Reviewer’s report

Title: Implementation Capital: Merging Frameworks of Implementation Outcomes and Social Capital to Support the Use of Evidence-Based Practices

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Reviewer: Jennifer Leeman

Reviewer's report:

The paper's goal of operationalizing social capital and its relationship to implementation outcomes has potential to make an important contribution to implementation science. The distinction between bonding and bridging capital is particularly useful. Greater clarity is needed in several aspects of the paper.

The paper appears to take a "pull" orientation to implementation with a focus on factors that influence individual providers to adopt interventions and implement them with fidelity (i.e., pull interventions into their practice.) Social capital also is highly relevant to "push" models where an external change agent is promoting and supporting adoption and would be helpful to address in paper. Social capital function differently when providers are pulling EBIs (what you discuss at start) versus when researcher or other external entity wants to push an EBI.

The focus was on individual providers who adopt and implement interventions. Authors need to explain who is and is not encompassed in the term "provider." Furthermore, although some interventions may be adopted/implemented at the individual level, many are not. Many interventions require collaboration among providers and these providers may be from different professions and members of different networks. Thus, within a practice setting, a provider (e.g., MD) may be part of a network of MDs who reinforce and support each other's adoption and implementation of new practices through social bonding. That same MD may also be part of an interdisciplinary team that includes a nurse and a physical therapist, each of whom is bonded to others in their own professional network. As written, the paper does not account for how social capital contributes to the adoption and implementation of an intervention at the level of the interdisciplinary team.

Paper describes bonding social capital as "An individual has bonding social capital when (or to the extent that) the individuals with whom they interact also interact with one another." Given the paper's focus on operationalizing social capital, it would be helpful to describe the types of interactions that count and how those interactions are counted. Lots of interactions may occur in a healthcare setting but may not all contribute to social capital or to the shared norms and trust described in the paper.
The authors contend that whereas bonding social capital is key to three implementation outcomes (appropriateness, adoption, and acceptability), bridging social capital is key to feasibility and fidelity. Paper states "An individual has bridging social capital when (or to the extent that) their relationships connect them to other individuals and groups that are otherwise not connected to each other." Authors seems to suggest that the bridging social capital of each provider promotes that provider's ability to feasibly implement the intervention with fidelity. Paper would be strengthened by a discussion of how some individuals within a practice setting may serve as bridges and bring new ideas and resources into the group. This bridging function may be important to individual's perceptions of appropriateness, adoption, and acceptability - the individual with high bridging social capital learns about the latest great idea that others are doing and brings it back to her network.

I had trouble following the discussion of small world networks. I agree that a mix of bonding and bridging social networks is key to implementation. However, the early discussion of bridging appeared to relate to bridging to those outside the organization/setting for new ideas whereas in this section it appears to relate to bridging within the organization/setting?

In the section on small worlds, authors refer to "two distinct behaviors: knowledge about the EBP and use of the EBP." Knowledge is not a behavior.

Additional points:

I suggest that you skip the two broad definitions of social capital at the beginning of the paper, which you present as examples of how broadly the concept is defined in implementation science. Simply make case that social capital is widely recognized as central to implementation (with references) and yet is inconsistently operationalized.

I suggest that you condense description of Proctor's framework - this is just background to the novel approach you plan to present. You might put definitions into a table (with greater detail than your current table).

Page 4, line 36 your refer to diffusion of innovations framework, it is a theory.

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