Author’s response to reviews

**Title:** MHealth and Perceived Quality of Care Delivery: A Conceptual Model and Empirical Validation

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Reviewer reports:

Tim Benson (Reviewer 1): I only have one critical response to this revision. The Abstract reads (lines 41-44) "Physicians' PQoC was found to be positively affected by the level of mHealth utilization and TTF. Additionally, self-efficacy has the highest direct and total effect on mHealth utilization; in the formation of TTF, technological characteristics dominate followed by task characteristics." However, the discussion says "TTF was found to be the dominant construct in explaining the variance of PQoC. (line 458). But the abstract lists utilization first.

Response: Thank you, Tim, for the comment. The intention was to list the influential constructs without a particular order. However, indeed, it can be confusing. Hence, we updated the abstract to reflect the message from the discussion better. TTF has a two times stronger direct effect on PQoC than Utilization.

An outsider might expect self-efficacy using iPads etc to impact utilization, which is what is found, but it might also be expected that users' belief that this would impact PQoC would be a major contributor too, which would be enhanced or reduced according to TTF. Those who find that this belief is justified will continue to use mHealth, those who either never believed in the project or who found the hypothesis wrong will abandon use if they can. It might be argued that Hypothesis H3 is critical, but the model does not include a reverse H2, or the hypothesis that "belief" that mHealth will help is important (which may be impacted by training), which is what I have tried to describe. The path coefficient from utilization to PQoC (0.270) is much lower than that between TTF and PQoC (0.570) (table 5). This might be related to Everett Rogers' concept of Innovativeness and seems supported by the recent work of Trish Greenhalgh (e.g. NASSS and http://www.jmir.org/2019/12/e16093). I think this should be discussed.
Response: Thank you for the comment. Indeed, it can be seen as an egg and chicken problem and we had this discussion in the paper.

Please note that, data was gathered at a post-adoptive stage, meaning that mHealth had been continuously used over an extended period of time resulting in mHealth being embedded in physicians’ work practices. It was found that there is no direct impact of task characteristics and technology characteristics (which can be considered as a proxy of such beliefs) on mHealth utilization, although we hypothesized these impacts. However, both these constructs have significant indirect effects (TTF is a mediator) and total effects on utilization. Therefore, at the most advanced stages of utilization direct impacts are not relevant, but TTF becomes a very important mediator. Table 5 indicates that the total effect (direct and indirect) of TTT on PQoC is 0.722. Moreover, you are right since we found that technology characteristics (that can be perceived as a belief) was found as the critical and dominant construct for TTF (.479)

Daniele Giansanti (Reviewer 3): The MS can be accepted in the present form

Response: Thank you