**Notas do editor:**

- o limite de palavras definido para os artigos originais é de 4000. O seu trabalho tem 4508. Atendendo aos comentários dos revisores, e uma vez que será necessário incluir nova informação, os autores deverão envidar todos os esforços para tornar o trabalho mais conciso; Resposta: assim fizemos, encurtando significativamente a dimensão de várias secções. As modificações foram assinaladas no texto da versão “highlighted amendments” (novas informações a amarelo, texto eliminado em strikethrough). A versão final está na “clean version”; nesta versão a nossa contagem é agora de 3992 palavras (excluindo títulos, autores, resumos, legendas, sinalizações de inserção de tabelas/figuras e referências)

- as obras consultadas online deverão referir, na listagem final, o nome do documento, bem como o dia, mês e ano do acesso, e ainda o link completo que a elas dá acesso; Resposta: como não nos foi possível indicar com exatidão o dia em que a consulta tinha sido feita na versão inicial (em que havíamos indicado apenas o mês), optámos por aceder às mesmas obras neste processo de revisão (confirmando que os conteúdos se mantêm) e colocar esta data nas referências

- na listagem final de referências, as revistas consultadas deverão ser identificadas na sua forma abreviada (ex: Acta Med Port e não Acta Médica Portuguesa); Resposta: assim fizemos

- algumas obras na listagem final de referências encontram-se incompletas, faltando por exemplo o nome da publicação, da casa publicadora, local de publicação ou o ano. Eventualmente também o número de edição e de páginas de início e fim. (ex: refª 8,9 etc). As referências deverão apresentar-se em total conformidade com as normas AMP.

Resposta: assim fizemos. As referências nº3 e nº8 respeitam, adicionalmente, os respetivos pedidos de formato de citação.

**Revisor B:**

The present topic is globally important because a safe and healthy laboral enviroment is esential for a better clinical practise. Giving the scant literature about this topic, the results of this study add new information to the current knowledge.

COMMENTS

• The title is instructive, short and summarizes the manuscript.

• The abstract is well structured and reflects the content of the manuscript in some ways. See below about the prevention strategies.

• Introduction: The introduction is well written and ensures a better understanding for the reader. However, the objective about prevention strategies comes short when it comes about methodology. Answer: please see below the answers provided to comments on “evaluation part” and the subsequent modifications that the authors have made to the manuscript.

• Methods: This is the weakest part of the work. I think the design is adequate but, probably, the methods are not well described. Answer: we have tried to improve this section based on the Revisor’s comments and suggestions detailed below.

• Qualitative part: a description of the participants should be given: sex, age, origin, years of practice, professional category, department they work for, etc. Answer: We agree with the Revisor comment. We have added a table with the demographics to the manuscript. Also, the reader needs to know what kind of interview was conducted (structured, semi-structured or open), the script that was used if so, and who performed those. Answer: We agree with the request and we have added the type of in-depth interview, a general description of the script and the surveys performer.

• Quantitaive part: please, let us know the period of the study Answer: we agree with the Revisor request and have added the study period to the manuscript. For a study thait aims to describe the consequences of the aggressions, it is strange that the questionnaire does not address the type of the injury neither the severity, localization, prognostic of those. This should me be included as a limitation of the study or, at least, something to be investigated in the future. Answer: The questionnaire included a request to describe the episode (in the results section those are reported in *Physical violence was described as “kicking”, “tearing the doctor’s clothes”, “hand raising at the victim”, “punch attempt” or simply “physical aggression”*). The questionnaire included a question on whether the victim had been absent from work (and for how many days) and none of the responders reported 1 or more days of absence, which can be considered an indicator of low physical severity. As described and discussed in the manuscript, workplace violence consequences are specially outstanding in the mental health and job satisfaction fields. We agree the topic could have been explored in more depth and we added it to the limitations’ considerations.

• Evaluation part: One of the objectives of this study is to define de prevention strategies against this type of incidents. However, there is no methodology described in this manuscript to achieve this. Maybe it was done by an expert group based on the quantitative and qualitative results…please, describe this part better. Answer: the prevention strategies recommended by the authors were not epidemiologically researched in this specific study. They are established approaches that have been previously studied by other authors (briefly described in the introduction) that are part of occupational health departments duties. They were judged by the authors of the manuscript to be adequate and applicable to the studied situation based on the quantitative and qualitative results, as hypothesized by the Revisor. We have included a sentence in the manuscript that summarizes this answer’s highlights.

