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)	How Have Journalists Been Affected Psychologically by their Coverage of the COVID-19 Pandemic? A Descriptive Study of Two International News Organizations.
AUTHORS	Osmann, Jonas; Selva, Meera; Feinstein, Anthony

VERSION 1 – REVIEW

REVIEWER	Ho, Roger C. M. Natl Univ Singapore, Psychological Medicine
REVIEW RETURNED	15-Jan-2021

GENERAL COMMENTS	I have the following comments for the authors to address. I am happy to review this paper again. 1) The authors stated "An encouraging finding in our study was the emergence of therapy as a protective factor across all four symptom clusters, namely anxiety, depression, PTSD and overall psychological distress". I suggest to recommend online cognitive behavior therapy. The most evidence-based treatment is cognitive behaviour therapy (CBT), especially Internet CBT that can prevent the spread of infection during the pandemic. Use of Cognitive Behavior Therapy (CBT) to treat psychiatric symptoms during COVID-19: Ho CS et al Mental Health Strategies to Combat the Psychological Impact of COVID-19 Beyond Paranoia and Panic. Ann Acad Med Singapore. 2020;49(3):155-160. Cost-effectiveness of iCBT: Zhang MW et al Moodle: The cost effective solution for internet cognitive behavioral therapy (I-CBT) interventions. Technol Health Care. 2017;25(1):163-165. doi: 10.3233/THC-161261. PMID: 27689560

REVIEWER	Newman, E University of Tulsa Institute of Trauma, Psychology/ Dart Center for Journalism and Trauma
REVIEW RETURNED	03-Feb-2021

GENERAL COMMENTS	This study examines the impact of the pandemic on self-reported health, anxiety, depression, PTSD symptoms, and

substance use among a sample of 73 journalists working for 2 international organizations. Using multiple t tests and a generalized linear regression, the stated finding was that journalists covering the pandemic endorsed more anxiety and depression than those who did not. Journalists who had received counseling offered by their news organization following the onset of the pandemic endorsed fewer health, anxiety, and depression symptoms and lower levels of perceived work stress.

Overall, the article presents a vital research question and is an essential addition to the literature. The rationale regarding the effects of COVID-19 on journalists and why this specific population should not be overlooked in understanding the vast impact of the COVID-19 pandemic is well argued. The response rate is amazing despite the small sample. This appears to be a very worthwhile study with important results however the presentation of the results and some general lack of clarity at this point, make it difficult to fully assess the details of the study and the quality of the methodology and results. There are multiple comparisons made, but not all with clear rationales. Variables are mentioned that were not assessed and/or names of variables are inconsistent. This paper is, in our view, a true gem in the raw, but the presentation makes it very difficult to assess in its current format for an article.

Introduction: The introduction is quite succinct and the rationale could be further elaborated.

1.   The rationale as to why COVID-19 may be having a

disproportionate effect on journalists' mental health is well explained. However, the rationale for examining the specific symptoms of distress, anxiety, depression, and PTSD could be further refined. Specifically, on line 28, a compelling argument is made that no data exists on well-being. However, all the measures used in the study are on pathology, not well-being. This rationale might be reworded and reconsidered given that the absence of pathology does not necessarily mean well-being, and the dependent variables are labelled as "psychiatric measures". Similarly, while the rationale for exploring if therapy alleviated any problems is sensible, yet the rationale and scientific support is not articulated in the introduction.

2. Given the decision to only use age, sex, past psychiatric history, therapy provided since the pandemic, and having reported on the pandemic directly in the regression model, is based in part on the known psychiatric literature, that should likely be covered in the introduction.

Methods:

1. While the sample is small, the response rate is strong. It may be useful to provide more details about the wording of the invitation to allow replication.

2. More information is needed as to when and where the data were collected. Given the plethora of events that occurred during 2020 that might have impacted people's

3

mental health and the localization of the pandemic, further details on when this data was collected could shed light on potential confounds. Additionally, more information about where this data was collected would also be beneficial. Participants were from international news organizations, but further clarification is needed regarding where the journalists lived or reported (p.6).

3. Minor note – check journal style guide if female/males are labelled gender or sex

Results: Several tables and figures need further clarification. Further some of the notes in tables are redundant with text.

1. On table 1 "general" is unclear as a label.

2. Figure 1 is not referred to in the text until the discussion – what is the analysis? Further labeling on figure 1 is needed. The data labels state the different lines related to whether counseling was obtained, but it is unclear to what the X-axis refers.

