Reviewer’s report

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

Version: 0 Date: 10 Jan 2019

Reviewer: Research Square

Reviewer's report:

"STATISTICAL REVIEWER ASSESSMENT:

Is the study design appropriate for the research question (considering whether the analyzed population accurately reflects the design and whether you see any problems with control/comparison groups, e.g., likely confounders)?

No - there are minor issues

Are methodologies adequate and well implemented (considering whether assumptions are addressed and whether analyses are robust)?

No - there are major issues

Are the analyses adequately communicated (considering whether reporting details are adequate and whether figures and tables are well labeled and described)?

No - there are minor issues

Does the interpretation accurately reflect the analyses without overstatement (considering whether limitations/bias are acknowledged and whether accurate descriptors, e.g., 'significant', are used)?

No - there are minor issues

Could an appropriately REVISED version of this work represent a statistically sound contribution?"
Maybe - with major revisions

STATISTICAL REVIEWER COMMENTS:
Overall, the study was well done and analyzed properly. However, there are a number of points that require attention.

REQUESTED REVISIONS:
The sample was restricted to those who had sought out health information themselves. If their hypotheses are correct, then this restricts their sample, in that the most "risk-averse" people would have been excluded.

The KMO does NOT reflect construct validity. It simply measures how suitable the data are for extraction, and the proportion of variance that may be common variance. This says nothing about construct validity.

The fit indices do not show "perfect fit;" they show good fit. It would be virtually impossible to ever demonstrate perfect fit.

The correlation between PROF and PREF does not show convergent validity. They are supposed to measure different constructs, and hence should not be highly correlated. In fact, the high correlation between them (0.85) most likely shows that they are measuring the same construct, as this correlation is probably higher than their respective reliabilities.

Table 5 purports to show the correlations amongst the variables. As such, the main diagonals should be 1.0. They are not, so what are they; reliability coefficients?

In interpreting a SEM, I would want to see the entire diagram, not just the latent variables.

ADDITIONAL REQUESTS/SUGGESTIONS:
There are many places where the authors make statements about the existing literature that are wrong.

1. I cannot see how "family relationships" can influence diagnosis (p. 1, line 1).

2. They state that "few of the previous studies focused on factors driving patient compliance from the perspective of psychology, especially from the viewpoint of risk preference." On the
contrary, there are entire theories, such as the Health Belief Model, the Transtheoretical Model, and many others, that have addressed this issue over the past 50 years.

3. They also state that "Before Higgins proposed regulatory focus theory, the pleasure principle had been used as the basic motivational assumption across all fields of psychology to understand individuals' motivation." I would say that this statement, too, is at least 50 years out of date. Most current theories of motivation do not invoke the psychoanalytic principle of the pleasure theory.

4. "Patient compliance is used to describe the compliance of patients with medical diagnoses and treatment regimens." I cannot see how there can be "compliance" with a medical diagnosis. It exists whether or not the patient is compliant.

5. "Therefore, the reasons for low patient compliance are probably associated with communications between physicians and patients." Again, I disagree. There is a vast literature on patient compliance and communication is only one small part of it.

6. "Moreover, websites are typically considered as reliable or objective sources of health information." Really? Gwyneth Paltrow's website has been visited by tens of thousands of people, but consists of nothing but new-age nonsense. How is the reliability of a website determined?

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

No

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

No

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

No

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.

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