

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

Title (Provisional)

Disclosure of medical errors to patients by medical professionals: A protocol for a qualitative systematic review

Authors

Chen, Guiru; Huang, Rongrong; Xiong, Henryu

VERSION 1 - REVIEW

Reviewer	1
Name	Dhamanti, Inge
Affiliation	Universitas Airlangga, Department of Health Policy and Administration, Faculty of Public Health
Date	08-Mar-2024
COI	None declared

Thank you for giving me the opportunity to evaluate the manuscript titled "Medical Staff Disclosure Errors to Patients: A Protocol for a Qualitative Systematic Review."

The topic discussed in this study is important, and the scarcity of similar research highlights its significance. Nevertheless, there are aspects in which the manuscript could be improved:

Introduction

The authors should provide more information about the existing literature on open disclosure, specifically focusing on previous systematic reviews that have examined this subject. By placing the current study within the larger context of research on open disclosure, the authors can show how their work helps to address existing gaps in knowledge.

Methods

a. Further clarification is required regarding the specific framework employed in the study, such as PICO (Population, Intervention, Comparison, Outcome), PEO (Population, Exposure, Outcome), or PCC (Population, Concept, Context). Establishing a clear framework will enhance readers' comprehension of the systematic review's methodology. Furthermore, it is necessary to explicitly mention the keywords that were utilized.

- b. The review questions should be expressed with clarity and be in accordance with the selected framework. Well-defined review questions will direct the research process and guarantee that the study objectives are efficiently tackled.
- c. It is crucial to take into account the inclusion of outcome measures or endpoints in the study design. Indicators such as patient satisfaction, confidence in healthcare providers, or clinical outcomes after error disclosure can offer valuable understanding of the effects of error disclosure on different parties involved. Implementing these measures will enhance the overall comprehension of the subject being studied.
- d. English editing is required.

Reviewer	3
Name	Ludlow , Kristiana
Affiliation	The University of Queensland
Date	30-Apr-2024
COI	I have no competing interests

Thank you for the opportunity to review your manuscript. This manuscript is on an important topic and was well written. You presented relevant context, a clear aim and rigorous methodology. My feedback to strengthen the paper is as follows:

1. While you say the search will be conducted in May, tense is used inconsistently. Past tense is used throughout the manuscript to indicate this research has already been completed. Examples include “Published literature from January 1, 2000, to December 31, 2023, was searched in databases” and “Study authenticity was assessed using the Qualitative Research Authenticity Evaluation Tool from the JBI Evidence-Based Health Care Centre, and data extraction was performed with the QARI Data Extraction Tool. The results were integrated using a pooled integration methodology and evaluated for reliability using the ConQual qualitative systematic evaluation evidence grading tool.”
2. If the search is being conducted in May, please explain why you are not including studies from Jan-May 2024.
3. In the abstract, please rephrase the following to reflect a systematic review:
 - a. “Medical professionals from various countries working in hospital settings who have understanding of and firsthand encounters with the disclosure of medical errors will be included.” ☐ Studies that involve medical professionals...
 - b. “This review uses qualitative research methods.” ☐ “This review will include qualitative studies”

4. I recommend moving the first paragraph of the methods (including the aim) to the introduction.
5. Please explain what a “healthy caregiver” is. Does this refer to unpaid caregivers (e.g., family)? Why are you only including healthy caregivers and how will health be measured? A strong rationale would be needed to exclude caregivers who have medical conditions.
6. Are you including allied health members as participants? If not, please provide a rationale for this decision.
7. In your eligibility criteria, you have listed “hospitals” as a type of staff member, which isn’t correct.
8. Please clarify what you mean by “It will include references in both Chinese and English as well as studies published in English abstracts.” Do you mean studies, instead of “references”? Please rephrase “studies published in English abstracts” as this doesn’t make grammatical sense.
9. In your eligibility criteria, please include date limits with justification (e.g., why restricted to post 2000?).
10. In your eligibility criteria, please make it clearer the types of publications included. For example, are you including dissertations, poster, book chapters, reports etc?
11. Please make it clear in your eligibility criteria that you will be excluding quantitative studies.
12. Please provide a rationale for why mixed-methods studies are being excluded. Many mixed-methods studies will report quant and qual results separately, so it’s unclear why these would be excluded.
13. Eligibility criteria: will systematic reviews also be excluded?
14. I recommend that you don’t exclude articles based on results from quality appraisal, and instead, give less weight in the write-up to lower quality studies, or explain their limitations. JBI does not provide guidance on exclusion cut-offs. If you decide to exclude articles based on a cut-off, please explain why 5/10 was chosen as a cut off? Is equal weight given to each criterion?
15. In the synthesis, you say that you will “establish a level of credibility for each finding”. How will this be achieved? Please provide more detail.
16. Please explain provide a section on implications, either as a study rationale in the introduction, or at the end of the manuscript. The manuscript would benefit from an explanation about why this review is needed, and how the findings will inform practice and/or policy.
17. Please include a section on study limitations.

