PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Differences in Occupational Stress by Smoking Intensity and Gender in Cross-sectional Study of 59,355 Japanese Employees using the Brief Job Stress Questionnaire (BJSQ); The Niigata Wellness Study
AUTHORS	Tashiro, Shigemi; Kato, Kiminori; Kitazawa, Masaru; Fujihara, Kazuya; Kodama, Satoru; Tashiro, Minoru; Matsuda, Kazuhiro; Ohtsuka, Masato; Sato, Koji; Sone, Hirohito

VERSION 1 – REVIEW

REVIEWER	Jovanovic, Jovica Faculty of Medicine, University in Nis, Institute of Occupational Health
REVIEW RETURNED	16-Aug-2021

GENERAL COMMENTS	No Comments to the Author (s)

REVIEWER	Yeh, Wan-Yu Taipei Veterans General Hospital Department of Medical Education
REVIEW RETURNED	08-Oct-2021

GENERAL COMMENTS	In this study, the authors explored the relationship between occupational stress (with special attention to workplace social support) and smoking behavior through a large-scale survey of employees in Japan. The analysis reported in this manuscript is rich, and there are also in-depth discussions on gender differences in smoking behavior in the workplace. However, readers of BMJ Open come from all over the world, in order to improve the academic quality of this manuscript, there are still some important issues to be addressed to the breadth of literature review, the clarity of study objective, and the logic of analytic methods and result presentation, including: 1. In the Introduction, as Japan is a country with a relatively high rate of adult smoking in the world, it is recommended to increase the smoking rate data onto Japan in recent years. In addition, it is also recommended to add previous research on the reasons for smoking in workplaces in Japan, and the reason why this study focuses on the causes of social support-related work stress to enrich the background context of this study. 2. It is recommended to add a description of the research hypothesis in the last paragraph of the Introduction, including the hypothetical relationship between smoking intensity and gender, age, and industry. In addition, it is suggested that the description

	of the study objective can be more in line with the actual analysis method. 3. It is recommended to explain in the Introduction that in Japan the revision of the Health Promotion Law has come into force in 2020, as well as the workplace smoking ban norms and penalties. 4. In the Methods, please clearly state whether the study population is a national representative sample of Japanese employees. Or, cite other documents that describe in more detail the manner in which the Niigata Wellness Study is performed. 5. In the section on Statistical analysis, please explain the reasons why logistic regression analysis incorporates age, BMI, and drinking behavior into the adjustment. Is it possible that the model is over-controlled? 6. Regarding the analysis purpose of Table 3, it is recommended that it be more clearly stated in the Statistical analysis and correspond to the study objective. 7. It is recommended to add to the discussion whether the research results meet the expectations of the research hypothesis. 8. In the discussion, the author elaborated on the possible influence of workplace social support on smoking behavior in both genders. It is suggested that the depth of discussion on age and industry should also be strengthened. 9. Please indicate whether the survey contains "employment grade" (e.g., managers, grass-roots staff, etc....) and company size variables. If they are included, it is recommended to include them in the analysis. If not, please consider whether this point is listed as a study limitation. 10. The author believes that the findings of this study support the importance of improving workplace communication in reducing smoking. It is recommended to add more explanations of possible practices or cite actual intervention cases.

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1
Dr. Jovica Jovanovic, Faculty of Medicine, University in Nis
Comments to the Author:
No Comments to the Author (s)

Reviewer: 2
Comment:
In this study, the authors explored the relationship between occupational stress (with special attention to workplace social support) and smoking behavior through a large-scale survey of employees in Japan.
The analysis reported in this manuscript is rich, and there are also in-depth discussions on gender differences in smoking behavior in the workplace. However, readers of BMJ Open come from all over the world, in order to improve the academic quality of this manuscript, there are still some important issues to be addressed to the breadth of literature review, the clarity of study objective, and the logic of analytic methods and result presentation, including:

Response to Reviewer 2

We appreciate your valuable comments on our manuscript. We have described the changes that we have made in response to your comments point-by-point below. Our new material inserted as a result of your comments is indicated in blue font. Thank you for your consideration of our manuscript.