3. Table 4 is titled General linear models, but the text discusses generalized linear regression models. The numbers in the table are not explained as to what they represent.

4. Although the outcome measure correlations are presented in table 2, a correlation matrix for all variables presented in table 4 may be beneficial (p.13).

5. It is stated on page 11 "and reported significantly higher levels of perceived organizational support" but perceived

4

organizational support is not mentioned as a variable elsewhere.

6. Post hoc analyses should examine if the higher anxiety and depression scores were indeed in the pathological range. The meaning of the results is quite limited right now. If the journalists had more anxiety and sadness within the normative range, this may simply reflect appropriate and manageable empathetic engagement and not a problem.

Discussion: In general, the discussion is interesting and raises many fascinating points. However, several assumptions need to be addressed, and alternatives considered.

1. The first paragraph might be restated to clarify what results are from the predictor analyses and what is from separate comparisons. The results as stated do not clearly reflect the results as presented.

2. The response rate as stated is commendable and should be applauded as it is in the discussion. Clearly this is representative of the two international news organizations. It would be helpful to know a bit more about the nature of these organizations and which 100 were selected for invitation to further strengthen this argument. Further, without information about location where western journalists are located and the period of the pandemic, the representativeness of the sample for COVID-19 coverage cannot be made. Thus, the second paragraph of the discussion might be

reconsidered.

4. Discussion of discrimination between symptoms caused by the pandemic is warranted. According to the regression analysis, coverage of COVID-19 predicted anxiety and depression symptoms and not PTSD symptoms or overall psychological distress. The discussion should elaborate on this, as it is a significant finding.

5. The data presented for comparisons to other populations helps put the findings into context. More detail on the comparisons to healthcare workers during the same pandemic period and region would allow the reader to better interpret these comparisons.

6. It is stated that in this study journalists remained out in the field working on COVID-related stories and as such, their lockdown restrictions were social, not occupational. What data is that drawn from- is there evidence they were out in the field? Could they be covering stories from afar? The discussion might be reconsidered in several places with the degree of certainty addressing stress of interacting with the public since the questions simply asked about coverage – and coverage could be remote.

7. Several excellent practical implications are discussed regarding how organizations should utilize this information. More evidence should be offered for the argument that editors are purposefully assigning COVID-19 stories to younger staff. The data indicate that

6

younger staff are bearing the brunt of the sample's burden but does not indicate why this might be (p. 16). How much younger are the journalists in the group given a mean of 41 and SD of 10? Are these the young newbies or just somewhat younger? Further how much are younger journalists' representative of these news organizations?

8. Further expansion of the limitations is warranted. For example, the data collected is cross-sectional; as the previously well stated, there was a lack of control variables, and there was a lack of direct comparison data. Additionally, caution should be made when making assertions about the benefit of therapeutic intervention in this sample, as only cross-sectional data not longitudinal was obtained (p.17). PPE access and COVID safety trainings were not queried which may account for many of the findings.

9. Given this is two international news organizations, if more information is available on the type of therapy offered this could significantly strengthen the article. Was this a one-time EAP, extensive therapy? That information would strengthen the case.

Finally, the manuscript would benefit from further editing. There are multiple formatting, spelling, and grammatical issues throughout the manuscript—for example, the numbered paragraphs under the demographics and COVID-19-related data

7

	section on page 7. Terms are not used consistently throughout manuscript (e.g. exceeded thresholds on page 10 refer to clinical significant/provisional diagnoses, on page 6, are general linear models the same as general linear regression?, is "a history of contact with a mental health specialist prior to the pandemic" the same variable as a past psychiatric history?, etc.).

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Comments:

1. The authors stated "An encouraging finding in our study was the emergence of therapy as a protective factor across all four symptom clusters, namely anxiety, depression, PTSD and overall psychological distress". I suggest to recommend online cognitive behavior therapy.

The most evidence-based treatment is cognitive behaviour therapy (CBT), especially Internet CBT that can prevent the spread of infection during the pandemic.

Use of Cognitive Behavior Therapy (CBT) to treat psychiatric symptoms during COVID-19:

Ho CS et al Mental Health Strategies to Combat the Psychological Impact of COVID-19 Beyond Paranoia and Panic. Ann Acad Med Singapore. 2020;49(3):155-160.

