

## 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

<b>TITLE (PROVISIONAL)</b>	Family bereavement care interventions during the COVID-19 pandemic: a scoping review protocol
<b>AUTHORS</b>	Laranjeira, Carlos; Moura, Débora; Marcon, Sonia Silva; Jaques, André; Salci, Maria; Carreira, Ligia; Cuman, Roberto; Querido, Ana

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Nyblom, Stina Sahlgrenska Academy, Palliative Center
<b>REVIEW RETURNED</b>	14-Dec-2021

<b>GENERAL COMMENTS</b>	<p>This paper, covering the topic of Interventions for family bereavement care during the COVID-19 pandemic, is generally well written. It describes nicely the rationale for the review in the context of what is already known. There is adherence to the PRISMA checklist, except for the small formality that e-mail address is not provided for all authors.</p> <p>I would like to comment on the following:</p> <p>There are two broad research questions addressing 1) evidence from grief support interventions and 2) impact of death in Covid on bereavement.</p> <p>The first research questions: 'What is the evidence from grief support interventions for family carers of people who died from COVID-19?' is followed by six sub-questions, including the question of effectiveness. I would have preferred not to use "evidence" in the research question as a scoping review does not take into account the quality of included studies. On page 9-48 the authors themselves state that the findings will offer a "comprehensive stance" which, in my opinion, is a better term to be used.</p> <p>The second research question; 'What can we learn from the COVID-19 pandemic about the subsequent impact this type of death had on bereavement?' is not much elaborated on. This makes it difficult to know if the authors have any specific aim or comparison in mind other than general "learning". The question is more of an overall purpose and can be formulated more clearly.</p> <p>On page 10-39 the authors suggest that the implications of the findings could be used for the development of guidelines for evidence-based practice. Scoping reviews are not sufficient for this. This scoping review could, however, inform what detailed questions are required in a systematic review, which in turn could</p>
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	<p>be used for evidence-based guidelines. Perhaps this is also what the authors mean as they state that the suggestion is to be included in the discussion.</p> <p>Page 10-10: "A draft of the scoping review is currently underway and will be submitted before the end of 2021". If the entire review is to be submitted before New Year, my interpretation is that data collection is complete. Please clarify If that is the case. Although the value of a thorough description of the protocol remains, an earlier publication would have been preferable which could help prevent unnecessary duplication of work and enable collaboration.</p>
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<b>REVIEWER</b>	Wilson, Donna University of Alberta
<b>REVIEW RETURNED</b>	12-Jan-2022

<b>GENERAL COMMENTS</b>	<p>Fabulous paper, well written, very needed/important, and only 4 concerns to address or explain:</p> <ol style="list-style-type: none"> <li>1. please consider using the Directory of Open Access Journals for a data source</li> <li>2. please reconsider the start date as being the cut off date for data collection, if your date collection goes on for months, you may want to extend that date; or do a hard consistent end date such as Jan 1, 2022</li> <li>3. research study reports alone will be collected, which will cut out potentially relevant descriptions of bereavement programs and other helpful non-research papers, please think about this issue; and</li> <li>4. one sentence MUST be changed/revised or deleted: this is a sentence in the introduction, between lines 10 and 13, which indicates the preferred outcomes of grief for individuals -i.e. that they will establish new relationships to become more resilient. Please note that my husband died suddenly of a heart attack 2 years ago, and I am VERY resilient and I have been from day 1 and onward; I have made NO new relationships, our dear friends are still my dear friends... That sentence illustrates a commonly-held negative view of people who do not immediately bounce back or recover, but it takes time to learn to live without a loved one, and to adjust to a new life. There is nothing wrong with grieving people, they are not weak or deficient, they are grieving!</li> </ol>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer 1

> I would like to comment on the following:

There are two broad research questions addressing 1) evidence from grief support interventions and 2) impact of death in Covid on bereavement. The first research question: 'What is the evidence from grief support interventions for family carers of people who died from COVID-19?' is followed by six sub-questions, including the question of effectiveness. I would have preferred not to use "evidence" in the research question as a scoping review does not take into account the quality of included studies. On page 9-48 the authors themselves state that the findings will offer a "comprehensive stance" which, in my opinion, is a better term to be used.

The second research question; 'What can we learn from the COVID-19 pandemic about the subsequent impact this type of death had on bereavement?' is not much elaborated on. This makes it

difficult to know if the authors have any specific aim or comparison in mind other than general “learning”. The question is more of an overall purpose and can be formulated more clearly.

RESPONSE

Thank you for pointing this out. In view of the doubts raised, we chose to just keep a broad question, having been reformulated according to your suggestion.

On page 10-39 the authors suggest that the implications of the findings could be used for the development of guidelines for evidence-based practice. Scoping reviews are not sufficient for this. This scoping review could, however, inform what detailed questions are required in a systematic review, which in turn could be used for evidence-based guidelines. Perhaps this is also what the authors mean as they state that the suggestion is to be included in the discussion.

RESPONSE

We appreciate your comment, and we change the text with your suggestion. Please see the boldface sentences.

Page 10-10: “A draft of the scoping review is currently underway and will be submitted before the end of 2021”. If the entire review is to be submitted before New Year, my interpretation is that data collection is complete. Please clarify If that is the case. Although the value of a thorough description of the protocol remains, an earlier publication would have been preferable which could help prevent unnecessary duplication of work and enable collaboration.

RESPONSE

Thank you again for your insightful suggestions. We have changed the timeline before the end of April of 2022.

Reviewer 2

Fabulous paper, well written, very needed/important, and only 4 concerns to address or explain:

1. please consider using the Directory of Open Access Journals for a data source;

RESPONSE

We appreciate your comment. We agree with the suggestion.

2. please reconsider the start date as being the cut off date for data collection, if your date collection goes on for months, you may want to extend that date; or do a hard consistent end date such as Jan 1, 2022

RESPONSE

Thank you for pointing this out. We clarified the end date of data collection.

3. research study reports alone will be collected, which will cut out potentially relevant descriptions of bereavement programs and other helpful non-research papers, please think about this issue; and  
4. one sentence MUST be changed/revised or deleted: this is a sentence in the introduction, between lines 10 and 13, which indicates the preferred outcomes of grief for individuals -i.e. that they will establish new relationships to become more resilient. Please note that my husband died suddenly of a heart attack 2 years ago, and I am VERY resilient and I have been from day 1 and onward; I have made NO new relationships, our dear friends are still my dear friends... That sentence illustrates a commonly-held negative view of people who do not immediately bounce back or recover, but it takes time to learn to live without a loved one and to adjust to a new life. There is nothing wrong with grieving people, they are not weak or deficient, they are grieving!

RESPONSE

Thanks. We appreciate your comments. Given the current character of the pandemic, we intend grey literature, including non-research papers, given the likelihood that several studies are ongoing and have not yet been published.

We reorganized the text to avoid the pejorative view associated with grief.