

## 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>	The Self-Compassion Letter Tool for Healthcare Worker Well-being: A Qualitative Descriptive Analysis
<b>AUTHORS</b>	Powell, Melissa; Sexton, Bryan; Adair, Kathryn

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Maffoni, Marina Istituti Clinici Scientifici Maugeri SpA IRCCS Montescano, Psychology Unit
<b>REVIEW RETURNED</b>	03-Nov-2023

<b>GENERAL COMMENTS</b>	<p>Dear Authors, thank you for the opportunity to review this clever paper. I think the self-compassion letter tool for healthcare providers might be a useful and innovative approach to further develop and study.</p> <p>Below you can find some suggestions for improving the efficacy of your paper:</p> <ol style="list-style-type: none"><li>1) Do not begin the abstract with the acronym "HCW" without explaining it,</li><li>2) Do not insert references in the abstract (Neff, 2003)</li><li>3) Overall, check and sharpen the abstract. For instance, I think that you mixed results and conclusion</li><li>4) Be consistent with the use of the full term "healthcare workers" or the acronym HCW.</li><li>5) Overall, I suggest adding more details in the method section. For instance, inclusion and exclusion criteria are poorly described: what about foreign language speakers? what about their seniority in service? Again, who performed the analysis? It is not clear to me which chunks of text you consider for analysis (single words? sentences?). Better define the specific qualitative approach you adopted. Maybe adding a flowchart or a diagram may help the reader to better understand and strengthen the reproducibility.</li><li>6) page 15, line 10: use 80% instead of 80 percent</li></ol> <p>The result paragraphs are not presented in a consistent way. That is, in some paragraphs there are participant quotes, in others you put quotes only in the table.</p> <ol style="list-style-type: none"><li>7) In my opinion, the discussion is the weakest part of the paper. You basically described results but it lacks a critical comparison with previous literature concerning risk and protective factors for healthcare professionals.</li><li>8) I think the limits are poorly discussed. For instance, the length difference of the letters may bias the analysis. If I'm not wrong, in some cases you have just short messages/words and in other cases, you have proper letters in which the the participant's thinking is clearer.</li></ol>
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	Good luck!
<b>REVIEWER</b>	Erschens, Rebecca University Medical Hospital Tuebingen, Internal Medicine, Department of Psychosomatic Medicine and Psychotherapy
<b>REVIEW RETURNED</b>	14-Nov-2023
<b>GENERAL COMMENTS</b>	<p>Thank you for the opportunity to review the manuscript 'The Self-Compassion Letter Tool for Healthcare Workers: A Qualitative Descriptive Analysis'. The aim of this study is to identify themes within therapeutic self-compassion letters and to examine how self-compassion writing strategy can positively impact healthcare workers. The authors used a qualitative descriptive analysis called summative content analysis and inductive coding to analyze the self-compassion letters. Regarding the results, five major categories could be identified: Looking Forward, Reaffirming Self, Reaffirming Reminders, Hardships, and Self-Disparagement. Overall, the authors conclude that further research to understand and improve the impact of the self-compassion letter tool in enhancing well-being among healthcare workers is important. The research topic is current, and the manuscript indicates a further development of the research field. There are some issues described in detail below.</p> <p><b>Title and Abstract</b> The title does not contain all relevant information. When reading the title, it is not entirely clear what the paper is about. The abstract is well structured and easy to follow. However, methodological details in particular should be added, and the conclusion section shortened. In the 'Background' section of the abstract it says: 'HCW burnout has led to higher rates of job turnover, early retirement, reduced productivity, and the potential for patient safety events and medical errors.'. I would recommend not using abbreviations right at the beginning. Rather, write out the whole word first and then put the abbreviation in brackets after it. I miss a meaningful 'methods' section in the summary. I would therefore recommend adding more methodological details. Moreover, the 'Conclusion' Section is very long and detailed. I would recommend shortening this section to the quintessence, implications, and future research question.</p> <p><b>Introduction</b> The introduction is clear and concise, and the relevance of the topic is clearly stated. The research gap was mentioned although it could be emphasized more. Moreover, a few of the references in the introduction are quite old and should be replaced with more current literature if possible. On page 4, line 51 to page 5, line 7 it says: 'The demands and responsibilities of HCW's are increasing, while resources are decreasing, resulting in a diminished ability to deliver high quality patient care (Demerouti &amp; Baller, 2022)'. It is not entirely clear to me what requirements/responsibilities and resources are meant in this sentence. I consider the sentence on page 5, from line 41 'Many people find it relatively easy to be compassionate toward others, particularly friends and loved ones.' unnecessary. In my opinion, it is more important to define the construct of self-compassion even more clearly in this section.</p>

