# PEER REVIEW HISTORY



**ARTICLE DETAILS**

**Title (Provisional)**

The impact of hospital outpatients' experiences of patient safety on fear of infection: a secondary analysis of national data

**Authors**

Kwon, Hyunjeong; Lee, Miseon

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**VERSION 1 - REVIEW**

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**Reviewer** **1**

**Name** **Peña Otero, David**

**Affiliation** **Cantabrian Health Service, Assistant Director of Care Advisor, IDIVAL and Hospital de Sierrallana**

**Date** **05-Feb-2024**

**COI** **No**

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congratulations

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**Reviewer** **2**

**Name** **Quadros, Shalini**

**Affiliation** **Manipal College of Health Professions, Occupational Therapy**

**Date** **31-Mar-2024**

**COI** **Nil**

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Congratulations to the authors for an important area of concern that is studied. Please find the following points and a few comments in the attachment for consideration.

Objective: Fear of infection during injection is studied, however the objective implies fear of infection in general medical care. Also, does the author imply 'hospital' with a 'medical institution'? if yes, that needs to be stated clearly.

Abstract: The study appears to have investigated fear of infection related to receiving injections rather than medical care in general. Medical care may involve many other procedures such as wound care, surgeries, etc.

Methods: Was the data collected between July and October 2020? was only 2020 data analyzed in the study? if yes, that needs to be stated clearly.

The expected outcome was the relationship between fear of infection using healthcare facilities and experiences of patient safety, while outcomes measured were fear of infection using healthcare facilities and experiences of patient safety related to injections.

The introduction needs more clarity on what experiences of patient safety are.

The data was collected by well-trained professionals. Better to specify the profile of the professionals and the kind of training they received.

There could have been bias in data in terms of entries done in the database.

The discussion needs to start with a summarization of the results.

A few more comments are included in the pdf.

****The reviewer provided a marked copy with additional comments. Please contact the publisher for full details.**

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| **Reviewer** | **3** |
| **Name** | **Kretchy, James-Paul** |
| **Affiliation** | **Central University, Public Health** |
| **Date** | **05-May-2024** |
| **COI** | **None declared.** |


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Review comments: The impact of hospital outpatients' experiences of patient safety on infection fear: a secondary analysis of national data

- It will be useful for authors to indicate their full affiliation details, e.g. include P. O. Box, etc. the section on 'author information' could be removed for only that of the corresponding author to be maintained.
- Key words could be arranged alphabetically.
- Authors are advised to seek professional English proof-reading service for this manuscript or use the Grammarly software to check for language correctness throughout the manuscript. E.g., sentences in lines 9 and 10 require revision.
- The study method in the abstract section must be stated and briefly described.

- For the results, use n/% to report prevalence values throughout. The specific logistic regression values, odds ratios, p-values, etc. should be stated for all statements describing the related findings.
- Authors need to derive the study conclusions from the findings, as this is not the case here.
- Strengths and weaknesses could be sent to a section after the discussion and before the study conclusions and recommendations.
- Please begin sentences by writing out abbreviations fully.
- Authors can rather begin the introduction with a background on hospital outpatients' experiences of patient safety on infection fear rather than HAIs, since this is what the study is about. It should also be noted that HAIs pose a bigger threat rather to inpatients.
- Please provide additional information in the background that gives a comparison of hospital outpatients' experiences of patient safety on perceived infection fear in different geographical settings across the globe.

Methods

- Provide all the references that facilitated the development of the HSES questionnaire.
- Since the age of study participants sampled in the survey was from 15 years, the impression is that this is not a study targeting the elderly population as the authors would like to portray in the beginning sentence of the abstract.
- Always place values of written-out figures less than 10 in parenthesis
- What were the dependent variables in this study as authors only stated the independent variables?
- What statistical software was used in the analysis and state the source.
- What specific types of outcomes did the statistical methods mentioned generate?
- Please state the p-values that guaranteed significant differences between the study variables.
- Authors should be consistent with either covariates, independent variables, or outcome, dependent variables, etc.

Results

- Results for prevalence should always follow the format n/% in the results section and elsewhere in the manuscript.
- The chi-square values and the level of significance should be indicated in parenthesis anytime the description is made.
- When you talk about odds ratios, you should write like this "(OR: 3.9; 95% IC: 1.2-13.1)" throughout.

Discussion

- Adequate
- Create a separate section on study strengths and weaknesses below the discussion.
- What are the policy directions for the findings in this study?

