated Factor Loadings for the Four-Factor Model Derived by EFA in which the item is related to only one factor. Then, the reason we conducted CFA with the whole data in the initial step was to test whether the conceptual structure of the original version of the AGS was fit Chinese nurses or not. And the result of the CFA showed it didn’t fit. So we performed EFA with a sample of 380 which was enough for EFA. Finally, the factors in the model of CFA were related. The INPUT INSTRUCTIONS of the CFA are as follow:

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DATA: FILE IS C:\Users\admin\Desktop\388group 1.dat;
VARIABLE: NAMES = item1-item14;! 
USEVARIABLE ARE item 1 item 8 item 10 item 13 item 14;! 
ANALYSIS: ESTIMATOR=WLSMV;! 
MODEL: f1 by item 1 item 4;! 
   f2 by item 5 item 6;! 
   f3 by item 7 item 8;! 
   f4 by item 10 item 13 item 14;! 
   item 1 with item 2;! 
   item 13 with item 14;! 
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Comment 8: The reasons for the low loading of these three items may be due to the fact that Chinese nurses are not very familiar with evidence-based medicine, but they are very passionate about learning and receiving new things." Do you have the reference to support this?

Response: Thank you very much for your questions. There are Chinese references that support it. But after we carefully analyzed the three items deleted, we thought that maybe due to the sample characteristics. We have made changes in the manuscript.

Comment 9: Your sample characteristics are not strongly elaborated in the discussion. The sample in your study was mostly female, younger, with less work experience. You need to state this clearly in the discussion, because this could be the factor which would influence the results.

Response: Thank you very much for your questions. As stated in comment 8, we have made changes in the manuscript.