VERSION 1 - AUTHOR RESPONSE

Dear reviewers,

My research team sincerely grateful for your valuable time you have spent on this manuscript. We believe that your comments will enrich and improve our research.

Open disclosure the medical error is a crucial component of patient safety management. Since 2000, an increasing number of scholars and managers have focused on this issue, leading to numerous attempts and reports at the fundamental research level. Notably, there is a wealth of qualitative studies exploring the perspectives, experiences, and practices of patients, doctors, nurses, and laboratory technicians. However, there has been a lack of systematic analysis and integration of these qualitative studies; hence our decision to undertake this study.

Despite the existence of some quantitative or mixed studies and scholars' attempts to practice disclosure, there is still a lack of mature and comprehensive consensus on open disclosure. Cultural differences between countries, scientific and technological information, hospital management concepts, and changes in patient safety culture are believed to be important background factors contributing to the delayed and uneven development of open disclosure. This study aims to explore the changes in thruth disclosure of medical errors over the past 23 years from the perspectives of different healthcare workers, as well as compare and summarize these changes. It will interpret healthcare workers' perceptions, attitudes, opinions, experiences, and support needs based on existing literature with the ultimate goal of benefiting future education and practice in public disclosure of medical errors.

Thank you again for your recognition and support of our work. I believe our goals are consistent, and we will make great effort to modify this manuscript according to your precious comments. We have amended the relevant parts in the manuscript and marked the changes in highlight.

Kind regards,

Rong-rong Huang, MSN, RN

#Reviewer comments:

1 - Please revise the 'Strengths and limitations of this study' section of your manuscript (after the abstract). This section should contain up to five short bullet points, no longer than one sentence each, that relate specifically to the methods. The novelty, aims, results or expected impact of the study should not be summarised here.

Response: Thank you for your valuable comments. We have made revisions in this part as below.

The pooled integration methodology will be used.

The ConQual qualitative systematic evaluation evidence grading tool will be used to evaluating reliability.

Throughout the analysis process, the research team consistently followed the principle of interpretive research and based their findings on the original data.

The inclusion criteria for this systematic review specify that only publications that have undergone peer review will be considered.

The original research adhered to a distinct worldview and methodology and had limited reported information, which could be considered a weakness of this review.

2- Please work to improve the quality of the writing throughout your manuscript. We recommend asking a colleague who is proficient in written English to assist you; alternatively, you could enlist the help of a professional copyediting service.

Response: Thank you for your valuable comments. We have opted for advanced language editing services, which will undergo revision after each round of editing and thorough quality checks to ensure writing excellence.

3- Please add page numbers next to each item on the PRISMA-P checklist so that each item can be found in the manuscript.

Response: Thank you for your valuable comments. The PRISMA-P checklist with page numbers have submitted as an attachment.

4- Please include, as a supplementary file, the precise, full search strategy (or strategies) for all databases, registers and websites, including any filters and limits used.

Response: Thank you for your valuable comments. The supplementary file have submitted and showed the full search strategies for all databases, registers and websites, including any filters and limits used.

#Reviewer: 1

1-The topic discussed in this study is important, and the scarcity of similar research highlights its significance. Nevertheless, there are aspects in which the manuscript could be improved.

Response: Thank you for your affirmation of the importance of this topic. At present, similar studies are lacking, and we will carefully modify the shortcomings.

2-Introduction: The authors should provide more information about the existing literature on open disclosure, specifically focusing on previous systematic reviews that have examined this subject. By placing the current study within the larger context of research on open disclosure, the authors can show how their work helps to address existing gaps in knowledge.