	<p>There is a spelling error on page 6, line 10: 'Self-compassion has been increasingly applied to HCWs s in recent years, however only a few relatively small studies have been published to date.'</p> <p>The entire studies on self-compassion mentioned on page 6 should be shortened to the core message relevant to this qualitative study and not described in too much detail.</p> <p><b>Methods</b> The methods section is very long and sometimes written in too much detail. Therefore, it should be shortened in some places. It is not clear to me whether participation was mandatory or optional for HCWs. In addition, were the participants compensated for their participation?</p> <p>On page 9, line 3, it is stated that 'Patients or the public were not involved in the design, or conduct, or reporting or dissemination plans of our research.'. This sentence is not entirely clear to me, or rather, it is not clear to me why this information should be relevant.</p> <p>The section 'Data analysis' is written very long and detailed. It should be shortened to the most important aspects. In addition, it is not clear to me from the section how many researchers were involved in the summative content analysis process.</p> <p><b>Results</b> The results section is well structured and contains helpful tables. Care should be taken not to duplicate the content (e.g. the content of tables should not be described again in detail in the text).</p> <p>At the beginning of the results section, it states, 'The final sample of 116 letters analyzed ranged from 5 words to 373 words total, with a mean of 93.3 and a median of 78 words.'. If the mean value is given, the standard deviation must usually also be given.</p> <p>On page 14, line 53, it says: 'A description of the findings from each category is detailed below in Table 1.'. Is it possible that not table 1 but table 2 is meant here? 'Table 1 also details the sub-categories within each category. The total occurrence of codes in each category is identified next to the category name. A quotation exemplar is listed for each sub-category.'. These explanations would also fit well into the notes on Table 2 (insert under Table 2).</p> <p>Furthermore, it is stated that 'Of the five major categories, 80 percent (798) of the total occurrences fell within the Looking Forward category and the Reaffirming Self category, which each represented 42% (423) and 38% (375) of the total occurrences, respectively.'. The word 'percent' is written once as word and several times as % symbol. Here, I would recommend being consistent.</p> <p>Moreover, according to the current APA guidelines (APA Publication Manual, 7th ed.), tables should not have vertical lines.</p> <p>The sections on page 19 to page 23 (paragraph on Looking Forward, Reaffirming Self, Reaffirming Reminders, Hardships and Self-Disparagement) should be greatly shortened. Especially because they contain duplications of the information from Table 2.</p>
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	<p><b>Discussion</b></p> <p>The discussion section has a good structure. However, the discussion should better refer to the conceptual framework from the introduction. Moreover, the relevant research findings from this study should also be discussed in more detail using previous research findings.</p> <p>Usually, at the beginning of the discussion, 1-2 sentences summarize what was done in the study before stating the results. On page 24, line 41 it says 'Neff's definition of self-compassion entails three main components: Self-kindness, Mindfulness, and Common Humanity (Neff, 2003). Self-kindness is being kind and understanding to one's self in the midst of suffering or failure; Mindfulness is holding painful emotions and thoughts in balanced awareness instead of over-identifying with them; Common humanity is viewing one's own experience as a part of a larger human experience (e.g., everyone makes mistakes or faces hardships)'. I think this definition of self-compassion and explanations of the three main components should be important content of the introduction and then revisited and discussed in the discussion section.</p> <p>Another limitation could be that participants might have biased their answers, e.g., due to social desirability.</p> <p><b>Conclusion</b></p> <p>The conclusion is concise and includes an outlook on future research.</p>
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### VERSION 1 – AUTHOR RESPONSE

