

Response to “Sexual Harassment Among Chinese Psychiatrists and Its Impact on Quality of Life: A Cross-Sectional Survey” [Letter]

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Dear editor

Newly, we have perused an original article titled “Sexual Harassment Among Chinese Psychiatrists and Its Impact on Quality of Life: A Cross-Sectional Survey” by Xiao et al.¹ This is a very noteworthy topic worldwide and in China. Given the high prevalence of sexual harassment (SH) and its adverse effects on the quality of life (QOL) of psychiatrists and the quality of medical services they provide, strengthening the management of SH is essential for promoting the physical and mental health of psychiatrists and improving the quality of their medical care.

The advantages of this article are as follows: (1) This is an early or the first study to investigate the prevalence and correlates of SH and its potential association with QOL among psychiatrists in China. It provides timely epidemiological data for understanding SH in Chinese psychiatrists. (2) The authors clearly explained the reasons for exploring SH among Chinese psychiatrists and its impact on QOL. (3) This is a large scale, nationwide multicenter study with good sample representativeness. (4) This study used a standard formula to estimate the sample size,² which was scientific and reliable. (5) The authors conducted an in-depth discussion around the research results and compared them thoroughly with relevant studies and analyzed the specific reasons for the discrepancies between study findings. In addition, the authors also provided some effective strategies for the prevention and management of SH.

There are several areas that need to be improved and further research directions in Xiao's study, namely: (1) Page 1255, although the authors employed a standard formula to calculate the sample size, this formula was a bit complex; We suggest that the authors consider using the following formula to estimate the sample size, which is more convenient.³ When α equals 0.05, z_α equals 1.96, p equals 0.11, δ equals 0.05, the minimum sample size should be $n = 1.96^2 * 0.11 * (1 - 0.11) / 0.05^2 = 150$. Our result is similar to the result calculated by the authors.

$$n = \frac{Z_\alpha^2 * p * (1 - p)}{\delta^2}$$

(2) There are several areas in the text that need clarification and verification: (a) Page 1257, bivariate analysis (Table 1) showed that age and years of working were also not significantly associated with the occurrence of SH ($p > 0.05$), the authors omitted these information. (b) Some of the data in Table 2 need to be carefully checked again as they seem to be incorrect, such as the values of OR, 95% CI and p for “age” and “years of working”, etc. The relationship between these data is contradictory. (3) The basic demographic characteristics included in this study are relatively limited. The prevalence of SH may vary among psychiatrists working in different departments, the authors should consider the specific department where psychiatrists work. Additionally, some modifiable psychosocial factors (eg, internal family support, psychological resilience) are also related to SH, the authors may consider incorporating these factors into the analysis in future research. (4) Because SH is also influenced by specific cultural and contextual factors,^{4,5} we suggest

that the authors conduct qualitative research to further explore the patterns and risk factors of SH individually, in order to obtain relatively rich and comprehensive results.

Disclosure

The authors report no conflicts of interest in this communication.

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