Correspondence

On the values of outpatients

To the Editor:

The study by Fung and Cohen¹ presents important aspects of the relationship between the anesthesiologist and his patient during the temporal phases of surgery. Nevertheless, we believe that this study contains some methodological flaws.

Firstly, important questions remained unanswered: were the initial interviews conducted by an anesthesiologist? How were the patients and anesthesiologists selected? What was the justification for the number of patients ($n=45$) and anesthesiologists ($n=15$)? Secondly, the content of the questionnaire would be improved by screening several items not related to anesthesia care (e.g., the room(s) I awaken in is (are) comfortable), and items comprising more than one question (e.g., the anesthesiologist identifies all my concerns, encourages me to communicate those concerns, and then answers all my questions). Also, there are not enough respondents for the total number of items presented and the ranking of items is a pre-test procedure usually employed to remove questionable items.

Furthermore, the sample of patients included 84% (27/32) of women. Care should have been taken, especially with a small sample, to balance the number of men and women. It is well known in the literature²⁻³ that women do not prioritize the same aspects as men in the appreciation of their health care.

Finally, the development of this questionnaire is promising but in its present and precocious form it would strongly benefit from a thorough revision followed by a pilot study with a larger sample before it can be considered valid to determine the values of outpatients regarding anesthesia care.

Sylvie Le May MSc
Gilles Dupuis PhD
Marie-Christine Taillefer BSc
Montréal, Québec

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expression, experience, and physiology. *J Pers Soc Psychol* 1998; 74: 686-703.

REPLY:

We thank Le May and colleagues for their interest and comments.

As we acknowledged in our discussion, our study was too small to provide definitive answers or conclusions. We agree that its findings are preliminary but for two reasons we feel the study remains of value to anesthesiologists.

First, published studies using formal qualitative techniques are uncommon in anesthesia. These techniques have been undervalued in anesthesia research but, as demonstrated by this study, they offer a unique and efficient means to discover what our patients want. Insights acquired from formal interviewing and consensus methods, even if preliminary, are valuable in their own right.

Secondly, well-conducted qualitative investigations prior to questionnaire construction is neglected all too often in anesthesia¹ but are essential to the content validity of questionnaires that seek ultimately to make reliable and valid measurements of satisfaction or quality of care.² Testing of the questionnaire in one or more pilot trials is then required to produce a final mature version of the questionnaire.³⁻⁵

Our study (and our questionnaire) should be seen as a beginning not an end. Both as qualitative research or as a new questionnaire, the preliminary findings of our study await confirmation in future investigations.

Donald Fung MD
North Bay, Ontario

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