Author’s response to reviews

Title: Being safe, feeling safe and stigmatizing attitude among primary health care staff in providing Multidrug-Resistant Tuberculosis care in Bantul District, Yogyakarta Province, Indonesia

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Being safe, feeling safe and stigmatizing attitude among primary health centre staff in providing Multidrug-Resistant Tuberculosis care in Bantul District, Yogyakarta Province, Indonesia.

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Dear Editor of Human Resources for Health,

We thank all the comments from the reviewers. We respond to the reviewers’ comments in below, point by point. We do hope that these responses are adequate to support the publication of the manuscript.
Reviewer #2: All the requests made, from my point of view, were made. The article is in conditions of approval.

Response: Thank so much for the review. The authors really appreciate your suggestions for the improvement of the manuscript.

Reviewer #3: Thank you very much for this review opportunity. I have some observations which will improve the clarity of paper:

1. Author may give details about the piloting and validation process i.e. sample size, observation and changes in instrument after piloting etc.

Response: Thank you. The content validity was assessed through the panel of experts during the proposal finalization workshop. After the proposal finalization workshop, we conducted a pilot of the questionnaires to 15 staff for face validity, mainly to assess their clarity to each item. The validity observation checklist was validated by an expert on infection control from Universitas Gadjah Mada, Indonesia. We add this description in Page 4 line 91-96.

“The content validity of the quantitative questionnaires and guideline of in-depth interviews was assessed through the panel of experts during the proposal finalization workshop. We piloted the quantitative questionnaires to 15 primary health care staff to assess their clarity to each question. The observation checklist of infection control was validated by the expert from Universitas Gadjah Mada, Indonesia.”

2. Operational definition of Being safe, feeling safe and stigmatizing attitude can be given for more clarity.

Response: Thank for your comment. We would like to clarify that ‘Being safe, feeling safe and stigmatizing attitude’ are issues explored in this study – hence emerge from the synthesis of both quantitative and qualitative data. The study variables are health staff knowledge about infection control, the attitude of staff to conduct proper care protocols for MDR-TB, infection control infrastructure and behaviour of staff for infection control. We explained those variables in Page 2-3 Line 48-58:
“The cross-sectional study was conducted to assess the health staff’s knowledge about infection control and their attitude to conduct proper care protocols for MDR-TB. Through the survey, we would like to describe whether health staff’s knowledge about infection control and the attitude to conduct DOT for MDR-TB were lacking. The cross-sectional study is nested in the qualitative observations of infection control infrastructure and staff behavior. The observation aimed to assess the infrastructure and activities related to infection control. We also conducted in-depth interviews to explain the findings from the cross-sectional study and observation, and to explore about reasons behind irrational stigma behavior.”

3. Name of author (line 82) is not require to mention in data collection section.
Response: Thank you. We revised the line 82 as suggested.

4. Is there any methodological limitation of study according to author? If yes that should be mention in the limitation section.
Response: Thank for your question. We have mentioned a limitation related to the lack of quantitative measurement of stigma. Please see Page 14, line 338-341: “This study explored the phenomena of safety and stigmatic attitude with a qualitative study which was limited in the generalization in other settings. In future, stigma should be measured quantitatively using a locally adapted instrument.”

In the revised version of the manuscript we add text about the methodological limitation in Page 14 line 331-336:

“Our study aimed to explore the phenomenon related to the rejection of the staff to conduct MDR-TB direct observed treatment cases. The study design could not assess any causal relationship between issues of safety, feeling safe, and stigmatizing attitude. On the other hand, the findings from the qualitative data could enrich the interpretation of the quantitative data. Therefore, we could have a holistic portrait of the phenomenon.”