

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

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| TITLE (PROVISIONAL) | I had to leave. I had to leave my clinic, my city, leave everything behind in Syria Qualitative research of Syrian healthcare workers migrating from the war-torn country |
| AUTHORS | Kallström, Agneta; al-Abdulla, Orwa; Parkki, Jan; Häkkinen, Mikko; Juusola, Hannu; Kauhanen, Jussi |

VERSION 1 – REVIEW

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| REVIEWER | Leaune, Edouard Université Claude Bernard Lyon 1 |
| REVIEW RETURNED | 28-Apr-2021 |

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| GENERAL COMMENTS | <p>This is a very interesting qualitative study on the reasons for migrating in Syrian healthcare workers.</p> <p>In my opinion, some major points have to be addressed before publication:</p> <ol style="list-style-type: none">1) The English language needs substantial improvement2) The aim(s) of the study should be more precisely described. The authors mention a wide scope ("the experience of the ongoing conflict") but mostly focus on the reasons for migrating due to the violence. This should be more precisely explained in the method section for a better understanding of the results3) The structure of the interviews should be more precisely described: how did the authors start each interviews? was a guide used for the interviews? <p>Minor revisions:</p> <ul style="list-style-type: none">- The end of the introduction is unclear and needs to be rearranged- The aim(s) of the study should be given at the end of the introduction- The authors should precise where the interviews performed "in Europe" took place- The authors should consider using a table to summarize the characteristics of the participants |
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| REVIEWER | Talib, Zohray George Washington University School of Medicine and Health Sciences |
| REVIEW RETURNED | 28-Apr-2021 |

GENERAL COMMENTS

Overall this is a well-written manuscript. The methodology is appropriate and well-documented. Two general comments on the write-up

1. The number interviewed and their demographics would typically go at the start of the Results section (instead of part of the methods). Consider also putting this information into a table.

2. In the results, there are times when statements appear to be the author's rather than the interviewers. For example (194) The atmosphere had become oppressive. If this was reported by the respondents then it should be articulated that way - that the 'respondents described an oppressive atmosphere'. It seems that the author may have been trying to provide context for the findings but that would then belong in the background or the discussion, not as part of the findings. If these were in fact findings extracted from the qualitative analysis, then they should be reported as such.

Broadly, in trying to understand health workforce dynamics, it would have been good to report on the reasons why these HCW were included to stay as long as they did. What is it that retains a health workforce. This information would then paint a fuller picture of the dynamics. This is mentioned in the limitations but I wonder if this was asked as part of the interview.

Overall a well-written paper.

VERSION 1 – AUTHOR RESPONSE

REVIEWER 1: Dr. Edouard Leane, Université Claude Bernard Lyon

We want to thank dr. Edouard Leane for his valuable comments on our manuscript. Below we present the comments and our responses in turn:

R1: In my opinion, some major points have to be addressed before publication:

1) The English language needs substantial improvement

A: BMJ's Language editing service has now checked the language.

R1: 2) The aim(s) of the study should be more precisely described. The authors mention a wide scope ("the experience of the ongoing conflict") but mostly focus on the reasons for migrating due to the violence. This should be more precisely explained in the method section for a better understanding of the results

A: This is an excellent observation. The original purpose of the interviews was to study experiences on violence and their effect on the interviewees. The particular subject of this publication i.e. the reasons for migration of HCWs is an emergent finding from the interview material. We have clarified this distinction and strived to describe both the original and article-specific goals more precisely in the end of the introduction section (lines 132 – 136). Some related revisions were also done to the Methods section.

R1: 3) The structure of the interviews should be more precisely described: how did the authors start each interviews? was a guide used for the interviews?

A: There was a precise, but flexible guideline for conducting the interviews. They were guided by semi-structured questions, but the interviewees were invited to share all their relevant views and topics around the issues of the framework. Further *ad hoc* questions were asked situationally as points of specific interest arose during the interviews.

We have described the general structure of the used method on lines 142 – 152. The preparatory steps, including ethical considerations, are presented in Study design and sampling and Ethical approval sections with added information.

Minor revisions:

- The end of the introduction is unclear and needs to be rearranged

A: We have done a significant overhaul for the end part of the introduction for clarity. Also, more detailed information about the unique Syrian situation and its specific considerations in the context of this study has been added. See lines 105 – 131.

- The aim(s) of the study should be given at the end of the introduction

A: This is partly related to the observation in R1:2. The distinction between the aims of the original study and the emergent specific goals for this article have been explained more clearly in the end part of the introduction chapter. See lines 132 – 136.

