

## **Reviewer's report**

**Title:** An exploration of how clinician attitudes and beliefs influence the implementation of lifestyle risk factor management in primary health care: A grounded model

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**Reviewer:** Andrew AL Sussman

### **Reviewer's report:**

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Implementation Science

An exploration of how clinician attitudes and beliefs influence the implementation of lifestyle risk factor management in primary health care: A grounded model

#### I. Major Compulsory Revisions

Further detail in the Methods section is necessary regarding the context of the sampling frame.

1. In the "Study Setting and Context" section, the authors note that the "community health teams were selected...through expressions of interest." The authors should include how this interest was ascertained. In other words, what selection criteria were used?
2. What accounts for the different sample sizes across teams?
3. Is there a particular reason why no men were interviewed? How many men were part of the teams? It may be helpful to add demographics of the full composition of the teams so readers can know if the interviewees are different in any particular way.
4. While there is sufficient detail with regard to the overall analytic process, it would be helpful to add details regarding how the research team divided interpretive activities.

Comments pertaining to the Discussion:

5. While the authors do a nice job of drawing out the implications from the results, there are some components that seem less feasible. For example, on pg. 21, the authors note that perhaps a "fundamental shift in their beliefs about the determinants of lifestyle behaviors..." is needed. Another view on this issue would be that in resource depleted contexts, clinicians "rationally prioritize" their efforts based on their experience in judging how to best maximize their counseling. In other words, much of the focus here relates to deficiencies that stand to be modified rather than viewing clinicians as highly adaptive to their

settings and the ability to accurately read patient cues.

6. I wonder if the authors were able to review their findings with members of the participating teams? If so, did they find concordance regarding the reported approaches?

7. It was noted that the lead author (RL) kept a journal and that these observations were included in the analysis. It would be interesting to learn how these observations were integrated.

8. While the model seems to imply that Commitment is a dynamic process, the manuscript does not emphasize this view. Health care priorities are in flux and clinicians are responsive to a diverse range of personal, patient, clinic and community factors. This issue relates to the compelling literature on “competing demands” and the reality that clinicians can not possibly address all the presenting and preventive counseling needs of their patients so they make decisions. Greater attention to one set of issues comes at the expense of others. I wonder how the authors see this tradeoff.

Fit with other literature on this topic:

9. An overarching concern pertains to the question of what this research study adds to the broad literature on factors that influence counseling for lifestyle risk management. I agree with the need to align interventional strategies to enhance these clinical efforts by paying close attention to clinician beliefs and attitudes (affective dimensions). However, I’m not sure if the findings here represent new perspectives on these issues nor whether (or how) the implications drawn from the study could be implemented. Indeed, there is research in the primary care literature that the authors have overlooked that has reached similar conclusions (see journals such as the Annals of Family Medicine and the Journal of the American Board of Family Medicine). For example, prior research has specifically identified how clinicians modify definitions of success (p. 20) as a justification to continue preventive counseling efforts as well as the use of “opportunistic approaches” (p.17) and views about self efficacy/autonomy (p. 14). I would encourage the authors to undertake a closer literature review to see how these issues have been previously addressed and use their findings to build our understandings in these areas accordingly.

II. Minor Essential Revisions

III. Discretionary Revisions

1. On page 7, it might be helpful to have demographics by each team.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

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

statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.