PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Patient-Physician mistrust and violence against physicians in Guangdong Province, China: a qualitative study
AUTHORS	Tucker, Joseph; Cheng, Yu; Wong, Bonnie; Gong, Ni; Nie, Jing-Bao; Zhu, Wei; McLaughlin, Megan; Xie, Ruishi; Deng, Yinghui; Huang, Meijin; Wong, William; Lan, Ping; Liu, Huanliang; Miao, Wei; Kleinman, Arthur

VERSION 1 - REVIEW

REVIEWER	Helen Smith University of Manchester, UK
REVIEW RETURNED	18-May-2015

GENERAL COMMENTS	General comments This paper addresses a real and growing problem within the health system in China. It seems to fill an important gap in knowledge by uncovering patient and provider experiences of mistrust and violence in clinical encounters in selected hospitals one province. The authors acknowledge the limitations of data collection in just one province (out of more than 30). However, it would be helpful to see further comment on how likely it is that the findings are transferable to other provinces (and reference any other research in other provinces published in Chinese or English). My comments relate mainly to further development of the findings to ensure credibility, and structure of the discussion. Specific comments 1. In the abstract the objective states 'to elicit patient and professional responses on…', whereas I believe the main purpose of the research was to better understand patient-provider mistrust – i.e. you went further than simply 'eliciting' a response. 2. While the Confucius quote at the beginning of the introduction may have been a source of inspiration for the work, it is disconnected from the rest of the text and the substantive arguments made and rationale presented. I suggest removing it. 3. Avoid use of colloquialisms like 'quell the rising tide' as these terms may not be understood by readers in all context/countries. 4. In the methods the authors mention that 25,000 medical disputes have been recorded in Guangdong – it would be

	helpful to elaborate on this and perhaps the introduction is the place to do this. It would be interesting to know for example, whether this is above or below the national average, or how it relates to other provinces, and to what extent these disputes represented violent/non-violent resolutions (i.e. more attention to the context of the study would help). 5. For the hospital that is singled out for achieving principles of health reform – please provide more information on the collaboration or partnership that has led to this. It seems the hospital has received special external assistance. I would encourage the authors to present a brief 'case study' of this hospital in the findings section – identifying from the data they have, the factors that influenced successful implementation of the new model. 6. Given that the authors carefully identified criteria for purposive selection of hospitals and participants, it would be helpful to see a table of characteristics of the sample, which includes the hospitals selected, the stage of reform, geographical location, clinical context. For the sampled participants, further information beyond the numbers reported in table 1 would be helpful – i.e. if you selected based on age, inpatient and outpatient experiences, and experience of trustful and mistrustful relationships, then please provide this information. 7. It's not entirely clear the purpose of the observation or how it was carried out, whether it was overt or covert and what type of observer stance was taken; further detail in the methods section would help, including a discussion about the extent to which this influenced doctor behaviour. 8. It would be helpful to discuss the ethical implications of offering gifts to participants, and the rationale for doing so. 9. It would help to situate the results if the authors could provide an overview of salient characteristics of participants (see comment 6) at the beginning of the results section. 10. The results do not seem to do justice to the extent and depth of data one assumes the authors have access to (given 160 interviews were conducted). The results seem to be reported rather superficially. In many parts the 'evidence' referred to in the tables doesn't match what is being described in the text, and this is problematic for credibility of the findings. For example, in para 3 which describes manifestations of mistrust the authors state there was a 'strong reluctance to use legal means… 'and refer to table 3 – I couldn't see any reference to this aspect in table 3. None of the quotes in table 3 originate from patients. Also in para 3 there is reference to anger and unfairness being communicated to families and friends and use of social media etc – and reference to table 3 – yet the table doesn't mention these things. In para 4, which describes policy responses, there is no mention of increased media attention reinforcing mistrust – yet this is a key feature of the evidence provided in table 4. In para 2, the description relating to physicians' views of the medical system, doesn't seem to match what is stated in table 2; there is mention in the table of information asymmetry yet this is not reported. It would help to see a more thorough approach to the reporting of findings. For example building an argument for each theme, that draws on all data available including the

	full range of participants and contexts. Within each theme presented there is little comparison of data from the different participant groups (patients, providers, administrators) or across the different hospital types and the extent to which the theme relates more or less to each group. A more detailed description of each theme – what is means, how it was talked about, what are the characteristics of the theme and its boundaries – would help communicate the important aspects in a more meaningful way. 11. Insufficient mention is made of figures 1 and 2 and the supplementary figure (why is it supplementary?), yet clearly a lot of interpretation and discussion has contributed to these helpful diagrams. It would strengthen the discussion if these diagrams could be better explained and their relevance or implications elaborated. 12. The first para of the discussion slips into commentary about 'trust' that is based more on generality than on the specific findings of this study. Often better, and helps the paper's overall structure, if you begin the discussion with a brief statement of principle findings. In the fourth para of the discussion a bold statement is made about providing further empirical evidence that accelerating health reform can promote patient-provider trust – I am not sure that the small amount of data from one hospital implementing reform really justifies this statement.