Response: In introduction, we reviewed the current state of research on disclosing medical errors and presented a compilation of existing literature. Given the absence of systematic

reviews addressing similar qualitative research in this area, we appended the following description to conclude the research background, “only one systematic review based on quantitative investigation showed healthcare students and young professionals have a negative perceptions on open disclosure, and no current or ongoing systematic reviews on the topic were identified.”

3-Methods - a. Further clarification is required regarding the specific framework employed in the study, such as PICO (Population, Intervention, Comparison, Outcome), PEO (Population, Exposure, Outcome), or PCC (Population, Concept, Context). Establishing a clear framework will enhance readers' comprehension of the systematic review's methodology. Furthermore, it is necessary to explicitly mention the keywords that were utilized.

Response: We regret the lack of clarity in articulating PICO in our writing. We have made revisions to this section. We were constructed the problem using the SPIDER tool, which is more suitable for the analysis of qualitative studies and include five parts, sample (S), phenomenon of interest (PI), design (D), evaluation (E) and research type (R). In the part of eligibility criteria, the qualification criteria must meet the requirements of SPIDER. Furthermore, we have list the keywords on each part.

4-Methods - b. The review questions should be expressed with clarity and be in accordance with the selected framework. Well-defined review questions will direct the research process and guarantee that the study objectives are efficiently tackled.

Response: Thank you for your valuable comments to this step. It's important to our research, we have defined our topic with the SPIDER tool clarity.

5-Methods - c. It is crucial to take into account the inclusion of outcome measures or endpoints in the study design. Indicators such as patient satisfaction, confidence in healthcare providers, or clinical outcomes after error disclosure can offer valuable understanding of the effects of error disclosure on different parties involved. Implementing these measures will enhance the overall comprehension of the subject being studied.

Response: Thank you for your comment. Throughout the integration process, we will refrain from making a preliminary estimation of the anticipated research outcomes. We emphasize the importance of maintaining an open-minded approach. Our report will incorporate data from original research studies and employ a meta-synthesis methodology to derive the research findings. Our objective is to evaluate healthcare professionals' cognitive processes, attitudes, experiences, and support requirements pertaining to disclosure. This encompassed an assessment of their anxiety levels, fear responses, stress states, trust levels, insomnia patterns, perceived support during disclosure events, and expectations for assistance. Patient satisfaction levels, trust metrics, and certain clinical outcome indicators are more suitable for quantitative research methods and will be considered in future endeavors. In the part of evaluation, we have added descriptions to clarify the aspects of the study that are intended to be evaluated, but not limited to these aspects.

6-Methods - . English editing is required.

Response: Thank you for your comment. We will carry out professional language editing at each stage.

#Reviewer: 2

1-Please clarify who they were. For example, doctors, nurses, pharmacists, supervisors, etc.Delete" hospital" here. The next sentence states that the studies were conducted in hospitals.请

Response: Thank you for your valuable comment. We have made corrections.

2 It is suggested to include all the qualitative studies (in addition to the ones you have written, such as content analysis, etc.) and the findings of the qualitative part of the mixed studies.

Response: Thank you for your comment. We have made corrections.This review will consider interpretive studies that draw on experiences of medical error disclosure, including all the qualitative studies.But we decided to exclude mixed-methods studies for the following reasons: ① In the process of meta-integration, standardizing entry criteria for research quality in pure qualitative studies and mixed-methods studies is challenging due to the requirement for different evaluation tools. ② The distinct research paradigms and methods used in mixed-methods studies can significantly impact the study itself. Simultaneously including mixed-methods studies would result in greater heterogeneity of integrated study results and increased reporting bias. ③ Since the 2000s, there has been a wealth of published disclosure-related qualitative studies, providing ample information for integration; ④ We will also consider any differing results from mixed-methods studies and address them as needed in future discussions.

3 What is your strategy for accessing unpublished studies?

Response: Thank you for your comment. Our planned approach to accessing unpublished research involves obtaining research plans through searches and subsequently contacting them via email or other methods. We will also search gray literature databases for relevant literature ; We will seek out master's or doctoral theses. While these theses may encompass mixed-methods studies with both quantitative and qualitative research stages, we will only consider the qualitative research stages that meet comprehensive methodological criteria and relatively independent integrity. Theses meeting these criteria will be included in our review only if they have undergone peer review. But we identified an ambiguity in the description, and realized that implementing it in retrieval would be challenging and could result in duplication. As a result, we decided to remove it from the article.

