

## 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

|                            |   |
|----------------------------|---|
| <b>TITLE (PROVISIONAL)</b> | Prevalence and impact of clinical violence towards nursing students in Hong Kong: A cross-sectional study |
| <b>AUTHORS</b>             | Cheung, Kin; Ching, Shirley SY; Cheng, Samuel Hung Nam; Ho, Simone Siu Man                                |

### VERSION 1 - REVIEW

|                        |                                       |
|------------------------|---------------------------------------|
| <b>REVIEWER</b>        | Lea M Budden<br>James Cook University |
| <b>REVIEW RETURNED</b> | 19-Nov-2018                           |

|                         |   |
|-------------------------|---|
| <b>GENERAL COMMENTS</b> | <p>An interesting study. I have a few suggestions for improving the manuscript namely:</p> <ol style="list-style-type: none"><li>1. Include in the title and abstract that your paper refers to Nursing Students in Hong Kong.</li><li>2. Include more detail of the method in the Abstract.</li><li>3. Some of the references are older than six years and need updating.</li><li>4. The strengths and limitations of the study do not need to added to the Abstract.</li><li>5. Add the survey's response rate to the Method section of the Abstract.</li><li>6. The results presented in the Tables do not need to be repeated in text.</li><li>5. Add more information about the ethical issues for the study. Were participants given an information sheet about the study, asked to sign a consent form? Were the students told it was strictly voluntary to participate etc?</li></ol> |
|-------------------------|---|

|                        |  |
|------------------------|--|
| <b>REVIEWER</b>        | Hulya Bilgin<br>Istanbul University-Cerrahpaşa Florence Nightingale Nursing Faculty Istanbul, Turkey |
| <b>REVIEW RETURNED</b> | 24-Nov-2018  |

|                         |  |
|-------------------------|--|
| <b>GENERAL COMMENTS</b> | In discussion, line36-38, could you please look over again, your comment based on economic issues does not make sense and what you mean the word "social violence" |
|-------------------------|--|

|  |  |
|--|--|
|  | <p>there is no any type as social violence in literature. different culture is mentioned as a causative factor influencing the prevalence rates.</p> <p>Need to check reference numbers in text and list, there are numerous mistakes.</p> |
|--|--|

|                        |   |
|------------------------|---|
| <b>REVIEWER</b>        | Elizabeth McLindon<br>Department of General Practice and Primary Care, The University of Melbourne, Australia |
| <b>REVIEW RETURNED</b> | 19-Jan-2019   |

|                         |   |        |
|-------------------------|---|--------|
| <b>GENERAL COMMENTS</b> | <p>To the authors,</p> <p>I was generally interested and enjoyed reading the paper. It is an important study, particularly because it comes from an Eastern country where no research has been done on this issue and because we increasingly need to train nurses.</p> <p>A general comment first, I imagine that English is your second language, and while the English is good in this paper and mostly your ideas are communicable, I do not believe it is of the standard required for publication. I would recommend getting a native English speaker to proof read and make substantive changes.</p> <p>Abstract</p> |        |
|                         | Page #  | Line # |
|                         | 3   | 45     |
|                         | 7   | 15-16  |
|                         | 7   | 24     |
|                         | 7   | 36     |
|                         | 8   | 10     |
|                         | 9   | 36-37  |
|                         | 11  | 15     |
|                         | 12  | 10     |
|                         | Comment   |        |
|                         | I do not understand what you mean to say when you use the word "bothersome". Choose a different word  |        |
|                         | You could explain why, "in general, workplaces in the East are more hierarchical than in the west"  |        |
|                         | You use the term "horizontal to vertical violence" several times but you haven't explained this   |        |
|                         | "Incidents against qualified nurses" – do you mean that the nurses were the bullies/harassers? Clarify  |        |
|                         | Can you expand here as this is a key point. I think a more rigorous review of papers on this topic is needed. I.e. The amount of violence, the type associated with student then wanting to leave the profession  |        |
|                         | Rephrase. It seems you are talking about more than the affect of being "bothered"   |        |
|                         | Can you please comment whether participants were given any incentive for participation?   |        |
|                         | Can you draw greater insights from the results? It seems to me that those participants who had not experienced violence more commonly believed that the reasons for violence were patient and staff problematic behavior, whereas participants who had experienced violence commonly believed contributing factors were the   |        |

