Author's response to reviews

Title: Workplace violence against physician and nurses in Palestinians public hospitals: A retrospective cross-sectional study

Authors:

Mohamad Kitaneh (ketaneh36@hotmail.com)
Motasem Hamdan (mhamdan@med.alquds.edu)

Version: 3 Date: 15 November 2012

Author's response to reviews:

Report of the corrections made on the manuscript:

Workplace violence against physician and nurses in Palestinian public hospitals

Note: the corrections made or responses to the referees’ comments are indicated in italic below each point made by the referees:

Reviewer: Prof. Jamal Qaddumi
I have the following minor typo and grammar corrections and notes:

1- Background; in the 4th paragraph….. "the aim" while the author mentioned more than one aim.
This sentence was changed to “This study aims to assess……”.

2- Method setting, in the 1st paragraph: the author used "west bank" while in the title he used Palestine, this might confuse the reader, and author should be consistent.
The title says “Palestinian hospitals”, not Palestine. West Bank hospitals are part of the Palestinian hospitals.

3- Setting of the study; it would be useful if more details added about the public hospitals and why it was important to investigate the issue at these hospitals.
This issue was investigated in public hospitals because the MoH is the main provider of care and employer of health professionals. In addition we believe, although no adequate evidence available, that violence against health workers in public hospitals is more than other sectors. These factors were mentioned in the Background paragraph 3. And in fact we used them to explain our results about high incidence of violence in the discussions.

4- Study design section: in the 1st paragraph under the inclusion criteria, the author mentioned “the licensed physicians and nurses” what does that mean?
This means only staff that has finished their education, licensed for practice are
included. Intern/trainee physicians or nurses were excluded. Sentence added “Trainees or interns were excluded from the study”.

5- Study instrument: in paragraph 2, last sentence: correction of “training. Corrected

6- IRB in ethical approval is not mentioned.

Although there is no ethical concern, Al-Quds University, School of Public Health research committee reviewed and the approved the research. In addition to that the MoH approved and provided permission to conduct the study in the hospitals. We added “Permission to conduct the study and ethical approval were obtained from the MoH and Al-Quds University review board”

7- Results section:
   a- In the 1st paragraph: when it says "more than one department 11.7%" should be (11.7%) similar to the other figures in the same sentence. Corrected
   b- In table 1: Characteristics of the respondents: correction of Bachelor’s degree instead of Bachelor needed. Also the same in other two places inside the results section. Corrected
   c- Results, the title "Incidence of workplace........" in the aim author mentioned that he will assess the prevalence while in result he used incidence in the title and describe prevalence in the text, this needs corrections. Corrected
   d- Results, paragraph under the subtitle" Association between ............" The author used P > 0.5 or P < 0.5, instead he could give the reader the exact results. Corrected
   e- Results, in the 2nd paragraph under the title" table 3 characteristic of exposure........" Authors described the odd starting from risk factor to the outcome, and this is in the case of describing relative risks, while in odd we start from outcome going back to the risk factor.

Rephrased based on the recommendation. Reads as “In particular, violence was 8 times higher in respondents who had less than 10 years of experience than those with more years of experience (P-Value<0.001). In addition, violence was 3 times more in respondents who had bachelor’s degree level of education than those who had a higher educational level (P-Value =0.01).

8- Discussion;
   a- in paragraph 6, line 1 "respondents attitudes and perception towards violence" author did not mentioned these in the aim or in the results or in any other parts except in the discussion. Sentence changed to “The low violence reporting level in this study (56.3%) was similar to........”
   b- Associations between exposure to violence and respondents’ characteristics: add “the”. Corrected
   c- Discussion; in paragraph 3, line 8: .... It should be cultural norms instead of culture norms. Corrected
d- Discussion, in paragraph 7, in the last sentence: correction of “the safety of patient care. Corrected

9- In Table 1; the hospital size classified as medium 75-150 and large > 75, instead large should be > 150. Corrected

Reviewer: Roni Peleg

Comments:

1. A response rate of 88.7% in unusually high and the absence of missing data is noticeable. How did the authors reach this response rate? Was the questionnaire failed out during a face to face interview or were the questionnaires sent by mail?

