Reviewer’s report

**Title:** Cross-cultural adaptation and validation of the Physical Therapy Outpatient Satisfaction Survey in an Italian musculoskeletal population

**Version:** 1  **Date:** 27 December 2012

**Reviewer:** Silvia Gianola

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Silvia Gianola
BMC Musculoskeletal Disorders

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I have the following comments:

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**Topic strength**

With the increase in the number of research projects, the need to adapt health status measures for use in other than the source language has also grown rapidly. In this paper authors conducted a cross-cultural adaptation and validation of the questionnaire PTOPS concerning the patient satisfaction. Patient satisfaction is an indicators of quality of care as a means of identifying patients who have a higher or lower likelihood of compliance with treatment programs or physical therapists, and as a benchmark upon which to assess market competitiveness. This manuscript present a relevant topic to physical therapist practice, involving the patient satisfaction as measure of outcome in the formulation of physical therapy goals is gaining momentum as part of a person-centred approach to physical therapy.

Reviewer's report

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-Major Compulsory Revisions (The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation)

**Text**

**Methods**

1) Subject-about the inclusion criteria

-All patients who attended these facilities from April 2011 to September 2011
were asked to participate.
You could specify the target population (musculoskeletal population). If restrictions to diseases/disorders are not present, please confirm this.

2) Step 2. Backward translation.
To avoid bias information, according to Beaton et al 2000, the two translators should neither be aware nor be informed of the concepts explored, and should preferably be without medical background.
In your study, were they without medical background and blind to the original version?

3) Statistical analysis.
Statistical analysis is the “Data analyses through psychometric scale properties”. Methodological criteria for the investigation of psychometric properties are suggested by Terwee et al 2007. A practical guide about the interpretation of studies on the reliability, validity and responsiveness of PROMs (patient-reported outcome measures) is suggested by Davidson et al 2012.

- No test was applied to check out for normal distribution?
- Distribution and Floor/Ceiling Effects was not calculated?
- Statistical analysis-Construct Validity:
  Were there hypotheses a priori? Please, define the hypotheses. Construct validity should be assessed by testing predefined hypotheses (e.g., about expected correlations between measures or expected differences in scores between “known” groups). These hypotheses need to be as specific as possible. Without specific hypotheses, the risk of bias is high because retrospectively it is tempting to think up alternative explanations for low correlations instead of concluding that the questionnaire may not be valid.

- Please, can you explain why “Responsiveness” was not investigate?
  -Statistical analysis-Reliability, Concurrent Validity
  Please, you could insert the cut off scores about the statistical values of each psychometric quality criteria (Cronbach #, Pearson correlation, ICC ..). Eg, Cronbach’s alpha, with a value of > 0.70 being considered acceptable. Pearson correlations: \( r < 0.30 = \text{fair} \); \( 0.30 < r < 0.60 = \text{moderate} \); \( r > 0.60 = \text{good} \). The ICC: good reliability = 0.60 to 0.80, and excellent reliability =more than 0.80.

4) Definition of domains- Factor Analysis
Statistical explanation of Factor Analysis should be insert in the Methods part.
Maybe below the: We performed two separate analyses: the first one according to the R-S-domains obtained for the U.S. data with our own data and the second one to explore the possibility of different domains, specific to the Italian population.
Results and Discussion

5) In general this part is too long and confusing. To be more clear and fluent, the paragraph "Results and Discussion" deserves revision. It can be divided in two parts: results (analysis 1 and analysis 2) and discussion. The paragraph about results will be shorter giving statistical results while the paragraph about discussion will involve explanation of results, interpretation related to both analyses and discussion of data about psychometric characteristics compared to previous cross-cultural adaptation studies (US original version 1999, European-English version 2007).

6) Subject (second paragraph)
56 subjects repeated the compilation of the questionnaire.

From 354 subjects to 56 subjects...why there were so many dropout? (dropout defined as subjects who returned the questionnaire at time baseline measurements were established but did not return the questionnaire at the 1-week measurements). No reasons for dropping out and no descriptive characteristics of dropout are indicated.

7) Subject (third paragraph, after the word "Table1"):

Regarding how the patients learned about the facility, 62 (17.51%) were advised by their physician, 49 (13.84%) from friends, and 39 (11.02%) from former patients. Only one person found the facility by consulting the telephone directory. However, 200 patients (56.50%) did not choose any of the mentioned options, and 3 patients did not answer to the question. For 126 subjects (35.59%) the physical therapy treatment was the first one; 221 patients (62.43%) reported that this was their first physical therapy treatment in the particular facility. The majority of patients was treated for orthopedic dysfunctions, particularly spinal pain (183 in the low back, 52 in the neck). 55 patients (15.54%) complained on disorders located in other parts of the body, including neurological pathologies. In our sample there are few patients who received physical therapy treatments for upper or lower limb. Most of the subjects (83.90%) complained of chronic symptoms and 96 of them (27.12%) required treatment for more than one part of their body. 126 patients (35.59%) paid for the treatments themselves, 2 individuals (0.56%) made a "co-payment" (most of the cost was covered by the National Health Service), 79 patients (22.32%) were fully covered by the National Health Service, whilst the remaining 147 (41.53%) had insurance coverage. Most of the subjects (317 subjects, 89.55%) regularly attended the scheduled sessions. 213 patients (60.17%) received their treatment from a male physiotherapist.

This is a long description of sample, please consider to include this part in a table,
maybe also into the table 1.