• Results:

• Qualitative phase: here the results are given from a quantitative perspective (“four of six”, “three of six”). This is not the idea. Describe the incidents, and the discourse of the subjects, what is common, what is diverse… Actually, part of the results of the qualitative study are mixed in the discussion (from “despite their qualitative design” and so on). I recommend to bring them back here. Answer: We agree and we have separated the analysis (1st qualitative and then quantitative) as recommended by the Revisor.

• Quantitave phase: About the motives. Describe a little the 14 “others”. Answer: the 14 “others” were: population mistrust of healthcare workers, arrogant personality, dissatisfaction with the approach made to the patient, exhaustion, the carer was absent (meal break), lack of common sense, conflict prone personality, lack of information on expected waiting time, “I am no longer able to work as fast as I used to”, people disagree with the screening priority (bracelet color) they are given, poor overall conditions of the emergency areas, not accepting the patient disease, no staff available at that exact moment, “his girlfriend had broken up with him and he needed to direct his anger to someone”. To meet the Revisor request we added “*Others” is a heterogeneous class that includes mentions to the aggressor’s personality traits and emotions, lack of information provided to the patient/ next of kin and facilities unfriendly features* to the chart legend

• Evaluation phase: I encourage to the authors to gather the information, the problems or situations to be addressed, in a chart and confront them to the solutions proposed by the expert group. Answer: Figure 4 summarizes the solutions proposed by the participants, which imply the problem to address (more healthcare and safety workers imply the problem is shortness of this staff, gatekeeping access to working areas imply gatekeeping is currently absent and information/ education implies there is a lack of these). As we explained earlier (answer to the Revisor’s comment to ‘evaluation part’), there was not an expert group defining solutions to this specific study. In the discussion section, the authors discuss the findings (including the participants suggestions) and the applicability of the approaches proposed in occupational health bibliography.

• Discussion:

• The first part of the discussion about the type 3 could be erased, because the link with the rest of the work is kind of missing at this point. If included, it should be later on. Answer: We agree with the Revisor comment. We have erased the discussion about type 3 violence

I recommend the authors to start the discussion with the paragraph of the conclusion (which is not a conclusion itself but could make it here “This study is probably one of the first to comprehensively describe workplace violence in a healthcare organization using concomitantly qualitative and quantitative surveys with the specific goal of designing a tailored-made occupational health prevention program. Answer: we agree with the Revisor suggestion; the paragraph has been moved to the discussions section

• About the motives, it should be pointed out that an aggression can be motivated by different reasons. Asking just about the main motivation can oversimplify the understanding of the phenomena by minimizing other motives and giving a non-multifactorial perspective of the violence. It also can be pointed out that it looks that any of the responses take some responsibility in the incident or how to managed it… Answer: we agree with the Revisor; the questionnaire, in fact, did not ask for the main motive, it asked for the motives (the original question was: 6. Na sua opinião, que motivos levaram o agressor a agredi-lo(a)?). The Revisor is right when pointing out that only one side has been listened to; the authors have highlighted this as one of the study limitations (in the manuscript: “*the fact that we have only listened to one version of the facts (aggressors have not been enquired) could have also led to a somehow distorted picture of the violence incident and its circumstances*”)

• A very important limitation to be drawn is also the “opportunistic sampling”, especially with this sample size. Answer: we agree with the Revisor comment; we have added this to the limitations paragraph.

• Conclusions are clear, relevant and in consonance with the results of the study.

• About the ethics of the study, was it accepted by any ethic committee? No, the study was not submitted to an ethics committee. This issue was specifically discussed prior to its implementation and disclaimed in the manuscript (“*The authors declare having followed the protocols in use in their working center regarding data publication*”). The study was carried with the final goal of defining intervention strategies which is part of occupational health responsibilities No personal data or information contained in registries or databases were planned to be used. The sources of information were the interviews and the questionnaires, carried under anonymity upon agreement of the participant.

EXTENSION: The manuscript can be shortened removing some parts of the introduction. Answer: we agree with the Revisor comment and we have shortened the introduction section.