- The authors should precise where the interviews performed "in Europe" took place

A: We considered whether this particular information should be included when we wrote the article. Those particular interviews were carried out in countries where the population of Syrian HCWs is very low. Those interviewees could be identified alone by knowing that interviews were conducted in those locations. We chose to protect their identity by concealing this information.

- The authors should consider using a table to summarize the characteristics of the participants

A: A table describing the characteristics of the participants has been added. Please see Table 1, line 214.

REVIEWER 2: Dr. Zohray Talib, George Washington University School of Medicine and Health Sciences

Comments to the Author:

Overall this is a well-written manuscript. The methodology is appropriate and well-documented. Two general comments on the write-up

We thank dr. Zohray Talib for excellent her comments. Below we present the comments and our responses in turn:

R2: 1. The number interviewed and their demographics would typically go at the start of the Results section (instead of part of the methods). Consider also putting this information into a table.

A: We have moved the demographic at the start of the Results and added a summarizing table. Please see Table 1, line 214.

R2:2. In the results, there are times when statements appear to be the author's rather than the interviewers. For example (194) The atmosphere had become oppressive. If this was reported by the respondents then it should be articulated that way - that the 'respondents described an oppressive atmosphere'. It seems that the author may have been trying to provide context for the findings but that would then belong in the background or the discussion, not as part of the

findings. If these were in fact findings extracted from the qualitative analysis, then they should be reported as such.

A: This is an excellent point. We have reviewed the text thoroughly and clearly indicated this distinction in all sentences where it was previously up to interpretation. These text locations (as well as all the other changes) are highlighted in yellow.

- See lines 267, 277, 294, 307, 327, 341, 343, 349, 351, 358, 361, 365, 371, 379

R2:3 Broadly, in trying to understand health workforce dynamics, it would have been good to report on the reasons why these HCW were included to stay as long as they did. What is it that retains a health workforce? This information would then paint a fuller picture of the dynamics. This is mentioned in the limitations but I wonder if this was asked as part of the interview.

A: Thank you, we have also been interested in this specific question. The data on this issue is being analysed, and will be reported in a separate research paper.

Overall a well-written paper.

Additions:

- lines 51–62 partly rewritten and rearranged according to the reviewer’s suggestion
- lines 55 – 56: the year and numbers updated
- lines 66 -75 rewritten
- line 96 numbers updated
- lines 104-120 partly rewritten and rearranged according to the reviewer’s suggestion
- lines 141–143 added information
- lines 144–151 partly rewritten and rearranged according to the reviewer’s suggestion
- lines 155–161 partly rewritten and rearranged according to the reviewer’s suggestion
- lines 172–174 partly rewritten and rearranged according to the reviewer’s suggestion
- lines 203 and 204 added numbers of married participants (n=16) and number of participants who had at least one child (n=14)
- line 127 added: Table 1. Interviewees’ demographic information
- lines 267, 277, 294, 307, 327, 341, 343, 349, 351, 358, 361, 365, 371, 379
- lines 401–404 added more specific details
- line 416 added suitable reference from a new study
- lines 172–174 added more details of implications of the research
- lines 457 – 460 rewritten Acknowledgements
- lines 462 – 463 rewritten Funding
- new references:

4. Safeguarding Health in Conflict Coalition (SHCC). No Respite: Violence against Health Care in Conflict. 2021.

16. Kallström A, Häkkinen M, Al-Abdulla O, *et al.* Caught in crossfire: health care workers’ experiences of violence in Syria. *Conflict, Heal Surviv* Published Online First: 2021. doi:<https://doi.org/10.1080/13623699.2021.1889654>

34. DeJonckheere M, Vaughn LM. Semistructured interviewing in primary care research: a balance of relationship and rigour. *Fam Med Community Heal* 2019;**7**:e000057. doi:10.1136/fmch-2018-000057

37. Tammi I-M. Politicians, pathogens, and other threats to aid workers: a material semiotic analysis of violence against health care in the Syrian conflict. *Crit Stud Secur* 2021;:1–13. doi:10.1080/21624887.2021.1925496

38 Hamid A, Scior K, Williams AC de C. Qualitative accounts from Syrian mental health professionals: shared realities in the context of conflict and forced displacement. *BMJ Open* 2020;**10**:e034291. doi:10.1136/bmjopen-2019-034291

VERSION 2 – REVIEW

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| REVIEWER | Leaune, Edouard |
| REVIEW RETURNED | Université Claude Bernard Lyon 1 15-Jul-2021 |
| GENERAL COMMENTS | I would like to Thank the authors for the revisions made on the article. I recommend the article for publication. |