8) Acceptability (third paragraph)
The items with the highest average rating were Q7 (“I am given privacy when I need it”), with an average of 4.57, Q2 (“I enjoy listening to my therapist”), with an average rating of 4.49, and Q23 (“I do not really enjoy talking with my therapist”), with an average of 4.53 on the inverted scale. Items with the lowest average ratings were Q14 (“The facility is in a desirable location”) with a mean of 3.93, and Q29 (“This facility appreciates my business”) with 3.51. The variables with the highest proportions of patients answering with “I do not know” are Q01 (“The cost of treatment is more than I expected”), Q04 (“The facility is flexible about payment options”), Q09 (“I am charged a reasonable amount for my therapy”), Q17 (“The quality of the care I received is not compatible with the cost”), Q25 (“My therapist does not expect me to pay significantly more than what my insurance covers”), Q29 (“The facility appreciates my business”), and Q30 (“It could be easier to make the arrangements to pay for my therapy”), all of which related to costs.

This part could be cut because data can be interpreted from the Figure 1 that you indicated. It will be more useful to explain the correspondent value of each Likert point in the legend of the Figure 1 (eg. 1=Strongly Disagree; 2=Disagree; 3=Uncertain; 4=Agree; 5=Strongly Agree) and afterward to highlight the highest average rating, the lowest average rating and the highest proportion of “I don’t know “ (“highest average rating, **lowest average rating...”)

9) Analysis 1. Analysis of the constructs identified by Roush and Sonstroem
Reliability-Internal consistency (first paragraph)
“This table also displays the values of # obtained by deleting one item at a time.”
-Please, can you better explain this?
-Moreover, the corrected items in total correlation show a general low-moderate alfa correlations..

10) Analysis 2-Concurrent validity
-This part is too long till “Limits of study”.
-Moreover, about the fifth paragraph: The Italian version of the Physical Therapy Outpatient Satisfaction Survey (PTOPS-I) showed a good level of patient acceptability and required only few minutes to complete. This is a discussion part about all results related to the analysis 2. This should be adopted also in the analysis 1. Therefore see previous advice, it will be better split the paragraph “results and discussion” in two parts: results and discussion.

11) How many patients were evaluated on the analyses of the internal consistency, validity and reliability?

- Minor Essential Revisions (The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes)
Paragraph: To identify difficulties and to correct mistakes, the committee discussed various options for items and responses, focusing on the meaning rather than on the literal translation, in order to achieve the best conceptual equivalence.

According to Beaton et al 2000, I think the panel could identify various options for items and responses by consensus discussion with respect to semantic, idiomatic, experiential, and conceptual equivalence based on the original version, not only focus on the meaning and literature translation.

13) below of Step 4- Test of the Beta version.

-No information was stated about the submission of documentation to the developers or coordinating committee for appraisal of the adaptation process.

-Moreover the last step of translation and cross cultural adaptation concerning “Psychometric Scale Properties and Data Analyses” should be indicated. This allows the introduction of all data analysis following the methodological criteria of psychometric properties giving a more systematic order to reading.

Results and Discussion

14) Analysis 1-Internal consistency

-It clearly emerges from the data that some variables are not particularly connected to the others:…

It can simplify the sentence by indicating the numbers of the questions belonging to each domain without repeating the questions. “It clearly emerges from the data that some variables are not particularly connected to the others: Q16 and Q29 in the R-S Enhancers domain, Q8 in the detractor domain, Q14 in the location domain, Q11 and Q 25 in the cost domain”.

-the PTOPS-I exhibits a good overall reliability…It have to be indicated by the Cronbach # value. See below other similar advices. Choosing to keep together “results and discussion” creates some problems in the explanations of results.

15) Analysis 1-Construct validity

The proportion of total variance explained by the factor as well as its correlations (loadings) with the items are reported in Table 3.

Explained variance of the factor analysis have to be indicated for each domains.

16) Analysis 1-Test –retest stability

The intraclass correlation coefficient have to be indicated by the value and their confidence interval for each domains.

17) Analysis 1-Validity

As shown in Table 5, the GPE was significantly associated with the “Enhancers#,
Detractors# and Cost#s totals, but was not related to the Location#s total, thus indicating that the items in the R-S Location domains are important but not particularly related to level of satisfaction in our sample.

Please, indicate the p-value correspondent to Pearson correlation. Eg “Enhancers#( # < 0.0001).

18) Analysis 2
Maybe you can named the paragraph “Factor analysis”

19) Analysis 2-Construct validity
The obtained results (displayed in Table 7) are very similar to those observed for the R-S domains, and also in this case are consistent with the indications provided by the Cronbach#s ##s.

Please, indicate the Cronbach # values.

20) Analysis 2-Concurrent validity (first paragraph)
Please, indicate the p-value correspondent to Pearson correlation for each domains.

21) Analysis 2-After Concurrent validity (third paragraph)
Analysis of the dependency of the satisfaction indicators

- Finally, we analyzed the dependency of the indicators of satisfaction on the background variables, i.e. the variables related to the characteristics of the facility and/or of the therapist and of the patients.

You could give a title to the paragraph. Eg. “Analysis of the dependency of the indicators of satisfaction”

- Are there statistical measures of this analysis?

eg. p-value? Otherwise, the interaction between the patient#s and the therapist#s gender was not significant

eg. correlation? with respect to Ambience, patients with the lowest level of education were the most satisfied ones

- Discretionary Revisions (These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential)

1) Outcome Measures—maybe could be interesting insert a section with the brief description of the outcome measures involved: PTOPS-I, VAS, GPE.

Silvia Gianola

Level of interest: An article of importance in its field
Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests.

Silvia Gianola