|    |   |  |
|----|---|--|
|    |   | hospital system (staff shortages and high patient volume) and patients. I may be wrong and may not have read the results closely enough though.  |
| 13 | 30  | How were “contributing factors” measured? I.e. Via a validated scale? Overall, could you add the percentage of missing data to a notes box at the bottom of the table                  |
| 14 | 21  | What does “all the time” mean here? Everyday?  |
| 18 | 26  | This is of particular concern. What explanations do abused nurses give for the violence by hospital staff? Is there any previous research on this?                                     |
| 18 | 40  | After “furthermore” I think you should add “because of cultural values and norms”, so that the sentence starts, “furthermore, because of cultural values and norms...”                 |
| 19 | 31  | Is this referring to the abused participants or all participants?  |
| 19 | 47  | Can you talk about this in Hong Kong? Is this in the University education? Do you have local data?   |
| 19 | 49  | I think you should be careful here. You risk sounding like you are saying that it is the responsibility of students to prevent violence/abuse from their patients or senior colleagues |
| 20 | 3   | Could you expand on their “anti-violence policies”   |
| 20 | 10  | What are “multidisciplinary assault reduction teams”? What is the research, if any, about outcomes?  |
| 26 | STROBE STATEMENT: Data sources            | This could be done more thoroughly in the text   |
| 26 | STROBE STATEMENT: Statistical methods ‘C’ | Is not in the text   |
| 26 | STROBE STATEMENT: Participants ‘a’        | This is not done in a chart, although I am ok with that so it is more whether this is a requirement of this journal  |

### VERSION 1 – AUTHOR RESPONSE

|   |  |
|---|--|
| Reviewer #1   |  |
| 1. Include in the title and abstract that your paper refers to Nursing Students in Hong Kong. | The title has been revised on pp.1 and 3.                          |
| 2. Include more detail of the method in the Abstract.   | Instrument used and response rate were added to the abstract, p.3. |

| 3. Some of the references are older than six years and need updating.  |        | References #1, 17, 30 have been updated<br>But the studies related to NSs' violence have been retained, such as references #3, 8, 11,13, 14, and 23<br>Also, references 28 and 29 were used to develop the study instrument; therefore, they have been retained.<br>Last, we have checked the violence guidelines, but they are still current and up-to-date. Those references are #16, 22, 31. |
|--|--------|---|
| 4. The strengths and limitations of the study do not need to be added to the Abstract.   |        | Please refer to Editor's comment #3. It is the requirement of the journal to have "Strengths and Limitations" before the article starts.  |
| 5. Add the survey's response rate to the Method section of the Abstract.   |        | The response rate has been added to the abstract, p.3.  |
| 6. The results presented in the Tables do not need to be repeated in text.   |        | The results section has been reviewed and some information has been deleted to minimize repetition.   |
| 7. Add more information about the ethical issues for the study. Were participants given an information sheet about the study, asked to sign a consent form? Were the students told it was strictly voluntary to participate etc?   |        | The required information about the ethical issues has been added to pp.8 & 9.   |
| Reviewer #2  |        |   |
| 1. In discussion, line36-38, could you please look over again, your comment based on economic issues does not make sense and what you mean the word "social violence". There is no any type as social violence in literature. Different culture is mentioned as a causative factor influencing the prevalence rates. |        | Thank you for the comment. After careful review, lines 36-38 have been deleted since the explanation, as depicted by this Turkish study, seems to be confusing and may not enrich the discussion.   |
| 2. Need to check reference numbers in text and list, there are numerous mistakes.  |        | The reference numbers in the text and list have been checked and corrections have been made.  |
| Reviewer #3  |        | Responses   |
| Page #   | Line # | Comment   |
| 3  | 45     | I do not understand what you mean to say when you use the word "bothersome". Choose a different word  |
| 7  | 15-16  | You could explain why, "in general, workplaces in the East are more hierarchical than in the west"  |
| 7  | 24     | You use the term "horizontal to vertical violence" several times but you haven't explained this   |
|  |        | "the extent to which they were disturbed by the violence" has been used to replace "bothersome" on p. 3.  |
|  |        | Explanation has been added on p. 7.   |
|  |        | Explanation was given on p.7.   |

|    |       |   |  |
|----|-------|---|--|
| 7  | 36    | “Incidents against qualified nurses” – do you mean that the nurses were the bullies/harassers? Clarify  | Clarification has been provided on p. 7 “19.6% of incidents involved qualified nurses as bullies/harassers”.   |
| 8  | 10    | Can you expand here as this is a key point. I think a more rigorous review of papers on this topic is needed. I.e. The amount of violence, the type associated with student then wanting to leave the profession  | Thank you for the comment. More information has been added on p. 8.  |
| 9  | 36-37 | Rephrase. It seems you are talking about more than the affect of being “bothered”   | The sentence has been rephrased to “how much they were disturbed by the violence” on p.10.   |
| 11 | 15    | Can you please comment whether participants were given any incentive for participation?   | No incentive was given (see p.8 for the added information).  |
| 12 | 10    | Can you draw greater insights from the results? It seems to me that those participants who had not experienced violence more commonly believed that the reasons for violence were patient and staff problematic behavior, whereas participants who had experienced violence commonly believed contributing factors were the hospital system (staff shortages and high patient volume) and patients. I may be wrong and may not have read the results closely enough though. | Thank you for the observation. More discussion has been added to pp. 20-21.  |
| 13 | 30    | How were “contributing factors” measured? I.e. Via a validated scale? Overall, could you add the percentage of missing data to a notes box at the bottom of the table   | Sorry for the typos, “confused patients” has been indented. The contributing factors include: confused patients, patients/visitors with alcohol influence ... Explanation has been given on p. 9 about the workplace factors contributing to clinical violence, such as patients ... The validation of the study questionnaire has been explained on p. 10. The % of missing data has been added at the bottom of each table |
| 14 | 21    | What does “all the time” mean here? Everyday?   | “All the time” means almost every day during clinical placement, p.15  |

