TABLE 1. Correlation between independent variables (and their components) and intention to prescribe emergency contraception among primary care physicians surveyed at four teaching hospitals, 2004

Variable	r
Attitude toward prescribing	
Direct measure (how good/bad, positive/negative, harmful/beneficial respondent thinks it is to prescribe emergency contraception)	0.62***
Indirect measure (behavioral beliefs weighted by evaluations of outcomes)	0.52***
Behavioral beliefs: how likely respondent is to believe that prescribing results in each of 10 outcomes (enhances reproductive options, discourages consistent contraceptive use, reduces unintended pregnancies, reduces abortion, takes too much time in clinic, is inconvenient for the respondent, encourages unprotected sex, poses health risks, causes frequent use of emergency contraception, causes abortion)	–0.03*
Evaluation of outcomes: extent to which respondent views each outcome as good/bad, harmful/beneficial	0.15
Subjective norms	
Direct measure (general perception of whether groups important to respondent think respondent should/should not prescribe)	0.53***
Indirect measure (specific professional referents' perspectives weighted by motivation to comply with those referents)	0.36***
Specific professional referents' perspectives: perception of whether specific partners/colleagues, community physicians, professional organization, current medical standards think respondent should prescribe	0.29**
Motivation to comply: extent to which respondent wants to comply with each specific referent's view of prescribing	0.08
Knowledge	
Score on knowledge quiz (number of correct answers to five questions)	0.05

*p<.05. **p<.01. ***p<.001. *Note:* Results are from Spearman's correlation, applied to mean value of the variables.