**Review:** **Can Individualized Attention Reduce Mistreatment In Emergency Departments? Injustice of Transgressions is in the Eyes of the Beholder**

The paper is well-written and organized and I believe that it fits very well within the aim and scope of the Journal of Occupational Health Psychology (JOHP). Indeed, the paper touches upon all aspects of the journal’s domain of interest, as articulated on its website. The journal seeks:

* “articles in which work-related and nonwork-related psychological factors play a role in the etiology of occupational safety, health, and well-being
* articles examining the dynamics of occupational safety, health, and well-being
* articles concerned with the use of psychological approaches to improve occupational safety, health, and well-being”

The paper makes a very good contribution to all these points by identifying personal and situational factors (i.e., work-related and nonwork-related psychological factors), specifically the degree of individualism, perceptions of justice, and types of possible transgression within the ED environment, and articulates their role in bringing about potential mistreatment of hospital staff (i.e., uncovering the etiology and dynamics of occupational safety, health, and well-being of hospital staff in the ED environment). It also suggests an intervention that can actually ‘improve occupational safety, health, and well-being’.

It is also an important paper – the mistreatment of front-line staff is a significant issue, which – as you note – is reflected in elevated turnover, diminished productivity, and very high costs to the industry. So, uncovering some of its antecedent factors and mechanisms and finding ways of mitigating it by intervening on those mechanisms is extremely valuable.

That said, I believe that the paper can be improved. I made extensive comments throughout the text, and in the following, I provide more details about some of those comments as well as note several issues that pertain specifically to the requirements of the selected publication venue (as they apply to your paper).

1. Regarding your data, JOHP requests that you “state whether data and study materials are available and, if so, where to access them.” The journal asks that “In both the author note and at the end of the method section, specify whether and where the data and material will be available or note the legal or ethical reasons for not doing so.” Having looked at previous issues of JOHP I have not seen many articles that have conformed to this request, yet if you can do so – if you can make a short statement as to the status of your data and what access readers may have to it – I think it would benefit the paper.
2. Regarding participants, the JOHP requests much more demographic information than you have provided. If at all possible (i.e., if you have it collected), I recommend you include it. So, JOHP asks that, in the methods section, the description of participants include, age, sex, gender, racial identity, ethnicity, nativity or immigration history, socioeconomic status, clinical diagnoses and comorbidities (as appropriate), any other relevant demographics (e.g., disability status; sexual orientation). Not all of these will be relevant to your specific study, and I imagine that you have no access to most of them, but if you do (e.g., gender, racial identity, ethnicity, or socioeconomic status) I recommend you include this information. It seems that at least some of these demographic measures may be relevant to your results – e.g., where is the hospital located? What is the socioeconomic status of the population, etc.? Indeed, as you note in the paper, these measures – e.g., education and economic status – do have a clear influence on the likelihood of mistreatment of ED staff. You say that you controlled for these factors, so presumably, you collected data on them and you can include them in your description of the participants.
3. The above also pertains to the special emphasis JOHP places on diversity and on the generalizability of the study and its results. JOHP asks that “In both the abstract and in the discussion section of the manuscript, authors must discuss the diversity of their study samples and the generalizability of their findings.” Looking at previous issues of JOHP I do not think you should worry about including any discussion of diversity in the abstract. However, the discussion section certainly should contain some discussion of how your study and your interventions relate (or would relate) to other populations. Thus, JOHP asks that the discussion section include a justification of the demographics of your sample. They say “If Western, educated, industrialized, rich, and democratic (WEIRD) or all-White samples are used, authors should justify their samples and describe their sample inclusion efforts (see Roberts, et al., 2020 for more information on justifying sample demographics).” Crucially for this paper, there is a great deal of research on differences between Western and Eastern cultures as far as individualistic and collectivist attitudes are concerned. There is good reason to suppose that the kind of intervention you suggest would be less effective in Eastern cultures and it would be helpful (and contribute to the journal’s vision of inclusivity and diversity) to have your thoughts on that issue. Is there anything you can say about that? And, of course, this bears on the question of the generality of your research (and its limitations).
4. Another important point is that JOHP gives special attention “to articles with a prevention and a promotion emphasis.” This makes your paper especially apt for inclusion in JOHP. However, they also as that you “…consider the financial costs and economic benefits of prevention and promotion programs they evaluate.” You do speak about the great costs of mistreatment of ED staff (as I also note above), but you do not discuss the burdens of carrying out your proposed intervention in EDs. What kind of costs should we expect to be incurred? Presumably, it would require training the staff. But it would also place additional tasks on an already overworked workforce. I don’t think you need to solve these questions, but I think the journal expects you to raise them and give some kind of suggestions. I think you can dedicate a paragraph in your discussion section to repeat the high costs of mistreatment of frontline staff and briefly discuss what you take to be the costs of the kind of intervention you envision. Given that the practical significance of research is extremely important to JOHP, I suggest you address this issue squarely.
5. Regarding your abstract, JOHP requests a maximum of 250 words. Your current abstract is much below it, but it is also missing a lot of details. You should clearly state your main hypotheses, and briefly describe your methods and results. You shouldn’t simply end it with “our work brings to light the intricate relationship…” but elaborate briefly on what those relationships are. I recommend you take a look at a few examples from the journal, to appreciate their expectations (see here: <https://www.apa.org/pubs/journals/ocp/sample>)
6. One of the central difficulties I found with the research is that the paper purports to identify antecedents of the mistreatment of ED staff. However (as you note in the ‘limitations’ section), it does not actually measure aggression. Yet, as I note in my comment there, I believe this to be a much more serious limitation of the paper than you concede. What is being measured is people’s responses/judgments regarding the likelihood of mistreatment in different situations. It is very unclear to what extent that translates into an actual likelihood of mistreatment. Indeed, the move from *judgments* about the likelihood of mistreatment to *inclinations* to mistreatment to *actual* mistreatment is sorely missing. I think this issue deserves much greater attention and closer scrutiny, not only in the limitations section but in the discussion. We need good reasons to think that people’s judgments about simple vignettes presented to them bear on the likelihood of actual mistreatment of ED staff.
7. Another important point (which I note in my comments) – especially given the practical concerns of JOHP (and of your paper) – is that there should be much more detail about the intervention protocol. This is important to understanding the mechanisms that supposedly lead to reduced mistreatment, to the possibility of generalizing this intervention to other populations, and to giving us some idea of the possible costs of carrying it out.