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OPEN PEER REVIEW

Assessment of Healthcare Service Quality and Patient Satisfaction Using the SERVQUAL Questionnaire in Khuzestan Province During 2022 - 2023

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

4 comments · 11 Apr 2024 – 17 May 2024

Shahram Molavynejad Reviewer

MINOR REVISION 11 Apr 2024

Dear Author, thank you for submitting your article to this journal. Please make the following changes to the manuscript:
1- Select keywords based on the MeSH database.
2- In the Introduction, refer to the results of studies conducted using the SERVQUAL model.
3- Explain the data collection method.
4- Explain the sampling method.

Referee 1 Reviewer

MAJOR REVISION 9 May 2024

Greetings, and thank you for the opportunity to review this article.
Title:
SERVQUAL is actually a questionnaire, not a model, so I suggest removing it from the title.
Abstract:
State the year the study was conducted and the sampling method in the Methods section. In the Results section, I would have liked to see statistics on the types of patients as well (what percentage were medical patients and what percentage were trauma patients). First discuss the overall satisfaction score in the Results section, and then the relationship between the questionnaire dimensions and perceptions and expectations.
Introduction:
The paragraph in the problem statement about chronic diseases and heart disease is largely unrelated to the rest of the Introduction and the study title. Instead, it would be better to compare trauma patients and medical patients, most of whom have chronic conditions, in terms of the main variables, namely satisfaction with service quality, in the Results section. This comparison should concern medical patients and patients with chronic conditions in general, not just cardiac patients. If the emphasis is on cardiac patients, a specific reason for this should be given.
Methods:
Specify the exact sampling method. There is no problem with excluding patients with psychiatric disorders, but patients with chronic physical conditions should not be excluded; in fact, their perspectives are very important.
The SERVQUAL questionnaire has not been explained well, which has made the Methods and Results sections unclear. The scoring description states that there are 44 questions scored on a 7-point Likert scale, so the maximum score would be 308 and the minimum 44. Different numbers are given in the text. Specify how many questions each dimension contains and exactly which questions they are.
What instrument was used to assess patients' perceptions and expectations, for which a separate table is presented in the Results section and whose relationships with the questionnaire dimensions were assessed? SERVQUAL is a questionnaire, not a model.
Results:
The relationships between demographic variables and the questionnaire dimensions could be examined in a single table.
Overall, the results are somewhat unclear and are not well reported. First, discuss the demographic information. Then present information on the overall level of satisfaction and the questionnaire dimensions in one table, followed by perceptions and expectations in another table. Finally, present the relationships

between these two variables and the questionnaire dimensions in a final table, specifying the exact correlation coefficients. Also compare the results for trauma patients and medical patients with chronic conditions.
Discussion:
The Discussion should be written systematically. First, briefly mention the results in about one line, following the order of the tables in the Results section, and then discuss them and compare them with the results of other studies. Also discuss the comparison of results between trauma and medical patients.
Note: No findings about cardiac patients are reported in the Results section, yet they are specifically addressed in the Discussion.

Associate Editor MAJOR REVISION 17 May 2024

Dear Author,
Thank you for submitting your manuscript to JJCDC. Based on our reviewers' comments, your article needs some revisions throughout. Please use previously published related articles in your references. I recommend you revise the manuscript and resubmit it as soon as possible.
With regards.

Editor-in-Chief MAJOR REVISION 17 May 2024

Dear Author,
Thank you for submitting your manuscript to JJCDC. Based on our reviewers' comments, your article needs some revisions throughout. Please use previously published related articles in your references. I recommend you revise the manuscript and resubmit it as soon as possible.
With regards.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Associate Editor's Comments:

Associate Editor 1:
Dear Author,
Thank you for submitting your manuscript to JJCDC. Based on our reviewers' comments your article needs some revisions in all parts of it. Please use previous related published articles in your references. I recommend you revise the manuscript and resubmit it as soon as possible.
With regards.

Dear editor

We are very grateful for the reviews provided by the editors and each of the external reviewers of this manuscript. The comments are encouraging and the reviewers appear to share our judgement that this study and its results are clinically important. Please see below, in green, our detailed response to comments. We have highlighted (green) the changes within the manuscript.