#Reviewer: 3

This manuscript is on an important topic and was well written. You presented relevant context, a clear aim and rigorous methodology. My feedback to strengthen the paper is as follows.

Response: Thanks.

1-While you say the search will be conducted in May, tense is used inconsistently. Past tense is used throughout the manuscript to indicate this research has already been completed. Examples include "Published literature from January 1, 2000, to December 31, 2023, was searched in databases" and "Study authenticity was assessed using the Qualitative Research Authenticity Evaluation Tool from the JBI Evidence-Based Health Care Centre, and data extraction was performed with the QARI Data Extraction Tool. The results were integrated using a pooled integration methodology and evaluated for reliability using the ConQual qualitative systematic evaluation evidence grading tool."

Response: Thanks. We found errors in the methods and analysis section and made changes to the tense.

2- If the search is being conducted in May, please explain why you are not including studies from Jan-May 2024.

Response: The searching cut-off date in this study is December 31, 2023, encompassing a full year. Starting from May 2024, the search was initiated as per the research plan. Conducting the search in May ensures comprehensive retrieval of published literature with full text before December 31, 2023 while newly published papers may not be included in time. The research team will dedicate considerable effort to this study and incorporate research conducted in 2024 into future study. Regularly integrating new research on an annual or biennial basis is crucial for reviewing the evolution and changes of research problems.

3. In the abstract, please rephrase the following to reflect a systematic review:

a. "Medical professionals will be included." Studies that involve medical professionals...

Response: Thank you for your valuable comments. We made changes as below.

Studies that involve medical professionals from various countries working in hospital settings who have understanding of and firsthand encounters with the disclosure of medical errors.

b. "This review uses qualitative research methods." → "This review will include qualitative studies".

Response: Thank you for your valuable comments. We made changes as below.

This review will include qualitative studies.

4. I recommend moving the first paragraph of the methods (including the aim) to the introduction.

Response: Thank you for your valuable comments. We have moved the first paragraph of the methods (including the aim) to the introduction.

5. Please explain what a “healthy caregiver” is. Does this refer to unpaid caregivers (e.g., family)? Why are you only including healthy caregivers and how will health be measured? A strong rationale would be needed to exclude caregivers who have medical conditions. Are you including allied health members as participants? If not, please provide a rationale for this decision.

Response: Thank you for your valuable comments. We will include the following staff members: doctors, nurses, pharmacists, supervisors, etc. So the keyword is medical professionals. During the process of synonym substitution, the meaning of the sentence changes. It has been consolidated into the term “medical professionals”.

6. In your eligibility criteria, you have listed “hospitals” as a type of staff member, which isn’t correct.

Response: Thank you for your valuable comments. We have corrected it.

7. Please clarify what you mean by “It will include references in both Chinese and English as well as studies published in English abstracts.” Do you mean studies, instead of “references”? Please rephrase “studies published in English abstracts” as this doesn’t make grammatical sense.

Response: Thank you for your valuable comments. The search will include literature written in both Chinese and English. We have deleted it and wrote a new “Eligibility criteria”.

8. In your eligibility criteria, please include date limits with justification (e.g., why restricted to post 2000?).

Response: Thanks. Given that the majority of qualitative studies on medical errors were published after 2000, this study restricted the initial year of the search to 2000.

9. In your eligibility criteria, please make it clearer the types of publications included. For example, are you including dissertations, poster, book chapters, reports etc?

Response: Dissertations will be included, other types of publications, such as poster, book chapters, reports will be excluded.

10. Please make it clear in your eligibility criteria that you will be excluding quantitative studies.

Response: Quantitative studies, mixed studies, editorials, systematic reviews and opinion papers will be excluded.

11. Please provide a rationale for why mixed-methods studies are being excluded. Many mixed-methods studies will report quant and qual results separately, so it’s unclear why these would be excluded.

