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)	The role and significance of nurses in managing transitions to palliative care: A qualitative study
AUTHORS	Kirby, Emma; Broom, Alex; Good, Phillip

VERSION 1 - REVIEW

REVIEWER	Julie Skilbeck Sheffield Hallam University, UK.
REVIEW RETURNED	18-Jul-2014

GENERAL COMMENTS	The role and significance of nurses in managing transitions to palliative care: a qualitative study. I found this to be an interesting paper and of importance to current clinical practice in end of life care; transitions to palliative care are complex and the nurse's role alongside the multi-disciplinary team is important. However there are a number of issues with the paper that require addressing before it can be considered for publication. 1. The study objective is clearly stated in the abstract. However, this needs to be as clearly articulated in the methods section. 2. In the context of qualitative research there are a number of areas within the paper that need expanding/re-writing in order to ensure the scientific credibility of the study and the trustworthiness of the findings. - More information on the sampling strategy required, was it purposive, convenience etc; where did the interviews take place? - More detail of the sample would be useful. Although care must be taken not to give too much detail of a small sample in terms of maintaining confidentiality it would be useful to have the age range, gender, level of nursing education. - There are a number of problems with the results section. First, there is a discrepancy in the titles of the themes presented. For example, in the results section on page 5 they are presented in one format, but then the headings on the themes subsequently are different (p6 onwards). Second, the 'quotes' are not integrated within the themes and therefore it is difficult at times to see how the 'quotes'

support the analysis. Also, the first two themes are very similar; they both appear to discuss the nurses role; content surrounding referral to palliative care and nurses' presence at the bedside are repeated. The two themes need to be more distinct from each other- the use of sub-headings within each theme (and within the remaining themes would be helpful) and it may help with the integration of the data within the themes. Overall, the lack of integration of the findings, and repetition, means that the evidence presented is not as strong as it could be which has implications for the discussion of the findings. This is evident because the outcomes of the study are not as clearly defined as they could be - especially the links to practice and possibly policy development.

- You do outline several limitations. However, you need to communicate how you addressed the issue of ensuring the trustworthiness of the findings, for example, credibility, and dependability. You do mention that the findings are not generalizable. In the context of a qualitative approach and the sample size the findings were never going to be generalizable. However, theoretical insights maybe transferable, but at the moment you not address aspects relating to transferability, for example, leaving an audit trail.

3. There are some ethical issues that you need to address. The paper states that the Unit Manager provided the information forms to the potential participants. What happened after that? More detail of this process is required as there are issues around power dynamics/coercion and informed consent relating to staff. I am not saying that this was the case but I think that the situation needs clarifying. One of the quotes mentions that the participant was a Unit Manager. In a small sample the confidentiality of the person could be breached therefore it may be more appropriate to indicate a senior nurse rather than the person's job title.

REVIEWER	Claire Johnson The University of Western Autralia Australia
REVIEW RETURNED	21-Jul-2014

| GENERAL COMMENTS | This is a well written manuscript which addresses most of the criteria for publication of qualitative research. There is limited previous research exploring this phenomenon and, hence the research question and design are appropriate.
Minor issues are:
Were member checks conducted to enhance reliability?
Note that there are a couple of typos (eg Analysis section, Table 2 #14).
P17, the term Vis-a-vis has numerous meanings/contexts and its |

exact meaning here is unclear.

In the discussion, the authors indicated that nurses viewed tasks associated with transition to PCas their responsibility. I think it needs to be evident that this is not to the exclusion of other health professionals. Transition to PC is a function of the multidisciplinary team.

Lastly, the authros need to define 'transition to PC'. Is it the adoption of a palliative approach to care-provided within the current clinical setting or is it the referral to a palliative care service, consultation with a PC specialist......?

REVIEWER	Christina Melvin
	University of Vermont USA
REVIEW RETURNED	23-Jul-2014

GENERAL COMMENTS	My primary comment is in regards to issues/burdens that nurses face in providing palliative care. I would have liked the authors to have included information about Professional Compassion Fatigue which is certainly available in the literature. I liked the information provided from the interviews with palliative care nurses. Overall, this is well done.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1:

Comment: The study objective is clearly stated in the abstract. However, this needs to be as clearly articulated in the methods section.

Response: We have added the aim of the study into the Methods section (p4).

Comment: More information on the sampling strategy required, was it purposive, convenience etc; where did the interviews take place?

Response: We have added more information on the sampling strategy (p4-5). The sampling was purposive, and the interviews took place in private office spaces within the hospital settings.

Comment: More detail of the sample would be useful. Although care must be taken not to give too much detail of a small sample in terms of maintaining confidentiality it would be useful to have the age range, gender, level of nursing education.

Response: We have added information to the methods section (p15) which outlines the gender and age range of participants, as well as more details as to the breakdown of participants as related to seniority/experience. We would prefer to exclude specific information (as directly tied to the data presented) as we feel it has the potential to comprise the identity of participants.

Comment: There is a discrepancy in the titles of the themes presented. For example, in the results section on page 5 they are presented in one format, but then the headings on the themes subsequently are different (p6 onwards).

Response: We have amended the description of the themes presented on p5 to more clearly align with the wording of the thematic sub-headings in the results section.

Comment: The 'quotes' are not integrated within the themes and therefore it is difficult at times to see how the 'quotes' support the analysis.