Comment:
1. In the Introduction, as Japan is a country with a relatively high rate of adult smoking in the world, it is recommended to increase the smoking rate data onto Japan in recent years. In addition, it is also recommended to add previous research on the reasons for smoking in workplaces in Japan, and the reason why this study focuses on the causes of social support-related work stress to enrich the background context of this study.
Response:
Thank you for this important suggestion. As you implied, the background description was insufficient, so we have added (*1.1) and attached the National Health and Nutrition Survey of the Ministry of Health, Labour and Welfare to provide the smoking rate among Japanese, and OECD health data as a comparison with other countries. Since there are not many English-language papers on investigations of the relationship between occupational reasons and smoking in Japan, we added literature on educational disparities, industry difference and "psychological distress" related to backgrounds of smokers. We also added the results of a questionnaire by a marketing company on the reasons for smoking. Although the study participants differ from those in our study, most of the added references are large-scale studies, so we have changed the content in ‘Strengths and limitations of this study’ (*1.0), DISCUSSION (*1.0.1) (*1.0.2) (*1.0.3) and ‘Significance and limitations of this study’ (*1.0.4).
(*1.2) The relationship between social support and smoking has been studied in Refs. 8-9; specific results will be added in the text (*1.3) (*1.4), and a recent article from an interview will also be added. (*1.5)

(*1.0) Revised parts: page 3, line 3–5 (Strengths and limitations of this study section)
the first large comprehensive survey of more than 50000 [The above has been removed.]
one of the largest comprehensive surveys of more than 50000 employed
(*1.0.1) Revised parts: page 13, line 6–8 (DISCUSSION section)
The high rate of smoking in these occupations was already shown in a survey of medium- and small-sized companies in Japan.[15]
(*1.0.2) Revised parts: page 14, line 2–3 (DISCUSSION section)
not only workers in general
(*1.0.3) Revised parts: page 14, line 5–9 (DISCUSSION section)
Tomioka et al. [18] suggested the necessity of coping with psychological distress as a smoking cessation measure for Japanese women, including the non-regularly employed and unemployed. Our results suggest that coping with stress symptoms may also be useful for smoking cessation among regularly employed women who are more financially stable.
(*1.0.4) Revised parts: page 16, line 20–22 (Significance and limitations of this study section)
it is the first large comprehensive occupational stress survey of more than 10000
it was a large comprehensive occupational stress survey of employed
(*1.1) Revised parts: page 4, line 9–11 (INTRODUCTION section)
Since the serious health hazards of smoking have become recognized, the smoking rate among Japanese men has decreased year by year, although it is still high worldwide and the smoking rate among women remains flat. [10, 11]
(*1.2) Revised parts: page 4, line 19– page 5, line 2 (INTRODUCTION section)
Research on the backgrounds of smokers in Japan has been reported in recent years, mainly on educational disparities [13, 14] and industry differences [15]. Although there are few academic studies published in English addressing why Japanese workers continue to smoke or why they are unable to quit, in general, many smokers cite "stress" as a reason. [16, 17] Although it was not a study of reasons for smoking, a recent Japanese survey of the general public that included those who are not

working have reported an association between smoking intensity and ‘serious psychological distress’ in women. [18] In addition, A market research company (Cross Marketing Inc. Tokyo. Japan) [18] conducted a survey on reasons for smoking and found that "stress" was cited by 40.4% of smokers as the main reason in Japan.
(*1.3) Revised parts: page 5, line 6-8 (INTRODUCTION section)
These models have been extensively used to investigate the association between cardiovascular disease and work stress while the association between smoking and stress indicators has been controversial.
[The above has been removed.]
Revised parts: page 5, line 8-15 (INTRODUCTION section)
In addition, workplace relationships are important as a buffer against stress. The demand-control-support (DCS) model, which adds support from co-workers and supervisors to demand and control, is mainly used to investigate the association between cardiovascular disease and work stress in research. [21, 22] In recent years, not only the DCS model but also indicators such as workplace social capital or organizational justice have been used to investigate workplace support, but the relationship between smoking and these stress indicators is still controversial.
(*1.4) Revised parts: page 5, line 18–22 (INTRODUCTION section)
Kawakami and colleagues using a model that added support by co-workers and supervisors as buffering factors suggested that the intensity of smoking increased in Japanese men in a group with low job control and low social support, (3) suggesting that social support is a key factor in the intensity of smoking.
[The above has been removed.]
Revised parts: page 5, line 22–26 (INTRODUCTION section)
In a study of Japanese men in a single workplace, Kawakami and colleagues suggested that the intensity of smoking increased in Japanese men in a group with low job control and low social support. [8] Fukuoka et al. tracked the outcome of smoking cessation for two years and reported no association between stressors and continued smoking cessation in a similar group of Japanese male workers. [24]
(*1.5) Revised parts: page 6, line 4–7 (INTRODUCTION section)
Although has been reported that "social connections" are involved in both smoking and smoking cessation [26], other conditions, such as related to workplace environment or duties, might be required for social support to help control smoking.