|    |    |  |  |
|----|----|--|--|
| 18 | 26 | This is of particular concern. What explanations do abused nurses give for the violence by hospital staff? Is there any previous research on this?                                     | Thank you for the comment. The following sentences have been added: "Despite nursing being caring profession, it is a great concern that there is vertical violence inflicted by hospital staff and university supervisors/teachers. However, the reasons for such vertical violence are not well understood. Future research is necessary to elucidate the contributing factors for such vertical clinical violence" on p.20.   |
| 18 | 40 | After "furthermore" I think you should add "because of cultural values and norms", so that the sentence starts, "furthermore, because of cultural values and norms..."                 | "because of cultural values and norms" has been added after "furthermore" on p.19.   |
| 19 | 31 | Is this referring to the abused participants or all participants?  | The sentence has been rephrased on p.20.   |
| 19 | 47 | Can you talk about this in Hong Kong? Is this in the University education? Do you have local data?   | Thank you for the comment. The following sentences have been added on p.21: "Although all graduating NSs in our university do undergo violence prevention and management training, our study results can inform the revision of the training programme to include how to assess and communicate with confused patients in an understaffed clinical environment. Future study is also needed to examine whether such training would enhance NSs' competence in managing clinical violence." |
| 19 | 49 | I think you should be careful here. You risk sounding like you are saying that it is the responsibility of students to prevent violence/abuse from their patients or senior colleagues | Thank you for your comment. The paragraph has been rewritten as follows on p.21:<br>"According to the Framework Guidelines for addressing workplace violence in the health sector <sup>16</sup> , the areas that should be considered include early recognition of escalating behaviours and situations, de-escalating techniques in interpersonal and communication skills, and enhanced knowledge about medications to control patients' agitation better."                              |
| 20 | 3  | Could you expand on their "anti-violence policies"   | Thank you for the comment. The following sentence has been added   |

|    |  |   |  |
|----|--|---|--|
|    |  |   | on p.21: "Appropriate policies against workplace violence, with priorities given to work ethics, safety, mutual respect, tolerance, equal opportunity, and cooperation, should be developed and implemented to address workplace violence. <sup>16</sup> "   |
| 20 | 10   | What are "multidisciplinary assault reduction teams"?<br>What is the research, if any, about outcomes?              | Thank you for the comment. The following information has been added on pp.21 & 22: "The multidisciplinary assault reduction team is formulated by the nursing supervisor, security personnel, the primary physician and nurse, and others involved in the patient's direct care. All team members have undergone specialized verbal de-escalation training."<br>"Research evidence has demonstrated that early intervention with verbal-escalation conducted by multidisciplinary assault reduction teams can be effective in resolving violent incidences and decreasing nursing staff injuries by 47% in hospital settings. <sup>34</sup> ." |
| 26 | STROBE STATEMENT:<br>Data sources            | This could be done more thoroughly in the text  | Please refer to pp.9-10 for the data sources.  |
| 26 | STROBE STATEMENT:<br>Statistical methods 'C' | Is not in the text  | The treatment of missing data was added on p. 11: "Missing data were not replaced because the maximum percentage of missing data for the study variables was 0.07%."   |
| 26 | STROBE STATEMENT:<br>Participants 'a'        | This is not done in a chart, although I am ok with that so it is more whether this is a requirement of this journal | After discussion among the team members, we decided not to use a chart, because the current presentation is clear.   |

#### VERSION 2 – REVIEW

|                        |  |
|------------------------|--|
| <b>REVIEWER</b>        | Elizabeth McLindon<br>The University of Melbourne, Australia |
| <b>REVIEW RETURNED</b> | 21-Mar-2019  |

|                         |   |
|-------------------------|---|
| <b>GENERAL COMMENTS</b> | I am satisfied with all of the changes made from the last review and I look forward to seeing this paper published. Well done |
|-------------------------|---|