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## VERSION 1 - AUTHOR RESPONSE

| Reviewer 2 | Response (revisions in blue) |
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| | We appreciate the careful review and constructive suggestions. It is our belief that the manuscript is substantially improved after making the suggested edits. We have offered detailed responses to your comments and highlighted the revised part of the manuscript in blue. |
| 1. (Introduction) Fear of infection during injection is studied, however the objective implies fear of infection in general medical care. Also, does the author imply 'hospital' with a 'medical institution'? if yes, that needs to be stated clearly.<br><br>2. Abstract: The study appears to have investigated fear of infection related to receiving injections rather than medical care in general. Medical care may involve many other procedures such as wound care, surgeries, etc. | 1&2. Thank you for your comment. We included patient identification, explanation before an injection, hand hygiene, proper use of injection supplies, skin disinfection, and monitoring for adverse drug reactions in our study. While this may appear to focus on injection-related procedures, these aspects were intended to evaluate general patient safety behavior. This national survey aimed to study overall patient experiences, including safety measures. We sought to extract valuable patient safety data from the survey responses.<br><br>1. We appreciate your careful comments. Our study population consisted of outpatients, which inherently includes hospitals, so we removed "medical institutes."<br><br>*"Therefore, this study aimed to investigate the perceived fear of infection among outpatients ~~visiting medical institutions and sought to understand the relationship between their experiences of patient safety and their potential fear of infection.~~ and sought to understand the relationship between their experiences of patient safety and their fear of infection."*<br><br>(page 6, line 15-17) |
| 3. Methods: Was the data collected between July and October 2020? was only 2020 data analyzed in the study? if yes, that needs to be stated clearly. | Thank you for your comment. In order to improve clarity, the description of data collection in the Methods section was revised. |

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| | *"The participants were asked to recall their medical experiences over the past year, specifically from July 2019 to June 2020."*<br><br>(page 7, line 7-8) |
| 4. The expected outcome was the relationship between fear of infection using healthcare facilities and experiences of patient safety, while outcomes measured were fear of infection using healthcare facilities and experiences of patient safety related to injections. | Thank you for your feedback. Indeed, out of the six patient safety experience categories included in our study, four pertain to injection safety. However, we also included other categories such as patient identification and adverse drug reactions, which led us to use the broader term "patient safety experience." Due to your insightful advice, we have acknowledged that the study's focus was limited to specific aspects of patient safety. Consequently, we have added a note on this limitation, acknowledging that while our study predominantly focused on injection safety, it did not fully address the diverse aspects of patient safety.<br><br>*"Lastly, our study was a secondary analysis that only used existing data on patient safety experiences, which primarily focused on injection safety. This is a limitation because in reality, patient safety experiences encompass a broader range of phenomena, including patient participation and facility safety. Future research should consider a wider variety of patient safety experiences."*<br><br>(page 21, line 25, page 22 line 1-4) |
| 5. The introduction needs more clarity on what experiences of patient safety are. | We appreciate the careful review. We added a description of patient experiences to the introduction.<br><br>*"Patient-centered care has become an important concept for improving the quality of healthcare.1 In patient-centered care, the patient's experience is crucial, and communication, the expertise of the healthcare team, and the connection between patients and healthcare team members are emphasized in order to achieve the best possible patient experience.2 In the realm of patient safety, the focus is shifting beyond the healthcare provider system to patient engagement.3 Patient safety encompasses patient identification, communication with healthcare providers, infection prevention, surgical safety, fall prevention, and more.4 Patients experience a variety of encounters in the healthcare services they receive, and experiences of patient safety play a crucial role in improving the quality of healthcare services."* |

