

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	The Role of Security Guards in Healthcare Settings: A Protocol for a Systematic Review
AUTHORS	Shongwe, Lindokuhle; Hanft-Robert, Saskia; Cossie, Qhama; Sithole, Philasande; Roos, Tessa; Swartz, L

VERSION 1 – REVIEW

REVIEWER	Christensen, Scott S. The University of Utah
REVIEW RETURNED	29-Nov-2022

GENERAL COMMENTS	Overall, this protocol sounds adequate, and I appreciate your plan to survey the literature in this area. The only thing that you did not state clearly were your plans after selecting sources. What methods will you use to abstract/code/synthesize the data? I suggest outlining this plan a priori, as part of this protocol.
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REVIEWER	Oster, Candice Flinders University, School of Nursing & Midwifery
REVIEW RETURNED	07-Dec-2022

GENERAL COMMENTS	<p>Thank you for the opportunity to review the manuscript "Working in the shadow: The role of security guards in health care - A protocol for a systematic review". This review will address an important gap in our knowledge, namely the role of security guards in health settings. There were some issues with the explanation of the data collection and analysis process that I believe need to be addressed.</p> <p>First, I wonder if a scoping review would be a more appropriate methodology, given the broad aim of the study to examine and synthesise the role of security guards in health care? See guidance provided by Munn et al. (2018). Systematic review of scoping review? Guidance for authors when choosing between a systematic or scoping review approach. BMC Medical Research Methodology, 18, Article number: 143.</p> <p>Second, I don't believe 'Working in the shadow' is appropriate in the title given the focus is on exploring the role of security guards (rather than assuming they work in the shadow).</p> <p>Some specific questions/issues related to particular sections of the manuscript are as follows.</p> <p>Search methods, line 122: should information on screening go in a later section (Selection of studies to be included in the review)? This process usually involves title and abstract screening by two</p>
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	<p>independent reviewers, followed by full text screening by two independent reviewers.</p> <p>Search methods, line 128: I'm not sure what is meant here about conducting an initial search of titles only, and then progressing these to searching abstracts. Generally, the search is done in the databases using title and abstract together. Also, it's not clear why CASP and quality assessment is included in the section on search methods.</p> <p>Time period: is there a reason to include studies from 1990?</p> <p>Table 3: It's a little confusing to have the Inclusion and exclusion criteria in Table 2, and then a further table on inclusion criteria.</p> <p>Table 3: I note that it is stated here that the sample is all security guards working in mental health. However, earlier it is stated that the review is looking at security guards in health settings more broadly. It is also stated earlier that "studies on health care workers' perceptions of the roles and experiences of security guards" will be included, which suggests the sample can include other roles. Also, here it is stated that the phenomenon of interest is the role of security in psychiatric care, while the study objective stated earlier is their role in health care.</p> <p>Criteria for including studies, line 161: This is a repeat of information provided earlier.</p> <p>Data extraction and management, line 168: What is meant by "The reviewer will also refer to the PRISMA extraction flow chart in order to extract studies initially successful in meeting the criteria"? What does the flow chart have to do with data extraction?</p> <p>Line 169: It's not clear here whether the two reviewers will extract data independently. Why is one reviewer extracting and then the other? Is this done in the same word document?</p> <p>Line 171: How will Rayyan be used for data extraction? I thought this was being done in Word.</p> <p>Line 172: What other data will be extracted in order to answer your research question?</p> <p>Quality appraisal: I note that lack of quality is a further exclusion criteria prior to data extraction. I believe the section on quality appraisal should go before data extraction.</p> <p>Data synthesis, line 191: Again, here the focus is on the roles of security guards in psychiatric institutions rather than health care more broadly.</p> <p>I hope these comments are helpful in improving the manuscript.</p>
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VERSION 1 – AUTHOR RESPONSE

Dr. Scott S. Christensen, The University of Utah

Comments to the Author:

Overall, this protocol sounds adequate, and I appreciate your plan to survey the literature in this area. The only thing that you did not state clearly were your plans after selecting sources. What methods will you use to abstract/code/synthesize the data? I suggest outlining this plan a priori, as part of this protocol.

→ Thank you very much for this comment - we have made our processes for quality appraisal and data synthesis more clear below where we discuss the narrative analysis approach.

Reviewer: 2

Dr. Candice Oster, Flinders University

Comments to the Author:

Thank you for the opportunity to review the manuscript "Working in the shadow: The role of security guards in health care - A protocol for a systematic review". This review will address an important gap in our knowledge, namely the role of security guards in health settings. There were some issues with the explanation of the data collection and analysis process that I believe need to be addressed.

First, I wonder if a scoping review would be a more appropriate methodology, given the broad aim of the study to examine and synthesise the role of security guards in health care? See guidance provided by Munn et al. (2018). Systematic review of scoping review? Guidance for authors when choosing between a systematic or scoping review approach. BMC Medical Research Methodology, 18, Article number: 143.

