Author's response to reviews

Title: Hospital Survey on Patient Safety Culture in China

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Author's response to reviews: see over
Dear Editors,

On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript, we appreciate editor and reviewers very much for their positive and constructive comments and suggestions on our manuscript entitled “Hospital Survey on Patient Safety Culture in China” (MS: 1797830895890874).

We have studied reviewer’s comments carefully and have made revision in the paper. We have tried our best to revise our manuscript according to the comments. A point-by-point description of the changes we made is attached in the following part of this letter.

We would like to express our great appreciation to you and reviewers for comments on our paper. Looking forward to hearing from you.

Thank you and best regards.

Yours sincerely,

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Reviewer's report
Title: Hospital Survey on Patient Safety Culture in China
Version: 2 Date: 29 January 2013
Reviewer: Holly Seale
Reviewer's report:

Minor Essential Revisions

Introduction
1. The information presented in the background section is interesting but it is not providing anything new to the reader. I would encourage the authors to consider removing some of the general information on the importance of patient safety (which has been well documented) and instead provide some information on studies that have already been conducted and what they showed i.e. expanding on references 1 and 15.

   The introduction has been revised especially in paragraph 4.

Methods
2. Could you please provide further information on how the cities/hospitals were selected for inclusion? Did any hospitals refuse to participate? How was the healthcare workers selected within each hospital?

   We revised. Convenient sampling was used to select hospitals and participants. Some participants refused to complete the survey because of busy clinical work. The survey was completed voluntarily and anonymously. We conducted some investigation while we have workshops or training.

3. Did you have any inclusion/exclusion criteria’s for the hospitals/hospital staff (i.e no medical/nursing students, must be aged 18 years older? Did you include any specialist or traditional medicine hospitals?

   We included health care workers mainly about residents, attending physicians, deputy directors and chief physician, nurses working in any hospitals including specialist or traditional medicine hospitals if there is any. We do not limit the age of health care workers. Generally speaking, the age of health workers were over 18 years.

4. Did participants provide written consent to undertake the survey?

   The participants were informed of the purpose of the survey and voluntarily completed a paper copy of the questionnaire anonymously by the investigators who were present. The participants were encouraged to ask any questions if they did not understand the questionnaire.
5. The two sub-headings under descriptive statistics are not really necessary or should be in a different subheading level

   We revised

Results
6. Did you explore whether there was any differences in responses by any of the other demographic variables i.e. years working in department, hours working per week.

   Honestly speaking, we do not explore these differences. Because we hope to do it in our later research when a better completed questionnaire is developed.

Discussion
7. It would be good if you provided further discussion in regards to the differences between the three Chinese studies (i.e. your paper vs. ref 15 and 17). How do the studies differ i.e. populations surveyed, time periods of studies?

   We revised and the details were added in paragraph 2 of Discussion.

8. In regards to your summary statement about your results- I don’t think it is appropriate to state that: ‘The results demonstrated that health care workers in China feel positively toward patient safety culture in their organizations’. I would revise and say that ‘amongst the healthcare workers surveyed there was a positive attitude towards the safety culture in their organisations’.

   Yes we agree with this and thanks very much for this point. We have revised it both in the text, abstract and conclusion.

9. It is really not appropriate to generalise about different cultures- based on findings from a select few studies from the USA. The following sentence needs to be reviewed: ‘The Chinese people are warm and willing to help others and place relatively more emphasis on cooperation and learning [24-26], and they are more collective than people in western societies especially when getting along with members at the same level [26], whereas they are more cautious when they work with supervisors’. The findings from the US hospital survey need to also be referenced.

   Yes. We agree with this. There may be some linguistic barrier here to best express our idea. But we have tried our best to revise this part.

10. In regards to your assumptions at the bottom of page 11, it would be better if you considered them more as theories. Are you really able to extrapolate those assumptions from your results? Generally, ideas such as those would be explored in a qualitative study.
We agree and have revised here.

There are a number of grammatical errors in the paper. I would encourage the authors to have it reviewed.

Yes we have tried our best to polish our English again and hope to meet the criteria.

**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'

**Reviewer's report**

**Title:** Hospital Survey on Patient Safety Culture in China

**Version:** 2  **Date:** 7 March 2013

**Reviewer:** Merrilyn Walton

**Reviewer's report:**

This report requires major revision as well as dealing with the some of the key determinants of a culture of safety which were left off the survey because of sensitivity. In my view this compromises the whole survey which is to better understand the actual culture.

This is an important subject and the study itself is of great interest. The political reality or the sensitivity of the researchers themselves maybe the first hurdle. If they could write about this aspect that would be helpful.

**Level of interest:** An article of importance in its field

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

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

There have been two occasions where I have presented along with Mingming Zang who was also on the program- once in Vietnam and once in China.

**The followings are the responses to Prof. Walton:**

**Comment [MW1]**
We revised

**Comment [MW2]**
We revised

**Comment [MW3]:** Where-hospitals? Clinics? Need to be specific here.
We revised: health care workers in hospitals.

**Comment [MW4]:** The paper explores attitudes and perception of health care surely- the results will establish whether there is a patient safety culture or the extent to which there is one.
Yes we agree and revised
Comment [MW5]: I do not know what this means?
Positive response rate includes ‘Strongly agree/Agree or Most of the time/Always. The higher the percentage of response we get on items or dimensions, the more active attitudes that reflected by the participants in the survey. For most readers they will understand this point which reflected in other studies. Positive response rate here was used to evaluate the attitudes towards patient safety culture on different dimensions or items.

Comment [MW6]: Again-I am confused the survey measures the extent to which a culture in an institution is safe. Do the staff have a positive perception of patient safety (the way they do things in their hospital)? It probably is a linguistic issue- the way things are phrased in China and here in Australia.

Yes, I agree with this comment that there exists some linguistic issue to prevent better understand the content. What we hope to express here is that: Based on the survey results, we found that Chinese health care workers who are surveyed in our research are in good attitudes towards patient safety culture within their organization on some items or dimensions.

Comment [MW7]: I do not know what this means.
Here means we will assess the reliability and validity of the questionnaire developed by AHRQ to see whether it is suitable to the China’s situation.

Comment [MW8]: Which version-AHRQ version.
The version of 2010 which is indicated in the manuscript.

Comment [MW9]: Uummm-this is what the survey measures- sensitivity to particular aspects of patient safety-reporting, blame culture and so on—to leave out defeats the purpose of establishing the extent to which a patient safety culture exists.

We explained this point in the part of limitation.
The dimension “Frequency of Events Reported” is ‘sensitive ‘for the participants because patient safety culture is just at the beginning stage in the country at the time we initiated this survey. many health care workers in Chinese setting shy away from discussing or reporting adverse events, asking questions or challenging those with more authority even when they disagree .For the “Handsoff and Transition”, some items are difficult for us to translate them exactly which might cause to misunderstand the original meaning, so we delete them. As over two years past by since this research initiated, given the chance to do it now, we would include these two dimensions. Because nowadays patient safety culture in China has gained more attention than two years ago.