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| | (page 4, line 2-11) |
| 6. The data was collected by well-trained professionals. Better to specify the profile of the professionals and the kind of training they received. | Thank you for your comment. We revised the sentence as follows.<br><br>*"The investigators received a three-hour training session that covered an overview of the survey, survey completion guidelines, and survey system usage, along with practical training. They were also required to complete privacy protection training. Additionally, survey guidelines were developed and distributed for investigators to bring with themselves in the field."*<br><br>(page 7, line 8-14) |
| 7. There could have been bias in data in terms of entries done in the database. | We appreciate for you thoughtful comment. This study utilized a tablet PC for data collection, ensuring that responses were directly inputted and any outliers were immediately flagged by incorporating validation logic to prevent the entry of those values. Post-collection, the initially entered data underwent a thorough review by three separate departments: the field survey team, the research department, and the data analysis outsourcing department. To maintain the integrity of the statistical results, a post-survey verification was conducted, where a subset of respondents was contacted by phone to confirm the accuracy of their submitted responses, thereby minimizing the risk of bias. We added a concise explanation of this process, as shown below:<br><br>*"tablet-assisted personal interviewing (TAPI) process based on household visits by well-trained investigators from July 13th to October 7$^{th}$, 2020. .... As the HSES was conducted using a TAPI system, outliers were automatically excluded based on the internal validation logic installed on the tablets."*<br><br>(page 7, line 5-14) |
| 8. The discussion needs to start with a summarization of the results. | We appreciate the careful comments. According to your comment, we deleted the first sentence<br><br>~~*"The purpose of this study was to understand the fear of infection among outpatients in medical institutions and to investigate the relationship between outpatients' experiences of patient safety and their fear of infection."*~~ |

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| | (page 18, line 2-4) |
| 9. -PDF-<br>Title revision<br>a: impact or relationship<br>b: hospital or medical institutions<br>c. infection fear : this could be fear of infection | We appreciate the careful review and constructive suggestions. According to your advice, we revised the title as follows:<br><br>*"The impact of hospital outpatients' experiences of patient safety on fear of infection: a secondary analysis of national data"*<br><br>(page 1, line 1-2) |
| 10. (p2. line 11-12, 17-18) this is only related to injections. However, medical safety may include many such procedures.<br>11. (p2. Line 17-18)<br>medical care-> injection?<br>Fear of infection -> during injection? | We deeply appreciate your comment. As you suggest, we truly understand that there are many procedures and aspects to consider regarding patient safety. However, this was a secondary analysis using national data. We have more thoroughly explained the study's limitations in obtaining other patient safety experience data, so we included this in the limitations section.<br><br>*"Lastly, our study was a secondary analysis that only used existing data on patient safety experiences, which primarily focused on injection safety. This is a limitation because in reality, patient safety experiences encompass a broader range of phenomena, including patient participation and facility safety. Future research should consider a wider variety of patient safety experiences."*<br><br>(page 21, line 25, page 22 line 1-4) |
| 12. (p3.line 6) 1st time use of an abbreviation with full form | Thank you very much for your careful review. We revised the sentence.<br><br>*"We have elucidated the interplay between negative patient safety experiences and fear of infection~~, providing valuable insights that can inform healthcare practitioners worldwide on the significance of addressing and enhancing patient experience with regard to HCP's safety behaviors."~~*<br>(page 3, line 8-9) |
| 13. (p.4, line 3-4, line7-12) citation missing | Thank you for your review. We added citations.<br><br>*"Healthcare-associated infections refer not only to infections contracted during hospitalization, but also to infections related to medical activities within healthcare facilities, including outpatient care.[9]"*<br>(page 4, line 22-24) |
| 14. (p.4, line 17-18) citation style has to be | Thank you very much for your careful review. |

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| looked into | Following your comment, we have revised the manuscript as follow.<br><br>"*Lau et al.*[13] *found that individuals with a higher fear of infection were more likely to avoid hospital visits.*[5] *Chatterji and Li*[14] *analyzed the relationship…"*<br><br>(page 5, line 10-12) |
| 15. (p.20) reference 5 and 6 are related to pandemic. Hence, I think it should be specified. | Thank you very much for your careful review. In accordance with your comment, we have revised the manuscript as follows:<br><br>*"Lau et al.*[13] *found that individuals with a higher fear of infection were more likely to avoid hospital visits.*[5] *Chatterji and Li*[14] *analyzed the relationship between contagious diseases and hospital utilization, people tend to avoid visiting hospitals voluntarily when they perceive them as dangerous places due to the risk of catching infectious diseases.*[6]*."*<br><br>(page 5, line 10-14) |
| 16. reference 8 : same as above | We deeply appreciate your comment. Reference 8 (in original reference order) is a study on changes in healthcare utilization during the SARS epidemic. However, we have chosen to retain this portion, citing the importance of fear of infection in the introduction of the paper, as this fear may have negative effects on hospital visits.<br><br>(page 5, line 10-11) |
| 17. (P. 5, line 6-7) however, this is not the objective of the current study though | Thank you very much for your careful review. As we mentioned in 1, 2 , 10 and 11, we included patient identification, explanation before an injection, hand hygiene, proper use of injection supplies, skin disinfection, and monitoring for adverse drug reactions in our study. While this may appear to focus on injection-related procedures, these aspects were intended to evaluate general patient safety behavior. This national survey aimed to study overall patient experiences, including safety measures. We sought to extract valuable patient safety data from the survey responses. |
| 18. (p.5, line 9) I think reference number 10 is not about what fear of infection is | Thank you for your comment. Existing literature on fear of infection has typically focused on specific diseases such as COVID-19 or HIV. When attempting to cite more recent studies, we found that many |