Cost-effectiveness of iCBT:

Zhang MW et al Moodle: The cost effective solution for internet cognitive behavioral therapy (I-CBT) interventions. Technol Health Care. 2017;25(1):163-165. doi: 10.3233/THC-161261. PMID: 27689560

- We thank Dr. Ho for his recommendation and for kindly providing us with two relevant studies. We agree that I-CBT could have beneficial effects for journalists who worked during the pandemic and believe that it would be useful to quantify its efficacy in a follow-up study. We added the recommended references to our manuscript and referred to them as follows:

  ◦ "While the efficacy of in-person and internet-based cognitive behavioral therapy, for example in treating generalized anxiety disorder, major depression, and PTSD is well established[39–43] it may be that simpler supportive measures were also effective in helping journalists through a difficult period."

Reviewer: 2

Comments:

Introduction

1. The rationale as to why COVID-19 may be having a disproportionate effect on journalists' mental health is well explained. However, the rationale for examining the specific symptoms of distress, anxiety, depression, and PTSD could be further refined. Specifically, on line 28, a compelling argument is made that no data exists on well-being. However, all the measures used in the study are on pathology, not well-being. This rationale might be reworded and reconsidered given that the absence of pathology does not necessarily mean well-being, and the dependent variables are labelled as "psychiatric measures". Similarly, while the rationale for exploring if therapy alleviated any problems is sensible, yet the rationale and scientific support is not articulated in the introduction.

2. Given the decision to only use age, sex, past psychiatric history, therapy provided since the pandemic, and having reported on the pandemic directly in the regression model, is based in part on the known psychiatric literature, that should likely be covered in the introduction.

- We thank Dr. Newman for the comment and agree with her suggestions. We replaced the term "well-being" with "psychological distress" throughout the manuscript and reworded the rational in the introduction, including a mention of demographic data, as follows:

  ◦ "The aim of our descriptive study was twofold. First, we sought to determine whether journalists reporting on the COVID-19 crisis have been affected emotionally and if so to assess the severity of their distress. We also looked for potential demographic and work-related predictors. Finally we looked at whether news organizations had provided counseling to their journalists. We hypothesized that journalists assigned to COVID-19 coverage directly would endorse more symptoms of emotional distress, anxiety, depression and posttraumatic stress than those who did not and that elevated rates of psychopathology would be alleviated by therapy received since the outbreak of the pandemic." (p. 5)

Methods

1. While the sample is small, the response rate is strong. It may be useful to provide more details about the wording of the invitation to allow replication.

- We agree and have included the invitation letter in its entirety as supplementary material online. We also added a reference to the supplementary material in the *Participants* section:

  ◦ "[...] news agencies were approached via email (see invitation letter in supplemental material available at https://…) to participate in the study." (p. 6)

2. More information is needed as to when and where the data were collected. Given the plethora of events that occurred during 2020 that might have impacted people's mental health and the localization of the pandemic, further details on when this data was collected could shed light on potential confounds. Additionally, more information about where this data was collected would also be beneficial. Participants were from international news organizations, but further clarification is needed regarding where the journalists lived or reported (p.6).

- We agree and have added the exact time frame for data collection as well as additional information on where journalists were based to the *Participants* section:

9

- ◦ "A group of 111 journalists, primarily based in Europe and North America, whose contact details were provided by two international news agencies [...]" (p. 6)
- ◦ "All data were collected between April 28 and July 20, 2020." (p. 6)

3. Minor note – check journal style guide if female/males are labelled gender or sex

- We changed the term "sex" to "gender" throughout the manuscript according to the journal guidelines.

Results

1. On table 1 "general" is unclear as a label.

- We agree and have removed "general" from Table 1.

2. Figure 1 is not referred to in the text until the discussion – what is the analysis? Further labeling on figure 1 is needed. The data labels state the different lines related to whether counseling was obtained, but it is unclear to what the X-axis refers.

- We thank Dr. Newman for the comment. Figure 1 is referred to in the *Results* section on page 11 and the Discussion on page 16 of the manuscript.

- Regarding the clarity of the X-axis we believe that the labelling adequately refers to whether or not journalists have reported on COVID-19 directly.

3. Table 4 is titled General linear models, but the text discusses generalized linear regression models. The numbers in the table are not explained as to what they represent.

- We have changed the wording to "generalized linear model(s)" throughout the manuscript.

- To increase the readability of Table 5 we moved the explanation of what the numbers in the table represent from the footnote to the table header.

4. Although the outcome measure correlations are presented in table 2, a correlation matrix for all variables presented in table 4 may be beneficial (p.13).

