

## Reviewer's report

**Title:** Information Transfer: What do decision-makers want and need from researchers

**Version:** 1 **Date:** 24 April 2006

**Reviewer:** Leif I Solberg

### Reviewer's report:

#### General

As we increasingly emphasize the need to ensure use of research information in health care, the topic of this study becomes very important. It is refreshing that the authors have emphasized a focus on the needs of decision-makers rather than the heretofore focus on other researchers as the main customers for research lessons. However, there appear to be a number of limitations on the value of this study for other researchers that need to be addressed:

#### Major Compulsory Revisions

1. The normal Introduction has been subdivided into Introduction and Background sections, with overlap and distractions that interfere with developing a clear understanding of the reason for and context of the study. This should be replaced by a single section that accomplishes those tasks in a more unified way.
2. While doing the above, the authors need to either provide a broader understanding of the relevant literature (most in the bibliography is Canadian and nursing focused) or clarify in title and content that you are really talking about nursing decision-makers and researchers.
3. Similarly, it would be helpful to explain to the reader why these three seemingly disparate types of organizations were selected for the study. The inclusion of DHCs is particularly hard to understand, since by description, they appear to be research organizations themselves, confusing the relative roles. If they are maintained in the study, it seems necessary to separate out their responses in the analysis and in any conclusions. Some of this difference comes out in the narrative Results, but that only seems to confirm that these are rather different organizations.
4. Similarly, subjects for the survey appear to mix quite different "decision-makers." It is not clear to me how the decisions of CEOs and clinical workers are similar enough to warrant mixing their responses and analyses. For that matter, what is a "clinical worker"? Presumably the Manager/Director respondents also make rather different types of decisions than the CEOs that they are most like, but I have no idea what types of decisions the Senior Health Planners are making. It seems unlikely that they are operational decisions, and certainly they are not individual patient care decisions, so why should their responses be grouped with these others? I also suspect that the mix of roles is different among the different organizations, so for example, there probably are no clinical workers at the DHC, but we are never shown this breakdown. It seems to me the paper should either make a case for mixing these folks by demonstrating that their answers are similar, or (preferably) separate their answers by role and perhaps organization.
5. It is particularly troubling that many of the Results described in that section seem different from what is in the Tables. I am not referring to the respondent description, which is appropriately described separately, but to comments like that on page 10 that say "Note that age, type of program - -" without any such information in the tables or narrative. Many selective comparisons of data from the 3 organizations is mentioned without it being available to the reader as a table. Later, after a mysterious description of weighting the data in several ways is stated, it concludes that "four sources of information transfer consistently were identified," even though that is not at all apparent from Table 2. Later on page 10, we are given data about preferred formats for information, again without any access to a tabular listing of this information.
6. Table 3 suggests that there are "modest but significant correlations between a program being involved in research" and perceived impact. First, the 4 questions in the table do not reflect involvement in research, but use of research information. Second, being statistically significant doesn't make the extremely low correlations of much interest or value. A correlation of .25 (the average) means that the relationship only explains 6% of the variance, a relationship that nobody should take much meaning from.

#### Minor Essential Revisions

1. It would help to tell us which target audiences are referred to in the Conclusions of the Abstract. For that matter who is the target of the paper and its information?
2. The Background talks about knowledge transfer as though that is all that is needed for implementation of research findings. At least defend this controversial position.

3. The Discussion suggests that the findings have "broad applicability to the larger health care system." Why do you think this is true, when the organizations studied seem to be rather atypical of most health care provision?
4. Immediately after the above comment, the authors note that "discussions with decision-makers and policy makers over the past three years indicate that they are seeking the best evidence," but neither these unnamed people nor their comments and context are revealed in the citation that is a personal communication.

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.