Reviewer's report

Title: Cultural differences in spiritual care: Findings of an Israeli oncologic questionnaire examining patient interest in spiritual care

Version: 2 Date: 30 January 2014

Reviewer: Lucy Selman

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This is an interesting paper in the field of spiritual care, but there are a number of weaknesses which need addressing.

Major compulsory revisions

1. Abstract - most of the analysis and results are about patient openness to spiritual care, but this is not reflected in the stated aim of the study. You also look at associations with demographic/clinical variable but this is not in your aim.

2. Background: the rationale for the study is not well established and the background is quite scant. Please give an overview of other similar studies and where the gaps are that you are aiming to fill. You may want to see:

Selman L, Young T, Vermandere M, Stirling I, Leget C, on behalf of the EAPC Spiritual Care Taskforce. Research priorities in spiritual care: an international survey of palliative care researchers and clinicians. Journal of Pain and Symptom Management 2013, in press (should be out this month)

Why are quantitative studies needed in Israel? You mention that qualitative studies have been conducted but you don’t say what they found. This is essential in order to know the reason for your research. Be specific when you refer to 'unique culture-specific aspects - what do you mean?'

3. Background: also please provide some information about the context the study was conducted in - what are the religious/cultural demographics?

4. Background: move the final paragraph on measures to your methods section - it doesn’t belong in the background

5. Methods: start with a statement of the study design.

6. Sample and procedure: State the name of the institutional review board that gave approval and the reference number. The description of the translation process is very brief e.g. who conducted the translation? was it discussed and checked by the project team? Who disseminated the survey?

7. Questionnaire: insert section from background. You must give information about how the items you use were developed - were they validated in the previous studies referenced or are they unvalidated? If validated, in what populations and countries? This is important, see:

Selman L, Harding R, Gysels M, Speck P, Higginson IJ. The measurement of spirituality in palliative care and the content of tools validated cross-culturally: a


8. Measures - how were the categories secular/traditional/religious determined - who was on the research team if it was the research team? how do you define these e.g. what does 'traditional' mean?

9. Measures - It is not clear what the 'types of support' measure looked like. Did you conduct some kind of content analysis of the mentioned measures to get to these themes/items? Why did you choose these ones and not others? You state the items and say they were ranked on a 7-point scale of importance. But in the results no mean importance ranking is given for each of them, just % importance. How did you get to this? were the measures piloted? If not, this belongs in limitations.

10. Demographic and clinical data: language use: demographic variables collected were... sociological/behavioral characteristics assessed were... Where were clinical variables obtained?

11. attitude toward spiritual care - what were the possible response categories for the four questions?

12. Results - do you know how many people were approached? You say in limitations you don't know why people said no but do you at least have a record of how many were approached and out of those how many refused? If not this additional limitation needs to be in the discussion.

13. Results - as mentioned, the importance attached to elements of spiritual care is not well explained and is confusing. This was a 7-point scale (from what to what?) but there is not mention of scale scores here. What do the percentages represent?

14. Discussion: as with the Background, please be more precise when comparing your findings to others e.g. say where studies were conducted, in what populations and precisely what they found, not just 'other studies found...'. Ethnicity, country the study was conducted in and spiritual/religious belief make up of the populations are really important. Table 4 should be in the Results, not the discussion. You say country of origin did not show significance and that this is relevant but not why. Can you unpack this idea?

What is the Annex for? It's not referenced in the text.

Minor essential revisions
1. Abstract conclusions - state level of interest in Israel versus other countries
2. English use is ok but not very fluent. It would be useful if it could be reviewed by a native English speaker I think.

Discretionary revisions
1. Abstract - you could be more specific in the results about which other cultures/countries you compared to.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests