Reviewer's report

Title: Psychometric properties of the Dutch version of the Evidence-Based Practice Attitude Scale (EBPAS)

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Reviewer: Renske JM van der Zwet

Reviewer's report:

Dear Van Sonsbeek, Hutschemaekers, Veerman, Kleinjan, Aarons and Tiemens,

I have read with great interest your article “Psychometric properties of the Dutch version of the Evidence-Based Practice Attitude Scale (EBPAS)”. It addresses a relevant and new question as this is the first study that used the EBPAS in the Netherlands. Moreover, as the acceptance and implementation of EBP has been difficult in the Netherlands there is a need for an instrument that assesses the attitudes of professionals toward EBP in order to find ways to improve practitioner acceptance and implementation of EBP. Especially recognizing the growing paradigm shift toward the need for and use of EBP in the Netherlands. However, I do have some questions and suggestions for improvement that we would ask you to consider.

Before I mention my questions and suggestions I would like to make clear that, as I feel that I do not have sufficient expertise on the particular research method, I will not do a thorough review of the Methods and Results section of the manuscript. I will focus mainly on the topic of the EBPAS: EBP.

Background:

Minor essential revisions:

- One question is about the description of EBP in the Background section (p. 5). I found the description of EBP to be somewhat vague. To my knowledge there are different views on what EBP is. Some scholars argue that EBP refers to interventions for which there is consistent scientific evidence showing that they improve client outcomes (also referred to as EBPs). Other authors have argued that EBP is a decision-making process that involves “the integration of best research evidence with clinical expertise and patient values”. I found it unclear what was actually meant by EBP in this manuscript. Is it a process, is it using EBPs, or both? I believe a more clear description of EBP would strengthen the manuscript.

- My second concern (which is clearly related to the first point) is about the description of the EBPAS and the decision to use this instrument (p.6). To my knowledge, the EBPAS, as developed by Aarons, assesses professionals’ attitudes toward adoption of EBPs: “The primary purpose of this study was to develop a brief measure assessing behavioral health service provider attitudes toward adoption of EBPs.” (2004: p.64). Furthermore, although you mention that
there are two other instruments that assess the attitudes of professionals toward EBP, it is unclear why you chose not to use these instruments. What was the rationale? As you write: “but one is focused on the EBP process”, I think it is because you did not want to assess attitudes towards the EBP process, but attitudes toward EBPs. However, I found your explanation not sufficiently clear. I would therefore suggest you improve the transparency of your decision to use the EBPAS as this would, in my view, improve the manuscript.

-P.6: You also may want to clarify that the Appeal subscale assesses Appeal of EBPs, not Appeal of EBP. The same goes for the Requirements subscale.

-P.9: I am confused by the following hypothesis: “EBPAS scores would vary by age (with older professionals scoring higher on the Requirements, Openness, and Divergence subscales and lower on the EBPAS total score)”. How can professionals score lower on the overall scale when they score higher on 3 out of the 4 subscales? Please explain.

Methods:

Minor essential revisions:

-Describe in the Methods section which specific Background /demographic questions were included in the survey.

-P.12: The percentages for the two Education – groups are missing. Please include percent-ages. Also, I do not understand how these two groups were created. Please explain.

Some small suggestions for improvement (authors’ decision about need for revising):

-P.10, Setting paragraph: “One of the main aims of ACYN is improving the care for youth by making this care more evidence-based”. What is making care more evidence-based? You may want to explain what the ACYN exactly does to make care more evidence-based..

-P.12, first paragraph: “I {do?} not know better…”. Check for misspelling.

-P.12, second paragraph: You may want to include a Table with background data of the respondents.

Results:

-P.16+17, regression analyses: Could you explain why the results of the association of overall scores on the EBPAS with age, gender etc. are not reported? As they are included in the hypotheses I would expect these results to be reported in the Results section and in Table 2. (minor essential revision)

Discussion:

Minor essential revisions:

-P.18 + p.19: Possible explanations are mentioned for the finding that the Divergence subscale seems to be a separate construct in the Dutch sample. I
found the explanation “a cultural difference may be that Dutch professionals may view research as separate from EBP” confusing and also somewhat unlikely. Perhaps you want to expand on this. I am not sure whether it is likely that professionals view research as separate from EBP. Perhaps it is more likely that professionals view EBP as about a decision-making process that involves “the integration of best research evidence with clinical expertise and patient values”. Perhaps Dutch professionals believe “Research-based interventions are nog clinically useful”, but are still open to EBP because they think EBP is about clinical expertise as well as research evidence.

-P. 20: last paragraph: I found the possible explanation for the finding that younger professionals reported less Divergence of EBP than older professionals unclear. How exactly does a higher familiarity with EBP explain a lower divergence of EBP? Please explain how you make this supposition. Furthermore, perhaps younger professionals score lower on the Divergence subscale because they have less clinical experience than older professionals? (Minor essential revision)

A small suggestion for improvement (authors’ decision about need for revising):

-P.21: last paragraph: you write that “this is the first study that used the EBPAS in the Netherlands”. I would like to point out to you that a Dutch version of the EBPPAS has become available (Van der Zwet et al., 2014). The EBPPAS was developed and validated in the United States by Rubin and Parrish (2011) to specifically tap into practitioner (and student) views regarding the EBP process in contrast to EBPs. I believe it may be relevant and transparent to mention in the Discussion section that in addition to the Dutch version of the EBPAS that assesses attitudes toward adoption of EBPs a Dutch version of the EBPPAS that assesses attitudes toward adoption of the EBP process has also become available. However, the Dutch version of the EBPPAS is not validated in the Netherlands yet.

I would like to thank the authors for the opportunity to review their work and hope that my comments will be useful to them as they continue their work with the EBPAS.

Good luck!

Renske van der Zwet

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

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**
I declare that I have no competing interests