Reviewer’s report

Title: The association between demographic factors, health service factors and user satisfaction: results from a study from three casualty clinics in Norway

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Reviewer: Hector Rodriguez

Reviewer’s report:

The authors conducted a cross-sectional analysis of user experiences in casualty clinics in Norway. The primary research aim is to clarify the relative influence of user characteristics and patients’ experiences on user satisfaction. Consistent with previous research, they find that doctor-patient interaction quality is the strongest predictor of user satisfaction. Contrary to previous work, they find little evidence that user characteristics account for differences in user satisfaction.

Major Compulsory Revisions

The authors indicate that the lack of association between user characteristics and satisfaction may be due to limited sample sizes and response rates, but do not elaborate on alternative explanations why findings might differ from previous work that are of practical importance. In addition, it is counterintuitive to suggest that the user characteristics analyses are underpowered, while the “health services variables” analyses were sufficiently powered.

Importantly, it is unclear why clarifying the association between user characteristics, patient experiences, and user satisfaction would be different in a casualty clinic setting vs. general practice. The authors should elaborate on the differences in the organization of general practices and casualty clinics, i.e., how the clinics are accessed, when they operate, who provides care, etc. It is also important to motivate the analyses a bit since there are MANY studies that examine the relationship between patient characteristics, experiences, and satisfaction with primary care. In what ways, SPECIFICALLY, does this study advance existing knowledge? Many studies assess case-mix adjustment effects on patient experience measures. Why do the authors suggest more studies? The paper may be more focused if the primary aim was to understand the relative importance of various patients’ experiences of care in promoting patient satisfaction with after hours/casualty care, controlling for user characteristics.

Background, 2nd paragraph: “credibility of studies” is not correct. Consider restating as “validity of performance comparisons across health care organizations”.

The authors explain that 3 clinics were chose based on size and organization differences, but do not explore these clinic effects analytically. It almost seems as if there is an attempt to achieve generalizability here, when this is impossible with 3 clinics. The authors should consider analyzing the results by clinic (stratify) or
at least include dummy indicators to parse out clinic-specific effects (dummy variables). This is likely to effect their estimates of user characteristics and patients’ experiences on user satisfaction.

Elaborate on the reference period used for survey questions. For example, “In the last 12 months”, “During your last visit/encounter”? If no reference period given, why is this the case?

How were scales constructed if items were missing in a scale? Any criteria for scale creation, e.g., did a respondent have to respond to a minimum # of items in the scale for the composite score to be calculated?

How does the survey item content differ from commonly used patient experience surveys like the Clinician & Group CAHPS survey? Why are the different domains used in this study important for understanding casualty clinic care?

If the guardian sample is small, why not pool with other data and adjust for guardian vs. not guardian? Throwing out these data seems extreme.

Background variables were included in multivariate regression based on theoretical considerations and empirical evidence. This statement is vague. Please elaborate and indicate specifically what the theoretical and empirical justifications.

In the results section, it is unclear what the “reference clinic” is?

Discussion

How do results compare to general practice satisfaction levels in Norway? Why might differences be present? What does this suggest for the measurement of organizational performance/performance comparisons?

If patients’ experiences are an indirect measure of patient satisfaction, why not just measure satisfaction? The authors allude to this in the introduction, but tying this into the discussion will make this more coherent for readers.

Many studies have assessed patient demographic factors and patients’ experiences. Why are more studies needed specific to casualty clinics?

Discussion about limited variability on measures and ability to assess change over time and between clinics is confusing. Clinic-level reliability is the more important issue for clinic comparisons and the current study did not examine this issue. The authors should refrain from overreaching here.

If the differences between the three clinics were substantial, why wasn’t this accounted for analytically? Clinic effects were never examined in the study, so this discussion comes out of nowhere.

The response rate discussion also strays too far from the main point of the study (to assess predictors of satisfaction with casualty clinic care). Simply state the limitation and the direction of the potential bias.
Conduct a more thorough literature review of patient experience studies using Clinician & Group CAHPS data. Many recent important studies that include analyses of patient characteristics and patients’ experiences are available and are not cited.

Minor Essential Revisions

The authors should use consistent terminology throughout. For example, it is unclear whether casualty clinics are the same thing as urgent care centers or after hours care centers (in the US).

The term “health services aspects” is vague. Is this equivalent to patient-reported experiences of care?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

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

Declaration of competing interests:

I declare I have no competing interests