

Workplace violence against healthcare workers in rural health facilities of Bangladesh and their quality of life: A cross-sectional study

Haque MA et al. (atiqulm26@bsmmu.edu.bd)

Mechanical review

Comments (7-Feb-24)		Author's response (12-Feb-24) [Please write a response to each point. You must change the manuscript as per your response. Mention line numbers.]	
1.	List all authors, do not use et al. and add DOI to all journal articles of your references.	1.	All authors listed in the bibliography as well as given DOI for journal articles of the references.
Recommendation		Revisions Required	

Technical review

Round 1

Reviewer A information			
Date review assigned	13-Feb-2024	Date review completed	15-Mar-2024
Reviewer name	Malay Kanti Mridha	Do you have any conflict of interest with the author/s?	No
ORCID	0000-0001-9226-457X	Do you wish to be disclosed to the author?	-
Reviewer's comments (28-Apr-24)		Author's response (29-Apr-24) [Please write a response to each point. You must change the manuscript as per your response. Mention line numbers. Write response if score is less than 6]	
1.	Line no 8-9: Rephrase as – “developed to collect data on....”	1.	Revised the line no 8-9 as advised.
2.	Line no 15-16: Does not make sense.	2.	Revised to make it clear.
3.	Line no 66: The aim of the study “It is preferable to say: In this study, we aimed...”	3.	Revised the sentence.
4.	Line no 74-75: Redundant	4.	Removed redundant words.
5.	Line no 86-87: You can argue that however, data were collected from 19 facilities and there is a high chance that the WPV within a facility can be correlated. The sample size should be inflated considering design effect.	5.	We have explained accordingly.
6.	Line no 169: Higher duration may be positively related to exposure to violence. Since it is not the case, you need to discuss this in the discussion.	6.	Discussed in the discussion section.
7.	Line no 208-211: OR and RR are not the same. Since OR is an approximation of RR, please mention that odds of WPV was higher instead of making any causal reference.	7.	Mentioned OR.
Reviewer's Recommendation		Revisions Required	

Reviewer C information			
Date review assigned	11-Apr-2024	Date review completed	19-Apr-2024
Reviewer name	B	Do you have any conflict of interest with the author/s?	No
ORCID	-	Do you wish to be disclosed to the author?	No
Reviewer's comments (28-Apr-24)		Author's response (29-Apr-24) [Please write a response to each point. You must change the manuscript as per your response. Mention line numbers. Write response if score is less than 6]	
How would you rate the originality and depth of the manuscript?	7	-	
Is the manuscript written in a scholarly manner?	5	The manuscript has been revised according to the scholarly manner.	
Does the manuscript have the potential to make a valuable contribution to the world of knowledge?	6	-	
Does the manuscript meet ethical standards?	8	-	
Major points Title: 1. Title should be revised as assessed not only WPV but also QoL. Abstract: 2. Please mention using which scale is assessed WPV and QoL. AOR logistic regression results and significant results related to QoL should be highlighted. 3. Participants exposed to WPV had lower QoL. This sentence does not mean scientific meaning (show evidence like p value results). 4. The study findings revealed a high prevalence of WPV among HCWs working at rural government health facilities of Bangladesh which warrant for proper investigation to adopt effective measures in reducing future occurrence. The authors did not mention a single word regarding QoL in the conclusion when they assessed and discussed on it. Keywords: 5. Please add a keyword related to QoL. Introduction: 6. The authors need to add global prevalence of WPV, then Asian and/or South Asian and finally national (as many studies conducted in Bangladesh on WPV among doctors, HWs).		1. The title has been revised as following in the revised version of manuscript: "Workplace Violence against Healthcare Workers in Rural Health Facilities of Bangladesh and Their Quality of Life: A Cross-sectional Study". 2. WPV was assessed with the survey tool that was developed for this study and QoL was assessed by Bengali validated version of WHOQOL-BREF. The information is added in revised manuscript. Furthermore, we would like to draw your attention to the fact that outcome of WHOQOL-BREF was "continuous" in nature. Therefore, t-test was performed instead of logistic regression and result is reported as appropriate. 3. We have revised the statement following your suggestion: "Participants exposed to WPV had lower QoL considering lower mean scores in all the domains of WHOQOL-BREF (Physical QoL [p=.001], Psychological QoL[p<.001], Social QoL[p=.001] and Environmental QoL[p<.001])". 4. We have revised the conclusion as following: "The study findings revealed a high prevalence of WPV among HCWs working at rural government health facilities of Bangladesh which warrant for proper investigation to adopt effective measures in reducing future occurrence. Moreover, QoL of HCWs working in aforementioned health facilities was significantly influenced by exposure to WPV." 5. Keyword related to QoL has been added following your suggestion. 6. The introduction has been updated in revised manuscript.	

