Author’s response to reviews

Title: The Arabic version of the hospital survey on patient safety culture: a psychometric evaluation in a Palestinian sample

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Author’s response to reviews: see over
Dear editor and reviewer,

We first want to thank you for your review and important suggestions. In addition to the reviewer minor comment, additional editorial concerns have been also addressed in our manuscript: The revised and final version of our manuscript conforms now to the journal style.

Please find below our answer to Prof. Jason Etchegaray concern.

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<th>Comment</th>
<th>reviewer: Jason Etchegaray</th>
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<td>Can you justify (i.e., cite sources) running the CFA and when that did not work running EFA on half the sample and CFA on the other half of that sample AS OPPOSED TO running an EFA on half the sample and then running CFA on the other half? It is clear that this is exploratory work and I am not sure the initial CFA is important for your paper. Upon reading the results, the reader will know why you did not conduct the initial CFA - because it would not have held up.</td>
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Thank you for your comment. We indeed justify running the CFA followed by EFA/CFA on split sample by adding cite sources and the following text "In line with other validation studies on HSOPSC [8, 11, 13]", paragraph one, page 6; under “statistical analysis”.

Justification of running the CFA followed by EFA/CFA on split sample

We provide three examples of international peer-reviewed articles that first ran a CFA that was later followed by EFA/CFA on a split sample. These are all examples of studies testing the psychometric properties of the Hospital Survey on Patient Safety Culture. Waterson et al. tested the Psychometric properties of the Hospital Survey on Patient Safety Culture in the UK. As thoroughly described in their methods section, they first assessed the original 12 dimension model in relation to their sample. They used CFA to assess the overall level of fit. It is only in the next step that they constructed an optimal measurement model by splitting the data randomly into two halves and performed EFA to construct the model and CFA to validate it. For establishing the Dutch version of the Hospital Survey on Patient Safety Culture, Smits et al. also first conducted a CFA in order to investigate whether the factor structure of the American questionnaire can be used with Dutch data. Lastly, for the German version of the Hospital Survey on Patient Safety Culture, Pfeiffer and Manser also first conducted CFA to verify whether the proposed factor structure could be replicated.


Best regards!

Shahenaz