Response: Thank you for your comment. We have made corrections. This review will consider interpretive studies that draw on experiences of medical error disclosure, including all the qualitative studies. But we decided to exclude mixed-methods studies for the following reasons: ① In the process of meta-integration, standardizing entry criteria for research quality in pure qualitative studies and mixed-methods studies is challenging due to the requirement for different evaluation tools. ② The distinct research paradigms and methods used in mixed-methods studies can significantly impact the study itself. Simultaneously including mixed-methods studies would result in greater heterogeneity of integrated study results and increased reporting bias. ③ Since the 2000s, there has been a wealth of published disclosure-related qualitative studies, providing ample information for integration; ④ We will also consider any differing results from mixed-methods studies and address them as needed in future discussions.

12. Eligibility criteria: will systematic reviews also be excluded?

Response: Thank you for your comment. Quantitative studies, mixed studies, editorials, systematic reviews and opinion papers will be excluded.

13. I recommend that you don't exclude articles based on results from quality appraisal, and instead, give less weight in the write-up to lower quality studies, or explain their limitations. JBI does not provide guidance on exclusion cut-offs. If you decide to exclude articles based on a cut-off, please explain why 5/10 was chosen as a cut off? Is equal weight given to each criterion?

Response: Thank you for your comment. We insist on excluding low-quality papers in order to ensure the reliability of research findings. The JBI Critical Appraisal Checklist for Qualitative Research has 10 items, each one of them is consistent in weight. The original study quality criteria meet at least 5 of the 10 standards. The more extensive original research is the basis for us adopting this higher standard. Moreover, giving less weight in the write-up to lower quality studies is difficult for us to achieve operational.

14. In the synthesis, you say that you will "establish a level of credibility for each finding". How will this be achieved? Please provide more detail.

Response: Thank you for your comment. Qualitative research findings will be pooled using JBI SUMARI with the meta-aggregation approach. We will undertake a 3-step process to synthesize the findings. First, we will extract all the findings from all included papers with an accompanying illustration and establish a level of credibility for each finding. For each of the extracted findings, the researchers will grade them into three levels, such as credible, unequivocal or not supported. We will mark it through the JBI SUMARI online system to achieve, which is showed in figures below.

15. Please explain provide a section on implications, either as a study rationale in the introduction, or at the end of the manuscript. The manuscript would benefit from an explanation about why this review is needed, and how the findings will inform practice and/or policy. Please include a section on study limitations.

Response: Thank you for your valuable comments. We added a section in the last to introduce our implications and limitations.

VERSION 2 - REVIEW

Reviewer	1
Name	Dhamanti, Inge
Affiliation	Universitas Airlangga, Department of Health Policy and Administration, Faculty of Public Health
Date	23-Aug-2024
COI	NA

Thank you for the opportunity to review this manuscript. I have a few minor suggestions that could enhance its overall impact. First, I recommend that the author consider including a discussion of any outcomes measured in the studies. While I understand that defining outcomes in qualitative research can be challenging, incorporating this information would add significant value for the reader by providing a clearer understanding of the studies' implications. Additionally, it would be beneficial for the author to update the references to ensure they reflect the most current and relevant literature.

Reviewer	3
Name	Ludlow , Kristiana
Affiliation	The University of Queensland
Date	23-Aug-2024
COI	I have no competing interests to declare.

Thank you for the opportunity to revise this manuscript. While you have done a good job at responding to most of the reviewers' comments, there are still issues that need to be addressed:

1. Systematic reviews should comprise the latest evidence. By starting your review in May but excluding articles from Jan-May, your review is already 5 months old. By the time the review is published it will be outdated.

2. My feedback about allied health was not fully addressed. Why were allied health, e.g., physios, dieticians etc. excluded? A rationale is needed for this decision.
3. You said that your sample is “doctors, nurses, pharmacists, supervisors, etc.” Etc. implies more so I recommend removing this. Later you use the term “managers”, please be consistent.
4. Your search strategy also includes dentists, but this isn’t mentioned in the main text.
5. My feedback about “healthy caregiver” was not addressed. What does this refer to?
6. Please make it clear what search terms and key words were used in your search strategy, currently they are listed as keywords only.
7. Your search strategy is not comprehensive. For example, you refer to “nurses” but not “nurse”. Truncation should be used throughout. Your search strategy would not pick up terms like “clinician” or “hospital staff”.
8. Please provide a justification in the manuscript for why 5/10 was decided upon for the cut-off to exclude studies based on quality. You said that you wanted the highest quality evidence but it is unclear why 5/10 was selected. At the end of your manuscript, you say that the cut-off is 3/10. This needs to be consistent.
9. Please revise your research questions for conciseness and clarify.
10. The presentation of writing has improved but there are still errors including spacing errors. Please continue to proofread your manuscript.
11. Your protocol said that the search will be conducted in May – this will need to be changed to past tense.
12. Please provide more detail about the search in OpenGrey.
13. Please rephrase this sentence for clarity: “The original research will adhere to a distinct worldview and methodology and have limited reported information, which can be considered a weakness of this review”. It is unclear what this means.