REVIEWER	Vorderwuelbecke, Florian Senior lecturer, Institute of General Practice, Technical University Munich, Germany
REVIEW RETURNED	11-Jul-2015

GENERAL COMMENTS	The Study addresses quite interesting and important questions by exploring origins, manifestations, and policy responses to patient-physician mistrust in a large (160 interviews) qualitative approach. Questions / remarks General: 1. While focusing on mistrust as a major reason leading to patient-physician violence, other factors like alcohol- or drug abuse, mental illness, crowding in emergency departments or long waiting hours, that are repeatedly identified as sources of aggression against physicians are not mentioned. If this focus was planned it should be clearly mentioned. 2. While correctly stating in the introduction, that mutual / reciprocal trust of patient and physician is crucial to healthcare partnerships, the manuscript focuses on patient mistrust and the injustices / shortcomings physicians see within the system. Physician-patient trust is only superficially mentioned. In my eyes the health professionals´ view of the problems trust, violence and answers to violence would be really interesting too and would complete the picture. 3. I had some difficulties to follow the authors' way to their conclusions. Especially in this study with a impressing but very

	inhomogeneous group of interviewees a more detailed description of the analysis would surely help and enhance transferability / dependability. Title: In my eyes the chosen title does not really represent the study. The focus of this study is on the origins, manifestations and responses to mistrust, not on violence and it should be made clear that the study was not nationwide. Article Summary / Strengths and limitations of this study I can´t find any strengths and limitations listed here. Introduction: For readers unfamiliar with the Chinese health system, a short overview might be helpful. The differences between „traditional“ and health reformed structures should be shown here. Especially „medical mobs” (yinao) and „red packets“(hongbao) should be explained in the „Introduction“ , not in the „Methods“/„Results“-part of the manuscript. - Page 4, line 39: Please state the time period, these acts of aggression took place in - Page 4, line 44: „This level of violence... is more common..“ A comparison without knowing the time period is not really possible, but my impression is, that European and US Data show a higher level of patient initiated aggression and violence then the Chinese data from 2011. Please recheck the according literature. Methods General: I am missing a demographic overview (age, gender, ...) of the participants. Furthermore it would be useful to know in which areas the interviewed health care professionals worked in. Could the questionnaires be added to the manuscript (maybe as a supplementary)? - Page 5, line 56: please explain your focus on patient-physician relationships more detailed. - Page 6, line 10: after identifying trustful relationships – did you get results what lead to those relationships and could these results be used to improve the status quo? - Page 6, line 26: „...physicians were contacted through the medical affairs office...“: where the physicians selected by the authors or the office? Was there a potential selection bias in the recruitment process? - Page 7, line 10: how many interviews took place in a non-confidential setting? Was there a tendency towards different answers in these cases? Results

	- Page 7, line 46: how many individuals declined taking part in the interview? - Page 10, line 15: How did you get the result, that „…Nonviolent dispute resolutions were more common within a new model...“? Discussion - Page 12, line 23: please state what geographical variations are meant? Table 2 Violent resolution of a medical dispute: this may not be the best example: violence is not really mentioned and it remains unclear why the patient decided to jump. Ethics committee approval statement Is an approval of the other three involved universities (Stanford, Fudan, Hong Kong) needed too?

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1
Reviewer Name Helen Smith
Institution and Country University of Manchester, UK
Please state any competing interests or state ‘None declared’: None declared

Reviewer Comment (paraphrased): The authors should discuss the transferability of the research findings and how relevant they may be to other research in different provinces within China.
Author Response: We agree with the reviewer that our findings in a single province should not be uncritically applied to other regions and provinces. Our first limitation on page 12 addresses this point and we have added another sentence outlining the need for other qualitative research on patient-physician relationships from other parts of China. We are unaware of other English language or Chinese language original qualitative research that addresses exactly the question of patient-physician trust in China.

Reviewer Comment (paraphrased): Abstract objective could be clearer.
Author Response: We agree and have revised the abstract objective on page 2.

Reviewer Comment (paraphrased): The Confucius quote is disconnected from the text.
Author Response: We agree that this quote could be better connected to the rest of the text. The Confucius quote suggests that trust has been one of the fundamental building blocks of social relationships in China. Situating this argument in an explicit Chinese historical and social context is critical for the piece. We have added a sentence immediately following the quote on page 4 to highlight this point.