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| | predominantly centered around fear of infection related to COVID-19. It was difficult to find a paper that precisely defined the term "General fear of infection." Therefore, we have revised and supplemented the paper by providing a conceptual definition of fear and explaining what fear of infection means in specific diseases.<br><br>~~*"Fear of infection is an individual's intense psychological response regarding both being infected or infecting others.*~~[10] *Fear is an intense emotion triggered by perceiving an immediate threat.*[18] *Fear of infection encompasses multiple complex concepts, including the fear of becoming infected or infecting others, as well as the suspicion that people in the vicinity may transmit the disease.*[19]*"*<br><br>(page 6, line 3-6) |
| 19. (p.5, line 9) Subject-verb agreement issues with singular/plural forms | We deeply appreciate your comment. According to your advice, we have revised the sentence.<br><br>"These psychological response are influenced by various factors, including personal characteristics, knowledge, experiences, and cultural backgrounds."<br><br>(page 6, line 6-7) |
| 20. (p.5, line 13, 14) reference number 14 is same as reference number 5 | We sincerely thank you for your careful review. As you noted, the references were the same. We deleted reference 14.<br><br>~~14. Lau JT, Yang X, Pang E, et al. SARS-related perceptions in Hong Kong. *Emerging Infectious Diseases*. 2005;11(3):417-424. doi:10.3201/eid1103.040675~~ |
| 21. (p.5, line 18-24) point isn`t clear, Citation is missing | We deeply appreciate your comment. We decided to delete this text.<br><br>*"*~~Patient safety activities, such as HCPs' proactive efforts to prevent transmission and ensure proper patient identification, can engender a strong sense of reassurance among those seeking medical care. These activities can help alleviate concerns about HAIs and enable patients to receive treatment safely. Individuals who have had positive experiences with patient safety in healthcare institutions are likely to perceive these institutions as safe places, which in turn provides a basis for appropriate utilization of medical services."~~ |

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| 22. (p.6. line 6) not sure why potential | Thank you for your comment. According to the advice, we deleted "potential" in front of "fear of infection"<br><br>"Therefore, this study aimed to investigate the perceived fear of infection among outpatients ~~visiting medical institutions and sought to understand the relationship between their experiences of patient safety and their potential fear of infection.~~ and sought to understand the relationship between their experiences of patient safety and their fear of infection."<br><br>(page 6, line 15-17) |
| 23. (p.6. line 18) was the data analyzed only from the year 2020? | We appreciate your insightful comment. According to your suggestion, we have added details about the survey period.<br><br>"The participants were asked to recall their medical experiences over the past year, specifically from July 2019 to June 2020."<br><br>(page 7, line 7-8) |
| 24. (p.7, line 8) I think 15, 16 has to be cited here | We appreciate your insightful comment. We adjusted the location of the citation.<br><br>"In accordance with the 2020 HSES survey,[25,26] total number of participants was 12,133 of 6,000 households**."** ~~[15,16]~~<br><br>(page 8, line 4-5) |
| 25. (p.8, line 3) experiences of safety may not necessarily mean only injection safety. It may also mean safety while wound treatments, and other procedures as well | We agree with your opinion. If we had collected data specifically for our research purposes, we could have gathered patient safety experiences from various aspects of outpatient medical services (such as wound care, examinations, etc.), as you mentioned. However, this study was based on secondary data, and most of the patient safety-related items already collected were focused on injection safety experiences. Therefore, it is regrettable that we could not cover a broader range. We fully understand this issue and have noted it as a limitation in our study.<br><br>*"Lastly, our study was a secondary analysis that only used existing data on patient safety experiences, which primarily focused on injection safety. This is a limitation because in reality, patient safety experiences encompass a broader range of* |

