Reviewer’s report

Title: Why Do Patients Follow Physicians’ Advice? The Influence of Patients’ Regulatory Focus on Adherence: An Empirical Study in China

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Reviewer: Shlomo Vinker

Reviewer's report:

To the Editor

BMC Health Services Research

Re: BHSR-D-18-00894, Why Do Patients Follow Physicians' Advice? The Influence of Patients' Risk Preference on Compliance: An Empirical Study in China

General comment - You have to be familiar with the definitions of compliance and adherence and the differences between them.

Compliance - describes the degree to which a patient correctly follows medical advice. It has been noted that compliance may only refer to passively following orders.

Adherence - on the other hand reflects better the diverse reasons for patients following treatment directions in part or in full.

So to conclude, it seems that using "adherence" in this study is better.

Another general comment is that this research tries to simplify a complex issue with many dimensions. This should be clear and be clarified in the introduction and in the limitations part.

Abstract

The abstract should have a major revision as it is not readable in its current format. For example in the sentence "We found that hypotheses H1, H2, H4, H5 and H6 were supported while H3 was not supported" the reader don't know what H1, H2 etc. are for.

Background

In general the background part is too long and needs substantial revision and shortening.
This study explores how risk preference impacts patient compliance through the mediation of information seeking behavior. The results indicate that patients' risk preference can influence their compliance with physicians' advice, which further affects the efficiency of treatments and patient flow. - You cannot cite the results in the introduction part.

Page 6 line 12: "since patients with high compliance are always healthier than those with low compliance [6]." - I would avoid "always" especially when you give only one citation which is relatively old.

Page 6 line 38: "Therefore, the reasons for low patient compliance are probably associated with communications between physicians and patients [16,25]." - I would, again, be more cautious and use "some reasons" rather than the term "the reasons"

Page 7, line 29: "However, the health information obtained by patients is generally objected to by physicians, which possibly results in physicians' hostility." - In this citation the authors again are very strict in their position, while the real world is much more complex. They cite again quit old references while revision of more updated literature will find other opinions and behaviors in the side of physicians.

Research hypotheses

This section is too long and gives a lot of references it should be shorten and avoid references that should be only in the background part.

Data collection and respondent profile

It is not clear how did you chose the participants and how did you reach them, please clarify.

Results

Page 12 lines 25-36 are part of the methods

Discussion

Well written but should be shorter

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes
Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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