Reviewer’s report

Title: Low trust of ethnic minority patients in in-hospital care: a qualitative study

Version: 2 Date: 30 March 2010

Reviewer: Alexander Bischoff

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Review of Suurmond et al paper

“Low trust of ethnic minority patients after in-hospital care: a qualitative study” is a timely study addressing trust of ethnic minority patients in health care providers. It is a original research article contributing to the emerging literature on trust in patient-provider communication.

Comments to the points listed by the editors

1. Is the question posed by the authors well defined?

The authors sought to identify what conditions in hospital care cause feelings of low trust among ethnic minority patients.

Trust is seen as a reflection of…; about trust, p 3 (comment to whom it may concern: the manuscript has no pagination; it is therefore cumbersome to refer exactly to specific points): A clear definition should be provided, not just “roughly defined”. Also in the literature review (background section), a number of studies related to trust should be quoted (cf. below), and the sentence “there are now no qualitative interview data available…” (p 4) should be deleted, or changed into “little data…”.

2. Are the methods appropriate and well described?

They conducted a qualitative study using semi-structured interviews with ethnic minority patients. While the methodological approach is perfectly suitable to the study question, more details about the interviews are needed in the methods section (not only in the results). It is not sufficiently clear where the data are taken from and who said what (group discussion? Individual interview? Type of healthcare they are referring to?)

3. Are the data sound?

As far as I can evaluate this, yes.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Yes.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
While the discussion and conclusions are well balanced and adequately supported by the data, they should be contextualised with recent research findings on trust, for example


Another reason to reference papers like the above is the finding that the first pattern of low trust is related to language barriers, a point that could be more stressed and developed in the discussion.

6. Are limitations of the work clearly stated?
Only to some extent. A formal short study limitations section in the discussion would be helpful.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Yes.

8. Do the title and abstract accurately convey what has been found?
Yes.

9. Is the writing acceptable?
Yes.

- Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)
- Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
- Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

As Minor Essential Revisions
I would like to suggest the following:

Ad p 3 ‘Quantitative research is needed to explore the impact of the three patterns on patient’s feelings of trust’: a sentence normally not used in the conclusion of an abstract

Ad p 3 ‘Roughly defined’ – provide exact definition (or develop that there is no exact definition)
Ad p 5 ‘patients were included…’ More details would be helpful: Included how? Bias? From what immigrant organisations? How many different organisations? And: were interpreters used? (Yes, they were, but it should be detailed in the methods section).

Ad p 6, group discussions or FGD? Provide ref to the methods used.

Ad p 6, also re interpreters: were they included in the n of the sample?

Ad p 7: were interviews translated and then transcribed? How did the translations?

Ad p 7: would interviewees or study participants or respondents (you use this term on p 9) not be a better term than patients (because it is not clear what kind of patients they are or were).

Ad p 9: If there are three things I tell two: what does this mean?

Ad p 9: spell out ER emergency room

Ad p 11 ‘different illness perception…’: sounds sophisticated. Is it the patient who uses these terms? “(I:…” means probably that the interpreter is throwing this in; should be spelled out.

Ad p 12: our results clarify: why not simply “show”?

Ad p 14: “within the hospital” one? Many? Which one(s)? what types of?

Ad p 14: “future research”: future research is mentioned four times in this section: too much!

Ad p 15: namely felt language problems: this aspect should be dealt with more explicitly in the results and discussion section.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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.