**REVISOR C**

* **Title**: Is it instructive and short? Yes. Does it summarize the manuscript? Yes
* **Abstract**: Does it reflect the contents of the manuscript? Yes. Is it well structured? Yes. Does it efficiently summarize the content? Yes

**Introduction**: Are the objectives clearly described? Yes. Does it explain the relevance of the study? Yes, but in the introduction, it is suggested that the authors provide more information about the prevalence and typology of violence in the context studied, thus completing the statement: "During 2017 high number of workplace violence incidents were reported in a hospital located in Lisbon, Portugal." Answer: because they are not able to provide the information requested within the time available, the authors have modified the paragraph by removing comments on prevalence.

* **Methods**: Does it describe how the objectives were reached? Yes Are the study design and methodology appropriate to its objectives? Yes Are there any methodological failures? No. Is the statistical method accurate? Yes. Is the methodology in epidemiological based manuscripts adequate? Yes. Suggestion: Clarify what it means by "opportunistically selected” and clarify the selection criteria of the quantitative survey. Answer: we agree with the Revisor suggestion and we have modified the text to make selection criteria clear.The authors should reinforce how quality of the qualitative phase was guaranteed. Answer: the script contained instructions in brackets to the interviewer to ensure all relevant aspects were probed. However, formal methods of verifying quality in qualitative research (initially established by Guba and Lincoln in 1994) have not been applied in this research. We have added a note on absence of formal quality control to the limitations section.No fraudulent practices have been identified. Auhtor shour reinforce the ethical issue of this type of study.Answer: potential ethical issues were discussed in our research group prior to implementation. The study was carried with the final goal of defining intervention strategies in workplace violence which is part of occupational health responsibilities and must therefore be based on the hospital reality. No personal data or information contained in registries or databases were planned to be used neither have they been used. The sources of information were solely the interviews and the questionnaires, carried under anonymity upon agreement of the participant.
* **Results**: Is data presentation and analysis accurate? Yes Are the results clear and convincing? Yes Are the charts and tables legible and correctly designed? Yes
* **Discussion**: Does it explain the relevance of the results? Yes. Does it describe any limitation? Yes, but it is suggested that the authors introduce the discussion associated with the bias of the healthy worker. Answer: we agree with the Revisor suggestion and we added a short note on this topic to the discussion section.Does it describe any areas in need of further study? Not enough. This is an area to improve. Answer: the area of future research that we have identified in our paragraph “*Studies directed to measurements of workplace violence prevention programs’ efficacy are scarce and we therefore recommend that future research addresses this specific information gap*” is a huge field of research where the paucity of evidence focused on violence prevention programs results contrasts with the large amount of published theories and studies demonstrating the existence of a problem. We have nevertheless improved this section, as suggested by the Revisor, by adding a new area of future research to themanuscript – the need to further study the efficacy of programs designed to improve notification.
* **Conclusions**: Are conclusions relevant? Are these related to the objectives? Are these based on the results? In my point of view, this section should be work trying to answer these questions. Answer: we agree with the Revisor comment and we have modified the Conclusions section to better align it with the aims that we had defined in the introduction section of the manuscripts.
* **References:** Was the literature review considered adequately? Yes, Does it follow AMP’s style? Yes. Do the citations actually contain the information described in the manuscript? Yes. Was any recent or relevant article omitted? No. Is the percentage of recent references adequate? Yes
* **Tables** / Figures: Is the message clear enough so that any reference in the main text is not necessary? Are they clearly identified and legible? Yes. Are all the abbreviations and acronyms described in footnotes? Yes

**Acknowledgments**: Is any financial support declared? Yes, This research has not been funded. Are any conflicts of interest declared? No.

**EXTENSION:** Can the manuscript be shortened without removing any crucial aspects? No. Can any figures/tables be removed or improved? No.

**PRESENTATION:** Is the manuscript clearly and logically presented? Yes, but authors should review english.

**RECOMMENDATION REGARDING PUBLICATION:** Do you think the manuscript should be published in AMP? Yes. Why? The proposed article will contribute to the quality of life of the professionals that will naturally be reflected in the service provided. It is considered to add value to knowledge and author give several strategies to improve workplace enviroment.

**PRIORITY REGARDING PUBLICATION:** In which ranking regarding priority in publication would you consider the manuscript? Within the first 10%? Yes.

**Revisor E:**

STRUCTURE OF THE MANUSCRIPT

Title: Is it instructive and short? Does it summarize the manuscript?

Considero que sim.

Abstract: Does it reflect the contents of the manuscript? Is it well structured? Does it efficiently summarize the content?

Considero que sim.

Introduction: Are the objectives clearly described? Does it explain the relevance of the study?

