

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Barriers to home care for older adults from perspectives of Iranian informal caregivers: A qualitative study
AUTHORS	Rahimi, Fatemeh; Shakibazadeh, Elham; Ashoorkhani, Mahnaz; Foroughan, Mahshid

VERSION 1 – REVIEW

REVIEWER	Corvol, Aline Centre Hospitalier Universitaire de Rennes
REVIEW RETURNED	13-Jul-2022

GENERAL COMMENTS	<p>The subject is important and the article is well written and clearly presented. However, it seems to address policy makers more than researchers.</p> <p>The main limitation of this study is that the research question is defined without careful examination of the huge international literature on caregiving. For this reason, the reader cannot identify which of the results are new, and which are well known. If the gap of knowledge concerns the Iranian specificities, an accurate presentation of social and cultural context should be provided in the introduction. The Iranian health care system should be presented.</p> <p>Currently, the object of the study appears too wide to allow a correct treatment, with no focus on the cause of care needs (dementia versus physical), the amount of caregiving time or family relationships (mainly child in fact). Literacy level and income level of respondents are not described, as well as housing (always with the older person?)</p> <p>Furthermore, we found some inconsistencies between methods and results (information on the older persons appears in results but not in methods, some information on the caregivers in methods are not used in results). Inclusion criteria are not clear (health care organization not described; minimum amount of caregiving time?)</p> <p>In the results, psychological difficulties linked with the care relationship are not distinguished from those linked with the parent-child relationship (ex table 2, social burden). Quotations are not enough contextualized to allow comprehension (ex: negative feedback, table 3). Some results are overinterpreted (ex p 17 According to the results of this study... only true for those responders, cannot be generalized). Some statements in discussion are not referenced.</p> <p>The positive aspects of caregiving are not discussed, as the interview guide does not allow them to appear. That can be a choice but should be discussed.</p>
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REVIEWER	Mahrer-Imhof, Romy
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	Nursing Science & Care Ltd, CEO
REVIEW RETURNED	02-Sep-2022

GENERAL COMMENTS	<p>Thank you for giving me the opportunity to review the manuscript.</p> <p>Abstract The abstract is well written.</p> <p>Introduction I suggest including more information about the Iranian situation. The introduction does not lead stringently to the research question. Please provide more insights into the Iranian health care system Provide more insight into families' obligations to care for the elderly As you mention in the limitations COVID affected your data collection. Can you also provide a bit more information in the introduction on how COVID-19 affected the home health care system in Iran?</p> <p>The methods section It is well described but seems a bit too detailed. You could strengthen the section by shortening it. This would allow more details in the introduction.</p> <p>The result I recommend total revision. The results are not comprehensively explained. The tables are not an appropriate way to present the findings. The examples under the specific categories are not comprehensible. I suggest the author write a text (not only a table) to explain the subcategories in more detail. The quotes do often not fit with the category mentioned in the table. Please indicate to which subcategory the quote belongs.</p> <p>Discussion The discussion must be disentangled from the findings. The authors compare their findings with recent literature which is well done. Could you also provide more details about the uniqueness of the current findings? What is new? What has not been known before?</p> <p>Limitations Please provide a title for the limitations.</p> <p>Conclusions The conclusions might be right, but do not flow naturally from the discussion or the findings. Please be more concise with the findings, and discussion to the conclusions. The authors say e.g. "The results of the study can be a guide for planning to fill the gaps in the provision of health and social serviced...". it would be more informative if you could make a concrete example. Please provide your ideas on how you could pursue filling the gaps.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1 Comments		
1	The subject is important and the article is well written and clearly presented. However, it seems to address policy makers more than researchers.	Thank you for the comment. We added some suggestion for researchers in the conclusion.
2	If the gap of knowledge concern the Iranian specificities, an accurate presentation of social and cultural context should be provided in the introduction.	We presented a brief social and cultural context in the introduction.
3	The Iranian health care system should be presented.	We presented Iran's health system in brief in the introduction.
4	The object of the study appear to wide to allow a correct treatment, with no focus on the cause of care needs (dementia versus physical), the amount of caregiving time or family relationships (mainly child in fact). Literacy level and income level of respondents are not described, as well as housing (always with the older person?)	We selected caregivers of older adults (60 years old and older) who could not do activities of daily living on their own due to physical, memory, or mental health disorders. We did not specify the participants based on the cause of care needs; because in many cases there were overlapping situations and we aimed to elaborate general difficulties of the caregivers. Moreover, since the informal caregivers are not registered in any formal system in Iran, and due to Covid 19 pandemic that made it hard to find and recruit the participants, we did not limit the selection of participants based on literacy, income levels and housing status. Instead, we tried to described the situations in the results and discussion sections; and suggested the issue for future studies.
5	We found some inconsistencies between methods and results (information on the older persons appears in result but not in methods, some information on the caregivers in methods are not used in results)	Thank you for this comment. We reviewed the text and corrected the inconsistencies.
6	Inclusion criteria are not clear (health care organization not described; minimum amount of caregiving time?)	We added the explanations in the methods section.
7	In the results, psychological difficulties linked with the care relationship are not distinguished of those linked with the	We revised the results according the comment.