<p>Dear Authors, thank you for the opportunity to review this clever paper.</p> <p>I think the self-compassion letter tool for healthcare providers might be a useful and innovative approach to further develop and study.</p> <p>Below you can find some suggestions for improving the efficacy of your paper:</p> <ol style="list-style-type: none"> <li>1) Do not begin the abstract with the acronym "HCW" without explaining it,</li> <li>2) Do not insert references in the abstract (Neff, 2003)</li> <li>3) Overall, check and sharpen the abstract. For instance, I think that you mixed results and conclusion</li> <li>4) Be consistent with the use of the full term "healthcare workers" or the acronym HCW.</li> <li>5) Overall, I suggest adding more details in the method section. For instance, inclusion and exclusion criteria are poorly described: what</li> </ol>	<p>We thank this reviewer for their kind words and helpful revisions. Below we have outlined the updates made to our manuscript:</p> <ol style="list-style-type: none"> <li>1) Abstract updated without acronyms.</li> <li>2) Citation removed from the abstract.</li> <li>3) Abstract contents restructured and revised.</li> <li>4) HCW acronym updated throughout after first introduction.</li> <li>5) Details regarding English, the authors conducting analysis, and qualitative approach</li> </ol>
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<p>about foreign language speakers? what about their seniority in service? Again, who performed the analysis? It is not clear to me which chunks of text you consider for analysis (single words? sentences?). Better define the specific qualitative approach you adopted. Maybe adding a flowchart or a diagram may help the reader to better understand and strengthen the reproducibility.</p> <p>6) page 15, line 10: use 80% instead of 80 percent</p> <p>The result paragraphs are not presented in a consistent way. That is, in some paragraphs there are participant quotes, in others you put quotes only in the table.</p> <p>7) In my opinion, the discussion is the weakest part of the paper. You basically described results but it lacks a critical comparison with previous literature concerning risk and protective factors for healthcare professionals.</p> <p>8) I think the limits are poorly discussed. For instance, the length difference of the letters may bias the analysis. If I'm not wrong, in some cases you have just short messages/words and in other cases, you have proper letters in which the the participant's thinking is clearer.</p>	<p>were included. Revision to make the methods more step by step in lieu of a flowchart.</p> <p>6) Updated to 80%. We have added early in the results section that example statements can be found in table 2. We added quotes to the paragraphs to make specific points when relevant.</p> <p>7) We have integrated a comparison of the current study to prior studies in the discussion, as well as covered risk and protective factors for SC.</p> <p>8) Thank you. We have updated the limitations section to reflect this good point.</p>
<p>Comments to the Author:</p> <p>Thank you for the opportunity to review the manuscript 'The Self-Compassion Letter Tool for Healthcare Workers: A Qualitative Descriptive Analysis'. The aim of this study is to identify themes within therapeutic self-compassion letters and to examine how self-compassion writing strategy can positively impact healthcare workers. The authors used a qualitative descriptive analysis called summative content analysis and inductive coding to analyze the self-compassion letters. Regarding the results, five major categories could be identified: Looking Forward, Reaffirming Self, Reaffirming Reminders, Hardships, and Self-Disparagement. Overall, the authors conclude that further research to understand and improve the impact of the self-compassion letter tool in enhancing well-being among healthcare workers is important. The research topic is current, and the manuscript indicates a further development of the research field.</p> <p>There are some issues described in detail below.</p>	<p>We thank this reviewer for their review and appreciation for the relevance of this topic.</p>