Comment:
2. It is recommended to add a description of the research hypothesis in the last paragraph of the Introduction, including the hypothetical relationship between smoking intensity and gender, age, and industry. In addition, it is suggested that the description of the study objective can be more in line with the actual analysis method.
Response:
Thank you for your important suggestions. We hypothesized what would be the reasons for smoking intensity and stress subscales and analyzed them by gender. We have added the following text to the Introduction.
(*2.) Revised parts: page 6, line 16–17 (INTRODUCTION section)
This would elucidate occupational stresses peculiar to smokers. Ameliorating that stress would be useful for promoting smoking cessation. [The above has been removed.]
Revised parts: page 6, line 18–26 (INTRODUCTION section)
We hypothesized that smokers experience more occupational stressors than non-smokers, and that the greater the stress, the higher the intensity of smoking. We also hypothesized that better workplace support would buffer stress and suppress smoking. To test these hypotheses, we compared the stress scale of non-smokers, light smokers, and heavy smokers by gender. Since supportive environments in the workplace vary according to the age of workers and industry, we added comparisons by age group and industry group. Therefore, through our results we could identify

measures to promote smoking cessation by reducing working smokers' stress and improving the work environment.

Comment:
3. It is recommended to explain in the Introduction that in Japan the revision of the Health Promotion Law has come into force in 2020, as well as the workplace smoking ban norms and penalties. 3.
Response:
As per your comments, we agree that the description of the content of the regulation was insufficient. We have added the following text to the Introduction.
(*3.1) Revised parts: page 4, line 11–18 (INTRODUCTION section)
Under these circumstances, the revised Health Promotion Law was fully enforced in Japan in 2020. This law stipulates that "premises of public facilities such as hospitals and schools are non-smoking, commercial and industrial facilities such as offices and restaurants are non-smoking in principle, and in case of violation, a penalty of 500,000 yen or less" will be enforced. However, in existing small-scale restaurants or bars, smoking bans are not enforced, and exceptions are allowed as a transitional measure, which makes this a slightly loose regulation. [12]
(*3.2) Revised parts: page 16, line 6–12 (DISCUSSION section)
The amended Health Promotion Law, which came into force in Japan in 2020, has in principle prohibited smoking indoors in many workplaces, pushing smoking regulations one step further. Simultaneously, even under a smoking ban, it will be necessary to promote communication among workers, for example by increasing opportunities for informal information exchange across departments in the workplace, thereby making the act of obtaining support through smoking meaningless.
[The above has been removed.]

Comment:
4. In the Methods, please clearly state whether the study population is a national representative sample of Japanese employees. Or, cite other documents that describe in more detail the manner in which the Niigata Wellness Study is performed. 4.
Response:
Participants in this study cannot be defined as a national representative sample of Japanese workers because the area from which the participants came is limited to Niigata Prefecture and its surroundings. We have avoided “nationally representative sample” or similar statements throughout the text, but we have noted the source of participants in METHODS to avoid such misunderstandings.
Revised parts: page 7, line 11–13 (METHODS section)
(*4.) Also, in this survey participants were limited to workers at establishments in and around Niigata Prefecture; thus, participants were not representative of workers nationwide.

Comment:
5. In the section on Statistical analysis, please explain the reasons why logistic regression analysis incorporates age, BMI, and drinking behavior into the adjustment. Is it possible that the model is over-controlled?
Response
Thank you for your suggestion. Based on the results of basic statistics, the mean age and BMI differed significantly by smoking intensity. Earlier literature showed that many workers smoke when drinking, and for this reason, we decided that age, BMI, and drinking behavior should be selected as adjustment items when examining the relationship between smoking intensity and stress. Based on the above, only the minimum necessary explanatory variables were incorporated in this multivariate analysis, so it is unlikely that this model is over-controlled. We have added the following text and references to the Statistical analysis.
Revised parts: page 9, line 9–13 (Statistical analysis section)

(*5.) Based on the results obtained from the basic statistics, the average age and BMI differed significantly according to smoking intensity. Therefore, age and BMI were selected as items for adjustment. In addition, since there is a prior publication [31] showed that many workers smoke when drinking, drinking behavior was also an adjustment item.

