**Title: A content analysis of media reports on workplace violence against healthcare professionals in China**

**Comments of Reviewer 1:**

1. Workplace harassment in healthcare institutions is by all means a medical ethics problem and, as the authors demonstrate, a widely prevalent one at that. This paper would certainly be of interest to the journal’s audience.

2. Contextual factors in China have been taken in account while discussing the findings although the cultural perspectives needs to be fleshed out a lot more in the introduction/literature review. Specifically, it would be useful know what the literature says about social norms which create a fertile environment for WPV in China to occur? To what extent is it plausible that the governance structures in the country influence under-reporting of WPV more than what is known? Also, is there some evidence that discusses patient-provider dynamics as a driver of WPV in China? Equally importantly, it would also be worthwhile for the authors to orient the reader about whether the media studied were state-controlled or autonomous.

3. Content analysis studies, per se, could potentially influence practice or policy especially when the analysis points to glaring gaps in the coverage of certain issues. However, this paper does not highlight gaps in coverage (in terms of issues of relevance that needed to be covered but were willfully or involuntarily ignored by the media), and is mostly descriptive.   
  
4. Content analyses of WPV in healthcare institutions is not an often studied phenomena and, by that yardstick, the insights provided by this paper are new.

5. The interpretation of the findings has been presented in an organized manner. However, what seems lacking in the writing is that the various themes/topics of the findings in the discussion don’t seem tied to one another. Rather, they appear separate from each other which cannot be true. Which is why it’ll be useful if the authors include a theoretical/conceptual framework in the literature review which can then be used as a framework to also present the discussion of findings.

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**Reviewer 2:**

1.This paper addresses a serious issue in China. The topic is both academically fascinating and empirically interesting, and also relevant to the fields of bioethics and medical ethics in the developing countries. On the whole, the paper is well written, with clear structure and good use of figures and forms. The discussions and conclusions are precise and enlightening.

2. According to the authors, the most important gap they try to fill in is “detailed distribution” of MVP in China and “the role and use of Chinese media in portraying WPV in the medical sector”. In fact, some researchers in China have already done similar work but it seems that their work hasn’t got enough attention in this paper. For example, there is a Chinese paper named “Right-protection by Violence in Healthcare Service and Its Governance: Based on Content Analysis of News Reports from 2002 to 2015” published in *Social Construction 2017 Vol.4 (1) 49-63.* This work should be reviewed at least, because the topic and method are quite similar.

3. At the beginning of this paper, WPV is defined as “acts of violence, which include both verbal and physical threats and assaults towards workers”, but the authors don’t make classifications between these different types of WPV in data analysis. I think this classification is necessary.

4.When analyzing the “Causes of WPV”, the authors classify the causes as “dissatisfaction towards treatment and referral” “tense doctor-patient relationship” “death of patients” “treatment, medical insurance, ambulance fees issue” and so on. There seems some overlapping between these causes. I suggest authors to have more elaborations in this part.

**Reviewer 3:**

1. The paper is very relevant for developing countries as workplace violence is an important concern for developing country health systems. The implications for quality of care, rights of health workers has not been adequately discussed to connect the findings to a key bioethics/rights issue

2. It refers to China, research is done by a Chinese team using Chinese news sources. The paper is unlikely to influence policy or practice, given that it does not have much analysis beyond pointing out trends based on a very limited review of sources.

3. The issue is not new, nor is the analysis very insightful, but as there is very little evidence, even descriptions of the phenomenon, this is a useful addition to the existing body of work.

4. The authors have made a fundamental error in assuming that reporting is equal actual prevalence/incidence of workplace violence. Reporting depends on many factors other than actual events. Analysis must take those factors into account. Also, interpretation of such data requires a different framework. For e.g. is ALL violence reported? What is the basis on which newspapers report workplace violence (do they get their info from police, stringers in hospitals, etc)? Does one report lead to string of other reports. Was a certain buildup of momentum in reporting against the background of a policy move/campaign to introduce a law for penalizing offenders? If there has been a fall in numbers of cases reported, does it coincide with the actual implementation of the law (no. of cases filed, people convicted).   
  
5. The paper argues that higher level institutions are seen as providing better quality care and when that does not happen, patients become violent. One would like some evidence to substantiate this either internally or externally.

b) There is a source cited in line 67. It Is not clear what does that statistic refers to.

6. A significant focus is there on identifying who the perpetrators are and which season is reporting highest. But then these findings are not analysed. So, it’s not clear what relevance they have to the topic

7. Analyse the data to identify what is REPORTED rather than assume that it is a reflection of actual prevalence. Whatever trends are found, in terms of the profile of the perpetrators, the contexts in which violence occurs and institutions where it occurs, should be analysed to understand the core issue, which appears to be dissatisfaction with the care being provided. For e.g. are there other standards that one can use to understand trends (QOC studies which show that the same hospitals which have higher report of violence also have poorer quality of care).

8. Conclusions are not drawn out properly. While using the same set of variables, some cross-tabs would help, e.g. is the site and issue different for group violence, as compared to individual violence? And if so, what does it mean?

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