

Author's response to reviews

Title: Predicting Healthcare Employees Participation in an Office Redesign Program: Attitudes, Norms and Behavioral Control

Authors:

David C Mohr (david.mohr2@va.gov)

Carol VanDeusen Lukas (carol.vandeusenlukas@va.gov)

Mark Meterko (mark.meterko@va.gov)

Version: 2 **Date:** 10 December 2007

Author's response to reviews: see over

David Mohr, PhD
Center for Organization, Leadership and Management Research
VA Boston Healthcare System (152M)
Boston, MA 02130
(P) 857-364-5679
email: david.mohr2@va.gov

Dear Dr. Mittman:

I am pleased to submit for review revisions to a manuscript entitled “Predicting Healthcare Employees Participation in an Office Redesign Program: Attitudes, Norms and Behavioral Control.”

We have addressed the major concerns of the second reviewer by de-emphasizing the connection of the study to the Theory of Planned Behavior. We did not mean this to be a pure test of the theory, but an analysis of data based on general themes put forth by the model. The theory was used more to guide the paper rather than to be used in a discipline-specific extension. We hope the revisions help make this clearer. Additionally, many of the other concerns have been addressed involving writing clarity and statistical analyses. More details can be provided if needed.

We thank you for the opportunity to have our paper reviewed at your journal. Responses to the reviewers follow.

Sincerely,

David Mohr

Reviewer 1

Thank you for your positive comments on the paper.

We understand how some of the terms may not have been clear in the earlier version. We have attempted to make the definition clearer.

I have clarified the involvement of IHI with VHA in the section labeled “Context” in the introduction. This should convey the organization was involved with promotion more so than the actual design and originators of the Advanced Concept program.

We have refined our definition of the elements of the Theory of Planned Behavior (TPB) in the Introduction. We have also made revisions to the paper to indicate that we are not testing TPB in a traditional-discipline specific way, but using the theory to guide our research questions. We received feedback this delineation may not have been as clear as needed.

The second paragraph in the discussion was revised for greater clarity per your suggestion. Additionally, sentences were phrased to use active rather than passive verbs in the conclusion and other sections in the paper.

Reviewer 2

Thank you for your comments on the paper. We have addressed each item below.

Major Revisions on use of TPB (Items 1-4)

You raise several good points about our application of the Theory of Planned Behavior (TPB) in this study. Thank you for the helpful link to guidelines on assessing the theory. To address many of these concerns, we have changed the title and much of the language regarding TPB to indicate

We would like to provide a test of the theory as it has been used in past research, but we did not have the opportunity to test each element of the theory in the amount of detail we would have preferred. This is something we will consider for future evaluations that pertain to employee behavior and engagement in change programs.

We may have over emphasized the fit of the proposed model in the study with the TPB. Our intent was not to provide a strict test of the theory but to use the theory to guide the research questions.

We understand your point of view on how the use of the terms may be thought of as contradicting the theory. We hope the changes made and discussion of how the theory is not tested it was originally specified alleviates your valid concern.

My aim in selecting this model was to base my study design around the framework of the theory. We did not construct multiplicative composites as you mention.

The Figure and the term “Conceptual Model” were removed. We can see how it may lead to thinking different types of analyses might be tested in the paper that we did not intended.

Minor revisions

1. Re: Review the paper for missing words and incomplete sentences.

Thank you for pointing this out. We have reviewed the paper and believe we have made revisions to address this.

2 and 3. Re: Explain the TPB in more detail

We have made comments to help clarify the role of TPB in contributing to the study design.

4.Re. Clarify information on an area.

We have added some detail to that section under “setting”. The average number of patients seen ranges for a physician but ideally averages 1200 in the health care setting. We have added examples to help clarify the meaning of “practice patterns”. Employees with primary care as their main clinic area participated in the study. As part of the study, not reported in the text, we also sampled five specialty clinic areas: audiology; cardiology; eye care; orthopedics and urology. We selected the additional five clinics because they were included in the initial development and spread efforts of the ACA program. Since that time, the ACA program has spread to virtually all other outpatient clinics and its principles have been applied to inpatient care programs. The response rates of those clinics ranged from 33% (cardiology) to 43% (audiology).