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| | *phenomena, including patient participation and facility safety. Future research should consider a wider variety of patient safety experiences."*<br><br>(page 21, line 25, page 22 line 1-4) |
| 26. (p.8, line 21-22) the relevance of this sentence here is not clear | We appreciate your insightful comment. We included additional explanations regarding the classification of insured persons (health insurance/Medical Aid) as it is specific to Korea and may require clarification. However, as you pointed out, this section seemed overly detailed, so we have removed it in accordance with your suggestion.<br><br>*"~~This public Medical Aid program has either no or reduced out-of-pocket expenses compared to those covered under standard national health insurance~~"* |
| 27. (p.11 line 1) diseases included miscellaneous like? | We deeply appreciate your comment. The term refers to conditions other than those mentioned in the options. In the revision, we included only the two most prevalent comorbidities among the subjects—hypertension and diabetes—and removed the other conditions. To clarify the meaning, we changed the variable term from "miscellaneous" to "others."<br><br>*"For chronic diseases, the prevalence rate was highest for hypertension ~~at 23.8%,~~ (n=1,137, 23.8%), followed by diabetes mellitus ~~at 11.6%,~~ (n=540, 11.6%). ~~miscellaneous disease at 6.9%, and heart disease at 2.6%~~."*<br><br>(page 12, line 23-25) |
| 28. (p.11, line 7) mismatch between table and text | Thank you for your detailed review. There was a slight mismatch due to rounding, but upon rechecking the descriptive statistics, we found the correct value to be 2.32%. This has been updated to match the 2.3% indicated in the table.<br><br>*"Participants reported that HCPs failed to follow the patient identification process properly (n=118, 2.3%)."*<br><br>(page 13, line 2-3) |
| 29. (p.11, line 15) were these not excluded initially while selecting the data for analysis. 'those who answered "not applicable' to the dependent or independent | Thank you for the considerate review. The phrase "Not concerned" seems to have caused some confusion. It refers to those who responded that they do not have a fear of infection. To clarify this |

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| variables were also excluded (N=3,354)' - pg 7 line 29-30 | meaning, we have revised it as follows.<br><br>"Lastly, 786 outpatients (14.1%) reported having a fear of infection while utilizing the medical institution's outpatient services, whereas 3,630 outpatients (83.9%) stated that they did not have a fear of infection."<br><br>(page 13, line 9-11) |
| 30. (p.15, line 8) mismatch between text and table | We deeply appreciate your comment. Upon reanalysis, the lower limit of the 95% confidence interval was confirmed to be 10.93686, and accordingly, it has been corrected to 10.94 throughout the entire paper. There was a typographical error during the input process, and I appreciate your attention to detail in pointing this out.<br><br>(page 17, Table 4) |
| 31. (p.15, line 16-18) Can be misleading | We deeply appreciate your comment. We revised the sentence as follow. *"we found that outpatients' experiences of HCPs' hand hygiene and medication safety ~~were the most significant determinants of their fear of infection.~~ may play a significant role in influencing their fear of infection."*<br><br>(page 18, line 4-6) |
| 32. (p.18, line 3-4) sentences seem incomplete | Thank you for your valuable feedback. This sentence has been revised once more with the input of an editing specialist, as follows:<br><br>~~"To err is human," as noted in 2000 by the Institute of Medicine Committee on Quality of Health Care in America.[44] Since HCPs are human, unintended errors are possible.~~ "The Institute of Medicine Committee on the Quality of Health Care in America noted in 2000 that "to err is human."[44] Thus, unintended errors are always possible simply because HCPs are human.<br><br>(page 20, line 16-18) |
| 33. (p.19, line 17-22) these sentences imply indication of results rather than conclusion | We deeply appreciate your comment. We revised conclusion as follow.<br><br>*"The findings of the current study suggest that the perceived fear of infection in medical institutions was significantly associated with patients' experiences of safety in outpatient settings. Among the patients' safety experiences, HCPs' hand hygiene and patients'* |

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| | *prior experience of adverse drug reactions were found to have significant impacts. In our study, the most deficient service in patients' experiences was healthcare professionals' hand hygiene. These results highlight the importance of HCPs' proactive behavior and the need to minimize adverse drug reactions to enhance outpatients' psychological safety concerning infection."*<br><br>(page 22, line 6-13) |
| 34. (reference) spelling errors (novemver, relase) | Thank you for the considerate review. We revised references as you advised. *Novemver -> November*<br><br>*Relase -> released* |
| 35. (figure 1) The written content in the flow diagram needs better clarity | Thank you for the considerate review. We revised the figure as you advised.<br><br>(figure 1) |

