Review of: "The Universal Accessibility Provisions in Hospitals of New Delhi, India"

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Potential competing interests: No potential competing interests to declare.

The work is great and relevant! However, are there any implications deduced from the data or finding for the post Covid-19 era in terms of accessibility for various people who acquired impairments. Does reasonable accommodation play a role whenever universal accessibility and design does not exist or exist in part. It would be interesting to have insights on universal accessibility from a health risk view as incorporated within a built environmental perspective in hospitals.

Background

1. From a social model perspective, it's not necessary to put capital letters or abbreviate PwDs as human-centric (personal and social identity) view discourages such does not exist when referring a person as Person.
2. Same applies to rights, its unnecessary to present it in capital letters.

Introduction

1. First sentence that cited UN, can the source be sited for referral's sake.
2. Can there be a sentence that relates to key events like Covid-19 pandemic as the information presented covers pre- and during Covid-19.

Literature review section can be presented under structured sections like:

1. Contextual setting, definition and application of Universal Accessibility and design in hospitals
2. Limitations/challenges posed to variety of impairments acquired among people
3. Strategies to alleviate the challenges for effective accessibility
4. Conceptual framework that highlights gaps to be addressed by the current study

Material and method

1. It's unclear on population, sample size (justification for the sampled people)
2. Selection criteria/ why they included some and exclude other hospitals
3. Other than research questions, were the research questions predetermined by existing tested tool(s) or they emerged from literature? If it's from literature, let the source justify such in order to uphold scientific soundness and validity of the tool(s).
4. On sample size, who was targeted to respond and why targeting such type of participant? It's not clear, please make it clear as such add to credibility of the data.
5. How many questionnaires were distributed and how were received back with responses? All this has implications on validity of volumes (quantities) for quantitative study vs qualitative one that might have used interviews etc.

Results

1. The results are only descriptive? There is need for the interpretation of the results

Discussion

1. It's not clear on the implications of the results on what the persons with disabilities would want universal accessibility in hospitals.

2. It is not clear on the contribution of the study to practice (architectural and hospital activities) from a rights perspective.

3. It is not clear on specific insights and recommendations for the research community in the field, policy and decision makers in post Covid-19 pandemic era for the reduction of health risks associated with built environments in hospitals.

Conclusion

1. It looks like it's a status quo assessment/gap analysis study, hence the areas in the aim seem to have not been presented clearly from gap identification and implications and then setting insights for a research agenda to enhance universal accessibility in hospitals in India.

2. It's not clear on recommendations for legal frameworks vs practice (regulations, procedures and mechanisms to assess/monitoring and evaluation of universal accessibility and design in hospitals) while giving insights on limitation in implementation as purposed by the tone of the baseline study.