Reviewer's report

Title: The Dimensions of Responsiveness of a Health System: a Taiwanese perspective

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Reviewer: Peter P. Groenewegen

Reviewer's report:

General
This is an interesting paper. It is important to know whether the measurement of responsiveness by the WHO questionnaire is applicable in different countries or cultures. However, there are a number of issues that should be addressed in the paper.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
- What is the reason for doing a key-informant survey? As far as I know the history of the World Health Report 2000, the reason to do a key informant survey and not a population survey was a pragmatic one: a population survey in a large number of countries was too expensive. However, there was and is no substantial reason to use key informants to collect information about responsiveness. After all, responsiveness represents the user view on health care quality and as such should be asked to a sample of the general population.

- What is the relationship between the key informant survey and the focus group approach and how do the results of two relate to each other? Could the others explain this in more detail?
On page 11 it is mentioned that Taiwanese citizens in judging responsiveness of a health system saw medical skills of health providers as a priority area. They may see medical skills as an important aspect of quality of care, but conceptually it is unrelated to responsiveness. The authors should correct this in their manuscript. Of course people value different aspects of health care, but not everything belongs to the concept of responsiveness.

- What is the implication of the findings for international comparative research of health care systems?
The authors conclude that the questionnaire should be revised. However, if it should be adapted to all countries cultural specifics, comparison is no longer possible. In my view, what is missing in the conceptualisation of responsiveness is the value that people attach to different aspects of health care. It might be typical for western cultures to place a high value on issues of autonomy. By measuring both the actual experience of people with aspects of their health care system and the value they attach to these aspects, experienced responsiveness as measured in the same way in different health care systems could be weighted by the culturally determined values. An example of this approach in general (not specifically on the WHO measure of responsiveness) can be found in Groenewegen et al. What is important in evaluating health care quality? An international comparison of user views. BMC Health Services Research 200;5:16.

Statistical approach:
- It is unclear what the WHO model in Table 3 stands for. Is this an analysis of the Taiwan data according to the factor structure of the WHO data? Or is it an analysis of the actual WHO World Health Report 2000 data?

- On page 11 adjustment for demographic variations is mentioned. It is not clear how this was done. This should be explained in the methods section.
- What is the implication of the findings of Table 3? I suppose the factor structure of WHO was reached by pooling all their data on responsiveness. The overall factor structure is not necessarily reproduced in each separate country. Some countries might have had more influence as a consequence of a larger number of key informants responding. Would there be some measure of the discrepancy between the overall factor structure and the Taiwan factor structure, e.g. by seeing the Taiwan key informants as a random sample of informants from the population of key informants in all WHO health systems?

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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: Yes

Declaration of competing interests:

'I declare that I have no competing interests'