<p>7. Although WPV against HCWs is often reported in Bangladeshi media, there is a scarcity of data regarding the prevalence of different types of violence.</p> <p>Methods:</p> <p>8. Considering the 65% prevalence of WPV as reported by Liu et al. (2019), and 5% precision (d) at a 95% confidence interval, the minimum sample size was 349 (1).</p> <ul style="list-style-type: none"> - Why have you cited this here when you have a similar study in this filed in Bangladesh. <p>Discussion:</p> <p>9. About 48% of the HCWs in the rural government healthcare facilities in Bangladesh that took part in this study experienced WPV. This rate is relatively lower than the average prevalence of WPV in other South Asian countries, including India at 75% (24). Nepal at 65% (25), and Pakistan at 51% (26). Conversely, the WPV prevalence among HCWs noted in this study was similar to that in Myanmar (47.6%) reported by Lindquist et al. (2020) (27).</p> <ul style="list-style-type: none"> - Why you did not compare your findings with the previous studies conducted in Bangladesh? <p>10. The discussion section needs major revision. Please compare your findings with previous Bangladeshi studies' results along with other studies from different countries.</p> <p>Conclusion:</p> <p>11. Revise it based on your findings and objectives. Deliver the most important home message here.</p> <p>Reference:</p> <p>12. Ref-12 is old when four studies were published between 2022 and 2024. Ref 24 and 25—are not appropriate in style. Please follow the same ref style for all references.</p>	<p>7. Recent publications were included in introduction and mentioned statement was removed while revising the section.</p> <p>8. We understand the importance of up-to-date information. However, it is to be considered that the study was conducted and later on manuscript was drafted in 2021. Therefore, the literatures relevant to Bangladeshi context was not available during that time. As using a different information would influence the minimum sample size, we would like you to consider this case as it is now.</p> <p>9. As previously mentioned, the manuscript was drafted in 2021 and at that time relevant literature was barely available. Therefore, the findings were not discussed in respect to Bangladeshi studies. However, we have updated the discussion with findings from relevant studies conducted in Bangladesh.</p> <p>10. The section has been revised and findings from Bangladeshi studies were included whereas appropriate.</p> <p>11. Conclusion was revised following your comment.</p> <p>12. References have been updated and we hope the issue have been resolved.</p>
<p>Reviewer's Recommendation</p>	<p>Revisions Required</p>

Handling Editor's comments (28-Apr-24)		Author's response (29-Apr-24)
Name	Mohammed Saiful Islam Bhuiyan	[Please write a response to each point. You must change the manuscript as per your response. Mention line numbers.]
ORCID	0000-0001-8532-4992	
<p>Title:</p> <p>1. As in the study only rural health care set ups were included it could be mention in the title.</p> <p>Abstract:</p> <p>2. Please mention the type of study and time frame of the study.</p> <p>Methods:</p> <p>3. Line# 82-85:" we mailed 600 questionnaires to the sampled centers and received 429 in return from 19 UHCs (Figure 1). Due to the ongoing</p>		<p>1. The title has been revised as follows in the revised version of the manuscript: "Workplace Violence against Healthcare Workers in Rural Health Facilities of Bangladesh and Their Quality of Life: A Cross-sectional Study"</p> <p>2. The type of study and time frame of the have been addressed. "It was a cross-sectional study conducted from May 2021 to June 2021".</p> <p>3. We have considered your suggestion and moved the aforementioned portion to the beginning of the result section in the revised manuscript.</p>

