

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Patients' Silence towards the Health Care System after Ethical Transgressions by Staff: Associations with Patient Characteristics in a Cross-Sectional Study among Swedish Female Patients
<b>AUTHORS</b>	Brüggemann, Adrianus; Swahnberg, Katarina

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Sophie Y Hsieh Assistant Professor Department of Healthcare Information and Management, Ming Chuan University, Taiwan  No competing interests
<b>REVIEW RETURNED</b>	18-Jul-2012

<b>THE STUDY</b>	<p>1. Line 48-54, p.16: ....male and female patients experience AHC in different ways(Wijma et al, 2004; Beauchamp and Childress, 2001). The current study was conducted in 2009. Why did the study select a women's clinic rather than a general clinic or hospital? It needs justification.</p> <p>2.Line 52-54, p.9: The knowledge of patient rights is an important measure in this study. But what is the definition of the knowledge of patient rights? How did this be measured? Was there a list of questions? If so, the detail of questions and their statistics should be presented.</p> <p>3. Line 21, p.8:"The face validity of the silence construction was judged to be good(Bruggemann et al, 2012)". Although part of results of the study has been presented in the another article, the basic statistics still needs to be presented.</p>
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<b>REVIEWER</b>	Liang Su Position: Doctor Institution: Huashan Hospital of Fudan University Country: China Statement of competing interests: I declare that I have no competing interests.
<b>REVIEW RETURNED</b>	18-Sep-2012

<b>THE STUDY</b>	I suggest STROBE checklist should be added as a supplemental file.
<b>GENERAL COMMENTS</b>	This study investigated associations with patient characteristics in a cross-sectional study among Swedish female patients. The authors found that offer opportunities for designing interventions to stimulate

	<p>patients to speak up and open up the clinical climate, for which the responsibility lies in the hands of staff but more research is needed. It is an interesting paper and it does reflex the current situation in this particular field. This is an interesting paper with a nice association in introduction.</p> <p>Some minor points should be considered:</p> <p>Methodology</p> <ol style="list-style-type: none"> <li>1. Some important details should be added, such as how to choose participants, periods of recruitment, and data collection proceeds. The STROBE checklist (for Cross-sectional study) and Flow Chart could be considered adding as a supplemental file.</li> <li>2. It is better for the reader if the full questionnaire translated in English could be included as an appendix.</li> <li>3. The author should explain the details of statistical analyses. It is difficult to find the group comparisons based on which different groups and which groupings were chosen and why in Table 1.</li> </ol> <p>Results</p> <p>The results should be associated to the discussion and conclusions. The authors should give us an interesting, close and nice association. However, I suggest the authors consider using several figures instead of some tables to show the results which might look more clearly.</p> <p>Quality of written English</p> <p>The English is generally quite good, but I am not a native English speaker. I think that it is better that the text would be (re-) revised for minor grammatical mistakes or iterations by someone whose first language is English.</p> <p>Statistical methods</p> <p>I found that the methodology seems convincing in this survey analysis, therefore, I have accessed the statistics in my report. But again, I suggest the authors consider using several figures instead of some tables to show some of their results.</p> <p>I would be pleased to read the revision edition. Please send me the corrected manuscript again if possible.</p> <p>This study investigated associations with patient characteristics in a cross-sectional study among Swedish female patients. The authors found that offer opportunities for designing interventions to stimulate patients to speak up and open up the clinical climate, for which the responsibility lies in the hands of staff but more research is needed. It is an interesting paper and it does reflex the current situation in this particular field. This is an interesting paper with a nice association in introduction.</p> <p>Some minor points should be considered:</p> <p>Methodology</p> <ol style="list-style-type: none"> <li>1. Some important details should be added, such as how to choose participants, periods of recruitment, and data collection proceeds. The STROBE checklist (for Cross-sectional study) and Flow Chart could be considered adding as a supplemental file.</li> <li>2. It is better for the reader if the full questionnaire translated in English could be included as an appendix.</li> <li>3. The author should explain the details of statistical analyses. It is difficult to find the group comparisons based on which different</li> </ol>
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	<p>groups and which groupings were chosen and why in Table 1.</p> <p><b>Results</b></p> <p>The results should be associated to the discussion and conclusions. The authors should give us an interesting, close and nice association. However, I suggest the authors consider using several figures instead of some tables to show the results which might look more clearly.</p> <p><b>Quality of written English</b></p> <p>The English is generally quite good, but I am not a native English speaker. I think that it is better that the text would be (re-) revised for minor grammatical mistakes or iterations by someone whose first language is English.</p> <p><b>Statistical methods</b></p> <p>I found that the methodology seems convincing in this survey analysis, therefore, I have accessed the statistics in my report. But again, I suggest the authors consider using several figures instead of some tables to show some of their results.</p> <p>I would be pleased to read the revision edition. Please send me the corrected manuscript again if possible.</p>
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### VERSION 1 – AUTHOR RESPONSE

#### Reviewer #1's comments

##### Comment

1. Line 48-54, p.16: ....male and female patients experience AHC in different ways(Wijma et al, 2004; Beauchamp and Childress, 2001). The current study was conducted in 2009. Why did the study select a women's clinic rather than a general clinic or hospital? It needs justification.

