Reviewer's report

Title: Using a Qualitative Approach for Understanding Hospital-affiliated Integrated Clinical and Fitness Facilities: Characteristics and Members' Experiences

Version: 4 Date: 5 April 2015

Reviewer: Jantien van van Berkel

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- Major Compulsory Revisions

1. I think that this paper potentially has its merit, however, I have some major concerns which have to be addressed. The paper aims to assess characteristics of and members’ experiences with hospital-affiliated integrated facilities located in Northeast Ohio through focus groups. The characteristics of the study population cannot be generalized to the entire member population (as is correctly stated in the discussion), not only because of the selection of active members (in comparison to former and current members), but also because of the qualitative design of the study. The design has implications for how the current findings of the characteristics should be interpreted. Generalizations on characteristics (such as age and average duration of exercise) based on these focus group data cannot be made. Characteristics of members of hospital-affiliated integrated facilities could be assessed quantitatively among a larger sample of members to obtain a representative image, in terms of age, satisfaction, travelling distance, chronic disease, etc. If insight in characteristics of members is part of the research objective, a possibility could be to add and integrate quantitative data in the current paper (i.e. to make it a mixed methods paper) to meet this objective.

2. Another major issue concerned with the design of the study, is that the study population consisted of very satisfied active members. Thereby, only facilitators for participation in the facilities were assessed. Information on participant sampling and selection is lacking (information on participant approach is present) and it therefore appears that participants were not selected on information richness. (It seems that the most satisfied members were willing to participate in the study, but that because recruitment was performed by fliering within the facilities, non-active or unsatisfied members were not reached or were not attempted to be reached.) In addition, information about non-participation is lacking. This may lead to (sampling) bias and a misrepresentation of members’ experiences. In order to contribute to the new paradigm of health promotion, assessing why people do not participate or make use of the membership (i.e. barriers) are relevant as well. This should at least be critically assessed in the discussion, but preferably the paper should not only aim to include facilitators (‘driving forces’) but include barriers as well.

3. I have used the Qorec checklist (consolidated criteria for reporting qualitative
research) to assess the method and results, and I have found that the manuscript does not meet some criteria (e.g. 9, What methodological orientation was stated to underpin this study?; 10&13 concerning participant sampling and non-participation as mentioned in the comments above; 29, quotations are not identified by participant number, this should be stated to add transparency and trustworthiness, etc). I recommend the authors to apply this checklist and make adjustments where necessary. (Reference: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care 2007;19:349–57.)

4. Another issue concerning the analysis is that it is stated that the authors who analysed the data, only reported themes common across groups. Maybe it is only the formulation, but it gives the impression that individual perspective and differences between experiences and characteristics were not taken into account. The qualitative design however, is suitable to address and compare differences (as well as communalities). It seems that information might have been lost.

5. A final major issue is that the academic relevance needs to be argued in more detail. It is stated that “While such hospital-affiliated integrated facilities represent a viable opportunity to promote health and well-being within the health care system and community, research on what services these integrated facilities offer and how these services may promote health and wellness within the community remains unclear [8].” Please elaborate on the viability of the opportunity and what specifically is unclear, do different studies present different things? Is there a knowledge gap?

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

**Quality of written English:** Acceptable

**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.