Qeios

Peer Review

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

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1. Reliance on Self-Reported Institutional Data

The study depends entirely on administrative responses rather than objective verification.

Impact

This introduces potential:

Social desirability bias

Over-reporting of compliance

Lack of verification of actual accessibility conditions

Suggested Revision

Include discussion acknowledging institutional response bias.

Recommend future on-site audits or mixed-methods verification.

Consider triangulation using publicly available audit reports.

2. Sampling and Response Bias

Six hospitals failed to respond, yet the exclusion impact is not statistically addressed.

Suggested Revision

Provide a sensitivity analysis estimating potential compliance differences.

Clarify whether non-responding hospitals differ systematically (size, specialty, funding).

doi.org/10.32388/NPHG4H

3. Limited Analytical Depth

The analysis remains descriptive without inferential evaluation.

Suggested Revision

Authors should consider:

Comparative analysis between compliant and non-compliant hospitals.

Correlation between accessibility parameters.

Trend or clustering analysis if institutional characteristics are available.

4. Lack of Operational Definitions

Key concepts such as “accessible hospital” and “in process” lack standardized measurement.

Suggested Revision

Provide operational criteria for classifying accessibility compliance.

Clarify how partial accessibility was categorized.

Declarations

Potential competing interests: No potential competing interests to declare.