##### Response to reviewer comment no. 1

We are thankful for receiving the opportunity to add an explanation for this choice. We added the following explanation:

##### Changes in the manuscript (Method, p.6-7)

“These patients were recruited at a women's clinic at a county hospital in the south of Sweden. This clinic was chosen because of an ongoing collaboration between the clinic and our research group, and because of the clinic's great variety of patients, including those coming for routine screening procedures. Also, female patients have reported AHC to a much higher degree than men, which was another reason to explore these questions in a female sample.”

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##### Comment no. 2

2. Line 52-54, p.9: The knowledge of patient rights is an important measure in this study. But what is the definition of the knowledge of patient rights? How did this be measured? Was there a list of

questions? If so, the detail of questions and their statistics should be presented.

Response to reviewer comment no. 2

We agree that this measure is important in the manuscript. The measure is based on one item, where the respondent rates her own level of knowledge on an 11-point scale. We tried to clarify this in this revision.

Changes in the manuscript (Method, p. 10)

"Lastly, knowledge of patient rights was operationalized as self-rated knowledge of these rights, asking respondents to rate their knowledge level on an 11-point item (original coding: 0=none, 10=to a high degree)."

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Comment no. 3

3. Line 21, p.8:"The face validity of the silence construction was judged to be good(Bruggemann et al, 2012)". Although part of results of the study has been presented in the another article, the basic statistics still needs to be presented.

Response to reviewer comment no. 3

Thank you for this comment. In response to this comment, we chose to add a note on the fact that face validity was based on a qualitative judgment, and we added some basic statistics related to convergent validity.

Changes in the manuscript (Method, p. 8-9)

"The face validity of this 'silence construction', based on a qualitative judgment, was considered to be good.[20] Patients' reports of abusive transgressions in TEP also showed satisfactory convergent validity with patients' reports to the AHC questions from the validated Norvold Abuse Questionnaire (NorAQ; validated in a Swedish female sample)[24]; sensitivity and specificity were found to be 82% and 80% respectively."

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Reviewer #2's comments

Comment

Some important details should be added, such as how to choose participants, periods of recruitment, and data collection proceeds. The STROBE checklist (for Cross-sectional study) and Flow Chart could be considered adding as a supplemental file.

Response to reviewer

This is an important remark and we now provide the STROBE checklist as a supplement, and present a flow diagram of participants and non-participants in the manuscript (Figure 2). The STROBE checklist also helped us providing all necessary details, e.g. on missing values, which we not yet had described.

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Comment

It is better for the reader if the full questionnaire translated in English could be included as an appendix.

Response to reviewer

We agree that it could of interest to readers to see the entire questionnaire and for that reason we are

planning to initiate a translation process. However, at this moment there is no rigid back-and-forth translation available, and we do not think it is a good idea to spread an initial translation. We have offered the Editor the possibility to add the questionnaire as an online supplement when we have completed this process.

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**Comment**

The author should explain the details of statistical analyses. It is difficult to find the group comparisons based on which different groups and which groupings were chosen and why in Table 1.

**Response to reviewer**

We have tried to describe all variables and their coding in detail on p. 9 through 11. To clarify the grouping for the dependent variable, described on p. 11, we chose to add a figure in order to visualize these groups to the reader (Figure 1). We hope this clarifies how the continuous variable was trichotomized.

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**Comment**

I suggest the authors consider using several figures instead of some tables to show the results which might look more clearly.

**Response to reviewer**

On top of Figure 1 and the included flow diagram, we chose to provide two figures that show the univariate associations between age and silence (Figure 3), and knowledge of patient rights and silence (Figure 4). We are very glad that the reviewer pointed out this possibility, as these figures provide some insights in what these main associations look like.

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**Comment**

The English is generally quite good, but I am not a native English speaker. I think that it is better that the text would be (re-) revised for minor grammatical mistakes or iterations by someone whose first language is.

**Response to reviewer**

Neither are we native English speakers, which is why we had a professional language reviewer edit the manuscript.

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On top of the abovementioned changes we also conducted some revisions throughout the manuscript that we think further improved the quality and consistency of the manuscript.

We are thankful to you for considering a revised version of our manuscript. We find the comments very helpful and believe that the manuscript has been significantly improved.

**VERSION 2 – REVIEW**

<b>REVIEWER</b>	Liang Su Position: Attending physician Institution: Department of Psychiatry, Huashan Hospital of Fudan University
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	Country: P.R. China Declaration of competing interests: I declare that I have no competing interests.
<b>REVIEW RETURNED</b>	15-Oct-2012

- The reviewer completed the checklist but made no further comments.