| Reviewer 3 | Response (revisions in blue) |
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| | We appreciate the careful review and constructive suggestions. It is our belief that the manuscript is substantially improved after making the suggested edits. We offered detailed responses to your comments and highlighted the revised part of the manuscript in blue. |
| 1. It will be useful for authors to indicate their full affiliation details, e.g. include P. O. Box, etc. The section on 'author information' could be removed for only that of the corresponding author to be maintained. | We sincerely thank you for your careful review. Unfortunately, using a postal office box is not common in our country. Instead, we provided the full postal address, email, and telephone number. Additionally, as you mentioned, we have included author information only for the corresponding author |
| 2. Key words could be arranged alphabetically. | We deeply appreciate your comment. We have revised the order of keyword, as you advised.<br><br>"***Keywords***: *Fear of infection, Hospital, Hospital Acquired Infections (HAIs), Outpatient, Patient experience, Patient safety"*<br><br>(page 1, line 20-21) |
| 3. Authors are advised to seek a professional English proof-reading service for this manuscript or use the Grammarly software to check for language correctness throughout the manuscript. E.g., sentences in lines 9 and 10 require revision. | Thank you very much for your careful review. We strongly agree with your opinion and made revisions through the overall manuscript. The entire manuscript was reviewed closely again and revised to make the paper logical and read well. According to the advice, it was also revised to increase specificity in research methods. The revised paper was reviewed once more by the professional English editor. Since major revisions were made in this part, it was difficult to include all of the changes in this table. Therefore, please refer to the overall manuscript. |
| 4. The study method in the abstract section must be stated and briefly described. | Thank you for pointing out this important aspect. The abstract related to the study methods has been revised to align with the BMJ Open journal's category, ensuring a concise presentation.<br><br>(page 2-3) |
| 5. For the results, use n/% to report prevalence values throughout. The specific logistic regression values, odds ratios, p-values, etc. should be stated for all statements describing | We deeply appreciate your comment . We have revised the statistical notation throughout the manuscript, including standardizing the presentation of odds ratios (ORs) and ensuring that |

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| the related findings. | all frequencies are reported as n%.<br><br>*"Table 1 shows the descriptive characteristics of the participants. Most of the participants were female (n=2,514, 54.9%), were younger than 60 years (n=2,569, 60.9%), had a secondary school education (n=2,302, 50.1%), subscribed to national health insurance (n=4,311, 97.5%), and were employed (n=2,451, 55.2%)….*<br><br>*…Participants who interacted with HCPs who had overlooked the patient identification process were 2.10 times more likely to have a fear of infection ~~(95% CI: 1.34, 3.28).~~ (odds ratio [OR]: 2.10; 95% confidence interval [CI]: 1.34, 3.28)…."*<br><br>(page 13-16) |
| 6. Authors need to derive the study conclusions from the findings, as this is not the case here. | Thank you very much for your comment. Following your advice, we have revised the research conclusion to be based on the study's findings.<br><br>"*This study revealed that patient safety experiences are associated with fear of infection in outpatient settings. Improving healthcare professionals' hand hygiene and managing adverse drug reactions are crucial for enhancing patient safety"*<br><br>(page 3, line 1-3) |
| 7. Strengths and weaknesses could be sent to a section after the discussion and before the study conclusions and recommendations. | We sincerely thank you for your careful review. Following your advice, we have separated the strengths and weaknesses of our study into distinct sections and positioned them after the discussion and before the conclusion.<br><br>*"Strength and Limitations*<br><br>*Our study explores the impact of patient experiences of patient safety on the fear of infection, extending existing research beyond physical health outcomes. This approach underscores the importance of psychological aspects in patient care, which have often been overlooked in traditional studies focused solely on infection rates and physical health outcomes…."*<br><br>(page 21, 9-25; page 22, 1-4) |
| 8. Please begin sentences by writing out abbreviations fully. | Thank you very much for your careful review. Following your comment, we have revised the |

