

REVIEWER'S REPORT

Manuscript No.: IJAR-55317

Title: The Moral Scaffolding of Reputation: A Patient-Centered Scale and Critical Inquiry into the Physician-Patient Relationship.

Recommendation:

Accept after minor revision.

Rating	Excel.	Good	Fair	Poor
Originality	✓			
Techn. Quality	✓			
Clarity	✓			
Significance	✓			

Reviewer Name: Dr. Bishwajit Rout

Reviewer's Comment for Publication.

(To be published with the manuscript in the journal)

The reviewer is requested to provide a brief comment (3-4 lines) highlighting the significance, strengths, or key insights of the manuscript. This comment will be Displayed in the journal publication alongside with the reviewers name.

- Significance:** The study is significant as it reconceptualizes physician reputation beyond transactional and economic models, positioning it as a moral and relational construct grounded in patient experience. By applying Rossiter's paradigm, it challenges dominant psychometric approaches and introduces a patient-centered measurement tool that bridges healthcare management, ethics, and medical humanities.
- Strength:** Key strengths include strong theoretical grounding, interdisciplinary literature integration, and a rigorous qualitative foundation for scale development. The use of Rossiter's C-OAR-SE paradigm enhances conceptual clarity, while the ethical reflection on constrained patient choice adds originality. The mixed-methods design and exclusion of price sensitivity offer a nuanced understanding of medical reputation.
- Key Insight:** The central insight is that physician reputation is primarily shaped by perceived competence, trust, and human interaction rather than economic considerations. Reputation emerges as a moral and relational construct, especially in healthcare contexts where vulnerability and asymmetry prevail. This reframing highlights the ethical dimensions of reputation formation and questions equity where patient choice is structurally constrained.

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Reviewer's Comment / Report

The paper titled “*The Moral Scaffolding of Reputation: A Patient-Centered Scale and Critical Inquiry into the Physician-Patient Relationship*” innovatively develops a patient-centered Physician Reputation Scale using Rossiter’s C-OAR-SE paradigm and mixed methods, yielding a 14-item tool with four dimensions: Medical Service, Human Qualities, Emotional Appeal, and Work Environment. It highlights reputation's relational and moral essence beyond clinical competence, notably excluding price factors. The critical inquiry into equity, agency constraints, and systemic injustices in underserved areas enriches medical humanities discourse, offering a valuable framework for humanizing healthcare assessment.

Suggestions for Improvement:

1. Clearly state the research objectives and/or research questions in a distinct paragraph. Reduce repetition regarding dissatisfaction with existing satisfaction surveys.
2. Clearly differentiate physician reputation from related constructs (trust, satisfaction, service quality).
3. Reduce descriptive summaries and increase critical comparison between models.
4. Explicitly identify why existing reputation frameworks are insufficient for physicians. Highlight gaps that directly justify the exclusion or inclusion of dimensions later used.
5. Justify the qualitative sample size using saturation logic. Clarify the discrepancy in reported qualitative sample size (12 vs. 13 participants).
6. Provide more detail on interviewer training and reflexivity. Explain how coder agreement or reliability was ensured during thematic analysis.
7. Clearly separate qualitative and quantitative methodological subsections.
8. Explain more explicitly why certain dimensions were excluded beyond frequency counts.
9. Acknowledge trade-offs between conceptual validity and statistical generalizability.
10. Structure the discussion around key findings rather than dimensions. Reduce redundancy between results and discussion sections.
11. Concisely restate the main empirical contributions before ethical reflections.
12. Distinguish methodological limitations from contextual limitations.

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This manuscript offers a conceptually rigorous and ethically grounded contribution to healthcare marketing and medical humanities by developing a patient-centered physician reputation scale. While the theoretical depth and qualitative insight are commendable, the paper would benefit from tighter structure, clearer methodological transparency, and more focused synthesis. With revisions, it has strong potential for publication in IJAR. Addressing the identified weaknesses will make it suitable for publication in IJAR.

I recommend this paper for publication after minor revision.