

Peer Review File

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Sections	Comments	Response	Changes in the text
Reviewer A	It should be PCC rather than PPC.	Thank you for identifying the oversight.	All PPC has been replaced by PCC which is
Reviewer B			
Abstract	Please add the research design	All of these have been added to the Abstract	Changes are made in page 2 of the paper which are highlighted in yellow
	Please add a sentence to data analysis		
	Please add if the questionnaire items were self-developed		
	Please provide specific numbers for „majority “ and „small percentage “		
Introduction	While reading I realized that your references are a little “old”. I was wondering, if there are not any recent studies and systematic reviews on this topic?	Thank you for the suggestion. We conducted a search of literature in relation to patient centre care and patient experience at Scopus database and added the following papers to support the introduction and discussion: 3. Farzianpour F, Byravan R and Amirian, S J H. Evaluation of patient satisfaction and factors affecting it: a review of the literature. Health, 2015. 7:1460-1465. 8. Sughra U, Siddiqui M, Noorani S, Mansoor, Kausar S. Patient Satisfaction: A Tool towards Quality Improvement. Pakistan Journal of Ophthalmology, 2021. 37(2).	

		<p>11. Almomani R Z Q, Al-Ghdabi and Banyhamdan K M, Patients' satisfaction of health service quality in public hospitals: A public hospital quality analysis. Management Science Letters, 2020(8).</p> <p>25. Li L and H Fu, China's health care system reform: Progress and prospects. The International journal of health planning and management, 2017. 32(3): p. 240-253.</p> <p>28. Xiaohui Z, Shijing C and Xuecheng G. Analysis of patient experience at public hospitals in China. Chinese Journal of Hospital Administration, 2019. 35(4):4.</p>	
	Page 3, line 100 (research questions): What is meant by “professionalism”? “Patient-orientation”? For the reader it would be easier if you use consistent formulations.	We checked the paper and can confirm that ‘Professionalism’ is the only term used throughout the paper including the title of the paper	
Material and methods:	Please add hypotheses	<p>Thank you for the suggestion.</p> <p>The study was designed to answer two research questions as in page 2 rather than testing hypotheses. Hence we did not add the hypotheses as suggested.</p>	
	Please add sample size calculation	<p>Thank you for the suggestion.</p> <p>We did not calculate the minimum sample size as the design is to reach as many as possible within a set timeframe. Please refer to Table 1 and revised page 4 ‘patient recruitment’ which is highlighted in yellow.</p>	
	Please add the information what a Level III and a Level I hospital is.	<p>Very good suggestion. Thank you. Explanation is added.</p>	<p>Page 4</p> <p>Hospitals in China are categorised by level. Level III hospitals are large teaching hospitals, usually with more than 500 beds, that provide complex care with research and clinical teaching capacity. Level II hospitals are located in a suburb of large cities or in medium sized cities, and contain more than 100 beds, but less than 500.</p>

Questionnaire	Is it a self-developed questionnaire? How did you develop the questionnaire?	Additional explanation is added:	Page 4 The questions were first developed in the English version informed by previous studies and the consultation with experts both hospitals.
	How many persons tested the questionnaire?	8 for each hospitals	Added to Page 4
	I do not understand how the categories of the questionnaire fit your research questions. For instance: “experiences of care provided by doctors” is not the same as “attitudes and perceptions of doctors”. Please specify what you mean.	Thank you very much for raising the queries. The survey questions included in three categories addressed either RQ 1 or RQ 2. For example, “attitudes and perceptions of doctors” is not related to RQ 1 ‘experience of care’ but RQ 2 ‘doctors’ demonstration of professionalism’.	
	Please provide the questionnaire as supplementary material.	We can provide a copy of the questionnaire upon request	
Results	Page 5: I was wondering how the patient would know if the diagnostic tests had been unnecessary.	Thank you for raising the question. The purpose of the study is to understand patients’ actual experience, their trust an attitude toward their doctors and perception of care and doctor’s professionalism. This question is about their trust in what doctors do.	
	Page 6: Q16 and Q17: You ask if the doctors explained the process and adverse outcomes. Why didn’t you ask if they explained it, so that the patient „understood“ or if it was detailed enough. If the patient had the opportunity to ask questions. Were the questions answered?	Thank you for the questions. As explained above, we are aiming at understanding patients’ experience and perception rather than actual perceived outcomes of care etc.	
Discussion	Strengths and limitation: Please reflect your limitations. For instance: no control group, no hypotheses, quality of the questionnaire	Thank you for raising the concerns. We have slightly revised this section.	

