PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	The psychological experience of inpatients with acute pancreatitis: A qualitative study
AUTHORS	Ma, Shuli; Yang, Xiaoxi; He, Hongmei; Gao, Yiwen; Chen, Yuanyuan; Qin, Jingwen; Zhang, Can; Lu, Guotao; Gong, Weijuan; Chen, Weiwei; Ren, Yan

VERSION 1 – REVIEW

REVIEWER	Vithayathil, Mathew King's College London
REVIEW RETURNED	26-Dec-2021

GENERAL COMMENTS	The authors provide an analysis of the psychological experience of inpatients with acute pancreatitis. The study is well designed, and the authors should be commended for conducting interviews. I think it should be considered for publication but needs to address a key area. Major The most common causes of acute pancreatitis is gallstones and alcohol. The authors report only 2 patients had alcohol related acute pancreatitis - does this reflect the incidence in the population or due to the sampling used? Alcohol misuse disorder is associated with acute pancreatitis and also psychological morbidity. Please could the authors comment on whether there was any alcohol relaed psychological stressors in these patients? Minor Table 1 - the demographic table would be better to read and appreciated by giving frequencies by column - rather than listing each patients' characteristic (i.e. Gender - male n (%); Etiology - alcohol n (%), biliary n (%)

REVIEWER	Cronin, Patricia Trinity College Dublin
REVIEW RETURNED	10-Feb-2022

GENERAL COMMENTS	This is an interesting and valuable topic for exploration since the patient experience has not been studied extensively within the field. It is also valuable in terms of the relevance of the social and cultural context of care.

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	Overall, the essential elements of the study have been addressed but there are concerns about the overall completeness and clarity of what is presented. For this reason some of the review checklist items have been ticked as 'no' to enable illustration of said concerns. Abstract & Methodology sections: For methodological accuracy, the study should be referred to as a Qualitative Exploratory (or Descriptive) study. The only tenet of phenomenology was the use of Colaizzi's framework for data analysis. So strictly speaking the description of the study as phenomenological is not accurate (see further comments below). Introduction: It is suggested that the introduction should be re-aligned to correspond more clearly with the aim of the study (see comments in the text). The points about the development of AP in those with pre-existing mental health problems is not relevant to the focus of the study. In addition, psychological experience should be defined and avoid conflating mental function with psychological experience. Some of the literature in this section is dated and the citations used are, at times, questionable in terms of relevance. Methods: Design: As stated above, this study is not phenomenological. Primarily, phenomenologists such as Colaizzi purport exploring the 'lived experience' as a whole rather than one element of it. Moreover, semi-structured interviews are not in keeping with Colaizzi's approach. Hence, the recommendation that this section is re-written as a Qualitative Exploratory (or Descriptive) design, using Colaizzi's data analysis tool. Participants/Data collection: The process of recruitment and consent need further elaboration. There is also a concern around the 'doctor in charge of the patient' being aware of the patient's involvement in a research study. Data Analysis: The outcome when using Colaizzi's framework is an exhaustive description and the development of the 'essential structure of the phenomenon'. While these are alluded to in the text, they are not reflected in the presentation of the results. Therefore, these elements should be included or if they were not formally developed then it might be stated that an adapted version of Colaizzi's data analysis tool was used. Results: Themes and sub-themes are presented. However, there appears to be a close alignment between the questions asked in interview and these identified themes. It is suggested that the themes should reflect the data and not the questioned asked. Moreover, the presentation of 15 sub-themes in all leads to fragmentation of the findings. Qualitative research should be integrated and reflect patterns or recurrent themes. Overall, the presentation of findings appear to be a description of issues identified by sometimes as few as 2 participants. As a note in many places percentages e.g. 7% or 10% were reported without including the whole number - this can be misleading. It is suggested that the data could be subjected to a more in-depth analysis and interpretation in order to get a sense of the overall psychological experience of the participants. Within text comments have not been highlighted in this section as the analysis needs to be re-worked. Discussion: The discussion begins with a summary of the findings. However, the discussion needs to be grounded more realistically in the findings. While the study is important in terms of accessing patients' experiences, it appears the strength of the findings has

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	been over-stated and their significance in terms of proposed changes to practice or interventions are not yet justifiable. References/use of citations: Some of the citations are quite dated and in some places, they are not appropriate supports for the points being made. For example in the introduction, it was stated; 'Moreover, serotonin levels are indirectly related to mood' (citation 5), which on examination is a study in rats and is questionable in the context of the discussion at that point. Similarly, in the discussion section the relevance of some of the citations (21, 22, 23, 24, 25, 26, 28) is debatable.

VERSION 1 – AUTHOR RESPONSE

Reviewer reports:

Reviewer #1:
Major
1- The most common causes of acute pancreatitis is gallstones and alcohol. The authors report only 2 patients had alcohol related acute pancreatitis - does this reflect the incidence in the population or due to the sampling used? Alcohol misuse disorder is associated with acute pancreatitis and also psychological morbidity. Please could the authors comment on whether there was any alcohol relaed psychological stressors in these patients?

