

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

This paper was submitted to the JECH but declined for publication following peer review. The authors addressed the reviewers' comments and submitted the revised paper to BMJ Open. The paper was subsequently accepted for publication at BMJ Open.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Audiologists' preferences for patient-centredness: A cross-sectional questionnaire study of cross-cultural differences and similarities among professionals in Portugal, India and Iran
AUTHORS	Gomersall, Philip; Manchaiah, Vinaya; Tomé, David; Ahmadi, Tayebah; Krishna, Rajalakshmi

VERSION 1 - REVIEW

REVIEWER	Caitlin Grenness Department of Audiology and Speech Pathology, The University of Melbourne, Australia
REVIEW RETURNED	04-Jul-2014

GENERAL COMMENTS	<p>Thank you for the opportunity to review this manuscript on a topic of importance and interest to those working in hearing care and health education. Overall, further fine-tuning of writing and interpretation is required and some methodological issues should be addressed.</p> <p>Abstract A few specific areas to address: unclear how this is purposive sampling, delete " " after audiologists in design section. Add an "s" to difference in conclusions.</p> <p>Strengths and weaknesses This section requires deeper consideration, a number of limitations not acknowledged here (e.g., possibility of sampling bias, lack of confidentiality of results, relationship between self-report and clinical behavior)</p> <p>Introduction In general, the standard of writing requires attention. Consider use of consistent language, clear formulation of an argument leading to the aims of the study. At present it reads in a disjointed fashion. A number of appropriate audiology-specific references are not included in this paper, consider conducting a thorough literature review to round out the introduction (this point also applies to the discussion).</p> <p>Methods and results The methods are clearly written and explained, however, further proof reading is required: much like the introduction, some inconsistencies in use of language were observed (co-variance vs</p>
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	<p>covariance in same sentence). Perhaps consider using sub-heading in the results section to highlight and breakdown the results. Also, clarification is required as to why and how this study used 'purposive sampling'. At present, it reads more like convenience sampling occurred.</p> <p>A major concern is the way in which the email addresses of the potential participants were obtained. At present, it reads that email lists were passed onto the researchers without the permission of those on the lists. Please clarify how this occurred and if this was seen as an ethical consideration in the participating countries.</p> <p>Tables and figures: captions require more detail. Figures are not numbered. Consider whether tables 3 and 4 are both required and if this information could be incorporated into table 2.</p> <p>Discussion</p> <p>The authors state the the differences observed were 'as expected'. This hypothesis was not formulated in the introduction. Informal language such as 'seems' and 'not much' is used in some instances place of academic language.</p> <p>Much of the interpretation seen in the discussion could have been more in depth. For example, discussion about differences in PPOS scores between USA and Greece, and in the second paragraph, the authors discuss the varying mean scores on two items, but simply refer the reader to the table, rather than discussing why these items may have been different (what was it about these items that may cause difference preferences in a single person?). This paragraph also seems to contradict itself, or is just unclear, in the first and last sentences.</p> <p>It is unclear why the hypothesis of cultural differences is first discussed in the discussion. Consider moving this to the introduction and building on it in the discussion.</p> <p>Overall, the conclusions could be more specific and concrete.</p>
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REVIEWER	Berth Danermark The Swedish Institute for Disabiity Research, The Audiology Research Centre, Örebro Ubniversity Hospital. Sweden.
REVIEW RETURNED	04-Jul-2014

GENERAL COMMENTS	<p>This is a well written, methodological very sound and addressing an aspect of audiological practice we have limited knowledge about. However, I have one major concern and on minor.</p> <p>1. Given that we do not know much about audiologists' preferences in this context there is need for a change of focus, or at least that the authors report and discuss the audiologists' preferences. For instance the Results section in the abstract only report that there exist a difference. What is interesting to know is firstly, the general attitudes towards patient centered audiological rehabilitation, and then, secondly, the differences and the similarities between different cultural contexts. Hence, the outcome of the PPOS'18 items should be described. As it is now the reader is left with the items reported in Table 2 without any comments from the authors. The main focus in the article should be on preferences and the second on the differences. As it is presented it is the differences that are highlighted and not much (anything?) is said about the preferences and the similarities.</p>
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	2. The authors hypothesise that there are cultural differences but they do not outline these differences. No examples are given and the rationale for expecting such differences.
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VERSION 1 – AUTHOR RESPONSE

The revised script has text alterations highlighted in yellow. A summary of the significant alterations are included below:

- We have added further discussion of limitations of the study
- We have spent time revising the text, increasing the detail of the discussion, and adding some discussion of the cultural aspects of the study in the introduction

Table 3 has been removed

We have worked hard to make the conclusions more specific.

In addition, we have tried to increase the emphasis on the actual preferences reported by the participants, including a more detailed discussion of the PPOS 18 outcomes.

More discussion has been added regarding the cultural information for each country and the findings regarding patient-centredness.

