Reviewer’s report

Title: The Italian version of the Physical Therapy Patient Satisfaction Questionnaire (PTPSQ-I(15)). Psychometric properties in a sample of inpatients

Version: 1 Date: 15 December 2013

Reviewer: Peter Michael Kent

Reviewer’s report:

The study reported in this manuscript sought to determine the psychometric properties of an Italian language version of the Physical Therapy Patient Satisfaction Questionnaire (PTPSQ-I(15)) in an inpatient cohort, as this version had only previously been studied in an outpatient cohort. The same methods were used to determine these properties as had been used in their previous study and the results in this inpatient setting were broadly similar to those found in their outpatient settings.

I commend the authors for conducting this study and for the rigor in their previous translation and validation study, as research into the trans-cultural adaptation of existing questionnaires is often inadequate. Also the level of English language competency is very high, especially if a language editing service was not involved. That said, there are aspects of the manuscript that, in my view, require revision in order to strengthen the method and interpretation.

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

All sections: You state that the aim this study was to explore the psychometric properties of PTPSQ-I(15) but you also describe the relationships between satisfaction and patient characteristics. This additional aspect would be better signaled if you add this second aim (taken from your outpatient study): (2) to investigate the relationships between the characteristics of the patients and physical therapists and the indicators of satisfaction. As an extension of this, the discussion section would be strengthened if you compared and contrasted these findings with those of the outpatient study. For example, the finding in the current study that satisfaction was higher when treated by a male physiotherapist, whereas in the outpatient study, satisfaction was higher when treated by a female physiotherapist – what might those results mean?

Methods section: More detail is needed so that readers of this paper need not refer to the other paper for basic details, including: who administered the questionnaires and whether patients self-completed the answers. If, as in the your previous study, patients were asked the questions, is it your intention to recommend that this is the usual mode of administration - with all the attendant issues of social desirability affecting the item responses? What was the
mechanism by which participants could have reported problems of item comprehension?

Methods section: What determined your decisions about whether the sample size was adequate?

Methods section: State the study period in which participants were recruited.

Methods section: More explanation is required for the use of Pearson correlation coefficients (a parametric statistic), when you also state that you have used nonparametric statistics in other parts of the analysis because “the item response numerical and group means were not normally distributed”.

Methods section: In your previous paper you indicate that, as there are no Italian language instruments available that would have allowed an examination of convergent validity, concurrent validity was examined using the visual analog scale (VAS) and a 5-point scale of global perceived effect (GPE) as criterion standards. You also indicate that in this context, these criterion standards are best conceptualised as indicators of divergent validity as they measure different constructs than patient satisfaction. However, it seems that as you are focused on divergent validity, then the low and non-significant correlation found with the VAS is an indication of strong divergent validity. You report “Divergent validity was moderate for the GPE and not significant for the VAS”, but I believe this would be more accurately stated as “Divergent validity was moderate for the GPE and strong for the VAS”.

Methods section: State how the participants in the retest-subsample were selected – what was the randomisation procedure and how was it administered?

Results section: You state that “No questions were left unanswered and yet Table 2 shows that there were missing responses of varying frequency to nine of the 15 questions. Is it that you intended to indicate that no individual item was completely unanswered?

Results section: I believe that further justification is required as to why in the Factor Analysis, you favoured a one-factor model over the two factor model. The two factor model showed moderate to high loadings on factor one for all items except questions 11, 14 and 15, while questions 11 and 14 loaded highly on factor two. It would be ideal if this justification was consistent with the way in which you reached conclusions about favouring a multi-factor model in your published study of outpatients.

Results section: In my view, Table 2 would be more interpretable for the reader if:

(i) The missingness for each question was expressed as a proportion of the 149 patients that completed a questionnaire, and

(ii) The responses (1 to 5) were expressed as a proportion of the patient who did answer that question.

Results section: Please also add a caption to Table 5 explaining what the bold
and italised font indicates, such as ‘The numbers in bold indicate high correlations (.30>r<.60) and in italics indicate medium correlations (r>.60)’. Similar captions are required for Tables 3 and 4.

Discussion section: Limitations component. The approach that you have taken in determining psychometric properties in these two studies is based on Classical Test Theory. For completeness, it would useful to also mention that there are more modern approaches based on Item Response Theory, such as Rasch Analysis, that are now available to evaluate questionnaire psychometrics with greater precision than the classical approach.

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 are recommendations for improvement but which the author can choose to ignore)

Results section: Test-retest stability component. This sentence “We also analyzed the consistency between the scores assigned to each item in the two administrations” Might be more clear if reworded to be “We also analyzed the consistency between the scores assigned to each item in the two administrations OF THE QUESTIONNAIRE”.

Discussion section: Please consider these grammatical suggestions: “This may be a reflection of cultural attitudes specific to Italians COMMA as Issa et al. found that co-payERs did not affect patient satisfaction with post-operative physical therapy following total hip arthroplasty”.

Acknowledgments Section: “The Authors wish to thank…” in UK English, authors does not need to he capitalized.

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

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