VERSION 2 - AUTHOR RESPONSE

Dear reviewers,

My research team sincerely grateful for your valuable time you have spent on this manuscript. We believe that your comments will enrich and improve our research.

Thank you very much to the two reviewers for reviewing our article again and providing guidance on methodological aspects, article details, theoretical significance, and more. This contribution is very important to us, allowing us to recognize our shortcomings and learn

how to improve. We have made further revisions based on the feedback from the two rounds of reviews, and if there are any inaccuracies, we hope to receive further guidance.

Thank you again for your recognition and support of our work. I believe our goals are consistent, and we will make great effort to modify this manuscript according to your precious comments. We have amended the relevant parts in the manuscript and marked the changes in highlight.

Kind regards,

Rong-rong Huang, MSN, RN

① - Please change the title to "Disclosure of medical errors to patients by medical staff: A protocol for a qualitative systematic review" or "Disclosure of medical errors to patients by medical professionals: A protocol for a qualitative systematic review"

Response: Thank you for your valuable comments. We change the title with "Disclosure of medical errors to patients by medical professionals: A protocol for a qualitative systematic review".

② - We note that, in the methods section, you state that "The systematic meta-synthesis will be reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) PRISMA guidelines". We feel that, as this is a qualitative systematic review, the write up of the study results should be reported according to the ENTREQ checklist. Please find more information here:

<https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/1471-2288-12-181#Tab1>

Response: Thank you for your valuable comments. We have made a modifications, such as below.

The systematic meta-synthesis will be reported in accordance with the enhancing transparency in reporting the synthesis of qualitative research (ENTREQ).

Reviewer: 3

Dr. Kristiana Ludlow, The University of Queensland

Comments to the Author:

1. Systematic reviews should comprise the latest evidence. By starting your review in May but excluding articles from Jan-May, your review is already 5 months old. By the time the review is published it will be outdated.

Response: Thank you for your valuable comments. Thank you for explaining and guiding this point. We acknowledge that there was a lack of understanding in the redesign phase and we fully agree with your perspective, and have made modifications accordingly. The research will start in May and the deadline has been set for April 31, 2024.

2. My feedback about **allied health** was not fully addressed. Why were allied health, e.g., physios, dieticians etc. excluded? A rationale is needed for this decision.

3. You said that your sample is “doctors, nurses, pharmacists, supervisors, etc.”

Etc. implies more so I recommend removing this. Later you use the term “managers”, please be consistent.

4. Your search strategy also includes dentists, but this isn’t mentioned in the main text.

5. My feedback about “healthy caregiver” was not addressed. What does this refer to?

Response: Thank you for your valuable comments. We regret that we did not effectively implement the previous modifications. Please allow us to combine 2 to 5 in our response, as they are closely related.

Firstly, our target is medical professionals in hospitals who take care of patients. They are involved in disclosing medical error events to patients, including doctors, nurses, pharmacists, physios, dieticians etc. The term “healthy caregiver” is usually translated to “健康照顾者” in Chinese, which includes medical professionals in the Chinese semantic context.

During the process of writing the paper, we employed synonym substitution, such as equating ‘medical professionals’ with ‘medical staffs’ and ‘healthcare caregivers.’ However, in this substitution process, we overlooked the importance of maintaining semantic precision; for instance, ‘healthcare caregivers’ can encompass family members, professional caregivers, or anyone responsible for caring for others—not solely medical professionals. Therefore, it is imperative that we ensure consistency in our usage of key concepts by consistently referring to ‘medical professionals.’

Definition of allied health personnel

Health care workers specially trained and licensed to assist and support the work of health professionals. Often used synonymously with paramedical personnel, the term generally refers to all health care workers who perform tasks which must otherwise be performed by a physician or other health professional.

