Reviewer's report

Title: Patient satisfaction with healthcare admitted to acute medicine department in Morocco

Version: 2 Date: 8 February 2010

Reviewer: Nicolien Zwijnenberg

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Major Compulsory Revisions

1. The question posed by the authors is not well defined. The aim of the study is 'to evaluate patient satisfaction with health care using the EQS-H questionnaire and to assess the determinant of patient satisfaction in an acute medicine department in Moroccan' (p. 2). However, the article is mainly focussing on the latter. In the conclusion and abstract is not stated whether patients in this medicine department are satisfied at all.

2. The results of the multivariate analysis (table 3) showed that the factor 'prior hospitalization' (more than 2) was also associated with higher patient satisfaction (p=0.008). In the text this is not mentioned. The results of the univariate analysis (table 2) showed furthermore that the scores on the factor 'residence' are equal for 'urban' and 'rural'. However, in the text and the table is presented a P-value of 0.001. So, the P value is incorrect or one of the subscale scores is incorrect.

3. The manuscript does not completely adhere to the relevant standards for reporting and data deposition. Example 1: The article starts with the 'Introduction' in stead of 'Background'. Example 2: the 'Method' section in this manuscript is called the 'Materials and methods' section. Example 3: the subheading 'Conclusion' has to be 'Conclusions'. For the data deposition, the table legend text has to be stated above the table in stead of under the table.

4. Before publishing, extensive editing is recommended. 1) Verbs are sometimes incorrectly conjugated. Example: Abstract (p2, Conclusion) 'Our current data...in general. Assessed has to be Assessing. 2) Sometimes single words are used when plural words are needed. Example: Abstract (p2, Results). "Three independent factor...in general (P=0.006). factor has to be factors. Introduction (p4), last sentence: to assess the determinants of ... (s is missing). 3) And in the manuscript sometimes the incorrect tense is used (especially in the method section) and the structure/meaning of sentences is sometimes unclear (for a couple of examples: see 'minor essential revisions').

5. The structure of the introduction is not clear. What exactly are the key messages of the introduction? The key messages of each paragraph are not well formulated or are sometimes overlapping.

Furthermore, the EQS-H questionnaire is not introduced properly in the
introduction. There is only stated that this questionnaire is translated in Arabic for this study. But what kind of questionnaire is it? My suggestion would be to introduce the EQS-H already in the introduction, rather than in the methods section. So, some parts of the manuscript can be moved to the introduction. Example 1: ‘These two domains…resulting care provision (second paragraph, instrument section). Example 2: The EQS-H is an ….studies of health care services quality’(last paragraph on page 6).

6. It is also difficult to read the discussion and to get grip on the key messages. The discussion merely exists of a summation of research findings of other studies, but this is not well structured and little reflection of the results of this manuscript is presented here. So, the discussion has to be more structured and try to be clear and to the point when presenting other research findings.

Minor Essential Revisions

General:

7. The title is not correctly formulated (patient satisfaction can not be admitted). A suggestion could be: ‘patient satisfaction in an acute medicine department in Morocco’. Because the manuscript is also focusing on the determinants of patient satisfaction, this can also be included in the title.

8. Consistency in terms. In the manuscript aspects are described with different terms. It is better to use terms consistently. Example 1: In this study factors associated with patient satisfaction are studied. But these factors are called aspects, determinants, variables or factors. Use one term for this. Example 2: demographic, socioeconomic and health characteristics are also called patient and care characteristics (first sentence of discussion), or socioeconomic, environmental and health variables (last paragraph of introduction). Be more consistent in the terminology.

Abstract:

9. Method section: core concepts of EQS (quality of medical information and relationship with staff) are missing in the abstract.

10. Methods section: the univariate analysis is missing.

11. Results section: alpha of the EQS-H is not presented.

Materials and Methods:

12. The methods used are appropriate but the method section is described confusingly and the order is misleading. Example 1: (data collection): in this section nothing is said about how data are collected. Instead, the demographic, socioeconomic and health characteristics which are measured are presented. This part belongs tot the ‘instrument’ subheading. The part ‘Patients were approached….and course room’(p. 6) belongs to the data collection subheading. Example 2: (statistical analysis): the order in which the analyses are described is misleading. It is better to start with describing the internal consistency and factor structure of the questionnaire and then the univariate and multivariate analysis. In this manner the results are also presented.
13. Study design: ‘The sample was therefore representative of the overall population of patients who visit the hospital’. The key chain of reasoning of this sentence is not clear.

14. Study design: ‘Times of family visit….20h’. Is this relevant information?

15. Study design: ‘Informed consent …all patients. How is informed consent obtained?’

16. Inclusion and exclusion: ‘patients with serious…were excluded’. This sentence is not complete.

17. Data collection: Length of stay in service (answer opportunities are missing).

18. Instrument: ‘The score of each…to 80’. If the questionnaire contains 16 items and the maximum score on each item is 4 points, how is it possible to reach an 80 point score? (16*4=64).

19. Instrument: ‘After issue of a summary of results…not widely publicised [34]’. What is said here?

20. Statistical analysis: First paragraph. It is not clear that this is about the univariate analysis. The analysis can be reported more clearly.

21. Statistical analysis: ‘there are varying suggestions….confirmatory factor analysis’ No references are mentioned.

22. Statistical analysis: goodness of fit indicators. The explanation of these is not always formulated properly (no correct sentences). Also CFI is not explained.

Results:

23. Characteristics of subjects: Last sentence: health characteristics are missing.

24. Reliability: ‘The internal consistency reliability levels’. It is the internal consistency OR the reliability of….

25. Factor structure: “Eigen values…respectively”. In this sentence it is not clear which eigen value belongs to which factor.

26. Factor structure: “RMSE” = RMSEA?

27. Factor structure and descriptive statistics of subscales: in these sections the subscale MI is now replaced for QS.

Discussion:

28. ‘Our study showed…of influence’ (first sentence). Understanding the first sentence is difficult.

29. ‘After adjustment for experience’, (p11). What is meant by experience?

30. ‘They disadvantage, or exclude….of the relatives’ (p 13). What is said in this sentence?

31. ‘But others did…mean responses’ (p 13). References are missing.

32. Although the limitations of the work are clear, these can be described shorter and tighter.

33. Start a new paragraph when the limitations of the study are presented.
Discretionary Revisions

34. It is interesting to know what the original validity and reliability is of the EQS-H.
35. The reliability and validity of the Arabic version of the EQS-H could also be an aim of this study.
36. The titles of the tables can be formulated more precisely; what data is presented in the table?
37. In one table the subscales of the questionnaire are formulated completely, in the other table abbreviations for these subscales are used. It is neater to use one of these methods.
38. Is it necessary to use all the goodness-of-fit indicators?
39. I would like to suggest to explain more about the healthcare system in Morocco in the introduction. How is healthcare organised in Morocco and is patient satisfaction in Morocco already an important issue? For readers of this article it is relevant to have this background information.
40. In the discussion/conclusion questions like ‘What is the surplus value of this study?’ and ‘What is the (inter)national relevance of the results of this study?’ are lacking. In my opinion, it is good to focus on these aspects in the discussion/conclusion as well, rather than only focusing on the fact that it is difficult to explain factors affecting patient satisfaction. This study is contributing to more insight in factors affecting patient satisfaction. Besides, it is the first study in which patient satisfaction is measured in Morocco.

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

Quality of written English: Not suitable for publication unless extensively edited

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