Reviewer’s report

Title: Health professionals' perceptions about their clinical performance and the influence of audit and feedback on their intentions to improve practice: a theory-based study in Dutch intensive care units

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Reviewer: Janet Long

Reviewer’s report:

Dear Authors,

This article explores the effect of electronic audit and feedback on ICU clinicians' intentions to improve performance. They use pain management indicators to assess intentions - with and without feedback. Participants were drawn from the full team of ICU staff including nurses, intensivists and managers.

The use of Control Theory was a useful framework on which to base the project. The rationale for the study was strongly made in the background including the relevance of TPB regarding intentions driving behaviour. Figure 1 was very useful to follow the research design.

I admit to finding the results section pretty hard to read yet I have no suggestions on how it could be done better. Figure 3 nicely summarised the results and Figure 2 demonstrates the tendency to overestimate performance well.

I was puzzled that you did not analyse by professional group even though you had the data to do it. You note that some tasks are not directly under participants' control. Was there any pattern evident in their intentions or was there a team mentality that made everyone feel accountable for all the scores? I noted that "not my responsibility/ not under my control" was not a pre-set option as a reason not to intend to improve. Control/responsibility seems to me to be an important factor to consider as all performance indicators in health rely on teams, not individuals, and achieving coherent teams is a perennial problem. Presenting the breakdown of results by profession (with a brief explanation of their level of control over each indicator) would be interesting. One might hypothesise that no control = no intention to improve. On the other hand if researchers had assessed a strong team mentality - perhaps through observation of pain management in the unit - this has less relevance. Either way it should be discussed more fully. I felt it impacted on the validity of the theoretical base.

Discussion was very useful and you make a strong case for the approach you will take in the cRCT.

Over all, I found this a well written paper exploring a key issue in implementation science around how to change intentions, and ultimately behaviours, to improve patient outcomes. The issue about control does however need to be addressed.
Best wishes for your future research endeavours,

JL

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