Reviewer's report

Title: Constructing a Questionnaire for Assessment of Awareness and Acceptance of Diversity in Healthcare Institutions

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Reviewer: Stephanie M Schim

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Major Compulsory Revisions

1. Uneven line spacing through entire document makes reading difficult.
2. Were other existing cultural competence measures assessed and rejected? Which ones? Clarify why it was necessary to make a new tool. Did you look at Camphina-Bacotte or Schim et al.?
3. Focus on new tool is just getting data on awareness and acceptance of diversity? Don't you want a new tool to measure something that needs to be measured? What will being able to measure individual awareness and acceptance of diversity do for Swedish health care institutions?
4. Construction of the instrument obviously (always) is a multi-step endeavor. I found it VERY hard to follow the steps as presented here. Perhaps labeling the phases or steps or tool versions would help keep the reader oriented to what the authors did? Perhaps a simple diagram of the process would help?
5. In what language was the tool constructed? Swedish? English? It is critical to tell the reader if we are reading items translated or in their original language.
6. Page 7, line1: “questions were constructed to preserve confidentiality” – how did you do this? The set of demographic questions plus the coding for unit seriously threaten anonymity (once you know this combination of factors, the individual is easily identified), but I'm not sure how wording of questions helps with confidentiality.
7. Page 8, re: Phase I (looks like a numbering system was begun but not used consistently) – How many items were in the initial item pool? What type of items? What response sets? What concepts were targeted?
8. Page9, lines 20-21: why were these particular demographic items selected? Is there some reason to believe that they are related to whatever it is your tool is measuring? Also, please clarify if the “personal information” in the second part are the same or different from the staff member’s background questions in the first part.
9. Page 11: under Consistency of Items it says that the items were decreased to 73. In the prior paragraph I could only find 38 items: 23 part one, 14 in parts 2 & 3 and 1 open-ended item re: meaning of culture. Very confusing.
10. Page 12: Head nurses distributed the questionnaires on the unit, you got a
large response rate (69%), and no one was heard to complain. Any thoughts about coercion?

11. Page 12: second to last line: “All of the respondents received two copies…” How did you know in advance who was going to participate (be a respondent) and who was going to decline? Of the 119 people on the total staff, how many actually did participate? Also, how did you account for the variability in the time between questionnaire sessions? Some might have taken the survey twice in an hour and some twice – 3 weeks apart.

12. Page 13, middle: in the final test, what was the response rate? How were the surveys distributed? Still using the head nurses?

13. Page 20: You identified the Camphina-Bacotte instrument as available in Swedish. Why did you not use it to evaluate convergent validity?

14. Page 18 and elsewhere: The purpose of the instrument development, the purpose of the paper, and the purpose of the research project are not clearly separated. In the discussion section the aim of the tool is suddenly to “illuminate the obstacles” at the institutional level rather than to measure awareness and acceptance of diversity. Then on Page 19 the main focus was the explore strengths and challenges in relation to dealing with diversity.

15. It think that it is a huge theoretical leap from individual level assessment of cultural competence to institutional or system level assessment and conclusions.

Minor Essential Revisions

16. Page 5, line 5: “this study aimed to construct…” the studies that are reported here were done to establish the psychometrics of the questionnaire that the authors constructed? A study is a thing – best to avoid personification of inanimate objects.

17. Page 5, line10+: “The main objective for the project was to enhance…” To which project does this refer? The larger investigation or the project being reported in this paper?

18. Odd and inconsistent use of italics (e.g. page 6 line3 diversity; page 15 Factor Three subheading needs italics to be consistent with other sub headers.

19. Page 6, line 16: “different scale construction methods including face, content, and construct validity.” I’m confused. Validity is not a scale construction method. Reliability and validity WERE examined how?

20. Page 8, line 2: “to identify factors do underline a large number of items”???

21. Page 9, line3: “comments from these groups suggested…” Comments from which groups? You mentioned two different expert review panels in the immediately preceding paragraphs.

22. Page 12: Why was only one shift offered the opportunity to participate? Which shift? Might this contribute to systematic bias?

23. Page 9, same: “terms…were delicate and sensitive subjects.” Terms are not usually considered delicate or sensitive. The subjects of discrimination might be
considered socially unacceptable or difficult to discuss. That cultural sensitivity is sensitive seems redundant. Do you mean that admitted to one’s own cultural insensitivity might be difficult?

24. Page 9: lines 6-7: a “problem… was the use of verbiage (words?) and phrases that could be comprehended…” Was comprehension really a problem? Or was the problem that the words and phrases may have been hard to comprehend by non-Swedish/English readers?

25. Page 9, line: here you are discussing the first and second parts of the questionnaire, but the reader has had no introduction to how the instrument is organized at this point. How many parts does it have?

26. Page 10: line 5: “questions were too sensitive” – as in sensitivity and specificity? Or too awkward to answer? Or too personal?

27. Page 10, line 7: How many is a “majority” of 6 people?

28. Page 11, line 10: “The subjects of the subscales were…” What subscales? You haven’t mentioned any subscales yet.

29. Page 11, line 14: two items about sick leave? Why sick leave? What construct/concept are you measuring?

30. page 16, factor six: Why give the item wording here? For all the others the items are listed in tables. Why is this different?

31. Page 17, line 6-7: “all the items remained…(only one single item was removed)…” This is contradictory. Please clarify. How many items do you have in the final version? Are there parts and subscales? Are there reverse coded items? What is the response set? How are items coded and scored?

32. Page 20, first paragraph: Questionnaires are not usually declared universally valid and reliable. At best authors usually say that the psychometric s are promising as tested in this one place with this particular sample of healthcare providers. The discussion of generalization in the next paragraph does not help the clarity problem.

33. Page 21, 4th line from bottom: “The study attempted to provide valid and reliable questionnaire for use in Swedish context.” Which study…you have described several! Did any of them provide the questionnaire? Or was the study done to establish the reliability and validity of the new tool developed by the authors?

34. Table 2: To which version and which 26 items does this table refer?

35. Tables 3-7 “*some items reverse-coded based on consistency of the measurement*” What does this mean?

Discretionary Revisions

36. I’m not sure readers need a primer on how statistical tests work. Perhaps this whole section could be shortened to the point, or integrated with the Findings somehow?

37. This paper could be strengthened by editorial review by a primary English
writer. There are too many errors in grammar (articles, plurals, possessives) and usage (e.g. consistent verb tense) to edit here.

38. In the discussion you might want to talk about why you think that 84% of your sample were women and about 50% were Swedish. Do these numbers reflect the population of health care providers in the institution? In Sweden? In Europe? Could you really find enough men in the health professions to compare along gender lines?

39. Page 18, first paragraph: I’m confused (again!) Now you are back to the first section describing the open-ended items. This seems out of order.

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.