→ Thank you very much. We definitely understand your thought, however we would argue that a systematic review is still the appropriate approach for our research aim. Munn et al state that the most important consideration is whether or not the authors wish to use the results of their review to answer a clinically meaningful question or provide evidence to inform practice. If so a systematic review is useful. However, if authors are more interested in the identification of certain characteristics/concepts in papers or studies, a scoping review is more appropriate. We would argue that our aim is not the identification of certain characteristics/concepts on a theoretical level but the identification of roles of security guards in healthcare, meaning actual tasks performed by them (practical level). As stated by Munn et al. we would like to use the systematic review to "produce statements to guide clinical decision-making, the delivery of care as well as policy development" (e.g. where is the involvement of security guards useful or possibly harmful; appropriate training of security guards, etc.).

Second, I don't believe 'Working in the shadow' is appropriate in the title given the focus is on exploring the role of security guards (rather than assuming they work in the shadow).

→ Thank you. It was indeed suggestive, we have changed it to: *The Role of Security Guards in Healthcare Settings: A Protocol for a Systematic Review*.

Some specific questions/issues related to particular sections of the manuscript are as follows.

Search methods, line 122: should information on screening go in a later section (Selection of studies to be included in the review)? This process usually involves title and abstract screening by two independent reviewers, followed by full text screening by two independent reviewers.

→ Thank you. Information regarding screening has been moved to "selection of studies to be included in the review". We also included there that the screening process involves title and abstract screening by two independent reviewers, followed by full text screening by two independent reviewers.

Search methods, line 128: I'm not sure what is meant here about conducting an initial search of titles only, and then progressing these to searching abstracts. Generally, the search is done in the databases using title and abstract together. Also, it's not clear why CASP and quality assessment is included in the section on search methods.

→ Thank you for this comment. We agree and deleted this part.

Time period: is there a reason to include studies from 1990?

→ Thank you. To date there is little evidence on the role of security guards in health care, we would like to ensure a review as comprehensive as possible and thus also include early studies. A first screening showed that there is some research on security guards conducted around 1990 (e.g. Self-reported health and well-being amongst night security guards: a comparison with the working population (tandfonline.com))

Table 3: It's a little confusing to have the Inclusion and exclusion criteria in Table 2, and then a further table on inclusion criteria.

→ Thank you and we agree this is confusing, so we have relabeled the tables to make their purpose clearer.

Table 3: I note that it is stated here that the sample is all security guards working in mental health. However, earlier it is stated that the review is looking at security guards in health settings more broadly. It is also stated earlier that "studies on health care workers' perceptions of the roles and experiences of security guards" will be included, which suggests the sample can include other roles. Also, here it is stated that the phenomenon of interest is the role of security in psychiatric care, while the study objective stated earlier is their role in health care.

→ Thank you very much for pointing this out. That was an error and we have revised the table.

Criteria for including studies, line 161: This is a repeat of information provided earlier.

→ Thank you and we agree this is confusing, so we have relabeled the tables to make their purpose clearer.

Data extraction and management, line 168: What is meant by "The reviewer will also refer to the PRISMA extraction flow chart in order to extract studies initially successful in meeting the criteria"? What does the flow chart have to do with data extraction?

→ Thank you. This part has been revised.

Line 169: It's not clear here whether the two reviewers will extract data independently. Why is one reviewer extracting and then the other? Is this done in the same word document?

→ Thank you. This part has been revised. Reviewer 1 will extract the data in Word.

Line 171: How will Rayyan be used for data extraction? I thought this was being done in Word.

→ Thank you. This was an error that we have corrected.

Line 172: What other data will be extracted in order to answer your research question?

→ Chain referencing / reference checking has been added.

Quality appraisal: I note that lack of quality is a further exclusion criteria prior to data extraction. I believe the section on quality appraisal should go before data extraction.

→ Thank you. We moved the section "Quality appraisal and assessment of bias" before "Data extraction and management"

Data synthesis, line 191: Again, here the focus is on the roles of security guards in psychiatric institutions rather than health care more broadly.

→ Thank you, that was an error and we have revised this part.

I hope these comments are helpful in improving the manuscript.

VERSION 2 – REVIEW

REVIEWER	Christensen, Scott S. The University of Utah
REVIEW RETURNED	20-Jan-2023

GENERAL COMMENTS	I appreciated the changes, and I overall support this protocol. I especially liked the changed title. However, I agree with Reviewer 2 that a Scoping Review is more appropriate than a Systematic Review; this is something I failed to mention during my previous review but realized after I had already submitted it. So I was pleased to see that Reviewer 2 offered this
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	critique. Given the “paucity of literature” regarding security guards, wouldn’t the best first step be to scope the literature to describe findings without worrying about a given source’s quality? To utilize all available data to broadly understand and explicate the roles of healthcare security guards as a concept? Subsequently, armed with that information, one could design targeted practice questions for systematic review.
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REVIEWER	Oster, Candice Flinders University, School of Nursing & Midwifery
REVIEW RETURNED	24-Jan-2023

