Reviewer’s report

Title: Assessing the Safety Attitudes Questionnaire (SAQ), German language Version in Swiss University Hospitals - A Validation study

Version: 2 Date: 27 July 2012

Reviewer: Barbara Hoffmann

Reviewer’s report:

Thank you for having again the opportunity to review the revised manuscript. It improved a lot due to the revisions of the authors. Unfortunately, some concerns still remain. I still appreciate the value of the study and that the article should be published but it still needs improvement.

Major Compulsory Revisions

1. One general concern affects the wording. The terms patient safety culture, patient safety climate and patient safety dimensions are used interchangeably though their meaning is different. Please be more precise with the wording. Additionally, is SAQ measuring safety culture (shared values, attitudes and patterns of behaviour) rather than safety climate (perceptions of staff of the values and attitudes prevailing in the organisation)? It is a safety ATTITUDES questionnaire. When comparing the results of the SAQ with SOS – are both instruments measuring the same concept or is the SOS measuring behaviour and the SAQ attitudes? This should be clearer to the reader.

2. When assessing the psychometric properties of an instrument it is recommended to apply the instrument to a sample that is similar to the population for which the instrument will be applied in the future. Therefore, a random simple of hospitals and units would be a good choice. In this study a convenience sample of two hospitals and their (to the authors well known) departments was deployed. This may be the reason why the results regarding safety culture were very positive compared to other surveys in this setting (with mostly ceiling effects for the different dimensions of safety culture) because these departments are more up-to-date on patient safety than unselected departments. A consequence of the sampling procedure may be the difficulty to achieve normally distributed results because of the under-represented disagree-categories in order to fulfil the premises for confirmatory factor analysis. What about a normalisation procedure?

3. In the recommendations section the authors state that the German language SAQ appears to be a sound instrument to measure PSC in Swiss hospital wards. This has to be demonstrated in the future after analysis of psychometric properties of the survey with a random representative sample of hospitals and departments. After adaptations have been made to the current version the instrument has to be re-evaluated.

4. One premise of applying test-retest-reliability in order to assess the reliability
of an instrument is the stability of the concept that is measured by the instrument. If it is stable results have to be similar over a long time period e. g. after one month and after six months. If results would have been different what does it mean – the concept isn’t stable or the instrument is not reliable? If results are similar is the concept stable or the instrument reliable? Please try to describe the rationale more clearly.

Minor Essential Revisions

5. Page 3 last paragraph 2. sentence: ….not good enough by half because…???? What do the authors want to say?

6. Page 5 middle paragraph: Four items were provided with the possibility to respond to the unit level or the hospital level. Does this mean that the questionnaire consists of 34 items instead of 30?

7. Page 7: The limit for the percentage of missing values is 11 or 15 (page 9) or 13 % (page 13)? Please give a rationale for this limit and only one limit for your study. If it is arbitrarily chosen please state that it is arbitrarily chosen.

8. Page 9: Falls and nosocomial infections are given as examples for low prevalence incidents. In fact, they are rather high prevalence incidents. Additionally we do not know if a positive patient safety culture is associated with low prevalence incidents like wrong site surgery.

9. Page 14 first sentence: Which psychometric properties are meant when stating that the factor regarding the perceptions of management look worse than of the other factors?

10. Page 14 first paragraph second last sentence: What is meant by … “there may be issued with comprehensibility”?

11. In the response to the reviewers the paper from Speroff is mentioned and described that it is added to the discussion section. Unfortunately I could not find it.

12. Last response to reviewer 1: There is a paper mentioned in a response to the previous question but in the previous response no paper is mentioned.

13. Page 15 lower half of the page: What is the main statement of the SAQ? Does a questionnaire have a statement at all? What do you want to say here? The recommendation to analyse SAQ data is the calculate the percentage of positive responses (agree plus strongly agree) and by this step changing an ordinal scale into a dichotomous scale.

14. Page 16 end of second paragraph: With minimal translational improvements and cultural adaptation the authors hope that the SAQ German version will fit better. Please state that this hypothesis needs to be demonstrated.

Discretionary Revisions

15. What about sub headlines to divide the discussion section in order to make this section more readable?

16. Recommendations like “result…needs to be discussed within an expert panel and translation experts” (page 15 first sentence) and “… problems which may be
corrected by translational improvement” (page 15, middle of page) actually say nothing. I would like to recommend further and systematic cognitive testing.

**Level of interest:** An article of limited interest

**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.