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| | manuscript to begin sentences with full terms instead of abbreviations. This change has been applied throughout the entire manuscript. Therefore, please refer to the overall manuscript. |
| 9. Authors can rather begin the introduction with a background on hospital outpatients' experiences of patient safety on perceived infection fear rather than HAIs, since this is what the study is about. It should also be noted that HAIs pose a bigger threat rather to inpatients. | Thank you very much for your comment. We added some text dealing with this topic to the introduction as you advised.<br><br>*"Patient-centered care has become an important concept for improving the quality of healthcare.[1] In patient-centered care, the patient's experience is crucial, and communication, the expertise of the healthcare team, and the connection between patients and healthcare team members are emphasized in order to achieve the best possible patient experience.[2] In the realm of patient safety, the focus is shifting beyond the healthcare provider system to patient engagement.[3] Patient safety encompasses patient identification, communication with healthcare providers, infection prevention, surgical safety, fall prevention, and more.[4] Patients experience a variety of encounters in the healthcare services they receive, and experiences of patient safety play a crucial role in improving the quality of healthcare services."*<br><br>(page, 4, line 2-11) |
| 10. Please provide additional information in the background that gives a comparison of outpatients' experiences of patient safety on perceived infection fear in different geographical settings across the globe. | Thank you very much for your careful review. Given the limited research on experiences of patient safety and perceived infection fear in different geographical settings across the globe, literature comparing various countries' policies on COVID-19 and their impacts on outpatients' experience was included with reference 7. We have revised the introduction to suggest that variations in national responses to infectious diseases may potentially affect patient experiences and healthcare utilization. This revision aims to highlight how differing national infection control strategies could influence patient perceptions and interactions with healthcare systems.<br><br>*"In the outpatient setting, individuals have shorter hospital stays than in the inpatient setting, but are more likely to be exposed to a larger number of unidentified individuals. Coronavirus disease 2019 (COVID-19) has notably disrupted the utilization of* |

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| | *medical services, and visits to healthcare facilities have exhibited a more pronounced decline than hospital admissions.[5] While a myriad of governmental policies, such as lockdowns and vaccination drives, may have influenced this trend in various nations,[6] it is equally plausible that individuals have been reluctant to seek medical care due to apprehensions surrounding infection risks.[7] Consequently, these factors have likely precipitated substantial changes in patient safety experiences compared to previous norms."*<br><br>(page, 4, line 12-20) |
| 11. Provide all the references that facilitated the development of the HSES questionnaire. | We sincerely thank you for your careful review. The process of developing HSES items is specifically outlined in the HSES User Guide, the survey validation study, and the statistical monitoring report, which were used as references [24, 25, 26] |
| 12. Since the age of study participants sampled in the survey was from 15 years, the impression is that this is not a study targeting the elderly population as the authors would like to portray in the beginning sentence of the abstract. | Thank you for the insightful review. Although there are trends like aging that exacerbate HAIs, we agree that our study does not exclusively target elderly patients. Therefore, the introduction and methodology of our study were not well connected. As a result, we have removed the section in the introduction linking aging with HAIs and made the necessary revisions.<br><br>*"Amid the COVID-19 pandemic ~~and a growing elderly population, outpatients' concerns about infection risk have heightened~~. outpatients' concerns about infection risk have increased."*<br><br>(page 2, line 3-4) |
| 13. Always place values of written-out figures less than 10 in parenthesis | Thank you for the detailed feedback regarding the expression of statistics. We have revised our manuscript according to your suggestions. |
| 14. What were the dependent variables in this study as authors only stated the independent variables? | Thank you for your helpful feedback. The dependent variable was fear of infection, which we described as the outcome variable in the main text. Since only the independent variables were mentioned in the abstract, we recognized that this could lead to confusion. Therefore, we have clarified this in the revised abstract.<br>*"**Primary and secondary outcome measures** Demographic characteristics, fear of infection, and safety experiences were assessed in the original* |

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| | *survey. Fear of infection served as the dependent variable, with safety experiences —specifically, patient identification, pre-injection explanations, hand hygiene, proper use of injection supplies, skin disinfection, and adverse drug reactions—as the independent variables."*<br>(page 2, line 13-17) |
| 15. What statistical software was used in the analysis and state the source. | Thank you for your comment. The statistical software used was STATA MP 18.0, and the analysis was conducted as follows:.<br>*"All statistical analyses were conducted using Stata/MP version 18.0."*<br>(page 13, line 4-5) |
| 16. What specific types of outcomes did the statistical methods mentioned generate? | Thank you for your comment. We have revised the statistical analysis methods section to improve clarity regarding the purpose of each statistical method as outlined below.<br><br>*"We analyzed the frequency and weighted percentage of each category to understand the general characteristics of the participants. Weighted percentages were used to generalize the findings to the population. To examine the association between the six patient safety experiences and fear of infection, we utilized the weighted chi-square test using the Rao-Scott correction and converted the results into F-statistics to determine statistical significance."*<br><br>(page 10, line 11-12) |
| 17. Please state the p-values that guaranteed significant differences between the study variables. | Thank you for your helpful feedback. In statistical analysis section we described the statistical significance at 0.05 as below: if it is not clear then we will revise it.<br><br>"A *p*-value of less than 0.05 was considered statistically significant using a two-tailed test."<br><br>(page 10, line 10-11) |
| 18. Authors should be consistent with either covariates, independent variables, or outcome, dependent variables, etc. | Thank you for your comment. We have used consistent terminology regarding the outcome and predictor throughout the manuscript. |
| 19. Results for prevalence should always follow the format n/% in the results section and elsewhere in the manuscript. | Thank you very much for your careful review. We have revised the statistical notation throughout the manuscript, and have ensured that all frequencies |

