

Review of: "Characterization of Workplace Violence in Healthcare Workers at an Emergency Room in Bogotá, Colombia"

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Potential competing interests: No potential competing interests to declare.

1. MAIN ISSUES

1.1 Authors derive statements on causal association from descriptive analyses results. They do it at page 6, line 2, where they declare that reduced motivation and efficiency have a negative impact on wellbeing, and then again in the Recommendations, at the end, where they state that cultural factors explain these differences in violence. First of all, they should assess associations (thus, explore association between reduced motivation/efficiency and lower wellbeing in the former, and between cultural factors and violence in the latter case), then build a model to see if a causal relationship is present. Alternatively, they could suggest them in the Discussion. In such case, however, the qualitative approach they recommend may only be seen as preliminary, to decide which factors to explore. Moreover, it is the episodes of violence, not the reduced motivation, which are associated with wellbeing in their analyses. Of course, causal patterns may be suggested (in that case, a mediation model: episodes of violence affecting motivation, in turn impacting on well-being), but just as hypotheses in the Discussion.

Analogously, at point 3 and 4 in "Objectives" at page 3, authors declare they want to identify both the factors contributing to the occurrence of violence, and the impact of violence on job security and quality of work life. I find the words "contributing" and "impact" as inappropriate, since no inferential analysis is performed. I invite authors to rephrase (in case they want to keep them) such goals, and possibly to explain how their analyses may contribute to reach them.

1.2 Table 1 reports a completely wrong percentage of women (25 out of 35 is 71.4%, not 2.8%, as correctly reported in the other cases where the number was 25).

1.3 At the beginning of page 6, the percentage of participants that did not feel like working is wrong (14.1%, while it should be 11.4%), as well as the one of those who felt that motivation and efficiency were reduced (42.8%, while it should be 40.0%).

1.4 The percentage of participants who did not feel comfortable reporting violence is much higher than 25.7% (as declared at page 6, line 3). In the same sentence, "due to the belief that no action will be taken against the perpetrator, lack of organizational support, and fear that the appraisal or promotion avenues will be affected" conveys the idea that all the reasons for not feeling comfortable reporting violence are the ones listed. Thus, I think it should be replaced by

something like “; the main reasons for that were [...]”.

A similar result is also restated in the Discussion, at page 10, in the sentence: “One-fourth of the participants felt uncomfortable reporting the incident due to [...]”.

1.6 In the Discussion, authors talk “at least one instance of physical or verbal aggression in the past 12 months” and “at least one act of aggression in the last 12 months”. Nevertheless, there is no question on the occurrence of violence in the last 12 months, and such percentage cannot be inferred by the replies to the question “How often do you experience[...]”?

1.7 In the Discussion, at the beginning of page 10, authors declare women are more exposed to attacks. However, results on the differential occurrence of violence by gender of the victim are not shown. The only thing we know is that 25 of the participants are women and 10 are men (we do not even see response rates to the survey by gender). Also, it is not clear to me what is meant in the Conclusion, line 2, with “gender scope”.

1.8 Results on Marital Status are not reported (those on Professional Qualification instead occurring twice).

2. PRESENTATION AND DISCUSSION OF RESULTS

2.1 At page 4, two lines to the end, in the “Results” Section, “The participants” should be preceded by “All”.

2.2 In many cases, authors do not choose the best first-digit approximation; the correspondence should be: 1: 2.9%, 8: 22.9% (also in the last line of page 5), 10: 28.6%, 15: 42.9%, 22: 62.9%, 26: 74.3%, 31: 88.6%.

2.3 When authors report results on the most frequent occurrence of something, they should start from the most to the least frequent (I am referring to the last completed sentence of page 6, “Regarding the risk factors for workplace violence at the emergency guard as perceived by the participants, the most frequently reported were unrealistic expectations of patients and companions, ignorance about disease and health status, overcrowded emergency rooms, and long waiting times”).

2.4 At page 10, 7 lines to the end “previous information” should be replaced by something like “information from previous research”. Also, it should be explained what the authors are referring to (it is not specified which information they are talking about).

2.5 Authors state “doctors usually need to be better trained in interpersonal and communication skills, which might make it difficult for them to act empathetically toward patients or attendants in distressing situations”. This sentence is not clear to me. Also, authors cite a paper (Berlanda et al., 2019) that does not address the issue of training and communication, but just suggests them in its Discussion. What the paper does is exploring the association of age and other factors on frequency of violence events undergone, and observing that emotional violence is the most frequent one.

3. LANGUAGE ISSUES

3.1 At page 2, in “Theoretical framework”, there is a sentence that should either be linked to the previous one through a comma (so that the two sentences would be unified in “Several factors contribute to this issue, including a higher number

of patients who use drugs and alcohol, a more significant presence of weapons, a stressful environment, and work overload. Besides 24-hour shifts, high daily demand, unrealistic expectations, a lack of trust between physicians and patients, unfavorable organizational and environmental conditions, and long wait times, among others [3][4][6].”), or where the main clause is missing (in that case, after “Besides 24-hour shifts, high daily demand, unrealistic expectations, a lack of trust between physicians and patients, unfavorable organizational and environmental conditions, and long wait times, among others [3][4][6].”, something should follow).

3.2 At page 3, first line, authors use the word “reputation” to mean “importance” or “relevance”. I think thus that the term should be replaced with “importance”, “relevance” or a synonym of such terms.

3.3 At lines 4 and 5 of page 4, in “Violence in Healthcare Settings”, either the verb is missing, or the sentence is interrupted: “A detailed and precise definition of workplace violence extracted from the “Framework guidelines for addressing workplace violence in the health sector – WHO.””.

3.4 At the end of page 4, in the Results Section, in “The socio-demographic details of the participants show in Table 1”, “show” should be replaced by “are shown”.

3.5 At page 6, line 3, and at page 11, again line 3, “it’s” should be replaced by “it is” to be more formal.

3.6 At page 10, in the Discussion, in “Additionally, reported in the literature that”, “it is” should be added before “reported”.

3.7 At page 10, three lines to the end, “behaviour’s patients” should be replaced by “patients’ behavior”.

3.8 At page 11, in the Recommendations, after “A qualitative approach is encouraged since many of these differences in violence”, “explain” should be replaced by “may be explained”.

3.9 In the Discussion, at page 10, after “Some of the mitigation strategies that the surveyed believed have a significant impact are”, a column should be added, since a list follows.

4. LITERATURE

When authors declare, at the beginning of page 4, in “Violence in Healthcare Settings”, “good internal consistency and construct validity”, a reference should be cited. In case it is the same reported before (Kumari et al., 2021), it should be repeated.