

## Peer Review Report

# Review Report on Patient safety culture and safety attitudes in the Estonian context: simultaneous bilingual cultural adaptation and validation of instruments

Original Article, Int J Public Health

Reviewer: Daniel Arnal

Submitted on: 16 May 2024

Article DOI: 10.3389/ijph.2024.1607392

### EVALUATION

#### **Q 1** Please summarize the main findings of the study.

This study validated the patient safety culture measurement instruments HSOPSC 2.0 and SAQ in the Estonian healthcare context and assessed the psychometric properties of developed Estonian and Russian versions

#### **Q 2** Please highlight the limitations and strengths.

The study is well design and implemented. Following a detailed path through a professional translation, cultural adaptation through an expert group, and a focus group; and a final evaluation of consistency and validity in a multihospital survey. Also, it is a strength the simultaneous translation to the two major languages in the country that permits their comparison. The final surveys were responded by >200 participants. The main limitation is the low rate of response of the survey that may pose some kind of bias, by being responded by those more aware of safety culture.

#### **Q 3** Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

The study is well design and written and could be published with just some minor adjustments.  
L68: "The methodological quality of the study was assessed by the Cosmin checklist" Why did you use this tool that is aimed for PROMs? Did you made any adaptation? Can you share the compliance with the checklist?  
L107 "The two expert groups in Estonian (n=8) and Russian (n=8) consisted of representatives from the target audience" What were these representatives? Were there nurses-doctors involved? If there were no doctors, why this groups was not included in the expert group nor in the focus groups (L114-116)? Include it in the limitations. Also, only 9% of responders to the surveys were doctors (Table 1). What was the rate of response within the professional groups? Is there any potential explanation of a low response rate within the doctors and what may be the consequences?  
Response rate was 30% (L159). This relatively low rate is only explained in the limitations through technical reasons. There may be other reasons that should be considered and the potential impact on the questionnaires results.

### PLEASE COMMENT

#### **Q 4** Is the title appropriate, concise, attractive?

Yes

#### **Q 5** Are the keywords appropriate?

Yes

**Q 6** Is the English language of sufficient quality?

Yes

**Q 7** Is the quality of the figures and tables satisfactory?

Yes.

**Q 8** Does the reference list cover the relevant literature adequately and in an unbiased manner?)

Yes

#### QUALITY ASSESSMENT

**Q 9** Originality



**Q 10** Rigor



**Q 11** Significance to the field



**Q 12** Interest to a general audience



**Q 13** Quality of the writing



**Q 14** Overall scientific quality of the study



#### REVISION LEVEL

**Q 15** Please make a recommendation based on your comments:

Minor revisions.