AUTHORS REPLY:
Thanks for your strict attitude and meticulous work.. The cause of AP is quite different between China and the West. The most common cause of AP in China is gallstones and hypertriglyceridemia, followed by alcohol. (Pancreas. 2020;49(9):1161-1167; Gastroenterol Res Pract. 2018;2018:1420590.) The incidence of alcoholic acute pancreatitis is between 4% and 15.7% in different regions of China. (Chinese Journal of Digestion and Medical Imageology (Electronic Edition),2016,6(2):71-75.) And in our study the incidence is about 7.1%. In addition, there may be sampling bias due to the convenience sampling method adopted in this study.
We are very willing to comment on this question. There are some alcohols related psychological stressors in our patients which presented desire to drink, social communication pressure, abstinence self-efficacy deficiency, others persuaded him to give up drinking and others' view of recurrence caused by drinking.
Minor
2- Table 1 - the demographic table would be better to read and appreciated by giving frequencies by column - rather than listing each patients' characteristic (i.e. Gender - male n (%); Etiology - alcohol n (%), biliary n (%)

AUTHORS REPLY:
Your comment is highly appreciated. We have changed the presentation of the content in Table 1, and gave frequencies by column.

Reviewer #2:

1- Abstract & Methodology sections: For methodological accuracy, the study should be referred to as a Qualitative Exploratory (or Descriptive) study. The only tenet of phenomenology was the use of Colaizzi's framework for data analysis. So strictly speaking the description of the study as phenomenological is not accurate (see further comments below).

AUTHORS REPLY:

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Thanks for your strict attitude and meticulous work. According to your suggestion, we have studied the phenomenological qualitative study and descriptive study, and compared the differences. We agree with your suggestions and have changed our study to be a Qualitative Descriptive one.

2- Introduction: It is suggested that the introduction should be re-aligned to correspond more clearly with the aim of the study (see comments in the text). The points about the development of AP in those with pre-existing mental health problems is not relevant to the focus of the study. In addition, psychological experience should be defined and avoid conflating mental function with psychological experience. Some of the literature in this section is dated and the citations used are, at times, questionable in terms of relevance.

AUTHORS REPLY:
Thank you for your suggestion. We have now re-aligned the introduction to correspond more clearly with the aim of the study, changed the literatures and defined the psychological experience (Page 3 line 70 to 72).

3- Design: As stated above, this study is not phenomenological. Primarily, phenomenologists such as Colaizzi purport exploring the 'lived experience' as a whole rather than one element of it. Moreover, semi-structured interviews are not in keeping with Colaizzi's approach. Hence, the recommendation that this section is re-written as a Qualitative Exploratory (or Descriptive) design, using Colaizzi's data analysis tool.

AUTHORS REPLY:
Thank you for your opinion which we totally agree. We have re-written this section as a Qualitative Descriptive study (Page 4 line 96 to 97).

4- Participants/Data collection: The process of recruitment and consent need further elaboration. There is also a concern around the 'doctor in charge of the patient' being aware of the patient's involvement in a research study.

AUTHORS REPLY:
Thanks for your strict attitude and meticulous work. We have elaborated the process of recruitment and consent (Page 4 to 5 line 119 to 124).
Additionally, because we consulted the doctors all AP patients' condition instead of certain one, they were not clear which patient would participate in this study. In addition, whether to participate was decided by the patients themselves, and the doctors could not be informed in advance.

5- Data Analysis: The outcome when using Colaizzi's framework is an exhaustive description and the development of the 'essential structure of the phenomenon'. While these are alluded to in the text, they are not reflected in the presentation of the results. Therefore, these elements should be included or if they were not formally developed then it might be stated that an adapted version of Colaizzi's data analysis tool was used.

AUTHORS REPLY:
This is a valuable suggestion. We have changed 'Colaizzi's phenomenological method' to 'an adapted version of Colaizzi's qualitative analysis procedure' (Page 5 line 139).

6- Results: Themes and sub-themes are presented. However, there appears to be a close alignment between the questions asked in interview and these identified themes. It is suggested that the themes should reflect the data and not the questioned asked. Moreover, the presentation of 15 sub-themes in all leads to fragmentation of the findings. Qualitative research should be integrated and reflect patterns or recurrent themes. Overall, the presentation of findings appear to be a description of issues

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identified by sometimes as few as 2 participants. As a note in many places percentages e.g. 7% or 10% were reported without including the whole number - this can be misleading. It is suggested that the data could be subjected to a more in-depth analysis and interpretation in order to get a sense of the overall psychological experience of the participants. Within text comments have not been highlighted in this section as the analysis needs to be re-worked.

AUTHORS REPLY:
Your comment is highly appreciated. We have re-analyzed the data and 3 themes and 8 sub-themes were presented. We have tried to describe the overall psychological experience of the participants in their own words. Please refer to the result section for details.

7- Discussion: The discussion begins with a summary of the findings. However, the discussion needs to be grounded more realistically in the findings. While the study is important in terms of accessing patients' experiences, it appears the strength of the findings has been over-stated and their significance in terms of proposed changes to practice or interventions are not yet justifiable.

AUTHORS REPLY:
We appreciate your suggestion. We changed the discussion to make it more in line with the actual situation of the survey results. Please refer to the discussion section for details.

8- References/use of citations: Some of the citations are quite dated and in some places, they are not appropriate supports for the points being made. For example in the introduction, it was stated; 'Moreover, serotonin levels are indirectly related to mood' (citation 5), which on examination is a study in rats and is questionable in the context of the discussion at that point. Similarly, in the discussion section the relevance of some of the citations (21, 22, 23, 24, 25, 26, 28) is debatable.

AUTHORS REPLY:
Thank you for your suggestion. We have now changed the citations in the manuscript appropriately. Please refer to the reference section for details.

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