- We agree and have provided the a correlation matrix for all variables used in the generalized linear models as a separate table. We also added a reference to the correlation matrix on page 13:

○ "Correlations between these variables were assessed prior to running the analysis to ensure no two variables had a correlation coefficient exceeding r = .6 (see Table 4)."

5. It is stated on page 11 "and reported significantly higher levels of perceived organizational support" but perceived organizational support is not mentioned as a variable elsewhere.

- We thank Dr. Newman for the observation. We do mention "perceived levels of organizational support" in the *Methods* section on page 7 twice as well as in Tables 1 and 3.

6. Post hoc analyses should examine if the higher anxiety and depression scores were indeed in the pathological range. The meaning of the results is quite limited right now. If the journalists had more anxiety and sadness within the normative range, this may simply reflect appropriate and manageable empathetic engagement and not a problem.

- We agree that post-hoc analysis is warranted here. We dichotomized journalists into pathological and normative ranges based on recommended threshold scores and performed chi-square analyses to determine associations with mental health therapy. The results of our analysis further support our interpretation of the study's results. We added the following to the *Results* section:

○ "Post-hoc analysis with Chi-squared (Fisher's exact test) revealed that journalists who had received mental health therapy were also less likely to fall in the pathological range for the GAD-7 ($p < .001$) and PHQ-9 ($p < .05$)." (p. 13)

Discussion

1. The first paragraph might be restated to clarify what results are from the predictor analyses and what is from separate comparisons. The results as stated do not clearly reflect the results as presented.

- We agree and made the distinction between the results from the predictor analysis and the separate comparisons more unambiguous:

○ "Results of the regression analysis revealed high rates of psychological distress in journalists working during the COVID-19 pandemic which were alleviated, in part, by counseling offered by news organizations since the outbreak. Between group comparisons and correlation analyses furthermore revealed that higher rates of general emotional distress, generalized anxiety disorder, and major depression were significantly associated with being female and reporting on the pandemic directly." (p. 14/15)

The response rate as stated is commendable and should be applauded as it is in the discussion. Clearly this is representative of the two international news organizations. It would be helpful to know a bit more about the nature of these organizations and which 100 were selected for invitation to further strengthen this argument. Further, without information about location where western journalists are

located and the period of the pandemic, the representativeness of the sample for COVID-19 coverage cannot be made. Thus, the second paragraph of the discussion might be reconsidered.

- Since our data was collected anonymously we are not able to provide more detailed information about the respective locations of each participant. However, given the locations of the news organizations we approached and notwithstanding their global scale of operation, we can confidently state that the majority of journalists were based in Europe and North America. We added this information in the *Methods* section.

  ◦ A group of 111 journalists, primarily based in Europe and North America, whose contact details were provided by two international news agencies were approached via email (see invitation letter in supplemental material available at https://…) to participate in the study.

- In regards to the selection procedure, only journalists who were reporting current affairs were approached as they were likely to cover a story of the magnitude of COVID-19 at the time the data for this study was collected. We added the following sentence to the discussion pages 14/15:

  ◦ "Given that the pandemic dominated the news cycles at the time of data collection only journalists who reported on current affairs were approached."

Discussion of discrimination between symptoms caused by the pandemic is warranted. According to the regression analysis, coverage of COVID-19 predicted anxiety and depression symptoms and not PTSD symptoms or overall psychological distress. The discussion should elaborate on this, as it is a significant finding.

- We agree that the results of the PCL-5 should be further elaborated on in the *Discussion* of our study. We therefore added the following:

  ◦ Regarding the results from the PCL-5, it is possible that COVID-19 as a stressor for journalists fell short of the DSM-5 description of what a PTSD stressor entails, namely exposure to actual or threatened death.[21] As such the threat to journalists from COVID-19 was perhaps not of a magnitude for it to emerge as a significant predictor for PTSD in our regression analysis. (p. 15/16)

The data presented for comparisons to other populations helps put the findings into context. More detail on the comparisons to healthcare workers during the same pandemic period and region would allow the reader to better interpret these comparisons.

- We thank Dr. Newman for the comment. The two studies with health care workers we are referencing on page 15 are meta analyses. We believe that they provide sufficient detail to allow interpretation of the comparisons.

6. It is stated that in this study journalists remained out in the field working on COVID-related stories and as such, their lockdown restrictions were social, not occupational. What data is that drawn from-

is there evidence they were out in the field? Could they be covering stories from afar? The discussion might be reconsidered in several places with the degree of certainty addressing stress of interacting with the public since the questions simply asked about coverage – and coverage could be remote.

