

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) | Associations of within-individual changes in working conditions, health behaviour and BMI with work ability and self-rated health: a fixed-effects analysis among Dutch workers |
| AUTHORS | van de Ven, David; Robroek, Suzan; Oude Hengel, Karen; van Zon, Sander; Brouwer, Sandra; Ots, Patricia; Burdorf, Alex; Schuring, Merel |

VERSION 1 – REVIEW

| | |
|------------------------|--|
| REVIEWER | Yuan, Beibei Peking University, China Centre for Health Development Studies |
| REVIEW RETURNED | 24-Nov-2021 |

| | |
|-------------------------|--|
| GENERAL COMMENTS | <p>The topic is interesting and the manuscript has clear structure and report. Just three questions to improve:</p> <ol style="list-style-type: none">1. What kinds of professions are more related to the findings of this study? Are the professions with more requirement on physical input or physical input? Or are there different implications for different professions?2. There are different framework to define and analyze the working condition. This study uses psychological demand, emotional demand, autonomy, social support, physical workload. Are financial rewards, working facilities covered by these dimensions? What is the theory basis for you to choose current five dimensions?3. What about the generalization of findings? How can these findings contribute to the human resources management strategies in different industries and different setting? |
|-------------------------|--|

| | |
|------------------------|---|
| REVIEWER | N, Girish Manipal College of Health Professions, Physiotherapy |
| REVIEW RETURNED | 12-Jan-2022 |

| | |
|-------------------------|--|
| GENERAL COMMENTS | <p>Title: Appropriate</p> <p>Abstract: The number of participants improved and deteriorated can be shifted from methods to the results section. Also, the conclusion can be modified and should be made in line with the objective.</p> <p>Introduction: Nice and crisp. The need for the study is stated explicitly. Probably, line no: 22-24 'Insights in the association.....' can be shifted as an implication or to the significance section.</p> <p>Methods:</p> |
|-------------------------|--|

| | |
|--|---|
| | <p>Need some more clarity on the ethical waiver for the 'STREAM' study. Why was a waiver given, even though this study involves human subjects?</p> <p>Explain a little bit about the 'waves of STREAM' in one or 2 sentences.</p> <p>Did you follow any sequence for administering the outcomes/ variables or in carrying out the assessments?</p> <p>How were the questionnaires administered? Was it an online/ telephonic or a face to face or self-administered?</p> <p>The number of participants in this study (page no:7; line no: 26-30) can be shifted from the methods section to the results section.</p> <p>Results:</p> <p>In table 1: it is mentioned as 'Sample mean (SD), change it to 'Mean (SD)'. Reporting has been done with regard to the workers who have quit smoking; in similar lines, were there any workers who have started smoking? If yes, mention that also and associate that with workability and self-reported health.</p> <p>Discussion: Appropriate General: The word 'Outcome variable' and 'Dependent variable' is used interchangeably.</p> |
|--|---|

VERSION 1 – AUTHOR RESPONSE

Reviewer 1

Dr. Allison Gilbert, University Hospital Center Liege

Comments to the Author:

Brief summary and positive aspects:

Through this systematic review and meta-analysis, the authors approach the relevant topic of Emergency Department overcrowding management with specific triage strategies, in particular primary healthcare providers-led triage, and discuss the outcomes in terms of patient's flow improvements. The introduction clearly evokes the issues that emergency physicians have to face every day. The collaboration with patient partners to create the a priori systematic review protocol is an interesting way to conduct the study. As regards the methodological points, the PRISMA checklist is adequately followed, the PICO is detailed and the PRISMA study flow chart is presented as an appendix. The search was appropriately made in more than 3 different databases (Medline, Embase, Cochrane Library, Cinahl) and the grey literature was considered. The quality of the selected studies was also evaluated using a validated tool. The presence of a meta-analysis to investigate ED times adds a significant interest to the article. As regards the conclusion, few studies on GP-led triage are available and reduced the value of the conclusions made on their efficiency compared to other providers-led triages. These biases are mentioned in the appropriate section of the article.

Author response: Thank you kindly for your feedback. Much appreciated.

Comments:

All of the aforementioned points highlight the relevance and interest of this article. However, in my opinion, some suggestions can be made:

1. In the introduction section, the authors evoked different healthcare functions: nurse practitioners, nurses with increased authorities, general practitioners and physician assistants. However, no clear definition and/or clear statement about the difference is given at this stage of the article. It could be confusing for the reader who is not familiar with these particular functions. Indeed, these roles are not represented in all countries around the world. The functions should be better described while this is

an important point to understand the difference in outcomes. However, we could find a quick description developed in the results section. As the article focuses on the different organization at ED triage involving primary healthcare providers, it could be of interest to add some general clarifications about the role, qualification and ability of the different providers (traditional ED nurse, nurse practitioner, nurse with increased authorities and GP at ED triage).

Author response: Thank you. In page 13 of the manuscript (results section), we had provided a description of the roles of the various primary healthcare providers. As suggested, we have added a brief description/general clarification about the roles of different providers in the introduction section. "Studies have reported the following roles of the PHCPs at ED triage:: (1) GP either triaging (seeing and treating, streaming) or supervising triage; (2) NP either alone or working alongside a triage nurse (ordering investigations, streaming, seeing and treating, or assessing patients and discharging/re-directing); (3) Triage nurse with increased authority given extra capacities outside of their usual scope of practice to order investigations for patients before streaming to the ED MD."

2. The multiple abbreviations used in the abstract make it somehow difficult to clearly understand.

Author response: Thank you. We have moved the list of abbreviations from page 25 to page 3 (after the title page) of the manuscript to help guide the readers.

3. In the discussion section, please pay attention to keep a clear structure of the text and maybe sub-sections could be helpful (e.g. summary of evidence or main findings, strength and limitations, etc).

Author response: Thank you. As suggested, we have included subheadings to the discussion section.

Reviewer: 2

Dr. Daniele Orso, University of Udine

Comments to the Author:

I congratulate the authors for the systematic review they have proposed. It is a very perceived topic within the organization of the Emergency Departments, and the conclusions of the study are potentially very impactful. The systematic search for the studies to be included is adequate, complete, and well described. The aims are well defined. The statistics are adequate, and the results are well exposed clearly and comprehensively. The discussion is complete and not lengthy.

Author response: Thank you kindly for your feedback. Much appreciated.

The only aspect that I would clarify is the quantification of "cases of missed diagnosis" in the PHCP-led triage: in other words - although the included studies do not mention it - it would be useful to know how many cases (in percentage) of "missed" diagnoses are verified. It would be useful to add this aspect in the Discussion section (in the Limitations) to orient any further studies in the field adequately. In fact, in addition to the problem of "time spent in ED", I believe the adequacy of the PHCP intervention at the time of triage is important.

Author response: Thank you. We agree. As you suggest, we have added a statement in the limitations section regarding this.

"The included studied in this systematic review did not focus on clinical outcomes, such as delayed or missed diagnosis, but it would be important for future studies to quantify relevant clinical outcomes"

VERSION 2 – REVIEW

| | |
|-------------------------|---|
| REVIEWER | N, Girish Manipal College of Health Professions, Physiotherapy |
| REVIEW RETURNED | 01-Mar-2022 |
| GENERAL COMMENTS | The authors have addressed all the concerns and modified the manuscript as per the suggestions given. |