Reviewer's report

Title: Exploring Critical Factors Influencing Physicians' Acceptance of Mobile Electronic Medical Records based on the Dual-factor Model: A Validation in Taiwan

Version: 2 Date: 16 October 2014

Reviewer: Chad Lin

Reviewer's report:

General Comments:
Drawing on both the Dual-factor Model and the Technology Acceptance Model, this paper attempts to explore physicians’ acceptance of mobile electronic medical record by examining the relationships between the following five constructs: perceived mobility, perceived threat, perceived usefulness, perceived ease of use, and behavior intention. The main argument is that the perceived threat has a significant impact on the physicians’ perceived usefulness as well as their intention to use mobile electronic medical record. Through the survey of 158 physicians in three hospitals in Taiwan, the authors provide support for the above argument.

Major Compulsory Revisions
Overall, I believe this is an interesting topic and the authors are on the right track with this paper but I suggest that they show more rigors in presenting the model as well as address the suggestions described below:

1. This study intended to validate a model proposed in a previous study by Walter and Lopez (2008). According to the author(s), the results of this study are consistent with findings from previous studies in which no significant differences were found in terms of mobile electronic medical record usage between Western and Asian countries. However, more discussions are needed particularly on the relationships between the perceived threat, perceived usefulness, and behavioral intention in electronic medical record usage.

2. This study highlighted the critical role played by the perceived mobility as the antecedent variable of the model. However, the authors should provide more justifications for having only one antecedent variable in the model.

3. The results showed that only 4.7% of the total explained variance of perceived threat can be explained by perceived mobility. The authors should provide more in-depth discussions and implications for this.

4. Please provide the following three fit indices in the Result section: (1) the communality index; (2) the redundancy index; and (3) the Goodness of Fit (GoF) index. Relevant references need to be cited in this sub-section.
5. Your practical contributions and managerial implications should be strengthened and discussed as a sub-section within the Conclusion section.

6. Limitations and Future Research Directions should be included in the Conclusion section as two separate sub-sections.

Minor Essential Revisions

7. The arguments for H8 need to be further strengthened.

8. The linkage between the conceptual model and H5 is a bit weak. You need stronger justification for the inclusion of variable and highlight how they’re theoretically linked, particularly with respect to the Dual-factor model.

9. The design of questionnaire sub-section is quite confusing and needs to be rewritten. Relevant references need to be cited in this sub-section.

10. Please label all 8 hypotheses in Figure 1.

Minor issues not for publication

1. Please have someone who has not read the paper yet to proofread it. The paper is not very readable in its current state and there are numerous grammatical errors that need to be fixed (for example, Line 50: “A total of 158 valid physician questionnaires were…” # “A total of 158 valid physician questionnaires was…”).

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.