Ethical approval, including information regarding obtaining email addresses, was granted for each country involved in the study as required, which we hope reassures reviewer 1 that there was no ethical breach during the study

VERSION 2 – REVIEW

REVIEWER	Caitlin Grenness Department of Audiology and Speech Pathology, The University of Melbourne
REVIEW RETURNED	28-Aug-2014

GENERAL COMMENTS	<p>Summary:</p> <p>Second dot point of strengths and weaknesses: add 'differing' so the sentence reads... "Some variables such as differing healthcare" and add an 's' after "educational system", and replace "but may have contributed..." with "and may have contributed"</p> <p>INTRODUCTION</p> <p>Paragraph 1: Please clarify the term 'self-determination' on the 4th line of the introduction.</p> <p>Please clarify that the Mead and Bower definition is specific to primary care medicine.</p> <p>Number (3) in the Mead and Bower definition of PCC should be "shared knowledge and power" rather than "shared power and responsibility"</p> <p>Paragraph 2: This paragraph could do with some examples of studies to read "Studies from a variety of areas of healthcare (such as...) have suggested.</p> <p>Consider rewording first sentence to include patient satisfaction as</p>
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an outcome. Later in the manuscript you describe satisfaction as an outcome, and then in the discussion separately as you do hear. Satisfaction is an outcome.

Please clarify what is meant by 'Issues surrounding patient-centredness'. Do you mean a lack of patient-centredness?

Please clarify what is meant by "good clinical practice"

Paragraph 3:

Please provide a reference for the first sentence.

Remove full stop after references in paragraph 3.

Consider the logical nature of citing "12 and 13" Grenness et al and Laplante-Levesque et al then following this sentence with two studies not cited, but relevant to patient-centred care. Either cite these studies in the original sentence or make the link as to why they are not about PCC overt. To read, it is not clear why you have chosen to describe L-L (14) and P-F (15) instead of 12 and 13 in this paragraph.

Delete extra space between "last two decades has seen" and "a paradigm shift".

Delete duplicate "." At end of second sentence.

I find that the discussion of previous papers 12, 14, 15 lacks some critical appraisal and integration: how do these studies complement each other? What are the limitations of one that are fulfilled by another? What is the overall picture we get?

Paragraph 6:

Add "that audiologists report" so the sentence reads "A recent study focusing specifically on Audiologists in Australia found that Audiologists report a high..."

Second sentence – this sentence requires the word 'preferences for' before patient-centredness'

Third sentence – replace "preference to" with "preference for"

Fifth sentence – remove "would" after "other countries"

A link is required between paragraph 6 and 7.

Please define what is meant by 'cultural aspects' - this is too vague as it stands.

Third sentence requires a reference.

Fourth sentence requires a reference.

The authors should consider defining "parternalistic"

METHOD

Study design and participants - I note that my question in the last review regarding whether the participants on the email lists had given permission for their details to be passed on by universities or professional bodies is yet to be answered.

In the final sentence of this paragraph the authors report that the demographic details in the survey were chosen based on previous literature – ref required here.

RESULTS

Please check consistency of spaces between “=” and surrounding words/numbers

DISCUSSION

Please clarify whether a high or low score is consistent with preference for PCC. In the method you describe a low total score = most patient-centred and a high total score = least patient-centred. Whereas in the third sentence you state that mean scores >3 suggest a tendency to favour PCC. This is contradictory and inconsistent with previous PPOS literature.

The relevance of the discussion surrounding training route and specific duties needs to be clarified. Perhaps this point is made to illustrate why differences might exist between countries (and different training?) in any case this argument needs tightening.

This second paragraph is difficult to read. I suggest the authors again consolidate their argument: what is it about these questions that are interesting and how does this relate to the audiology literature on PCC. Also, include references for third-last sentence.

Third paragraph. The authors have done well in re-arranging the discussion from overall scores then into differences between countries. However, when it comes to discussion differences between countries, further interpretation is needed. Why might the Aus and Portugal scores be similar, for example?

Paragraph 4 – remove duplicated full stop and at end of para

Para 5 and 6 should be joined. Check presence of comma at end of para 5.

Para 6 – definition of ‘cultural competence’ is required

Para 7 – ? use of “-“ after “assigned to a nation”.

Please clarify what is meant by the last sentence of this paragraph.

Study implication and future directions

Check whether reference 14 is the one you want for final sentence of paragraph 1.

Paragraph 2 – replace “preference to patient-centredness” with “preference for patient-centredness”

The extrapolation to outcomes for patients in Iran and India is moving a long way from the evidence presented in this study, particularly in the context of ‘cultural competence’ where patient-centred care may mean very different things in each country as you have previously described.

Final paragraph before conclusion: check for extra spaces

Conclusions

Third sentence – include “that” to read “...several factors that might influence...”

Be consistent with terms – here patient-centred practice is used (and a hyphen is used in a new spot) in replacement of patient-centred care.

Again check extra spaces between words.

	<p>References</p> <p>Check that references are written consistently – e.g. word following the colon is capitalized. Also please check refs 3, 19, 21.</p>
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VERSION 2 – AUTHOR RESPONSE

In response to the following reviewer comment:

Third paragraph. The authors have done well in re-arranging the discussion from overall scores then into differences between countries. However, when it comes to discussion differences between countries, further interpretation is needed. Why might the Aus and Portugal scores be similar, for example?

A relatively brief note has been added to suggest that factors influencing PCC might be more similar for Aus. and Portuguese Audiologists. In the interest of brevity we opted to provide greater focus on the countries where data was collected for this article - we hope that the arguments can be extrapolated by the reader to consider other countries mentioned, such as Greece, the US and Australia.