Reviewer’s report

Title: The Aftermath of Adverse Events in Spanish Primary Care and Hospital Health Professionals

Version: 4 Date: 26 January 2015

Reviewer: Toshimi Nakanishi

Reviewer’s report:

Minor Essential Revision 1 – not addressed by authors, downgraded to a discretionary revision.

The results and discussion section of this paper need to be more clearly linked. More consideration of the reader is necessary to draw logical and clear conclusions from the results of this research.

This is a general comment on the paper but a clearer link and clearer referencing between the body of the paper and data in tables would be kinder to the reader. A more logical and easier-to-follow link between the body of the paper and the tables would greatly improve the paper.

This issue has not been addressed by the authors in their revised paper. This issue is one of readability and should not stand in the way of publication. I have therefore downgraded it to a discretionary revision.

Minor Essential Revision 2 – addressed by authors

In table 1, the gender balance of respondents in the sample was heavily weighted toward females 73.9% (primary care) and 68.3% (hospital). There was no discussion of this in the body of the paper. In a paper discussing the impact of adverse events on medical professionals, the gender of the respondents would seem to be relevant given different emotional responses to a range of difficult situations by males and females. Some discussion of this gender imbalance would improve the paper.

Minor Essential Revision 3. – addressed by authors

Line 288 of the paper, beginning with the words “Most studies…” needs to be referenced.

Minor Essential Revision 4 – addressed by authors

The safety culture scale listed in Online Table 1, is poorly linked and scarcely mentioned in the methods and discussion section of the paper. The scale of 1 to 5 has no descriptors for what these values mean. Additionally two results in this table have p scores that seem to indicate that the results are invalid (item 1.1 has a p score of 0.641 for primary care and item 1.4 has a p score of 0.759 for primary care which seem to exceed your stated criteria for validity of a p score under 0.5). This should be mentioned in discussion of the impact of safety culture in your results.
Discretionary Revisions

These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.

Discretionary Revision 1. – addressed by authors
Regarding the abstract, the abbreviations PC, OR and CI are used but a definition of these is not provided until a list on page eight. As a courtesy to the reader it would be helpful to provide the meanings of these abbreviations in the abstract such as Primary Care (PC), Odds Ratio (OR), Confidence Interval (CI).

Discretionary Revision 2. – addressed by authors
Line 291, the sentence beginning with “These results…” should have the reference number six at the end of that sentence after the word ‘care’, not in the middle of the sentence after the word ‘victims’.

Discretionary Revision 3. – addressed by authors
One of the major variables in this paper is ‘safety culture’. This article will presumably be read by people (like myself) who are unfamiliar on the safety culture referred to in your article as it exists in Spain. Some comment on how the ‘safety’ in Spain is similar or different to that in other countries would be helpful to give the reader some feel for the background of the article.

Discretionary Revision 4. – addressed by authors
In the conclusion, the last point that “Spanish health professionals do not receive any training or education on coping strategies…” seems to be added as an afterthought and not logically supported in the paper. There is minor discussion of it from line 208 in the paper however the figures used to support this are not referenced or linked to a table.

Discretionary Revision 5. – addressed by authors
Please explain why figures in Table 2 are highlighted in red. The figures relate to the question “I know of cases of professionals who have suffered emotionally after an AE in a patient.” These highlighted figures do not seem to be clearly discussed in the body of the paper.

Discretionary Revision 6. – addressed by authors
While references appear to be consistent with BMC Health Services referencing guidelines, it is good practice to include the date that data or articles were taken by authors for references to URLs/websites.

Discretionary Revision 7. – addressed by authors
In the Methods section, the name of the statistical software is not provided. It is generally good practice to state the statistical software used.
Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.