Uma vez que existe em Portugal a plataforma NOTIFICA (Sistema Nacional de Notificação de Acidentes) que contempla casos de violência a profissionais, e sendo um objetivo do estudo definir estratégias de prevenção e vigilância, porque não a referiram? Seria uma oportunidade

excelente de divulgação. Resposta: o âmbito do presente estudo era circunscrito ao hospital em que foi conduzido. Como os autores referem, o estudo pretende conhecer e caracterizar este fenómeno, nas suas várias vertentes, especificamente no hospital em que o estudo foi feito, com o objetivo de definir estratégias de intervenção direcionadas à realidade local. Com estes objetivos, a realidade a olhar tem de ser a realidade específica do hospital, falando com as pessoas que nele trabalham e que nele fizeram notificações. A plataforma NOTIFICA parece-nos muito útil em várias vertentes a nível macro, mas não nos parece muito direcionada à intervenção por parte dos departamentos de saúde ocupacional de cada unidade de saúde. Esperamos que o Revisor compreenda o nosso ponto de vista. Concordamos que é útil divulgá-la e não deixaremos de o fazer em todas as oportunidades que tivermos.

Methods: Does it describe how the objectives were reached? Are the study design and methodology appropriate to its objectives? Are there any methodological failures? Is the statistical method accurate? Is the methodology in epidemiological based manuscripts adequate?

Falta referir período (início e fim) do recrutamento dos participantes; Falta referir período (início e fim) da recolha de dados; Resposta: Concordamos com o Revisor e acrescentámos o período do estudo.

Falta explicitar a justificação do tamanho de amostra; Resposta: o objetivo definido inicialmente pelos autores para o tamanho da amostra foi de 30 participantes; foram contactados 32 indivíduos (ie, cerca de 11,8% do total de trabalhadores da urgência) de forma a assegurar uma margem de segurança, acabando por se obter 28 questionários preenchidos relatando 41 incidentes). Como na maior parte dos estudos, a escolha do tamanho da amostra resulta do trade-off entre os recursos disponíveis, a dimensão da população e a qualidade estatística pretendida para os resultados esperados. No estudo em apreço, os fatores limitantes eram os recursos humanos e de tempo: a primeira autora era a única pessoa disponível para executar o trabalho de campo e o estudo tinha de ser conduzido na sua totalidade durante o período de estágio naquele serviço de saúde ocupacional. Um n mínimo de 30 é classicamente aceite como válido, embora se trate de uma “rule of thumb”. Foi acrescentada uma breve justificação do tamanho da amostra ao texto do manuscrito no seguimento do presente comentário do Revisor.Falta referir onde são registadas as notificações dos incidentes? Resposta: Na sequência do comentário do Revisor acrescentámos uma breve referência ao interface informático onde estas notificações são feitas.

E de como acederam ao processo/dados dos participantes selecionados, aleatoriamente, para os poder questionar sobre o seu consentimento? Esses dados não são confidenciais, uma vez que a notificação, em principio, pressupõe sigilo? Resposta: acrescentámos ao texto que a seleção foi feita pela psicóloga do serviço da saúde ocupacional (que tem acesso aos registos de notificação no âmbito da sua atividade específica). Como referimos, um dos objetivos finais do estudo consistia em definir estratégias de intervenção direcionadas à realidade do hospital (atividade que faz parte das atribuições dos serviços de medicina ocupacional), o que exige que a realidade específica do hospital seja conhecida e que os colaboradores que notificam estes incidentes sejam efetivamente contactados. Assim, a psicóloga contactou os potenciais participantes, explicou os objetivos do estudo e inquiriu-os sobre a disponibilidade para participarem. As entrevistas foram conduzidas pela primeira autora (em estágio de medicina ocupacional naquele serviço), que não teve acesso aos processos nem aos registos de notificação. A informação registada e incluída neste estudo foi a recolhida nas entrevistas e questionários, a que os participantes acederam voluntariamente responder; não foi retirada de registos nem de bases de dados. E o consentimento dado, foi verbal, escrito ou outro? O consentimento dado foi verbal; esta informação está incluída no manuscrito (“*Individuals’ participation demanded an oral consent. Written consents were waived”*)

Na fase qualitativa do estudo recorreram a entrevista, e não a questionário, correto? Corrigir os termos usados. **Resposta: sim, a fase qualitativa foi feita com entrevistas baseadas num guião. Concordamos com a sugestão do Revisor e corrigimos o termo usado (script).**

Colocar a seguinte frase “variables implementation of recommended strategies” and “unfamiliarity/low familiarity with internal procedures” segundo a mesma ordem que consta no parágrafo anterior, ou seja, substituir por:”unfamiliarity/low familiarity with internal procedures” and “variables implementation of recommended strategies”.Resposta: concordamos com a sugestão do Revisor e fizemos a alteração.