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| | are reported n/%.<br><br>*"Table 1 shows the descriptive characteristics of the participants. Most of the participants were female (n=2,514, 54.9%), were younger than 60 years (n=2,569, 60.9%), had a secondary school education (n=2,302, 50.1%), subscribed to national health insurance (n=4,311, 97.5%), and were employed (n=2,451, 55.2%)….*<br><br>(page 10, line 21-25; page 13, line 1-11) |
| 20. The chi-square values and the level of significance should be indicated in parenthesis anytime the description is made. | Thank you for your helpful feedback on improving the accuracy of the manuscript. Following your suggestions, we have added the statistical values and p-values.<br><br>*"The result of the cross-tabulation analysis between patient safety experiences and fear of infection revealed significant associations with several patient experienced of patient safety factors (See Table 3): patient identification experience ($F = 9.38$, $p = .002$), experience of healthcare professionals' (HCPs) explanation when administering injections ($F = 6.11$, $p = .014$), patient experience with HCPs' hand hygiene ($F = 76.72$, $p < .001$), experience regarding HCPs' proper use of injection supplies ($F = 6.35$, $p = .012$), and experience of adverse drug reactions ($F = 429.81$, $p < .001$)."*<br><br>(page 13, line 12-18) |
| 21. When you talk about odds ratios, you should write like this "(OR: 3.9; 95% IC: 1.2-13.1)" throughout. | Thank you very much for your careful review. We have revised the statistical notation throughout the manuscript, including standardizing the presentation of odds ratios (OR).<br><br>*"Participants who interacted with HCPs who had overlooked the patient identification process were 2.10 times more likely to have a fear of infection ~~(95% CI: 1.34, 3.28).~~ (odds ratio [OR]: 2.10; 95% confidence interval [CI]: 1.34, 3.28)…."*<br><br>(page 13, line 19-25; page 14, line 1-12) |
| 22. Create a separate section on study strengths and weaknesses below the discussion. | Thank you for your comment. Following your advice, we have separated the strengths and weaknesses of our study into distinct sections and positioned them after the discussion and before the |

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| | conclusion.<br><br>*"Strength and Limitations*<br><br>*Our study explores the impact of patient experiences of patient safety on the fear of infection, extending existing research beyond physical health outcomes. This approach underscores the importance of psychological aspects in patient care, which have often been overlooked in traditional studies focused solely on infection rates and physical health outcomes…."*<br><br>(page 21, 9-25; page 22, 1-4) |
| 23. What are the policy directions for the findings in this study? | Thank you very much for your careful review. We added the policy direction for the finding in the section of Conclusion and policy directions as below:<br><br>*"POLICY IMPLICATIONS*<br><br>*Given the larger number of unidentified individuals encountered in outpatient settings, it is crucial to ensure that patients receive treatment safely from healthcare professionals. To achieve this, training for HCPs should focus on patient safety practices to ensure that patients feel confident in their care. Particularly, there is a need to expand the dedicated infection control personnel in outpatient services to reinforce proactive behavior monitoring and education. It is also necessary to minimize adverse treatment experiences, such as adverse drug reactions, as they are associated with higher levels of infection fear based on our findings. To minimize adverse drug reactions, a robust adverse drug reaction reporting system should be implemented, and this information should be shared interprofessionally. This approach will help prevent recurrence and improve patient safety. Additionally, to empower patients to actively participate in managing their health and infection risks, institutional measures that promote patient engagement should be developed and implemented."*<br>(page 22, 15-25; page 23, 1-3) |

## VERSION 2 - REVIEW

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| **Reviewer** | **3** |
| **Name** | **Kretchy, James-Paul** |
| **Affiliation** | **Central University, Public Health** |
| **Date** | **01-Sep-2024** |
| **COI** | **None declared** |

Authors have sufficiently addressed all concerns raised in my review of this manuscript