5. Re: How do team knowledge and skills fit into the model?

This language has been removed from the text. It referred to a section on the individual employee survey from which several of the items to construct the scales were obtained.

6. RE: Mention the ten activities. Provide more detail of the items.

We provided a table of the questions as they were asked to employees, along with the percent of employees who indicated that they did participate. We also report Cronbach’s alpha for the scale in the text under the “Instruments and Measures” section.

7. Re: Was a sample size and power-analysis conducted/

We now report power analysis estimates in the Methodology section, just before the “Results” section.

8. Re: How did the author deal with missing values.

Missing values statement clarified in the Methodology section as being list-wise deleted.

9. Re: Include a table with sample characteristics. Start the Results section with a description as well.

I have started the result section with a description of the characteristics of the sample, including full-time status, tenure, supervisory level and profession. Additionally, the regression table reports the mean value of variables used. For variables coded dichotomously, this can indicate the percentage of respondents with that characteristic.

10. Re: Report standardized coefficients, p-values and amount of variance explained. Also, explain how much variation was explained in a second step adding the TPB elements. Good suggestion. We have standardized the variables by standardizing all independent and dependent variables to a mean of 0 and standard deviation of 1. It was necessary to convert because the computation algorithm provides unstandardized estimates without an option known to the author or colleagues on how to obtain standardized estimates. The 95% confidence intervals are also reported. The table also includes results for a model with and without the attitudes, norms and behavioral control variables as you suggested.

11. Re: Provide results for the ten linear equations

We omitted this section because we felt it may make the paper harder to understand with the additional tables and preferred and may take focus away from the conclusions.

12.Re: Report the mean and standard deviation of clinic level scores for the ANOVA.

I have added a Table to show the means and standard deviation for each of group.

13. Re: Clarify statement on coefficients.

I have standardized the estimates to make it easier to compare across variables.

14. Re: Address size and precision of estimates.

Additional information has been provided in the regression tables to address this concern.

15. Re: Clarify what the six additional variables you mentioned are in the text.

This section has been removed upon revision. If retained, we would restate the sentence as: Recent research has suggested that adding six additional variables (e.g. belief salience; past behavior; perceived behavior control vs self-efficacy; moral norms; self identity; and affective beliefs) may increase the explanatory power of the model.

Conner M, Armitage CJ: **Extending the theory of planned behavior: A review and avenues for further reserach.** *Journal of Applied Social Psychology* 1998, **28**(15):1429-1464.

Discretionary Reviews

1. Re: Present the rationale first then the study goals.

The first section on the goals of the study was moved to the end of the introduction.

2. Re: State geographical context

In the Introduction, a statement was added that the context was the US Department of Veterans Affairs under context.

3. Re: Specify techniques in more detail. Specify the time period.

The sentence on techniques was clarified. The time period was also detailed.

4. Re: Report if the study is cross-sectional or longitudinal.

I specified that the study was cross-sectional under the “Current Study” section in the Introduction.

5. Re: Consider including descriptive norms.

Revisions were made to TPB as it was discussed in the text. Ideally, we would like to have done this as it would help complement the other components.

6. Re: Clarify response rate for sub-sample and total sample.

In the participant section, I provide additional detail on the overall sample response rate compared to the primary care rate; they were very similar.

Author Page

Corresponding author: David Mohr, PhD

David C. Mohr, PhD
Center for Organization, Leadership and Management Research
VA Boston Healthcare System (152M)
Boston, MA 02130
(P) 857-364-5679
(F) 857-364-4438
email: david.mohr2@va.gov

Carol VanDeusenLukas, EdD
Center for Organization, Leadership and Management Research
VA Boston Healthcare System (152M)
Boston, MA 02130
(P) 857-364-5685
(F) 857-364-4438
email: Carol.VanDeusenLukas@va.gov

Mark Meterko, PhD
Center for Organization, Leadership and Management Research
VA Boston Healthcare System (152M)
Boston, MA 02130
(P) 857-364-4608
(F) 857-364-4438
email: mark.meterko@va.gov

Note: All author affiliations are:

¹ Center for Organization, Leadership and Management Research, VA Boston Healthcare System, Boston, MA

² Boston University School of Public Health, Boston, MA

*The views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs.