Reviewer’s report

Title: Psychometric properties of the AHRQ hospital survey on patient safety applied on a large Swedish health care sample

Version: 1 Date: 21 March 2013

Reviewer: Patrick Waterson

Reviewer’s report:

Major Compulsory Revisions

My main problem with the paper is that it isn’t sufficiently sceptical about the generalizability of the HSPSC to other nations. Your results are a strong indication of the validity of using the tool in Sweden (amazing sample size, congratulations), but that doesn’t mean that it work across the board. I think you need to mention somewhere in your introduction (plus perhaps a note of caution in the conclusion section), that it seems suitable for use in Sweden, but needs careful testing in other countries. My own work has compared the use of the HSPSC within the same healthcare system (the UK NHS) and found differences between Scotland and England. The question is why does this happen? They can’t be that radically different. Or maybe they are – maybe some other factors are at play – the organisation of the hospital(s), its management within the local health care context. These differences are likely to ‘scale up’ when we confront national boundaries. Can you speculate why Sweden is so close to the USA (i.e., why the results are similar)? Are the healthcare systems similar – maybe this is a red herring, but something in this direction would be welcome in the paper. An additional issue is that the healthcare population is a bit of a moving target – staff move between wards, surgical teams and their members vary a lot – see Pfeiffer and Manser’s paper in Safety Science.

It would also be good to see some discussion of why some dimensions are weaker than others (workload/staffing, organisational learning) – some of these might be said to be ‘the usual suspects’ – comparing across nations reveals they appear the most fragile part of the HSPSC (especially ‘staffing’) – again, can you say something about this?

Sample – only 11% of your sample were physicians – this is again a common trait in using the HSPSC (and probably the SAQ) – it’s a bit worrying though, isn’t it – studies using the HSPSC might be said to be ‘nursing safety culture…’ – can you say something or at least flag this up in the paper?

Minor Essential Revisions

Cronbach (not ‘Chronbach – see page 2)

Page 4 – why did Sweden choose HSPSC – odd thing to say – sounds like you had a referendum! See also the sentence that follows. Why not say why was the HSPSC chosen for a Swedish sample?
Type – page 5 (last line – use a semi-colon)
Did you use back translation (page 5) – if not then why not?
Page 8 – you chose 0.4 as an acceptable factor loading – why (and not just because AHRQ said so– the original AHRQ psychometric report is not very good and has flaws) – I’d like a statistician to check the 0.4 assumption.
Page 14 last sentence – how can you say that ‘teamwork, management/supervisor support are the same across hospitals – seems odd – both vary a great deal! You would expect that

Discretionary Revisions
Title – I would use the following in the title Hospital Survey on Patient Safety Culture (HSPSC) – you want the paper to be cited (it will be). In order for that to happen you want database to be able (sensitive enough) to pick up the terms in the title (using HSPSC might help this).

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

Quality of written English: Acceptable

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

Declaration of competing interests:
I declare that I have no competing interests