<p>COVID-19 pandemic, we could not receive data from the remaining five UHCs within our data collection period. After data cleaning, 378 questionnaires were considered valid and were included in the analysis.” It should be included in the result section. In the methods section only the planned methods mentioned in the research protocol supposed to be included.</p> <p>4. Line # 115: Would you please check the duration of the study? Was it just 1 month (May 2021 to June 2021)?</p> <p>5. Regarding distribution and collection of data sheet: Filled data sheets were collected by the supervising authorities, in that case How did you address these points of biasness regarding following issues: a. Opportunity available to report WPV to a higher authority, b. Aware of the reporting process c. Encouraged at work to report WPV?</p> <p>Conclusion:</p> <p>6. Line 237-238: “This could, however, be only the tip of the iceberg, as we also noted low WPV reporting rates to relevant authorities”. How did you comment this where your study showed (in table 3) much higher level of opportunity available to report WPV to a higher authority (92%), awareness of the reporting process (71%) and encouraged at work to report WPV (93%).</p>	<p>4. We have checked and can confirm that data were collected from May 2021 to June 2021. We have further clarified the date in revised manuscript.</p> <p>5. The concern regarding biasness is understandable as data sheets were collected and delivered to research team by supervising authorities. To minimize the biasness, each questionnaire was provided in an envelop that could be sealed after putting back the completed questionnaire in. Hence, the questionnaire was only accessible by research team and the participants were briefed about it before being provided with the questionnaire enclosed in an envelope.</p> <p>6. The study indeed reported a high level of opportunities to report WPV (Table 3). On the contrary, only 27.8% of the abused HCWs actually reported their experiences of WPV to the authorities (Line #154-155). Therefore, we can consider the possibility of a higher prevalence of WPV compared to the prevalence reported in this study.</p>
<p>Handling Editor’s Decision</p>	<p>Revisions Required</p>

Round 2

<p>Handling Editor’s comments (30-Apr-24)</p>		<p>Author’s response (02-May-24)</p>
<p>Name</p>	<p>Mohammed Saiful Islam Bhuiyan</p>	<p>[Please write a response to each point. You must change the manuscript as per your response. Mention line numbers.]</p>
<p>ORCID</p>	<p>0000-0001-8532-4992</p>	
<p>1. The title page is missing.</p> <p>2. The Vancouver style for referencing is not followed.</p> <p>3. Section 2.5 should point to ethical concerns (in addition to the ethical approval) as the heading indicates.</p> <p>4. Discussion paragraphs are too lengthy to read.</p>	<p>1. Title page is updated with revised title for manuscript and added in submission files.</p> <p>2. It has been amended.</p> <p>3. We have revised the section as following: “... agreed to participate in the study upon understanding that the data gathered would be used for solely research purpose. Privacy and anonymity of the participants were maintained. Participants were also informed about their rights to withdraw for the study at any time. No monetary incentives were provided to the participants to take part in the study.”</p> <p>4. Discussion paragraphs have been revised and segmented into smaller paragraphs to improve readability.</p>	

5. References 17 and 27 should have URLs.	5. While reducing the number of references, reference 17 was removed and URL is added for reference 27.
6. Total number of references should not exceed 40.	6. The references have been revised to meet this requirement.
7. The columns for p values in Table 3 are not necessary.	7. The columns for p-values in Table 3 are removed.
8. Highlights should have factors associated with WPV .	8. Factors associated with WPV has been added in the highlights.
Handling Editor's decision	Revisions Required

Final Editorial Decision (6-May-24)	ACCEPT
--	---------------