<p>1) Title and Abstract The title does not contain all relevant information. When reading the title, it is not entirely clear what the paper is about.</p> <p>2) The abstract is well structured and easy to follow. However, methodological details in particular should be added, and the conclusion section shortened. In the 'Background' section of the abstract it says: 'HCW burnout has led to higher rates of job turnover, early retirement, reduced productivity, and the potential for patient safety events and medical errors.'. I would recommend not using abbreviations right at the beginning. Rather, write out the whole word first and then put the abbreviation in brackets after it. I miss a meaningful 'methods' section in the summary. I would therefore recommend adding more methodological details. Moreover, the 'Conclusion' Section is very long and detailed. I would recommend shortening this section to the quintessence, implications, and future research question.</p> <p>3) Introduction The introduction is clear and concise, and the relevance of the topic is clearly stated. The research gap was mentioned although it could be emphasized more. Moreover, a few of the references in the introduction are quite old and should be replaced with more current literature if possible.</p> <p>4) On page 4, line 51 to page 5, line 7 it says: 'The demands and responsibilities of HCW's are increasing, while resources are decreasing, resulting in a diminished ability to deliver high quality patient care (Demerouti &amp; Baller, 2022)'. It is not entirely clear to me what requirements/responsibilities and resources are meant in this sentence.</p> <p>5) I consider the sentence on page 5, from line 41 'Many people find it relatively easy to be compassionate toward others, particularly friends and loved ones.' unnecessary. In my opinion, it is more important to define the construct of self-compassion even more clearly in this section.</p>	<p>1) We have updated the title to give greater context to the topic of the paper (i.e., the tool is for HCW well-being). We believe it meets the requirements outlined for a title on the author guidelines on the BMJ Open website.</p> <p>2) We updated the abstract to fit BMJ guidelines. The design/methods sections are more robust, we removed the abbreviations, and the conclusion section shortened.</p> <p>3) Citations have been updated to reflect more current literature and research findings.</p> <p>4) We have added some examples to increase sentence clarity.</p> <p>5) Thank you, we added to this paragraph to define and clarify the construct of self-compassion as well as its background/research.</p>
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<p>6) There is a spelling error on page 6, line 10: 'Self-compassion has been increasingly applied to HCWs s in recent years, however only a few relatively small studies have been published to date.'</p> <p>7) The entire studies on self-compassion mentioned on page 6 should be shortened to the core message relevant to this qualitative study and not described in too much detail.</p> <p>8) Methods The methods section is very long and sometimes written in too much detail. Therefore, it should be shortened in some places. It is not clear to me whether participation was mandatory or optional for HCWs. In addition, were the participants compensated for their participation?</p> <p>9) On page 9, line 3, it is stated that 'Patients or the public were not involved in the design, or conduct, or reporting or dissemination plans of our research.'. This sentence is not entirely clear to me, or rather, it is not clear to me why this information should be relevant.</p> <p>10) The section 'Data analysis' is written very long and detailed. It should be shortened to the most important aspects. In addition, it is not clear to me from the section how many researchers were involved in the summative content analysis process.</p> <p>11) Results The results section is well structured and contains helpful tables. Care should be taken not to duplicate the content (e.g. the content of tables should not be described again in detail in the text).</p> <p>12) At the beginning of the results section, it states, 'The final sample of 116 letters analyzed ranged from 5 words to 373 words total, with a mean of 93.3 and a median of 78 words.'. If the mean value is given, the standard deviation must usually also be given.</p> <p>13) On page 14, line 53, it says: 'A description of the findings from each category is</p>	<p>6) Fixed this error, thank you.</p> <p>7) We have shortened this section.</p> <p>8) At the request of Reviewer 1, we added information to the methods section, however we edited it for brevity. We also added information about mandatory/optional and compensation.</p> <p>9) This is a required statement for the journal.</p> <p>10) At the request of reviewer 1, we added relevant information to the data analysis section; however, we did edit it for brevity. We clarified that the first author conducted the summative content analyses</p> <p>11) We reviewed and edited the results section to reduce redundancy.</p> <p>12) Thank you, we have added the SD.</p>
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'Table 1 also details the sub-categories within each category. The total occurrence of codes in each category is identified next to the category name. A quotation exemplar is listed for each sub-category.'. These explanations would also fit well into the notes on Table 2 (insert under Table 2).

14) Furthermore, it is stated that 'Of the five major categories, 80 percent (798) of the total occurrences fell within the Looking Forward category and the Reaffirming Self category, which each represented 42% (423) and 38% (375) of the total occurrences, respectively.'. The word 'percent' is written once as word and several times as % symbol. Here, I would recommend being consistent. Moreover, according to the current APA guidelines (APA Publication Manual, 7th ed.), tables should not have vertical lines.

15) The sections on page 19 to page 23 (paragraph on Looking Forward, Reaffirming Self, Reaffirming Reminders, Hardships and Self-Disparagement) should be greatly shortened. Especially because they contain duplications of the information from Table 2.

16) Discussion  
The discussion section has a good structure. However, the discussion should better refer to the conceptual framework from the introduction. Moreover, the relevant research findings from this study should also be discussed in more detail using previous research findings. Usually, at the beginning of the discussion, 1-2 sentences summarize what was done in the study before stating the results.

17) On page 24, line 41 it says 'Neff's definition of self-compassion entails three main components: Self-kindness, Mindfulness, and Common Humanity (Neff, 2003). Self-kindness is being kind and understanding to one's self in the midst of suffering or failure; Mindfulness is holding painful emotions and thoughts in balanced awareness instead of over-identifying with them; Common humanity is viewing one's own experience as a part of a larger human experience (e.g., everyone makes mistakes or

13) We updated these statements and added notes for Table 2.

14) Thank you. We updated these areas accordingly.

15) Length was assessed and shortened in several areas, made sure the quotes used weren't repeated in the Table.

16) Thank you for these comments. We bolstered the inclusion of prior research and conceptual framework in the discussion. We also included what was done in the study in the first sentence prior to discussing the results.



<b>REVIEW RETURNED</b>	28-Jan-2024
<b>GENERAL COMMENTS</b>	<p>Dear authors, the manuscript now appears much improved. The research you have conducted appears clear, well-described and critically discussed. The study is an interesting example of addressing the healthcare professionals' well-being. In my opinion, the manuscript can now be published.</p> <p>Thank you for your work.</p>