- We thank Dr. Newman for the comment and agree with her theory on remote coverage of the pandemic. As we did not collect data on this we included the following as an additional limitation of the study:

  ◦ "Third, not all journalists who reported on COVID-19 directly did so in person in the field. Instead a percentage of journalists would have likely worked on the story remotely. Given that both means of coverage were employed we cannot tease out the relevant contribution of each to the outcome variables." (p. 17)

7. Several excellent practical implications are discussed regarding how organizations should utilize this information. More evidence should be offered for the argument that editors are purposefully assigning COVID-19 stories to younger staff. The data indicate that younger staff are bearing the brunt of the sample's burden but does not indicate why this might be (p. 16). How much younger are the journalists in the group given a mean of 41 and SD of 10? Are these the young newbies or just somewhat younger? Further how much are younger journalists' representative of these news organizations?

- Since we do not have direct data to support our hypothesis that organizations took age into consideration when deciding on which journalists got to cover the pandemic directly we included the following as an additional limitation on page 17:

  ◦ "Lastly, we speculate that the younger age of journalists assigned to cover the pandemic might reflect a sensitivity on the part of news managers to the link between infection outcome and age. However, we have no direct data supporting this assumption."

8. Further expansion of the limitations is warranted. For example, the data collected is cross-sectional; as the previously well stated, there was a lack of control variables, and there was a lack of direct comparison data. Additionally, caution should be made when making assertions about the benefit of therapeutic intervention in this sample, as only cross-sectional data not longitudinal was obtained (p.17). PPE access and COVID safety trainings were not queried which may account for many of the findings.

- We agree and have included the following limitation on page 17:

  ◦ "Given that our study design is cross-sectional we also do not know if any of the benefits [of therapy] will endure."

9. Given this is two international news organizations, if more information is available on the type of therapy offered this could significantly strengthen the article. Was this a one-time EAP, extensive therapy? That information would strengthen the case.

- Dr. Newman makes an important point. Unfortunately we do not have data on the type of therapy that was provided to journalists by the news organizations and we do mention that as a limitation on page 17 while at the same time addressing Dr. Ho's comment on treatment efficacy.

13

VERSION 2 – REVIEW

REVIEWER	Newman, E University of Tulsa Institute of Trauma, Psychology/ Dart Center for Journalism and Trauma
REVIEW RETURNED	07-Apr-2021

| GENERAL COMMENTS | Overall, the article presents a vital research question and is an essential addition to the literature. The clarifications and updates significantly strengthen the manuscript, providing the reader with neessary context, which allows one to better interpret the importance and implication of these results. However, with a few more clarifications readers would be able to fully assess the quality of these results.
Introduction:
1. Wording clarifications in the introduction help the reader to understand the scope of the study. However, the introduction references data collected on demographic and work-related predictors but does not make the case why age, sex, marital status, years worked as a journalist, and level of education may impact outcome measures and similarly which work-related predictors are under investigation and why. The reader may benefit from further explanation if there were hypotheses related to these variables. The overall justification for the variables of interest could still be strengthened.
Methods:
1. The information that only current affairs journalists were approached should be in the participant section to set the discussion up. This is key information on sampling
2. The reader may benefit from specifying if the work-related predictors identified in the introduction were the analog scales used to measure perceived stress and support.
3. Indicating how "A history of contact with a mental health specialist prior to the pandemic was recorded." will help the reader follow the analyses better
Results:
1. It may be beneficial to have a specialized statistical editor review the quality of the results and the descriptions.
2. The X axis label is still missing for the ghq-12 and gad-5 Figure 1.
3. Comment 22 about the post hoc analyses should be integrated into the results

Discussion:
1. The updated limitations provide context to the findings. It may still be beneficial to elaborate on the lack of control variables. For example, PPE access and COVID safety trainings were not queried which may account for many of the findings. These potential confounds should be raised
2. Given the lack of basis for the inference of editors choosing younger journalists it may be more relevant to focus on other significant implications of the particular findings. For example, future research should include anxiety symptoms in studies of journalists given your results and the lack of research in that area. We would strongly recommend deleting speculations far beyond the data

Finally, the manuscript would benefit from further copy editing. There are multiple formatting, spelling, and grammatical issues throughout the manuscript—for example, the "21th century" on page 16 and "out psychiatric data" on page 18. There also seem to be minor changes that were on the copy of the manuscript with track changes, but not |

	the final copy. For example, the demographic section on page 6 still refers to sex and not gender.