We think that the participants were eager to participate to express their thought about an important problem that they face frequently and have not been properly addressed. There is lack of adequate reliable evidence, due to lack of routine/formal incident reporting and follow up system. Probably they believed that results of research by an independent (academic/ research institution) will provide credible evidence would trigger policy and action.

The questionnaire was distributed to the participants (with envelopes) by a researcher who explained the aim of the study and the consent and assurance of anonymity and confidentiality; no face to face interviews were conducted. Participants completed the surveys and returned in sealed envelopes to the researcher.

2. On page four at the end of the 2ed paragraph it is written "in the Arab region also there is limited research on violence in the health care setting". Maybe that is so, however, still most of the reports about this phenomenon are from Arab regions.

Your point is true. In the comparisons we tried as much as possible to use evidence from studies in the Arab region, which have similar conditions, social, culture and health care systems than other countries i.e. western. But we believe that there is a need for more research on this and relevant issues in the Arab region, especially the studies conducted shows that this is a common problem and many aspects still need further in-depth investigations.

Anyway, we changed the related sentence to read as …..“a relatively limited research conducted…….”.

3. When presenting data in the text "(n=)" needs to be included not just the percentages. This needs to be consistent throughout the paper.

That is true, but we looked at the journal format/instructions, it doesn’t require to provide n= with the %’s in the text. If it is required we will do it for sure.

4. Please explain (*) at the top right side of table No. 5.

Done, in addition an explanation [*Nonphysical violence includes threats, verbal abuse and sexual harassment] was added below the table.
Reviewer: Jeanne Hewitt

Reviewer’s report:

Thank you for the opportunity to review and comment upon this manuscript. Overall, the paper was conceptually sound, well-organized and written, and addresses a very important public health issue.

There are a couple of things that could strengthen the writing, I believe. This is a cross-sectional design. (Retrospective is not informative here.) “Retrospective” was deleted in the title, abstract and study design.

The process for sampling hospitals and respondents is not clearly written. A simple diagram may be helpful. The description of ‘a stratified proportional random sample’ does not seem to fit what was reported.

The sample calculation and selection was elaborated in the study design text based on this comment. Reads as follows:

“A proportionate stratified random sample was obtained from the study population. The total sample size was calculated from the study population (n=928) based on the assumptions of #=0.05, confidence interval 95%, and margin of error 0.05. The targeted 5 hospitals represented strata. The sample size from each stratum was proportional to its size in the study population, and within that the number of physicians and nurses were also proportionally calculated. This resulted in a sample of 271, composed of 84 physicians (31%) and 187 nurses (69%). The sample was randomly selected from each hospital.”

The definition of violence incidents that were used by the authors might be best placed after the first sentence under Study Instrument. It would also be helpful to have an example of how ‘threats' were differentiated from 'verbal' (Table 2).

The last paragraph was moved as recommended to first place, with minor change, reads as “In this study,.........................”.

As for the comment on definitions of threats, verbal and sexual assault: these terms were clearly defined in the questionnaire before the relevant part (see below), so respondents could easily understand what it means and what makes it different from threat. To be concise, we didn’t provide definition for these in the article, we also cited for further interest the international tools utilized [15, 16].

Lastly, the discussion is quite good, but it would be helpful if the suggested interventions were described more fully, and put into the context of the ‘culture’ i.e., in the West Bank, as well as public hospitals, there. For example, what kind of policies have been reported in other studies and what would the authors recommend for public hospitals in the West Bank? Could elements of the physical environment (e.g., emergency departments) be modified? (e.g., some
colors are more soothing than others). So, a little more depth of discussion would set the stage for possible interventions in the future, as well as directions for further study.

More policy and action oriented recommendations stemmed from this other studies results and applicable to our context have been added. See the discussion and conclusion sections. For example:

• The MoH should strengthen the incident reporting system in public hospitals and enforce laws to deter assaults against health workers as well as raising awareness in the community, and empower staff to cope with and report violence. (discussion).

• There is a need to encourage reporting and follow up on incidents as well as providing adequate physical and psychological support to victims of health workplace violence. (conclusions).