Reviewer's report

Title: Obese Older Adults Report High Satisfaction and Experiences with Care

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Reviewer: Kjersti Eeg Skudal

Reviewer's report:

Major Compulsory Revisions:

1) In the current Introduction it is established that obese patients report bias in attitudes and treatment among health care workers which can result in differences in satisfaction with health care services. Furthermore, the authors point out that obese patients are dissatisfied with their doctors' engagement in their weight issues, and that older obese patients seem to be more satisfied with their health care services than younger obese patients. Although the objective in the manuscript is clear, the relevance of this study in relation to patient satisfaction (PS) and patient experience (PE) could be clearer, and thus relevant for more readers. One way to make the contribution of the study clearer is to restructure the Introduction to assure the logical flow from “what do we already know?” to “where is the gap?” and “what was our aim?” Example:

a. Obesity is a major health care challenge for people across ages today. Apply references to relevant international policy documents and published research. One contribution to fight the obese epidemic is that health care personnel speak about obese-related issues with their obese patients.

b. PS and PE are important indicators in health care services. Point out that it is not new in the PS /PE empirical literature that older adults are more satisfied or have better experiences with care than younger adults (1-3). Why is it interesting to look closer on older obese patients and their patient satisfaction and patient experiences?

c. Concluded projects in obesity, PS, and PE literature and gaps in the literature and aim(s) of your study. As the authors point out, it may be difficult for health care personnel to discuss obese-related issues with their patients. PS and PE may serve as tools to monitor how patients perceive discussions about their obese conditions with health care personnel. (?)

2) Please delete the sentence in the Introduction: “The women in this study...”. This sentence should be in the Discussion section.

3) Please make clear in the method section in text in which tables the statistical analysis appear. This would make the manuscript easier to follow.

4) In regard to Table 2, it is ok to only include the non-adjusted characteristics of the respondents in this table. If there are any particular reasons for including the adjusted characteristics for the patients in Table 2, please explain why.

5) In the Results Experience with care section it is stated that: “..., obese
individuals reported 12%-22% better experiences with care in three of four categories measured (Table 3). Where in Table 3 are these results? Can you please explain the results in Table 3 more thorough?

6) I would welcome a more thorough description of the aim, conduct and results of the logistic regression analysis in the Methods and Result section. It would be preferable that the authors account for dependent and independent variables in this analysis. This information should also be included in the title in Table 3 so that the title reflects the content of the table. The authors should also make clear what the prior hypothesis for conducting the regression analysis was and whether the results complied with the hypothesis.

7) Furthermore, in the Methods in the Statistical Analysis section in text, it is referred to the CAHPS question in Table 4 "In the last 6 months, did your personal doctor.....?". What about the other question in Table 4? Please explain why the other question is included in the table as well. In the Results Experience with care section (in text the authors) refer to the two questions in Table 4. However, the questions in the text are the same. Please correct the text to the two questions in Table 4: management of health care condition and frequency of visits to personal doctor.

8) In the discussion, the authors argue that older obese adults are more satisfied with care than younger obese adults are. As mentioned earlier this is a common finding in PS and PE studies, and the authors could include references to other more general PS and PE studies also illustrating the positive association between age and higher level of PS/PE (1-3). In text, it is argued that older obese adults are more satisfied because they are more easily pleased than younger patients are. However, why are they more easily pleased? Without providing the reader with the answer to this question, the explanation seems redundant.

9) Furthermore, the authors states the importance of taking action against the obese epidemic. The authors interpret the relationship between age and level of PS/PE as greater leeway for health care personnel to speak with older obese patients regarding their obese-related issues. It still then remains to find out how to do this. Does the authors have any thoughts on how to contribute to this?

10) The focus is here on older obese, but what about younger obese patients? It may seem harder to approach the younger obese group regarding their obese-related issues, since the level of PS and PE is lower in the younger obese group. Nevertheless, the authors should remark in text that it is important that health care personnel approach the younger obese group although it may seem more challenging.


3. de Boer D, Delnoij D, Rademakers J. Do patient experiences on priority aspects of health care predict their global rating of quality of care? A study in five
patient groups. Health Expect 2010.

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have no competing interests.