Comment:
6. Regarding the analysis purpose of Table 3, it is recommended that it be more clearly stated in the Statistical analysis and correspond to the study objective. 6.
Response:
Thank you for your important suggestion. Our initial objective was to identify the synergy of stress indicators and to examine the stressors that should be prioritized for action. As a result, since there is no synergistic effect of the three major risks selected, we felt it was not significant to prioritize any one type of countermeasure. We have added a note to that effect in the Discussion.
(*6.1) Revised parts: page 9, line 13–14 (Statistical analysis section)
To clarify the synergy of stress indicators that are strongly related to smoking status, we selected the top three subscales according to odds ratios.
Revised parts: page 9, line 14–16 (Statistical analysis section)
Three of the subscales with significant differences were selected in order of increasing odds ratios.
[The above has been removed.]
Revised parts: page 12, line 23–25 (DISCUSSION section)
(*6.2) However, since there was no synergistic effect of these three major stress subscales, so we felt it was not important to prioritize addressing these stressor or stress response in the workplace.

Comment:
7. It is recommended to add to the discussion whether the research results meet the expectations of the research hypothesis.
Response:
We agree with your recommendation and have added the following text to the opening paragraph of the Discussion.
(*7) Revised parts: page 12, line 27– page 13, line 3 (DISCUSSION section)
As hypothesized, the larger the amount of smoking in women, the greater the stress in all three components of “Job Stressors”, “Stress Reactions”, and “Social Support”. But in men, smoking intensity and social support did not support the hypothesis.

Comment:
8. In the discussion, the author elaborated on the possible influence of workplace social support on smoking behavior in both genders. It is suggested that the depth of discussion on age and industry should also be strengthened.
Response:
We have added Supplementary Figure 1 and Supplementary Figure 2 to the Results, and added the following sentence to the Discussion as well. Your suggestion is appreciated.
*(8.1) Revised parts: page 11, line 19– page 12, line 10 (RESULTS section)
By industry, in women, HS in the medical and welfare industry had the highest stress scores for “co-workers’ support” compared to NS in the same industry. Exceptionally, LS in the manufacturing industry were characterized by lower stress scores for “co-workers’ support” than NS. In men, LS in the service industry, LS and HS in the manufacturing industry, and HS in ‘other’ industries had significantly lower stress scores for “co-workers’ support” than NS in their respective industries. (Supplementary Figure 1) By age group, in women both HS ≥40 years old and HS ≤39 years old had the highest stress scores for “co-workers’ support” compared to NS in their respective age group. In men, HS ≥40 years old, HS ≤39 years old, and LS ≤39 years old were characterized by lower stress scores for “co-workers’ support” than NS in their respective age group. (Supplementary Figure 2) By age group and industry, in women ≤39 years old, HS in the medical and welfare industry had the

highest stress scores for “co-workers’ support” compared to NS in the same industry. LS in the manufacturing industry had lower stress scores for “co-workers’ support” than NS in the same industry. In men of ≤39 years old, LS in the service industry and LS in the manufacturing industry had significantly lower stress scores for “co-workers’ support” than NS in their respective industries. Also, in men ≥40 years old, HS in the manufacturing industry had significantly lower stress scores for “co-workers’ support” than NS in that industry. (Figure 2)
Revised parts: page 12, line 10–16 (RESULTS section)
In the case of women, HS was more stressful compared to NS in only the medical and welfare industry in those ≤39 years old. Other industries showed no significant difference because the number of HS was small. Among LS ≤39 years old in the manufacturing industry, stress scores were significantly lower than in NS. Among men, HS ≥40 years old and LS ≤39 years in the manufacturing industry and LS aged ≤39 years in the service industry were less stressed compared with NS in the same industry classes.
[The above has been removed.]
*(8.2) Revised parts: page 14, line 21–23 (DISCUSSION section)
However, it is speculated that these individuals may also be a type of social smoker based on the fact that small-volume smoker men in workplaces, which was highlighted in the current survey, reported more “co-workers’ support.”
[The above has been removed.]
Revised parts: page 14, line 25– page 15, line 2 (DISCUSSION section)
The results for "coworkers’ support" suggest that LS are more likely to be social smokers, especially in the service and manufacturing industries. Not only men, but also women LS in the manufacturing industry had significantly better co-workers' support than NS. This means that LS in these industries may feel closer to their co-workers when they smoke.
*(8.3) Revised parts: page15, line 25– page16, line 2 (DISCUSSION section)
In addition, the relationship between co-worker support and smoking intensity within industries may differ depending on work duties. In health and social work, smoking is perceived as undesirable, and HS who take frequent smoking breaks are imagined to have reduced communication with colleagues.

