

Manuscript 69884 review report revision feedback

Dear editors,

I will reply to the questions raised by the teachers, Dear editors, I will reply to the questions raised by the teachers, thank you for your guidance:

05871485:

Abstract:

1.The author should add some digits to the result section.

Results: Of the dimensions covered by the questionnaire, The occupational value dimension had the highest mean score at 2.61 (0.59), followed by the support/security dimension at 2.30 (0.74). Occupational protection had the lowest score at 1.44 (0.75), followed by work environment at 1.97 (0.81). The social relationships dimension had an intermediate score at 2.06 (0.80). Significant differences in working conditions were observed across hospital departments, with the fever clinic having the lowest score. Total scores also differed significantly across workplaces, and was lowest for the fever outpatient department ($P < 0.01$). Analyzing the reasons, the fever outpatient department, as a reception place, contacts a large number of patients and their families with little materials and social support, insufficient protective equipment, staff worry about being infected, and the sense of professional value is low compared with other areas. In terms of working hours, medical workers in Wuhan worked relatively long hours ($P < 0.01$). For the support/security dimension, the mean score was higher for staff working in tertiary hospitals as compared to secondary hospitals, and for staff in the Wuhan area as compared to those in the Qinghai region ($P < 0.01$). For work environment, staff in Wuhan had a lower mean score than those in Qinghai ($P < 0.05$).

Introduction:

1.What is the theoretical framework guiding the study?

Therefore, in this research, we developed a questionnaire using the

Delphi method theory to evaluate the work experiences of frontline health care workers treating COVID-19 patients at hospitals in the city of Wuhan and Qinghai province in China. Our analysis of the factors affecting workers' experiences can guide the establishment of services and policies that ensure a safe and productive work environment.

2. The rationale of the survey needs to be better clarified.

Our analysis of the factors affecting workers' experiences can guide the establishment of services and policies that ensure a safe and productive work environment. As an emergency, the epidemic of new coronavirus infection has put forward a severe test for the rapid response of medical staff. This cross-sectional survey described the environmental hazards and human resources hazards faced by medical staff in this emergency.

3. Many papers were published regarding health care workers' physical and mental outcomes due to job stress and COVID-19 related bitter experiences. Furthermore, now a days vaccine are widely available and the number of COVID-19 affected patients are decreasing. The job related stress for the healthcare professionals are eventually minimized due to ample hospital resources and manpower. So, what is the novelty of the study in this current situation?

As an emergency, the epidemic of new coronavirus infection has put forward a severe test for the rapid response of medical staff. This cross-sectional survey described the environmental hazards and human resources hazards faced by medical staff in this emergency. Provide reference for medical staff or medical students trained to respond to emergencies, and enhance the ability to respond to public health emergencies. The outbreak of the new crown epidemic has brought many previously neglected issues back to the public eye, such as basic medical care, preventive medicine, and psychological counseling for patients and medical workers. Under the new situation, grassroots medical workers may face more and more severe challenges. Even if there are sufficient manpower, not all hospitals have

sufficient awareness of precautions in dealing with emergencies. Through this research, it can be used for future medical events. Provide a certain theoretical basis, and at the same time call on the majority of medical workers to pay attention to their mental health, and to meet the challenge in a better state.

Methodology:

1.The sample size seems pretty minor to represent the community.

According to the reference value of reference literature and the pre-experimental sample size estimation, the required sample size is estimated to be 5-10 times the number of questionnaire items (Sun, 2011); considering the 10% sample loss rate, the target sample size is determined to be 176-352 , And finally 178 questionnaires were distributed.

2.The author should mention the sampling technique.

This study is a descriptive study. During the new coronavirus pneumonia (covid-19) epidemic, the current status of the work experience of frontline medical staff in Wuhan and Qinghai Province, China was investigated, and the study subjects were selected using the principle of random numbers.The research unit includes staff from Wuhan Xizhou Hospital, Qinghai Provincial People's Hospital and Qinghai Provincial Fourth People's Hospital

3.The sampling procedure is not adequate, needs to describe in detail.

The random number table method was used to select the research objects. Staff of Wuhan Xizhou Hospital, Qinghai Provincial People's Hospital, Qinghai Provincial Fourth People's Hospital

4.Was there any piloting conducted before finalizing the questionnaire?

Before the start of the formal survey, 20 research subjects were selected and used the table to conduct pre-experiments. The scales were issued at the same time. Data were collected using Questionnaire Star (an online survey tool). If the response time was less than 30 s or the same score was given more than five times in a row, the questionnaire was regarded as invalid, the questionnaire recovery rate was 100%. The total work experience score (\pm standard deviation) of the 20 front-line medical staff was mean of 50.34 (12.51),

occupation Protection score at 1.98 (0.54), occupational value dimension score at 2.61 (0.59), work environment score at 1.32 (0.64), support/safety dimension score at 2.03 (0.49), social relationship dimension score at 1.56 (0.71).