We noticed that allied health personnel is a broad category that includes many smaller subcategories, such as home health aides, licensed practical nurses, medical record administrators, animal technicians, and community health workers, etc. Some of these subcategories were not within the scope of our study. Therefore, based on your guidance, we removed descriptions of “etc.” and clarified the types of occupations that were included in the study as followed.

“medical professionals, including physicians, nurses, pharmacists, dentists, nutritionists, physical therapists and supervisors.”

The subcategories of Allied Health Personnel in the Pubmed MESH:

Animal Technicians

Community Health Workers

Dental Auxiliaries

Emergency Medical Technicians

Home Health Aides

Licensed Practical Nurses

Medical Record Administrators

Medical Secretaries

Nursing Assistants

Operating Room Technicians

Paramedics

Pharmacy Technicians

Physical Therapist Assistants

Physician Assistants

6. Please make it clear what search terms and key words were used in your **search strategy**, currently they are listed as keywords only.

Response: Thank you for your valuable comments. We listed the English search strategy in the part of “Search strategy”.

The English search strategy is as follows : (medical staff OR pharmacists OR physicians OR dentist OR nurses OR medical staff,hospital OR health personnel OR nutritionists OR physical therapists OR hospital administrators OR physios) and (risk management OR safety management OR diagnostic errors OR medical errors OR professional-patient relations OR malpractice OR accidental falls OR patient safety event OR adverse events OR near misses OR medical negligence OR medical mistake OR medication errors OR medical accident OR missed diagnosis OR wrong procedure errors OR incident OR critical medical OR never event OR patient harm OR unplanned extubation OR falls) and (qualitative research OR grounded theory OR document analysis OR phenomenology OR historic research OR ethnographic OR content analysis OR subject analysis OR action research OR non-participative observation OR participative observation OR focus group interview OR personal interview OR qualitative analysis OR thematic analysis OR discourse analysis OR narrative analysis) and (truth disclosure OR duty to warn OR confidentiality OR ethics,medical OR anxiety OR trust OR social support OR perceptions OR attitudes OR experiences OR patient rights OR error disclosure OR patient communication OR physician-patient communication OR medical error disclosure OR fear OR stress OR insomnia OR perceived support OR support expectations).

7. Your search strategy is not comprehensive. For example, you refer to “nurses” but not “nurse”. Truncation should be used throughout. Your search strategy would not pick up terms like “clinician” or “hospital staff”.

Response: Thank you for your valuable comments. We listed the English search strategy in the part of “Search strategy”. We identified relevant subject terms based on free words and tried to construct search keywords using the subject terms as much as possible.

The definition of Nurses

Professionals qualified by graduation from an accredited school of nursing and by passage of a national licensing examination to practice nursing. They provide services to patients requiring assistance in recovering or maintaining their physical or mental health.

Therefore, the term 'nurse' is unnecessary. Finally,we used the subject term “nurses” and deleted the term“nurse”.

8. Please provide a justification in the manuscript for why 5/10 was decided upon for the cut-off to exclude studies based on quality. You said that you wanted the highest quality evidence but it is unclear why 5/10 was selected. At the end of your manuscript, you say that the cut-off is 3/10. This needs to be consistent.

Response: Thank you for your valuable comments. JBJ does not provide guidance on exclusion cut-offs. There was no evidence to support us explaining why 5/10 was chosen as a cut off. Finally, we have decided to adhere to the advice you provided previously. The exclusion of any study would not occur in the quality appraisal step.

We will explain the limitations of the included lower quality studies.

9. Please revise your research questions for conciseness and clarify.

Response: Thank you for your valuable comments.

Review question before modification: The main issue this review addresses is the experiences regarding medical error disclosure by medical professionals to patients in hospitals. This review will answer the following questions. After medical professionals become involved in an error, what are their perceptions and attitudes about disclosing the error to patients, and what do they think about it? How do medical professionals disclose errors, and what are their positive or negative experiences and views? What form of support are medical professionals anticipating receiving?

Review question after modification:

This review will focus on medical error disclosure to patients in hospitals by medical professionals. It will explore medical professionals' perceptions and attitudes towards the disclosure of errors, the methods of communication that they use, and their experiences with and expectations of support.

10. The presentation of writing has improved but there are still errors including spacing errors. Please continue to proofread your manuscript.

