Date:		_4/13/2023		
You	ır Name:	Justin Avery Aunger		
Manuscript Title:		Click or tap here to enter text.		
Ma	nuscript Number (if k	own): Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.		Il support for the work reported in this manuscript without time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning of the work		
1				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Study funding: NIHR Health & Social Care Delivery Research, grant number 13/16/06  Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Study funding: NIHR Health & Social Care Delivery Research, grant number 13/16/06		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Study funding: NIHR Health & Social Care Delivery Research, grant number 13/16/06  Click the tab key to add additional rows.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			4/13/2023	
Your Name:			Ruth Abrams	
Manuscript Title:			Click or tap here to enter text.	
Mar	nuscript Number (if k	(nown):	Click or tap here to enter text.	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activiti		ipt. "Rela of the man e in doubt os/activitions, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.	
	em #1 below, report ne for disclosure is th		· · · · · · · · · · · · · · · · · · ·	rithout time limit. For all other items, the time
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			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] <b>N</b> €	one	
3	Royalties or licenses	⊠ No	one	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	4/6/2023
Your Name:	Johanna I Westbrook
Manuscript Title:	Why do acute healthcare staff engage in interpersonal unprofessional behaviours and how can these behaviours be reduced? A realist review
Manuscript Number (if known):	Click or tap here to enter text.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	Study funding: NIHR Health & Social Care Delivery Research, grant number 13/16/06  Time frame: past 36 months  None	Click the tab key to add additional rows.
3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/4/2023	
Your Name:	Judy Wright	
Manuscript Title:	Why do acute healthcare staff engage in interpersonal unprofessional behaviours and how cathese behaviours be reduced? A realist review	in
Manuscript Number (if	wn): Click or tap here to enter text.	
content of your manuscraffected by the content indicate a bias. If you a The author's relationshi epidemiology of hypertothat medication is not	ncy, we ask you to disclose all relationships/activities/interests listed below that are related to the . "Related" means any relation with for-profit or not-for-profit third parties whose interests may be he manuscript. Disclosure represents a commitment to transparency and does not necessarily a doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  activities/interests should be defined broadly. For example, if your manuscript pertains to the on, you should declare all relationships with manufacturers of antihypertensive medication, even if tioned in the manuscript.  support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.	
	ame all entities with whom you have this lationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments we made to you or to your institution)	re
	Time frame: Since the initial planning of the work	
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	None Study funding: NIHR Health & Social Care Delivery Research, grant number 13/16/06  Click the tab key to add additional rows.	

ICMJE Disclosure Form

12/13/2021

 $\boxtimes$ 

None

**⊠** None

Grants or

contracts from any entity (if not indicated in item #1 above).

Royalties or

licenses

1

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	4/6/2023
Your Name:	Mark Pearson
Manuscript Title:	Why do acute healthcare staff engage in interpersonal unprofessional behaviours and how can these behaviours be reduced? A realist review
Manuscript Number (if known):	Click or tap here to enter text.
•	e ask you to disclose all relationships/activities/interests listed below that are related to the

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3	Royalties or licenses	None	

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8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	Member of the NIHR HS&DR Funding Committee 01/01/19-31/01/22	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:		

Date:			4/11/2023		
Your Name:			Aled Jones		
Manuscript Title:			Why do acute healthcare staff engage in interpersonal unprofessional behaviours and how can these behaviours be reduced? A realist review		
Mai	nuscript Number (if kr	nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub?  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned. In item #1 below, report all suppo		pt. "Rela f the ma in doub s/activition sion, you entioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:  I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	4/11/2023
Your Name:	Russell Mannion
Manuscript Title:	Why do acute healthcare staff behave unprofessionally towards each other and how can these behaviours be reduced? A realist review
Manuscript Number (if known):	Click or tap here to enter text.

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3	indicated in item #1 above). Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	4/20/2023	
Your Name:	Jill Maben	
Manuscript Title:	Why do acute healthcare staff behave unprofessionally towards each other and how can these behaviours be reduced? A realist review.	
Manuscript Number (if known):	Click or tap here to enter text.	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
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11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	Member of the NIHR, Health Services and Delivery Research Funding Committee (2019–2022)		
Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.				