VERSION 2 – AUTHOR RESPONSE

Reviewer: 2

Comments to the Author:

Overall, the article presents a vital research question and is an essential addition to the literature. The clarifications and updates significantly strengthen the manuscript, providing the reader with neessary context, which allows one to better interpret the importance and implication of these results. However, with a few more clarifications readers would be able to fully assess the quality of these results.

- We thank Dr. Newman for her additional comments and critique.

Introduction:

1. Wording clarifications in the introduction help the reader to understand the scope of the study. However, the introduction references data collected on demographic and work-related predictors but does not make the case why age, sex, marital status, years worked as a journalist, and level of education may impact outcome measures and similarly which work-related predictors are under investigation and why.

- We agree and added the following to the introduction on page 4:

  ◦ We also looked for potential demographic and work-related predictors given that our previous research with journalists has revealed the importance of these factors as determinants of their mental health.[16,17]

The reader may benefit from further explanation if there were hypotheses related to these variables. The overall justification for the variables of interest could still be strengthened.

- Given that our study is predominantly descriptive we did not want to go out on a limb regarding our hypotheses. We therefore were cognizant of not overloading our paper with too many hypotheses and felt that two were sufficient.

Methods:

1. The information that only current affairs journalists were approached should be in the participant section to set the discussion up. This is key information on sampling

- We agree and amended our *Participants* section on page 5 as follows:

15

- ◦ A group of 111 journalists, engaged in current affairs reportage, primarily based in Europe and North America and whose contact details were provided by two international news agencies were approached via email (see invitation letter in supplemental material available at https://…) to participate in the study.

2. The reader may benefit from specifying if the work-related predictors identified in the introduction were the analog scales used to measure perceived stress and support.

- • We have already addressed this in our manuscript on page 11 where we explicitly list the predictor variables entered into our logistic model.

3. Indicating how "A history of contact with a mental health specialist prior to the pandemic was recorded." will help the reader follow the analyses better

- • We agree and have added the following sentence on page 7 under *Psychiatric data*:

- ◦ Journalists were asked whether they had ever sought mental health therapy prior to the pandemic.

Results:

1. It may be beneficial to have a specialized statistical editor review the quality of the results and the descriptions.

- • We thank Dr. Newman for the suggestion.

2. The X axis label is still missing for the ghq-12 and gad-5 Figure 1.

- • The X axis label in Figure 1 is applicable to all four graphs. As is the Y axis label. To make Figure 1 more legible we added additional tick marks to the X axes of the GHQ-12 and GAD-5.

3. Comment 22 about the post hoc analyses should be integrated into the results

- • We agree and made the following changes to the *Predictors of psychiatric difficulties* section on page 12:

- ◦ We dichotomized the GAD-7 and PHQ-9 scores into normal and pathologically elevated and followed this with a post-hoc analysis with Chi-squared (Fisher's exact test) which revealed that journalists who had received mental health therapy were also less likely to fall in the pathological range for the GAD-7 ($p < .001$) and PHQ-9 ($p < .05$).

Discussion:

1. The updated limitations provide context to the findings. It may still be beneficial to elaborate on the lack of control variables. For example, PPE access and COVID safety trainings were not queried which may account for many of the findings. These potential confounds should be raised

- We agree with Dr. Newman and have amended our limitations section on page 16 as follows:

  ◦ Fourth, we have no data in relation to personal protective equipment access and COVID safety trainings, two variables which in theory could have affected the journalists' emotions.

2. Given the lack of basis for the inference of editors choosing younger journalists it may be more relevant to focus on other significant implications of the particular findings. For example, future research should include anxiety symptoms in studies of journalists given your results and the lack of research in that area. We would strongly recommend deleting speculations far beyond the data

- We agree and have amended our limitations section on page 16 as follows:

  ◦ Lastly, we note with interest that journalists assigned to cover the pandemic were younger. The reasons for this are unclear and deserve further exploration.

Finally, the manuscript would benefit from further copy editing. There are multiple formatting, spelling, and grammatical issues throughout the manuscript—for example, the "21th century" on page 16 and "out psychiatric data" on page 18. There also seem to be minor changes that were on the copy of the manuscript with track changes, but not the final copy. For example, the demographic section on page 6 still refers to sex and not gender.

- We thank Dr. Newman for her observations and edited the manuscript accordingly.