Result:

1. "According to the inclusion and exclusion criteria, 173 participants were contacted, 5 participants dropped out, and 173 participants completed the questionnaire, including 72 from secondary and 101 from tertiary hospitals."- But initially, the author mentioned about 178 participants. But here, I observe he approached 173 respondents. In that case, the survey participants should be 168. Which one of those is correct?

According to the inclusion and exclusion criteria, 178 participants were contacted, 5 participants dropped out, and 173 participants completed the questionnaire (including 72 from secondary and 101 from tertiary hospitals)

2.The mean working time was 24.17 (8.67) days."- I failed to identify it from the table.

This text has been deleted during the modification process

3."The general characteristics of the study population are presented in Table 1."- But in my MS file, Table 1 is about 'The exploratory factor analysis of work experiences questionnaire'. I am a bit confused about the referencing here. If I am not wrong, please address this.

The original text has been modified.

4.Table 1: It should be divided according to the categories.

The original text has been modified.

5.Table 2: Categorizations of the "level of education", "professional title" in respect of "profession" seem pretty unclear to me. MBBS is regarded as a graduation degree. But here, I observed only 5 of them were in that section wherein the earlier number of doctors was 24. On the other hand, what is the difference between "undergraduate" and "college degree or below"?

Hello, Mr. Editor, I will explain to you the following questions you have

raised:

1. People who have a university degree in China but do not have an undergraduate degree are called those with a bachelor's degree or below.
2. In China, professional titles are classified according to technical levels, such as low-level, intermediate, and high-level.
3. In the general limit data, there are 24 clinicians, excluding the other five infectious diseases medical staff. In our country, only clinicians are classified as doctors.
6. Table 3: I accidentally failed to find the reference "The mean total work experience score (\pm standard deviation) of frontline health care workers was 65.13 (14.77) out of 128" here.

This text has been deleted during the modification process.

Discussion:

1. Discussion should include more relevant papers regarding this issue.

Document content added during the revision process.

Limitation:

1. The author should include more limitations. Such as, "due to cross-sectional study- can we estimate the causal relationship between the variables".

Fourth, this study is a small sample study. For cross-sectional studies, a large sample size can more accurately estimate the causal relationship between variables. When proceeding to the next study, the largest sample size should be selected.

2. What measures were taken to minimize biases?

From the design to the end of the investigation, this study adhered to the principle of randomization, selected the research objects strictly in accordance with the sampling design plan, and analyzed the reasons for non-response in a timely manner. Strictly train investigators and unify investigation procedures and methods.

03767650:

This article is variable since the study period is during the early stage of the

COVID-19 pandemic. The authors reported that health care managers should address the problems faced by health care workers by providing high-quality personal protective equipment and adequate training and ensuring a supportive and safe work environment. This study is significant in clarifying the following points. The mean score was lowest for staff working in fever outpatient departments, as well as, in terms of working hours, medical workers in Wuhan worked relatively long hours, as did those with a Bachelor's degree, who were aged 30–45 years, and had 5–20 years of work experience. Because I'm not an expert in this area, I can not understand work experience and occupational value. Please concretely describe what these are in the methods or results section. In abstract I can not understand what high score means. Please describe what high score means in the abstract. I can not clearly understand the difference between support/security and environment. Please describe this point in the methods or results section. Reference style is not adequate. Please correct that. There are some typos. Please correct them.

1. The support/safety dimension is interpreted as pre-job training and human resources reasonable? , Whether rest is guaranteed, etc. The working condition dimension is interpreted as whether the management process is complete? , Are the materials complete? Wait. The occupational protection dimension is interpreted as whether the protective equipment at work meets the protection requirements? The social relationship dimension can be interpreted as the attitude of family and friends towards staff in a special work environment. The professional value dimension can be interpreted as the staff's self-recognition of the value of work during the epidemic.

2. Abstract

1)Methods:

A self-report questionnaire was designed to evaluate the work experiences of medical staff working during the COVID-19 pandemic in this cross-sectional descriptive study. A total of 178 health care workers responded to the questionnaire between February 19 and 29, 2020. [In the](#)

report questionnaire, the higher the score of the dimension proves that the dimension has an advantage, and the score is outstanding compared with other dimensions.

3.Reference format has been revised

4.The three-line table format has been modified

01221925

This is an excellent paper on a very important topic reporting the experience of first line personnel. Their experiences can be valuable lessons to many

Thanks for your comments.