Reviewer 1:

Dear author, with thanks for submitting your manuscript to this journal, please apply the following points in the .manuscript text: 1. Keywords should be selected based on the MeSH database

:Response

.With thanks to the respected reviewer, the keywords were changed based on MeSH

.In the Introduction, the results of studies conducted using the SERVQUAL model should be mentioned .2

:Response

With thanks for the respected reviewer's careful attention, further studies that had used the SERVQUAL model in .Asian countries were added at the end of the Introduction

.The data collection method should be explained. 4. The sampling method should be explained .3

:Response

With thanks to the respected reviewer, the sampling method, data collection, questionnaire information and the .method of conducting the study were rewritten

Reviewer 2:

Greetings, and thank you for the opportunity provided to review this manuscript. Title: SERVQUAL is in fact a .questionnaire, not a model; therefore, in my opinion, it should be removed from the title

:Response

.With thanks to the respected reviewer, the title was corrected

Abstract: The year the research was conducted and the sampling method should be stated in the Methods section. In the Results section, it would have been good if statistics on the type of patients were also stated (what percentage internal medicine and what percentage trauma). In the Results, first the overall satisfaction score should be discussed and then the relationship between the dimensions of the questionnaire and perceptions and .expectations

:Response

With thanks for the respected reviewer's careful attention, the entire abstract was corrected and the requested .changes were applied

Introduction: The paragraph in the statement of the problem about chronic and cardiac diseases is almost irrelevant to the rest of the Introduction and the research title. Instead, it is better to make a comparison in the Results section between trauma patients and internal medicine patients, who are mostly chronic, in terms of the main variables, that is, satisfaction with service quality. Internal medicine and chronic patients in general, not .only cardiac. If the emphasis is on cardiac patients, a specific reason for this should be stated

:Response

In view of the dear reviewer's comment, the Introduction section was corrected; the items related to cardiac .diseases were removed and the importance of examining service quality in chronic diseases was added

Methods: The sampling method should be stated precisely. There is no problem with excluding psychiatric patients, but patients with chronic physical problems should not be excluded; in fact, their perspective is very .important

:Response

,With thanks for the respected reviewer's careful attention

The patient selection criteria were corrected, and patients with multiple chronic diseases and patients with acute trauma were excluded because of the unfavorable mental and psychological condition of the patient and .companions

The SERVQUAL questionnaire has not been explained well, and this has caused ambiguity in the Methods and Results. In the scoring, it is stated that it is a 7-point Likert with 44 questions, so the maximum would be 308 and the minimum 44. Other numbers are stated in the text. It should be stated how many questions each dimension has and exactly which questions. With what instrument were patients' perceptions and expectations assessed, for which a separate table is given in the Results section and whose relationship with the dimensions of the .questionnaire is measured? The SERVQUAL questionnaire is a questionnaire, not a model

:Response

With thanks for the respected reviewer's comment, the Methods were completely rewritten and the questionnaire and the method of assessing quality were explained in detail. Patients' perceptions and expectations are assessed using the SERVQUAL questionnaire. 22 questions are answered for both perceptions and expectations (44 questions in total). The gap between expectation and perception will be the final score of the SERVQUAL .questionnaire, which indicates the quality of the services provided

Results: The relationship between demographic variables and the dimensions of the questionnaire can be examined in one table. Overall, the results are somewhat ambiguous and not well reported. First, the demographic information should be discussed. Then, in one table, the information on the overall level of satisfaction and the dimensions of the questionnaire, and then in one table perceptions and expectations. Then, in the final table, the relationship between these two variables and the dimensions of the questionnaire, with the exact correlation .coefficient stated. The results of trauma patients and chronic internal medicine patients should also be compared

:Response

.Thanks for the respected reviewer's comment

The results were reanalyzed and expanded to 13 tables. New significant relationships were identified, which were also addressed in the Discussion. All the changes requested based on the respected reviewer's comment were stated in order. In the present study, as stated earlier, acute trauma patients were excluded from the study because of the unfavorable condition of the patient and companions. Patients with depression and other psychiatric disorders were also excluded. Recent studies in reputable journals have shown that patients with several underlying diseases simultaneously have lower perception and suffer more from depression than other chronic patients; accordingly, they were excluded from the present study (1). In fact, the majority of the present patients are chronic patients and trauma patients with a more superficial level, who unfortunately were not separated, and .this is one of the limitations of the present study, which was added to the study limitations section

Discussion: The Discussion should be written systematically. First, the results should be mentioned in about one line in the order of the tables in the Results section, and then they should be discussed and compared with the results of other studies. The comparison of the results of trauma and internal medicine patients should also be discussed. Note: no finding about cardiac patients is stated in the Results, yet it is specifically addressed in the .Discussion

:Response

,With thanks for the respected reviewer's comment

The Discussion section was rewritten and, based on the new results, which are more complete, comparisons were .made with more recent studies in various places

.In addition to the above items, the text was also edited in terms of English

,With thanks to the respected reviewers

We are eagerly awaiting the comments of the respected reviewers, and if any correction or further .explanation is needed, it will be done as soon as possible

,With wishes for success

1. Li D, Su M, Guo X, Liu B, Zhang T. The association between chronic disease and depression in middle-aged and elderly people: The moderating effect of health insurance and health service quality. Frontiers in Public Health. 2023 Jan 24;11:935969.