No computo geral, considero pertinente corrigir os aspetos anteriormente referidos, com o objetivo de ser mais claro para o leitor e porque uma metodologia assa enta na premissa de que deverá ser o mais reprodutível possível. Acrescento ainda que o texto está um pouco confuso. Por vezes, num mesmo parágrafo falam da análise qualitativa e quantitativa efetuados, e talvez fosse mais eficaz para o leitor, se fosse feito em separado, ou seja, primeiro falavam da análise quantitativa e de como foi feita e depois da análise qualitativa, ou vice-versa. Resposta: Embora tivéssemos optado pela análise conjunta propositadamente, por nos parecer preferível, somos levados a concordar que separá-las pode tornar o manuscrito de melhor compreensão para o leitor. Separámos a análise da fase qualitativa da análise da fase quantitativa, conforme sugerido pelo Revisor.

Results: Is data presentation and analysis accurate? Are the results clear and convincing? Are the charts and tables legible and correctly designed?

Há que explicitar quais os critérios usados para serem considerados válidos os questionários? Resposta: estes critérios foram sucintamente explicitados na secção *“Data analysis”: “Answers were screened for consistency, namely, comparison between answers to questions common to sections A and B, personal impact scorings and comparison between answers provided to level of familiarity about internal procedures and implementation of recommended strategies”.* Explicando mais detalhadamente ao Revisor: quando as respostasàs perguntas comuns das secções A e B eram dissonantes, não eram incluídas na análise; um respondente classificou com “1” todos os itens sobre impacto pessoal (o que não é consistente) pelo que as respetivas respostas a este bloco não foi incluído na análise final. Dois respondentes declararam não conhecer os procedimentos internos, mas, adiante, declararam implementá-los (o que não é consistente), pelo que estes dois pontos não foram excluídos da análise final. Dadas as restrições na dimensão do manuscrito optámos por descrever os critérios de validade da forma sucinta (esta explicação detalhada será dada a qualquer leitor que se nos dirija)

Mais uma vez não foi referido como foi feita a notificação por parte dos profissionais. Penso que é muito importante referir isso uma vez no texto há referência à baixa taxa de notificação e ao escasso conhecimento inerente ao processo de notificação. Seria pertinente referir, inclusivamente, em que moldes essa notificação decorre. Resposta: Na sequência do comentário do Revisor acrescentámos uma breve referência ao interface informático onde estas notificações são feitas.

Discussion: Does it explain the relevance of the results? Does it describe any limitation? Does it describe any areas in need of further study? Considero que sim

Conclusions: Are conclusions relevant? Are these related to the objectives?Are these based on the results? Considero que sim

References: Was the literature review considered adequately? Does it follow AMP’s style? The main objective of peer-review is to ensure the accuracy of the manuscript and therefore reference should be checked. Do the citations actually contain the information described in the manuscript? Was any recent or relevant article omitted? Is the percentage of recent references adequate? Considero que sim

Tables / Figures: Is the message clear enough so that any reference in the main text is not necessary? Are they clearly identified and legible? Are all the abbreviations and acronyms described in footnotes? Considero que deveria ser adicionado o questionário, ou, pelo menos, as perguntas principais. Resposta: concordamos com o Revisor que o questionário poderia ser um anexo ao artigo. As perguntas principais do questionário estão resumidas no manuscrito.

Acknowledgments: Is any financial support declared? Are any conflicts of interest declared?

EXTENSION: Can the manuscript be shortened without removing any crucial aspects? Can any figures/tables be removed or improved? Já respondido ao longo das sugestões

PRESENTATION: Is the manuscript clearly and logically presented? If not, can it be improved? How? Já respondido ao longo das sugestões

RECOMMENDATION REGARDING PUBLICATION: Do you think the manuscript should be

published in AMP? Why? Why not? Considero que se trata de um trabalho cujo tema é muito pertinente, e que tem características para ser publicado, contudo necessita de correções importantes sobretudo ao nível metodológico.