Reviewer's report

Title: Why are family carers of people with dementia dissatisfied with general hospital care? A qualitative study

Version: 1 Date: 30 June 2012

Reviewer: anna azulai

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Discretionary Revisions: None.

Minor Essential Revisions:

1) Main document: The location of the study is revealed for the first time in the end of the discussion section. It would be helpful to mention the location early in the study, for example in the method section, as well as in the abstract.

2) Supplement file: COREQ Qualitative study checklist. It is unclear whether this supplement document is an Appendix to the main text or a table related to the method (or other) section. In any case, I would suggest that this document is titled and located as either appendix or a table; or, alternatively, excluded from the submission. If the document is used for submission, it should be cited somewhere in the main text, referring the reader to the document when appropriate (for example, in the methods section). In addition, the Location/comment column in the table could be more effective if it contains concise answers to the corresponding 32 questions posted in the preceding column. Simply referring the reader to the page number in the main text and leaving the reader to figure it out by him/herself raises a question of the document’s usability.

Major Compulsory Revisions:

1) Participants: There is some inconsistency and confusion throughout the paper in terms of reporting who are the participants of the study. Are these older patients? Or their family carers? Or both? In the abstract, the authors stated that the interviews were conducted with carers. In the sample description and the method section, however, the authors mentioned that some interviews were conducted with both older patients and their cares present. In the results section, the authors provided some descriptive statistics of the older patients, calling them ‘participants’. When discussing limitations of the study, however, family carers are called participants, while older patients are not mentioned at all.

2) ‘Confused older people’: How do the authors define confusion? What does this mean ‘confused older people’ in the context of the study? Whose judgment of being ‘confused’ is it and based on what? Were the patients observed as disoriented? Were they diagnosed with delirium or any other psychiatric or neurological condition directly associated with disorientation? Was their cognitive
state evaluated by the Mini Mental State Examination or other standardized test? Being diagnosed with dementia and/or mental health condition does not automatically mean that the person is confused. The degree of confusion may vary at different stages of the disease. For instance, the authors indeed reported that some older patients in the study were found competent and capable to sign an informed consent, while others were not able to do so. Were the capable patients also ‘confused’?

3) Limitations of the study: Given that some interviews were conducted with both older patients and their family carers present, it remains unclear how did family relationships between the patients and their carers impacted the interview data?

4) Method:

a) Ethnography: On page 4, the authors stated “We report on an ethnographic study of older people with mental health problems admitted to medical or trauma orthopedic wards as an emergency, and their family carers”. What properties of this study situate it as ethnography? There is no further information related to this methodology in the study report.

b) Grounded theory: The authors stated that they used grounded theory approach in the study. What type of grounded theory (GT) was used remains unclear. Was it a classic Glazarian approach, the Straussian approach, or the constructivist grounded theory by Charmaz? These types of the GT differ in their goals, principles and types of coding, approach to the literature, data reporting strategies and presentations of the results. Clearly defining which GT approach was used in the study would help the reader to better understand the process of data analysis and how did the researchers arrive to the results.

5) Results: The authors clearly stated main themes that had emerged from the data analysis. The less common or marginal themes, however, are not clearly outlined. Differentiation between the common major themes and divergent data could be helpful to better understand the results of the study.

6) Discussion: I would suggest locating the study and its original contribution within the knowledge base that already exists. For example, what added value does the ‘cycle of discontent’ offer that is different or new in comparison to already existing models and theories in the area of expectations and satisfaction with care (e.g. consumer satisfaction models such as SERVQUAL, Expectation Confirmation Theory (ECT)/Expectation Disconfirmation Theory (EDT), Expectancy-value theory of Linder-Pelz, etc.). Also, what new insights and usability does the model offer when compared to other grounded theory studies of older patients’ satisfaction with healthcare in hospital settings? The following citation is only one example of a grounded theory study that could be helpful to the authors.

7) Conclusion: On page 16, in the final sentence of the conclusion section, the authors wrote “we propose that recognizing stages of the cycle of discontent by staff can pre-empt problems, and better address family carer needs through inclusion and proactive communication”. This is an important implication. However, if older patients are considered as participants for this study, then I would suggest to also include implications for the care and needs of the older patients. Further, what research and policy implications can the study have?

**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' below.