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LETTER TO THE EDITOR

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Methodological considerations regarding control preference interpretation: a comment on management of contrast media-related risk factors by Öztürk and Karabıyık

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Dear Editor,

We read with great interest the article by Öztürk and Karabıyık[1] on radiologists' preferences in managing risk factors associated with contrast media. The study addresses a relevant question for the safety of radiological practice and provides valuable initial data.[1] It also contributes to a very essential question of interprofessional and inter-specialty dynamics, with insights that the reader can apply to any institution. However, we believe that certain interpretations, given the descriptive nature of the study, should be considered cautiously.

First, a modified version of the Control Preferences Scale (CPS), an excellent tool used for decades across the world, was used, yet the reader is left wondering if the adaptation was tested or, alternatively, if the validity of the translation (if it was translated) was assessed. Without evidence that the modified scale measures the same construct as the original, comparative interpretation and generalizability remain limited.

Second, 6 of the 50 interviews (12%) were excluded due to "invalid permutations"[1] without describing the characteristics of the excluded participants. Although some permutations may appear to be, to a certain extent, incoherent, the reader is left curious as to why a given specialist may have chosen such a combination, even if the end result remains their prudent exclusion. Furthermore, face-to-face administration by a single interviewer increases the risk of social desirability bias and interviewer influence.

An important aspect that is not mentioned in the article is the cultural dimension. There are negative stereotypes about all specialties, repeated since one's days as a medical student by both peers and instructors, that help create dynamics of incivility between specialties or even between individual physicians.[2,3] We are left wondering if there is a social dimension behind the lack of a desire for an active role that the paper illustrates, such as whether radiologists perceive themselves as having outside decision-making roles generally, or if more personal dynamics could not be generalized.

We suggest that future revisions consider tempering causal interpretations, reporting the psychometric properties of the adapted CPS version, elaborating on the excluded participants, and considering the cultural aspects possibly involved. These nuances would strengthen the study's usefulness for healthcare managers and planners.

Conflict of interest disclosure

The authors declared no conflicts of interest.

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