

Peer Review Report

Review Report on Developing Core Indicators for Evaluating Second Victim Programs: An International Consensus Approach

Original Article, Int J Public Health

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EVALUATION

Q 1 Please summarize the main findings of the study.

Healthcare workers frequently encounter potentially traumatizing events within healthcare settings. Very often they have felt emotional distress, guilt or trauma following an adverse event. Following that the study's objective is to establish a consensus for evaluating support interventions for second victims (SV) using the list of indicators which will be used to evaluate the SV programme and to facilitate comparison over time and across different organisations.

The method of this qualitative study includes three phases:

Phase 0 – conducted a scoping review to identify key factors for the implementation of SV support programmes and indicators used in previous SV interventions to evaluate them. A total of 22 indicators were identified after reviewing 29 scientific publication

Phase 1 – Phase 1 – This was conducted through five stages, and every phase included different activities. 35 indicators identified at the end of Phase 1.

Phase 2 – This was conducted through two Delphi rounds with different response rates (First round 61.73% and Second round 80%). 11 indicators identified at the end of Phase 2.

Q 2 Please highlight the limitations and strengths.

1. The authors, in row 77 mention that the indicators need to be evidence-based, appropriate, feasible, reliable, valid and sensitive. In the study, only two criteria (feasibility and sensitivity/responsiveness) were satisfied in indicators rating, without a detailed explanation of the other criteria that weren't considered (rows 205 – 210).
2. The authors, in rows 217–219, mentioned that the indicators were stored and classified into four categories (the intervention process and structure, the SV experience, and the healthcare organization and culture, but through the manuscript, it can be noticed that authors haven't been consistent in using terminology for categories of indicators (look at rows 307–309 and rows 383–385, also supplementary table 1).
3. The authors, in rows 152 and 197, mentioned the "snowball sampling technique" but it isn't clear how was the technique carried out in practice under this study. Better explain how the study spread and involved participants with SV experience in the different study phases.
4. The authors, in row 176, mentioned that the list of indicators was ranked using "joinmyquiz.com". There is a need to add the reference.
5. The authors, in this study, identified only one structured indicator ("the existence of a policy strategy for SV support approved by the institution). In the part of the manuscript (Discussions), the authors stated that the structural indicators received less attention and that these indicators are crucial when the institution is in the early stages of addressing the SVP (rows 357 – 364). By this statement, the authors are in contradiction, with the study's objective (... different organisations, in rows 6 – 7). Also, I could not agree that the structural indicators are only crucial in the early stage SVP, because if we want to change something in outcomes we need to start the change in structural and process indicators. One indicator that measures structure isn't enough, because from the process indicators it can be concluded that the structural indicators can be materials for training peer supporters and healthcare workers or from the outcome indicator (...identified from the reporting system) in this case, the structural indicator can be the development of reporting system SV (supplement table 1). Furthermore, indicators in the supplement Table 1 aren't representative of information on which outcomes are connected with which structure indicator (in this case only one indicator) or process

indicators. Also, the authors haven't given an explanation or definition in the special table, and other information important for each indicator, such as title, purpose, numerator and denominator, method of measurement etc.

6. In row 288, it has written 45 indicators, a mistake, in the first Phase 1, participants from the research using the questionnaire identified 35 indicators.

7. The mentioned table in row 119 doesn't describe the search strategy applied in the scoping review. In the supplementary part exists Table 1, it can be correlated with the table mentioned in row 140 (Table 2). Other Tables mentioned in the text aren't present in the supplementary part of the manuscript.

Q 3 Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

Part of the method isn't easy to read, because it is too confusing for the reader. Often the same or partly the same text is repeated more times or on more pages. Also, one activity under the phase is described on one page, and on that other page again the author mentions that phase but other activity or activities. The Method could be better systematized.

PLEASE COMMENT

Q 4 Is the title appropriate, concise, attractive?

The authors in the manuscript use two terms monitoring and evaluation (in the title authors use the term evaluate). The use of those two terms in the manuscript can confuse the reader, does the purpose of those indicators are to monitor or to evaluate SV support programmes?

Q 5 Are the keywords appropriate?

The keywords are appropriate.

Q 6 Is the English language of sufficient quality?

The English language is of sufficient quality.

Q 7 Is the quality of the figures and tables satisfactory?

No.

Q 8 Does the reference list cover the relevant literature adequately and in an unbiased manner?)

The reference list covers the relevant literature adequately and in an unbiased manner.

QUALITY ASSESSMENT

Q 9 Originality



Q 10 Rigor



Q 11 Significance to the field



Q 12 Interest to a general audience



Q 13 Quality of the writing

Q 14 Overall scientific quality of the study

REVISION LEVEL

Q 15 Please make a recommendation based on your comments:

Major revisions.