Response: Thank you for your valuable comments. We have made modifications.

11. Your protocol said that the search will be conducted in May – this will need to be changed to past tense.

Response: Thank you for your valuable comments. We have made modifications.

12. Please provide more detail about the search in OpenGrey.

Response: Thank you for your valuable comments. We have made modifications. We list the Search strategy in Open Grey with an attachment.

The search chaining: First searched in "<https://opengrey.eu/>", then guided to the DANS EASY Archive (<https://easy.dans.knaw.nl/ui/datasets/id/easy-dataset:200362/tab/2>).

Search: ("medical staff" OR pharmacists OR physicians OR dentist OR nurses OR "medical staff,hospital" OR "health personnel" OR nutritionists OR "physical therapists" OR "hospital administrators" OR physios) and ("risk management" OR "safety management" OR "diagnostic errors" OR "medical errors" OR "professional-patient relations" OR malpractice OR "accidental falls" OR "patient safety event" OR "adverse events" OR "near misses" OR "medical negligence" OR "medical mistake" OR "medication errors" OR "medical accident" OR "missed diagnosis" OR "wrong procedure errors" OR incident OR "critical medical" OR "never event" OR "patient harm" OR "unplanned extubation" OR falls) and ("qualitative research" OR "grounded theory" OR "document analysis" OR phenomenology OR "historic research" OR ethnographic OR "content analysis" OR "subject analysis" OR "action research" OR "non-participative observation" OR "participative observation" OR "focus group interview" OR "personal interview" OR "qualitative analysis" OR "thematic analysis" OR "discourse analysis" OR "narrative analysis") and ("truth disclosure" OR "duty to warn" OR confidentiality OR "ethics,medical" OR anxiety OR trust OR "social support" OR perceptions OR attitudes OR experiences OR "patient rights" OR "error disclosure" OR "patient communication" OR "physician-patient communication" OR "medical error disclosure" OR fear OR stress OR insomnia OR "perceived support" OR "support expectations") AND (date published 2000/01/01 to 2024/4/30)

13. Please rephrase this sentence for clarity: "The original research will adhere to a distinct worldview and methodology and have limited reported information, which can be considered a weakness of this review". It is unclear what this means.

Response: Thank you for your valuable comments. What we mean is that the original studies included followed different worldviews and methodologies (there are some differences among these studies), and the limited information in the final report (the original data presented by the reports based on these topics are limited), which may affect the integration of the studies and is one of the sources of the limitations of our study. In the

process of our writing, this point was really not made clear. We have changed this section description:

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Furthermore, the studies to be included in this research were conducted on the basis of diverse philosophical foundations and methodologies, resulting in some degree of heterogeneity among studies. The information presented in these reports was limited to certain topics, which may make it more difficult to integrate them.

Reviewer: 1

Dr. Inge Dhamanti, Universitas Airlangga

Comments to the Author:

Thank you for the opportunity to review this manuscript. I have a few minor suggestions that could enhance its overall impact. First, I recommend that the author consider including a discussion of any outcomes measured in the studies. While I understand that defining outcomes in qualitative research can be challenging, incorporating this information would add significant value for the reader by providing a clearer understanding of the studies' implications. Additionally, it would be beneficial for the author to update the references to ensure they reflect the most current and relevant literature.

Response: Thank you for your valuable comments. We have added discussions on the possible outcomes of the research based on your suggestions in the paper and updated our references.

Medical error disclosure is not only an ethical practice within the field of medicine but also a moral obligation in society that encompasses the fundamental right to life as well as other rights and interests on the part of all individuals who have been affected by such incidents. Thus, it is imperative to understand the perceptions, attitudes, and experiences of various stakeholders regarding medical error disclosure. Truth disclosure does not focus solely on protecting the rights of patients when errors have been made; it also entails promoting the recovery of medical professionals from the negative impacts of such events. Disclosure leads to interpersonal conflicts, misunderstandings, harm, emotional barriers, trust crises, moral dilemmas, and other issues. Providing emotional support programs and encouraging good team cooperation for disclosure are important approaches in this context. A substantial body of research has already provided a solid foundation for attempts to integrate various perspectives drawn from different countries and cultural contexts, thereby facilitating the implementation of medical error disclosure practices based on a comprehensive analysis.