		However, we disagreed that ‘no control group, no hypotheses’ are relevant limitation to the study. We also disagreed that we should doubt about the ‘quality of the questionnaire’.	
Reviewer C			
Sample selection	The planned sample 10% of the monthly volume of the inpatients at both medical and surgical departments at these hospitals were selected for the survey.	Thank you for asking the valid questions.	Page 4 Four project staff who are registered nurse were recruited to complete the patient recruitment for questionnaire completion. Each of these four staff positioned at the General/specialised services and Surgical services for 4 weeks in both hospitals. Project staff approached patients who just received discharge notice and waiting for the completion of relevant paperwork by medical staff and their carers (family members). The project staff provided the patient with the participant information sheet and verbal explanation of the purpose of the survey and what were required. The process generally took 15mins to complete. Upon request, staff may also assist patient in completing the questionnaire. Once completed, project staff will move onto the next patient who just received the discharge notice. The patient selection process is a complete random process depending on the availability of the project staff at that time the patient was discharged.
	How were these participants selected? A good selection process will have a system of randomization to reduce selection bias.	The process is now clearly explained	
Ethical process	The ethical approval was mentioned but ethical considerations were not described in the article or within the supplementary files/ tables. A description of what steps were taken regarding the ethical considerations of this study should be added to the	This has been elaborated	Page 5 Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. The study

	tables/supplementary files.		was conducted in accordance with the Declaration of Helsinki (as revised in 2013). The study received ethics approval from La Trobe University (HEC19251. 30 March 2019) and the approval from the Research Committees of Qianfoshan and LaiWu Hospitals for conducting the study with their patients as described in the methods section. Information on informed consent was included at the beginning of the paper-based questionnaire. All participants were reminded that implied consent to the study was provided by completing and returning the questionnaires. The anonymous nature of the survey were verbally explained to each of the participants by the project staff and relevant information also included in the Participant Information Sheet. The survey did not collect identifying information to protect participants' anonymity.
Confidentiality	The anonymity of information of participants was mentioned but how this was communicated to participants was not described. If participants were not aware about confidentiality within the study, it may increase the social desirability of their responses because of the risk of being identified and the possible negative impact on their care.	Please see the additional information above	Page 5
Reviewer D			
Several different terms are used that are confusing for readers. For example, the terms "clinician," "physician," and "doctor" are used interchangeably. To an international audience, the	The word 'physician' has not been used in the paper. We did take the suggestion changing 'Clinicians' to 'Doctors' throughout the paper		

<p>term "clinician" is usually inclusive of different healthcare professions, so it is not clear if this same definition is used in this paper. As the questionnaire is solely about physicians, it is recommended that this term be used throughout the paper.</p>		
<p>Why did the paper focus solely on physicians when evaluating patient-centered care? What potential role do other healthcare professionals play, and how might that have impacted patient perceptions? Could this be a potential limitation or variable?</p>	<p>Thank you for asking the question. The focus of the overall project is ‘Doctors’ hence other clinical staff have not been included</p>	
<p>What are the limitations of the study? Is there any potential for bias when asking patients to evaluate physicians?</p>	<p>Limitation has been further elaborated in page 8.</p> <p>Thank you for the question whether it is biased to ask patients to evaluate doctors. It really depends on how you are going to use the information for. The study is about understanding the perception and experience of patients rather than evaluating doctors’ work outcomes etc.</p>	
<p>I appreciated the analysis tables. The analysis section is difficult to understand as it is written. All the questions should be placed in a table with a clear outline of the different subscales.</p>	<p>Thank you for the suggestion. We did initially place the questions in the table, but found the table very messy and long. Hence placing the questions under the table making the table easy to read, and at the same time easy for readers to find the actual questions.</p>	
<p>On page 7, line 299-the statement is made that the study found physicians did not consult patients...-this sounds deceiving when it is more clearly written as patients reported feeling that physicians did not consult them 15% of the time. The survey asks for patient perceptions, which may differ from physician actions or perceptions.</p>	<p>We have revised the sentence to make the expression more accurate.</p>	<p>Page 9</p> <p>Fifteen percent of the study participants indicated that their doctors did not consult them before determining the diagnostic procedure and treatment and used medical terminology to explain the condition which was hard for patients to understand.</p>