GENERAL COMMENTS	Thank you for the opportunity to review the revision of the protocol. The authors have addressed all but one of my earlier comments, as follows: in the section 'Data extraction and management', I had noted the need for information of what other data will be extracted (in addition to author, year, country) to answer the research questions. To clarify, I wasn't asking for information that studies identified through reference checking would also have their data extracted. What I meant was that further detail is needed about what information will be extracted from the included articles (this is needed to allow others to repeat the study and for clarity around study outcomes). So, for example, will you extract data about the setting, security guard roles, security guard training, how security guards work with (or don't work with) healthcare professionals, etc.? In other words, what data will you need to extract in order to undertake the narrative analysis? I hope this clarifies what is needed here.
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VERSION 2 – AUTHOR RESPONSE

Reviewer: 1

Dr. Scott S. Christensen, The University of Utah

Comments to the Author:

I appreciated the changes, and I overall support this protocol. I especially liked the changed title.

However, I agree with Reviewer 2 that a Scoping Review is more appropriate than a Systematic Review; this is something I failed to mention during my previous review but realized after I had already submitted it. So I was pleased to see that Reviewer 2 offered this critique.

Given the “paucity of literature” regarding security guards, wouldn’t the best first step be to scope the literature to describe findings without worrying about a given source’s quality? To utilize all available data to broadly understand and explicate the roles of healthcare security guards as a concept? Subsequently, armed with that information, one could design targeted practice questions for systematic review.

Thank you. We are glad to hear that you appreciate the changes and like the title. However, we deem a systematic review to be more appropriate. We understand a scoping review is more exploratory and typically used to address a broad question, which is not the case for our study. Our study is specific and although there is paucity of literature, there is less need for a broad coverage as a scoping review subscribes. We would like to use a systematic review as it is more rigorous, transparent and ensures

results are trustworthy.

Also please see our response to reviewer 2: „Munn et al state that the most important consideration is whether or not the authors wish to use the results of their review to answer a clinically meaningful question or provide evidence to inform practice. If so a systematic review is useful. However, if authors are more interested in the identification of certain characteristics/concepts in papers or studies, a scoping review is more appropriate. We would argue that our aim is not the identification of certain characteristics/concepts on a theoretical level but the identification of roles of security guards in healthcare, meaning actual tasks performed by them (practical level). As stated by Munn et al. we would like to use the systematic review to “produce statements to guide clinical decision-making, the delivery of care as well as policy development” (e.g. where is the involvement of security guards useful or possibly harmful; appropriate training of security guards, etc.).“

Reviewer: 2

Dr. Candice Oster, Flinders University

Comments to the Author:

Thank you for the opportunity to review the revision of the protocol. The authors have addressed all but one of my earlier comments, as follows:

in the section 'Data extraction and management', I had noted the need for information of what other data will be extracted (in addition to author, year, country) to answer the research questions. To clarify, I wasn't asking for information that studies identified through reference checking would also have their data extracted. What I meant was that further detail is needed about what information will be extracted from the included articles (this is needed to allow others to repeat the study and for clarity around study outcomes). So, for example, will you extract data about the setting, security guard roles, security guard training, how security guards work with (or don't work with) healthcare professionals, etc.? In other words, what data will you need to extract in order to undertake the narrative analysis? I hope this clarifies what is needed here.

Thank you. We indeed did not address this adequately. In addition to author, year of publication, country of study we will extract information on the roles and responsibilities of security guards in healthcare settings, including the scope of their work, how their roles as perceived by fellow healthcare workers and their impact on their workplace and patients

VERSION 3 – REVIEW

REVIEWER	Christensen, Scott S. The University of Utah
REVIEW RETURNED	07-Feb-2023

GENERAL COMMENTS	I appreciate your rationale for a systematic over scoping review. I read the Munn et al article, as part of offering my previous review, and I feel you can use that article to also argue that a scoping review would be more appropriate. So it sounds like we will need to agree to disagree. However, I suggest mentioning in the strengths/limitations section your rationale for selecting a systematic over scoping review, and acknowledging that additional results might be identified by following another design.
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REVIEWER	Oster, Candice Flinders University, School of Nursing & Midwifery
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REVIEW RETURNED	05-Feb-2023
GENERAL COMMENTS	I have not further comments.

VERSION 3 – AUTHOR RESPONSE

Reviewer: 1

Dr. Scott S. Christensen, The University of Utah

Comments to the Author:

I appreciate your rationale for a systematic over scoping review. I read the Munn et al article, as part of offering my previous review, and I feel you can use that article to also argue that a scoping review would be more appropriate. So it sounds like we will need to agree to disagree. However, I suggest mentioning in the strengths/limitations section your rationale for selecting a systematic over scoping review, and acknowledging that additional results might be identified by following another design.

◇ This study employs a systematic review method of reviewing data. This approach that is rigorous, transparent and ensures results are trustworthy; however additional results might be identified by following another design.