Reviewer Comment (paraphrased): delete ‘quell the rising tide’
Author Response: We agree this term is not helpful and have rephrased this clause on page 4.

Reviewer Comment (paraphrased): additional context on the extent of violence and non-violent disputes would be helpful
Author Response: We agree that further context about the nature of violence and other disputes would be useful. However, the government does not publish disaggregated statistics on the nature of the 25,000 Guangdong disputes. There are no publically available, comparable provincial data that allow for comparison between provinces. We have added a sentence on page 5 noting that these

data sources are not available.

Reviewer Comment (paraphrased): The health reform model is unclear and would be useful to know more about this partnership within the results section.
Author Response: We agree that this is an important topic. We have added more details on this partnership into the results section on page 10.

Reviewer Comment (paraphrased): Hospital characteristics and purposive sampling are unclear.
Author Response: Detailed information about the hospital clinical context (Western or TCM, general or referral hospital, and other variables) is included in column 1 of table 1. We did not collect other information about the hospitals. For purposive sampling domains, this was not achieved by quantitatively enumerating each domain (e.g., quotas), but rather by qualitative assessment. This point has been clarified in the methods section on page 6.

Reviewer Comment (paraphrased): Participant observation methods unclear.
Author Response: We agree that further description of the participant observation would be useful and have added this accordingly on page 5. Participant observation was overt within clinical settings. One researcher spent evenings in the hospital and stayed overnight in order to facilitate frank discussions.

Reviewer Comment (paraphrased): Ethics of participant inducement unclear
Author Response: This study provided participant inducements, a standard practice in many types of public health research. The informed consent procedure, inducement amount, and all other aspects of the research study were reviewed and approved by IRBs in China (Sun Yat-sen University) and the United States (Harvard, University of North Carolina at Chapel Hill). This point was clarified on page 7.

Reviewer Comment (paraphrased): Further details on study participants requested
Author Response: While we agree that further quantitative data might be useful, this research project focused on obtaining rich descriptions of local phenomena instead of quantitative data. Table 1 provides some basic descriptive data about the individuals who participated, but further descriptive data about participants is not available.

Reviewer Comment (paraphrased): Richer descriptions would be useful as well as matching between tables and text.
Author Response: We have chosen to use the tables to supplement the text, rather than duplicate the themes that are addressed within it. The reviewer notes that there is no data problems using the legal system to resolve disputes in table 3, but column 2 of Table 3 includes the following quotes: “There are several reasons for this [resentment]. One is that in China taking the legal route is too complex…In China, a lawsuit is really inconvenient” We agree that an additional sentence in the fourth paragraph on media attention would be useful and have added this on page 10.

Reviewer Comment (paraphrased): Figures 1, 2, and supplementary Figure 1 not clear
Author Response: We agree that these are all important parts of the paper and have changed supplementary Figure 1 to become Figure 3 in the text. We have also added more citations to these figures within the results section and discussion section.

Reviewer Comment (paraphrased): First paragraph of the discussion is too general
Author Response: We agree with the reviewer that the first sentences of the discussion were too general and have revised them to focus on the main findings of this study. We have also revised the sentence in the fourth paragraph about the need for more empirical evidence translating into improved trust.

Reviewer Comment

Reviewer: 2
Reviewer Name Vorderwuelbecke, Florian
Institution and Country Senior lecturer, Institute of General Practice, Technical University Munich, Germany
Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below
The Study addresses quite interesting and important questions by exploring origins, manifestations, and policy responses to patient-physician mistrust in a large (160 interviews) qualitative approach.

Questions / remarks

General:

Reviewer Comment: 1. While focusing on mistrust as a major reason leading to patient-physician violence, other factors like alcohol- or drug abuse, mental illness, crowding in emergency departments or long waiting hours, that are repeatedly identified as sources of aggression against physicians are not mentioned. If this focus was planned it should be clearly mentioned.
Author Response: We agree that other factors associated with violence against physicians (alcohol use, mental illness, crowding) have been identified in the literature outside of China. However, our qualitative research did not identify these themes and so they were not included in this analysis. Our methods section describes our theoretical and empirical approach.

Reviewer Comment: 2. While correctly stating in the introduction, that mutual / reciprocal trust of patient and physician is crucial to healthcare partnerships, the manuscript focuses on patient mistrust and the injustices / shortcomings physicians see within the system. Physician-patient trust is only superficially mentioned. In my eyes the health professionals´ view of the problems trust, violence and answers to violence would be really interesting too and would complete the picture.
Author Response: We agree that physicians and administrator's perceptions of trust and mistrust are an essential component of this picture. Physician and administrator quotes and themes are included in the results section within the text and tables throughout.

