

## **Author's response to reviews**

**Title:** Is the involvement of opinion leaders in the implementation of research findings a feasible strategy?

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**Author's response to reviews:** see over

Dear Editor,

Thank you for inviting a revision of our paper. We have responded to the reviewers comments as detailed below.

We hope the paper is now acceptable for publication.

### **Reviewer Curran**

*1) Does the section on the 4 pre-requisites for an effective opinion leader strategy need citation support (i.e., from a pre-existing theory)? Does this section represent implications from prior work of the authors, and/or is it a postulation from the authors? Please clarify.*

We have amended the text to clarify that this is our postulate.

*2) The discussion section could use a brief explanation of the methods used to learn that the opinion leaders struggled with the concept of opinion leadership and the issue of the questionnaire being abstract. An earlier paper is cited, but there should be more information contained here due to the importance of the response rate in interpreting the results.*

We have clarified this by reflecting that this information came from pilot study interviews.

*3) Related to the above point, I feel that there should be some discussion of the possible drawbacks associated with the moderate response rate. What might it mean for the interpretation of the results if persons who found the questionnaire too abstract or confusing were less likely to respond?*

We have added the following sentence to the end of the paragraph on response rates and coverage. "All of these factors have important implications for the utility of the method in a service setting as it would be difficult to justify as a single strategy a method that potentially only drew on just over half of the population and could not cover the non-responding half."

*4) A brief discussion of generalizability would be worthwhile. In such endeavors the use of convenience sampling is certainly appropriate. It would be helpful for the authors to discuss their views on the appropriate next steps in the research on identifying opinion leaders based upon their interpretation of the generalizability of their findings.*

We have added this to the penultimate paragraph. "We used convenience samples for this work so it is important that the study is replicated in other settings and populations of clinicians. Indeed, it would be interesting to repeat it in the same populations a number of years on to see if recent UK health reforms, with their emphasis on localities of general practitioners, have changed the situation."

### **Reviewer Borbas**

*It would be helpful if the term opinion leader were always preceded by the term informal. I think this is an important distinction and one not well understood.*

We understand the reviewers point and tried doing as the reviewer suggested but it made the text very unwieldy. The term Opinion Leader is one that has been widely used in the literature. What we have done, as a compromise is to identify this

alternate title at the first occurrence but maintained the term Opinion Leader throughout.

*It would be helpful if the physician categories were better explained.*

We have clarified “general practitioner”, “junior hospital doctor” and “consultant” at their first occurrence.

### **Reviewer Rogers**

*Provide more of a context in the background and discussion of results about the relevance and importance of opinion leaders – its link to change management – the history and difference between opinion leaders and other constructs such as product champions (Stocking). Explain (briefly) Why informal leadership (rather than formal leadership) is important in contemporary clinical settings.*

We have identified in the discussion the issue of terminology. We have edited the text to read “Case studies frequently identify the importance of individuals (opinion leaders, change agents, product champions) in leading and supporting change in the health service. However, these terms are not necessarily well defined nor mutually exclusive. In this study there was poor agreement in the responses to the sociometric and self-designating instruments.”

We believe that we have already identified why informal leadership is important with our second para of the introduction “Mittman and colleagues noted that health care professionals work within peer groups, which share common beliefs and assumptions and group norms and that individual behaviour can be strongly influenced by these factors. They identified a number of strategies to facilitate the implementation of research findings by using these social influences. One strategy generating considerable interest is the use of opinion leaders.”

*There is a tension which needs resolving between the statement about the essential core attributes described in the introduction about informal leadership and the nature of medical socialization more generally which is characterized by norms of deference to seniority, authority and status. Surely the latter has some influence on the forming of opinion? In the introduction informal leadership is described as ‘not a function of the individual’s formal position or status in the system; it is earned and maintained by the individual’s technical competence, social accessibility, and conformity to the systems norms’. However the reported results indicate seniority and status as been key influences around the response/acceptability of opinion leaders.*

The reviewer raises an interesting point. However, we don’t have any data on the influence of seniority or status. Also, we attempted to get respondents to identify opinion leaderships from amongst colleagues they perceived as otherwise their equal by using, in the generic sociometric instrument, the questionnaire stem “We are trying to identify colleagues who by virtue of their views, knowledge or standing are used as a source of advice by their peers.” Finally we don’t agree with the reviewer’s interpretation that “the reported results indicate seniority and status as been key influences around the response/acceptability of opinion leaders”

*Study sites were purposively chosen for administrative ease. I am not sure what this means in relation to carrying out a survey of this type. I think it needs clarification - Purposive sampling is usually theoretically driven and the theoretical rationale for the sampling method needs to be explained (this may relate to the choice of primary care versus hospital settings)*

In the light of the reviewer's comment it seems most appropriate to just remove the word "purposively".

*Discretionary revision*

*I wondered whether more might be made of the different cultures/environments within which the opinion leader strategy was being tested - for example primary care operates with a 'small business' ' mentality which separates it off from hospital specialties. It may be more individualistic in its orientation and take less notice of opinion leaders*

Whilst we don't disagree with the reviewer we don't have any formal data on this and so have chosen not to change the text.

All authors have seen the revised draft and this response. We hope our paper is now acceptable for publication in Implementation Science.

Yours Faithfully

Martin Eccles (on behalf of all authors).