Response: While we agree that embedding the data within the text of the results helps to integrate them within the analysis, we believe the indicative quotes well-support the analysis and interpretation we have included. We chose to show the data within tables so as to include sufficient analysis in the results sections while complying with the journal guidelines for word limit.

Comment: The first two themes are very similar; they both appear to discuss the nurses role; content surrounding referral to palliative care and nurses' presence at the bedside are repeated. The two themes need to be more distinct from each other- the use of sub-headings within each theme (and within the remaining themes would be helpful) and it may help with the integration of the data within the themes.

Response: We have revised the data and interpretation presented forthe first two themes of findings to clarify the distinction between them. The first section focuses on the pivotal role experiences by nurses in terms of their position within the hospital wards, particularly in initiating referral. The second section focuses on the emotional and communication work performed and experienced by nurses during the transitional period. While both of these themes incorporate the nursing role, they are distinct in that the first emphasises the practicalities of nursing within a multi-disciplinary context, while the second focuses on the communicative and emotional support-based aspects of nursing care provision. We do not feel that the inclusion of further subheadings within each theme would add to the findings.

Comment: The lack of integration of the findings, and repetition, means that the evidence presented is not as strong as it could be which has implications for the discussion of the findings. This is evident because the outcomes of the study are not as clearly defined as they could be - especially the links to practice and possibly policy development.

Response: We have amended the discussion section dedicated to the outcomes of the study to clarify the links to practice (p14).

Comment: You do outline several limitations. However, you need to communicate how you addressed the issue of ensuring the trustworthiness of the findings, for example, credibility, and dependability. You do mention that the findings are not generalizable. In the context of a qualitative approach and the sample size the findings were never going to be generalizable. However, theoretical insights maybe transferable, but at the moment you not address aspects relating to transferability, for example, leaving an audit trail.

Response: The added information on ethics, sampling and recruitment strategies, in addition to the existing description of processes of analysis, demonstrates the credibility and dependability of our methods and findings. We have added a sentence to the methods section which more explicitly speaks to the audit trail of records and documents retained by the researchers (p6).

Comment: There are some ethical issues that you need to address. The paper states that the Unit Manager provided the information forms to the potential participants. What happened after that? More detail of this process is required as there are issues around power dynamics/coercion and informed consent relating to staff. I am not saying that this was the case but I think that the situation needs clarifying.

Response: Nurse Unit Managers distributed information sheets about the study to potential participants on behalf of the researchers. The information sheet outlined the aims and objectives of

the project and described the background of the researchers, then invited potential participants to voluntarily contact the researchers directly if willing to participate. The information sheet also outlined that potential participants' would be in no way disadvantaged by electing not to participate in the study. We have added this information (p5).

Comment: One of the quotes mentions that the participant was a Unit Manager. In a small sample the confidentiality of the person could be breached therefore it may be more appropriate to indicate a senior nurse rather than the person's job title.

Response: We agree with the reviewer, and have amended accordingly.

Reviewer 2:

Comment: Were member checks conducted to enhance reliability?

Although member checks were not conducted following the completion of data collection, we performed member checking during the interview process by frequently summarizing and restating the participants' views and experiences. This strategy enabled participants to confirm or query the researcher's understanding, improving reliability and accuracy. We have added information about this strategy to the methods section (p5).

Response:

Comment: Note that there are a couple of typos (eg Analysis section, Table 2 #14).
P17, the term Vis-a-vis has numerous meanings/contexts and its exact meaning here is unclear.

Response: We have carefully proof read and edited the manuscript, corrected typos and removed instances of vis-à-vis.

Comment: In the discussion, the authors indicated that nurses viewed tasks associated with transition to PC as their responsibility. I think it needs to be evident that this is not to the exclusion of other health professionals. Transition to PC is a function of the multidisciplinary team.

Response: We agree that such responsibility was not to the exclusion of other health professionals. We have amended the sentence within the discussion section (p12) to clarify that the nurses felt that tasks associated with transitioning patients were 'primarily' their own responsibility.

Comment: Lastly, the authors need to define 'transition to PC'. Is it the adoption of a palliative approach to care-provided within the current clinical setting or is it the referral to a palliative care service, consultation with a PC specialist......?

Response: For the purpose of the study, and this paper, we define the transition to palliative care as the referral and ensuing shift to a palliative care service. This transitional process may entail consultation with a palliative care specialist within the current clinical setting, but eventually involves movement to another care setting. We have added this information on p4.

Reviewer 3:

Comment: My primary comment is in regards to issues/burdens that nurses face in providing palliative care. I would have liked the authors to have included information about Professional Compassion Fatigue which is certainly available in the literature.

Response: We note here that the focus of our study was not on nurses providing palliative care, rather on nursing patients transitioning to palliative care. However, we have added reference to compassion fatigue to the discussion section (p14), as we agree that issues around professional compassion fatigue and burnout are relevant to the findings.

VERSION 2 – REVIEW

REVIEWER	Julie Skilbeck Sheffield Hallam University, United Kingdom
REVIEW RETURNED	10-Sep-2014

GENERAL COMMENTS	Following the revisions this paper is now worthy for publication. There are a number of minor typo's that need altering (mainly missed out or extra words). These occur in: Nursing and the transition to palliative care; first paragraph of results section; first paragraph of Emotional work section in results; 4th paragraph of discussion.