

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	The tip of an iceberg? A cross sectional study of the general publics' experiences of reporting healthcare complaint
AUTHORS	Maja Wessel, Niels Lynoe, Niklas Juth and Gert Helgesson

VERSION 1 - REVIEW

REVIEWER	Rong-Chi Chen, M.D. Professor of Neurology, En Chu Kong Hospital and National Taiwan Univeristy Hospital Taipei, TAIWAN No conflict of interest.
REVIEW RETURNED	27/10/2011

GENERAL COMMENTS	This is a well designed study with conclusive and informative results presented. The authors indicated that underreporting of complaints might jeopardize the safety and quality of the health care system. The paper also reports various reasons of the underreporting. It would be nicer if recommendations for improving the reporting system are presented in the discussion.
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REVIEWER	Sophie Y Hsieh Assistant Professor Ming Chuan University Taiwan No competing interests declared.
REVIEW RETURNED	23/11/2011

THE STUDY	An important study. But research hypothesis need to be clarified. Patient complaints and adverse events are different concepts. Patient complaints are negative experiences. Adverse events might include patient complaints which have to investigate further after reporting. The subject of this study is not clear. Line 14-18: 'both positive and negative'. What does this mean? Line 44-46: 1484 were eligible....does it mean 1484 questionnaires were returned. Of them, 992 were valid.
RESULTS & CONCLUSIONS	Line 58-60: The study needs to disclose these seven questions. Measures are not so clear in this study. The study should provide the definition of trust and measures of

	<p>trust.</p> <p>Line 28-37: A thematic analysis, a qualitative method, could be used for open-ended questions. As such, reasons for not filing a complaint can be conceptualized.</p> <p>Tale 1 & Table 2: The total number of participants are not consistent. Missing data, if needed, should be indicated.</p>
REPORTING & ETHICS	<p>The statistical evidence should be presented in a more academic style.</p> <p>The conclusions part needs to report the implications for practice and the limitations of the study.</p>

VERSION 1 – AUTHOR RESPONSE

Reviewer 1:

It would be nicer if recommendations for improving the reporting system are presented in the discussion.

Response: The recommendations made in the text are now presented under a separate headline under Discussion. They are also to some extent repeated under Conclusions.

Reviewer 2:

The research hypothesis needs to be clarified.

Response: Both adverse events and complaints about negative experiences were mentioned in the text immediately preceding the sentence stating the research hypothesis, while this sentence did not clearly state which of the two our study concerns. This has now been clarified.

'Both positive and negative' – what does this mean?

Response: To a question about their general experience of Swedish healthcare, response alternatives were 'mainly positive', 'mainly negative' and 'both positive and negative'. The latter category concerns mixed experiences, where the respondents do not find it appropriate to describe their general experience as mainly positive or as mainly negative. We have added a brief clarification in the text.

'1484 were eligible' – what does eligible mean here?

Response: The choice of word was unfortunate. We have now spelled out what we mean.

The study needs to disclose the seven questions mentioned in the Methods section

Response: We have added an appendix containing all the questionnaire questions.

The study should provide the definition of trust and measures of trust

Response: No definition was used in the questionnaire. We sought respondents' intuitive understanding of the term. The ordinary way of understanding the Swedish word "förtroende" is in terms of finding reliable. To trust healthcare personnel would be to rely on their doing what they are supposed to do, in a competent way. In our questionnaire, trust was measured as self-estimations with response alternatives Very high, Fairly high, Fairly low, and Very low.

A thematic analysis, a qualitative method, could be used for open-ended questions

Response: This was considered before the first version of the paper was finalized. However, we were of the opinion that further analysis did not add much of value. We have partly reconsidered that view. To bring out second-level themes does give some additional value, we now think. As a result, we have a new Table 3. We have also made additions in the Methods, Results, and Discussion sections.

Table 1 and Table 2: The total number of participants is not consistent. Missing data, if needed, should be added

Response: We have added information about the internal drop-out-rate for each table.

The statistical evidence should be presented in a more academic style

Response: We have replaced the Chi-2 values (+ df) with p-values when we are actually testing the hypothesis. But we have kept the presentation of proportions with 95% confidence intervals when comparing proportions. When illustrating associations we also have kept the presentation in term of Odds Ratios with 95% confidence intervals.

The conclusion part needs to report the implications for practice and the limitations of the study

Response: We have modified the conclusions accordingly.

VERSION 2 – REVIEW

REVIEWER	Rong-Chi Chen, M.D. Professor, Department of Neurology En Chu Kong Hospital TAIWAN No competing interests.
REVIEW RETURNED	18/12/2011

GENERAL COMMENTS	No more revision is necessary. Sweden has been known to be a leading country to follow the no-blame compensation system in management of medical legal disputes. Yet, as stated in this article the filing of complaints is remarkably underreported. As stated in the article, "Those with a negative general experience of healthcare who had filed a complaint or had had reasons for doing so reported lower trust in healthcare at
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	<p>the time of the survey, compared to those with a positive general experience who had not filed a complaint and had had no reason for doing so. A large proportion of the latter group had high trust in healthcare. Trust seems to be important for several reasons, for example for concordance and ultimately for patient safety.” “Quite a few express the belief that reporting adverse events is futile, implying distrust regarding either the ability or the willingness of healthcare to actually take notice of and learn from the complaints. Complaints seem to be considerably under-reported, especially among those with a negative general experience of healthcare.” “In order to develop and improve the quality of healthcare encounters, and services, by assuring critical feedback, it is important that healthcare providers offer more information and support to patients who want to make complaints.”</p> <p>I think these informations and conclusions provided by this article will be useful for countries even beyond the Scandinavian regions.</p>
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Correction

Wessel M, Lynøe N, Juth N, *et al.* The tip of an iceberg? A cross-sectional study of the general publics' experiences of reporting healthcare complaints. *BMJ Open* 2012;**2**:e000489.

There are two misstatements in this article:

Page 1: Abstract (Results): "The degree of underreporting was greater among patients with a general negative experience of healthcare (37.3% CI: 31.9–42.7) compared with those with a general positive experience (**4.8% CI: 2.4–7.2**)."

The proportion '**4.8% CI: 2.4–7.2**' should be '**7.8% (5.6–10)**'.

Page 2: Material and methods: "Of the sample of 1500, 16 questionnaires were returned due to death or unknown address; altogether **992** participants (62.1%) returned a completed questionnaire..." The correct number of participants is 922.

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