	parent-child relationship (ex table 2, social burden).	
8	Quotation are not enough contextualized to allow comprehension (ex: negative feedback, table 3).	We revised and edited the quotations to allow comprehension in the text.
9	Some results are overinterpreted (ex p 17 According to the results of this study... only true for those responders, cannot be generalized).	We corrected and revised overinterpretations.
10	Some statement in discussion are not referenced.	We added some references to the statements.
11	The positive aspects of caregiving is not discussed, as the interview guide does not allow them to appear. That can be a choice but should discussed.	Presenting the positive aspects of caregiving could potentially make the paper lengthy. We discussed and suggested it for future studies.
Reviewer 2 Comments		
1	The abstract is well written.	Thank you
2	I suggest including more information about the Iranian situation. The introduction does not lead stringently to the research question.	We presented a brief social and cultural context in the introduction.
3	Please provide more insights into the Iranian health care system	We presented Iran's health system in brief in the introduction.
4	Provide more insight into families' obligations to care for the elderly	We added some sentences to provide more insights on the issue.
5	As you mention in the limitations COVID affected your data collection. Can you also provide a bit more information in the introduction on how COVID-19 affected the home health care system in Iran?	We added some explanations in the introduction.
6	The methods section is well described but seems a bit too detailed. You could strengthen the section by shortening it. This would allow more details in the introduction.	We shortened the methods section and added some explanations to the introduction section.
7	I recommend total revision. The results are not comprehensively explained. The tables are not an appropriate way to present the findings. The examples under the specific categories are not comprehensible. I suggest the	We reviewed and edited the results section to provide a comprehensive explanation. We removed the table and provided findings in the text.

	author write a text (not only a table) to explain the subcategories in more detail.	
8	The quotes do often not fit with the category mentioned in the table. Please indicate to which subcategory the quote belongs.	We revised and edited the quotations and added indicated to which category the quote belonged.
9	The discussion must be disentangled from the findings.	We revised the discussion section.
10	Could you also provide more details about the uniqueness of the current findings? What is new? What has not been known before?	We added some explanations to the discussion section.
11	Please provide a title for the limitations	We provided the title for the limitations.
12	<p>The conclusions might be right, but do not flow naturally from the discussion or the findings. Please be more concise with the findings, and discussion to the conclusions.</p> <p>The authors say e.g. "The results of the study can be a guide for planning to fill the gaps in the provision of health and social serviced....". it would be more informative if you could make a concrete example. Please provide your ideas on how you could pursue filling the gaps.</p>	We revised the conclusion section accordingly.

VERSION 2 – REVIEW

REVIEWER	Corvol , Aline Centre Hospitalier Universitaire de Rennes
REVIEW RETURNED	13-Oct-2022

GENERAL COMMENTS	<p>The manuscript has been significantly improved, and the introduction, methods and results sections seems now clear. Two minor revisions concerning these parts :</p> <ul style="list-style-type: none"> -Inclusion criteria are not clear : an average of 6h help/week (method), or a minimum of 6 (results)? -For the 3rd part of the results, "social issue may not be the right term (interpersonal is already "social") :Barriers due to care system? insufficient care system support? <p>However, the discussion and conclusion still need an in depth rewriting to my opinion. The discussion appear too long and does not explain the reader what this study had to previous knowledge. Less citations with a more accurate description of studies they refer to could improve the comprehensiveness. I would not</p>
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	<p>consider as a limitation the absence of interview with decision maker</p> <p>the second part (our study participant...) is very affirmative with no reference. "Other study" should be cited, and cultural explanations should be cited or presented as explanatory hypothesis.</p> <p>T.</p> <p>-The fact that only 1 spouse have been included should be discussed and appear as a limitation (does it means that spouses are not recognised as caregiver?). Their result can only be applied to children bride.</p> <p>The conclusion stay very general and could have been written before this study, based on previous litterature. I suggest the authors to focus, in discussion as in conclusion on "what is new? what is surprising" in their results.</p>
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VERSION 2 – AUTHOR RESPONSE

No	Comments	Responses
Editor's Comments		
1	The manuscript has been significantly improved, and the introduction, methods and results sections seem now clear.	Thank you.
2	Two minor revisions concerning these parts: -Inclusion criteria are not clear: an average of 6h help/week (method), or a minimum of 6 (results)?	It was for a minimum of six hours. We corrected the sentence in the abstract and methods sections.
3	For the 3rd part of the results, "social issue may not be the right term (interpersonal is already "social"): Barriers due to care system? insufficient care system support?	We changed it to "Care system barriers" in the manuscript.
4	However, the discussion and conclusion still need an in depth rewriting to my opinion. The discussion appears too long and does not explain the reader what this study had to previous knowledge. Less citations with a more accurate description of studies they refer to could improve the comprehensiveness.	We rewrote the discussion and conclusion sections based on this valuable comment. We shortened the discussion section, used less citations, described the studies we referred to improve the comprehensiveness.
5	I would not consider as a limitation the absence of interview with decision maker.	We removed it from the limitations section.
6	The second part (our study participant...) is very affirmative with no reference. "Other study" should be cited, and cultural explanations should be cited or presented as explanatory hypothesis.	we removed the sentence and revised the paragraph totally.

7	The fact that only 1 spouse have been included should be discussed and appear as a limitation (does it means that spouses are not recognized as caregiver?).	We discussed the issue in the discussion and explained it in the limitations section.
8	The result can only be applied to children bride.	We mentioned this issue in the limitations section.
9	The conclusion stays very general and could have been written before this study, based on previous literature. I suggest the authors to focus, in discussion as in conclusion on "what is new? what is surprising" in their results.	We revised the discussion and conclusion sections based on this valuable comment.