Reviewer Comment: 3. I had some difficulties to follow the authors' way to their conclusions. Especially in this study with a impressing but very inhomogeneous group of interviewees a more detailed description of the analysis would surely help and enhance transferability / dependability.
Author Response: We agree that greater discussion of transferability would be useful. We have added sentences in the methods section (page 5) and the discussion section (page 14) to touch on transferability more directly.

Reviewer Comment: Title: In my eyes the chosen title does not really represent the study. The focus of this study is on the origins, manifestations and responses to mistrust, not on violence and it should be made clear that the study was not nationwide.
Author Response: We agree that the study was not nationwide and have added "Guangdong Province" to the title. Violence is an important component of this analysis and we have retained this in the title.

Reviewer Comment: Introduction: For readers unfamiliar with the Chinese health system, a short overview might be helpful. The differences between „traditional“ and health reformed structures should be shown here. Especially „medical mobs” (yinao) and „red packets“(hongbao) should be explained in the „Introduction“ , not in the „Methods“/„Results“-part of the manuscript.
Author Response: We agree that defining the terms yinao and hongbao in the introduction would be helpful and have revised these sections accordingly. However, Chinese health reform is extremely complex and a complete discussion of health reform is beyond the scope of this paper.

Reviewer Comment: - Page 4, line 39: Please state the time period, these acts of aggression took place in
Author Response: This research refers to the past 12 months and this point has been clarified in the text on page 4.

Reviewer Comment: - Page 4, line 44: „This level of violence... is more common..“ A comparison without knowing the time period is not really possible, but my impression is, that European and US Data show a higher level of patient initiated aggression and violence then the Chinese data from 2011. Please recheck the according literature.
Author Response: The original reference (Hesketh, BMJ) shows that physician violence against physicians is more violent compared to other countries. We have revised this statement on page 4 to be clearer.

Reviewer Comment: I am missing a demographic overview (age, gender, ...) of the participants. Furthermore it would be useful to know in which areas the interviewed health care professionals worked in.
Author Comment: The age and gender of all participants was not recorded, although other participant characteristics are listed in Table 1. More detailed information about the hospitals where data was collected from is also presented in Table 1.

Reviewer Comment: Could the questionnaires be added to the manuscript (maybe as a supplementary)?
Author Response: Yes, the interview guide has been added as supplementary material.

Reviewer Comment: - Page 5, line 56: please explain your focus on patient-physician relationships more detailed.
Author Response: The focus of our paper is on patient-physician trust and mistrust, so analyzing patient-physician relationships is centrally important. Page 6 notes that physicians also often have greater power (compared to nurses or other health professionals) within hospital systems to mobilize change.

Reviewer Comment: - Page 6, line 10: after identifying trustful relationships – did you get results what lead to those relationships and could these results be used to improve the status quo?
Author Response: Yes, we were able to identify some factors that contributed to more trusting relationships (see Figure 1 and health reform section of results). Although these results are preliminary, they may be able to improve the current situation.

Reviewer Comment: - Page 6, line 26: „...physicians were contacted through the medical affairs office...“: where the physicians selected by the authors or the office? Was there a potential selection bias in the recruitment process?
Author Response: In some instances, physicians were selected directly by the authors and in some instances the hospital arranged selection. We used a purposive sampling scheme to ensure a diversity of individuals represented. The nature of purposive sampling has been clarified on page 6.

Reviewer Comment: - Page 7, line 10: how many interviews took place in a non-confidential setting? Was there a tendency towards different answers in these cases?
Author Response: This is an interesting question, but unfortunately we did not keep detailed records about the interview setting. Given that interviews took place in a range of locations with different rules and standard procedures, there was not an opportunity to harmonize the process.

Reviewer Comment: Results - Page 7, line 46: how many individuals declined taking part in the interview?
Author Response: We did not take information about non-responders or those who declined to take part in the interview.

Reviewer Comment: - Page 10, line 15: How did you get the result, that „…Nonviolent dispute resolutions were more common within a new model...“?
Author Response: The observation about nonviolent dispute resolution was a theme that emerged from the data. Our methodology is described in more detail on page 6.

Reviewer Comment: Discussion- Page 12, line 23: please state what geographical variations are meant?
Author Response: We agree this sentence is unclear and have revised it accordingly.

Reviewer Comment: Table 2 Violent resolution of a medical dispute: this may not be the best example: violence is not really mentioned and it remains unclear why the patient decided to jump.
Author Response: Although suicide is not the focus of this article, we would still consider this a violent resolution of a medical dispute.

Reviewer Comment: Ethics committee approval statement Is an approval of the other three involved universities (Stanford, Fudan, Hong Kong) needed too?
Author Response: The level of ethics committee approval depends on the extent to which authors had access to the complete data set. All authors with access to original data discussed with their respective IRB to ensure that appropriate approvals were in place prior to study launch.