Comment:
9. Please indicate whether the survey contains "employment grade" (e.g., managers, grass-roots staff, etc....) and company size variables. If they are included, it is recommended to include them in the analysis. If not, please consider whether this point is listed as a study limitation.
Response:
Thank you for your very important comments. The employment grade is not included in the health questionnaire, and the company size was not included in the data because the company name was removed when the personal information was deleted. We have added the following text as a limitation.
(*9.) Revised parts: page 17, line 2–4 (Significance and limitations of this study section)
Factors such as working hours that could not be investigated at this time might contribute to the association between smoking and physical burden. [The above has been removed.]
Revised parts: page 17, line 4–6 (Significance and limitations of this study section)
Factors such as working hours, job position, and company size, which could not be surveyed at this time, may have contributed to the association between smoking and physical burden.

Comment:
10. The author believes that the findings of this study support the importance of improving workplace communication in reducing smoking. It is recommended to add more explanations of possible practices or cite actual intervention cases.
Response:
In accordance with your comments, we have added explanations of possible practices.
Revised parts: page 16, line 12–17 (DISCUSSION section)

(*10.) Simultaneously, it is necessary to promote communication among workers in the workplace, even under a non-smoking environment. Alternatives to smoking that promote informal communication include taking short breaks, increasing opportunities for face-to-face conversations, and increasing opportunities for interaction with workers in other departments, based on the benefits that smokers have received. [48]

New References

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VERSION 2 – REVIEW

REVIEWER	Yeh, Wan-Yu Taipei Veterans General Hospital Department of Medical Education
REVIEW RETURNED	20-Jan-2022

GENERAL COMMENTS	Thank you to the authors for responding to review comments efforts. In the analysis of Logistic regression in Table 2, because both drinking and smoking are addictive behaviors, and according to the literature, the two often occur together. In order to evaluate the influence of whether drinking is included in the control variables on the model, it is recommended to analyze by yourself and describe the difference in results in the text of the Statistical analysis or the Results section.

VERSION 2 – AUTHOR RESPONSE

Reviewer: 2

Dr. Wan-Yu Yeh, Taipei Veterans General Hospital Department of Medical Education

Comments to the Author:

Thank you to the authors for responding to review comments efforts.

Comment:

In the analysis of Logistic regression in Table 2, because both drinking and smoking are addictive behaviors, and according to the literature, the two often occur together. In order to evaluate the influence of whether drinking is included in the control variables on the model, it is recommended to analyze by yourself and describe the difference in results in the text of the Statistical analysis or the Results section.

Response to Reviewer 2

We appreciate your valuable comments on our manuscript. We added the results of Model 0 (not adjusted), Model 1 (logistic regression analysis with age and BMI as adjustment factors) to Table 2, and changed the format to allow comparison of both with Model 2, which includes as adjustment factors drinking amount and drinking frequency. The results showed that even after taking into

account the amount and frequency of alcohol consumption, the three highest odds ratios for smoking by both genders were for "physical burden," "irritation," and "physical symptoms." We also took the opportunity to inspect all the tables and figures and add a new Table 2. We have also made a slight revision in the Results section.

Revised parts: page 9, line 4-8 (Statistical analysis section)

logistic regression analysis was conducted for smoking status to 18 subscales. Three models were tried: model-0 (without adjustment), model-1 (adjusted for age and BMI), and model-2 (Model-1 with additional adjustment for amount and frequency of alcohol consumption), and the three subscales with the highest odds ratios were selected in every trial. we selected the top three subscales according to odds ratios.

Revised parts: page 9, line 12-13 (Statistical analysis section)

, adjusting for age, BMI, amount of alcohol consumption, and frequency of drinking

Revised parts: page 10, line 19-21 (RESULTS section)

. The odds ratios for each subscale were almost the same in the three models, and even after taking into account the amount and frequency of alcohol consumption