2 Revision 1

3 comments · 31 May 2024 – 1 Jul 2024

Referee 1 Reviewer

MINOR REVISION 31 May 2024

Greetings, and thank you for the revisions and positive changes that have improved the content and quality of the article. However, there are still issues that need attention:
1. The year and location of the study must be mentioned in the title.
2. The methodology section of the abstract is too brief. Please consult similar articles to see what should be included in the methodology section of the abstract.
3. In the introduction, the material before reference 1 is not adequately connected to the discussion of chronic diseases. Why discuss chronic diseases here without an introduction? Was this study conducted only on patients with chronic diseases? First, explain that service quality can affect health improvement and the course of treatment for all patients, and then introduce the material on chronic diseases as an example.
4. In the methodology section, the sampling method is described only as nonprobability sampling. The specific type of nonprobability sampling must be stated.
5. Before describing the questionnaire under heading 3.2, describe the procedures, including who completed the questionnaires, when, and where.
6. Which questionnaire items concern perceptions, and which concern expectations?
7. The data analysis method has not been stated.
8. There are too many tables in the results. A maximum of 5 tables is allowed. Many tables can be combined, such as those presented separately for each demographic characteristic.

Associate Editor

MINOR REVISION 1 Jul 2024

Dear Author,
Based on our reviewers' comments, your manuscript needs some minor revision in all sections. Please revise and resubmit.
Thank you

Editor-in-Chief

MINOR REVISION 1 Jul 2024

Dear author,
Thank you for submitting your manuscript to JJCDC. This study is interesting in the chronic illness field.
Based on our reviewers' comments, your article needs some revisions in all parts. I recommend you revise the manuscript and resubmit it as soon as possible.
With best regards.

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Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

With thanks to the respected reviewer and the editorial team of the journal, who led to the improvement of the scientific level of the manuscript. All comments of the respected reviewer have been answered and the changes in the text have been marked with yellow highlighting.

Greetings, and thanks for the positive corrections and changes that have been made and have improved the content and quality of the manuscript. Nevertheless, there are still points that need attention:

1. The year and place of the study should be stated in the title.

Response:
The time and place of the study were added according to the respected reviewer's comment.

2. The methodology of the abstract is written very briefly. Please refer to similar articles to see what items should be stated in the methodology of the abstract.

Response:
With thanks for the respected reviewer's careful attention, the methodology section of the abstract was edited with reference to several similar studies.

3. In the Introduction, a good connection has not been made between the material before reference 1 and the material stated about chronic diseases. Why should you talk here about chronic diseases without an introduction? Was this research conducted only on chronic patients? Here it should first be explained that service quality can affect health promotion and the course of treatment of all patients, and then say, for example, ... the material stated about chronic diseases.

Response:
In view of the respected reviewer's scientific comment, several lines and references regarding the importance of satisfaction in patients' treatment outcomes were added, and then its importance in chronic patients was addressed.

4. In the methodology, the sampling method is only described as non-probability. It should be stated exactly what type of non-probability sampling method.

Response:
Following the dear reviewer's comment, the type of non-probability sampling was also added.

5. Before the questionnaire is explained under heading 3.2, the procedure should be stated: by whom, when and where the questionnaires were completed. Which items of the questionnaire relate to perception and which relate to expectations?

Response:

With thanks for the respected reviewer's comment, the questionnaires were completed by patients in a calm, stress-free environment, and the researcher was present there to answer any possible questions. Also, all items of the questionnaire exist in both dimensions of perception and expectations, meaning that patients score both their perception and their expectations of the treatment services, and the difference between these two determines the quality of service delivery. Much of this information was corrected in the previous revision following the dear reviewer's comment, and now further supplementary information has been added after the respected reviewer's review.

6. The data analysis method is not stated.

Response:
Following the respected reviewer's comment, the statistical analysis method was added.

7. The number of results tables is too many. A maximum of 5 tables is allowed. Many of the tables can be merged, such as the tables each given for one item of demographic information.

:Response

In view of the dear reviewer's comment, as far as possible a number of tables were merged, and two subgroup .analysis tables, whose presence is necessary, were moved to the Supplemental file

With thanks

3 Revision 2

1 comment · 14 Jul 2024

Editor-in-Chief

ACCEPT 14 Jul 2024

Dear Author,
Thank you for revising your manuscript. This manuscript in its current version is acceptable for publication.
Thank you very much.