Reviewer's report

Title: "It's alright to ask for help", developing competence, preparedness and confidence in family carers providing end of life care: findings from a qualitative study with carers and nursing staff.

Version: 1 Date: 24 December 2013

Reviewer: Robin Cohen

Reviewer's report:

This paper is interesting and very well written. My main concerns are that the design is not stated and some important limitations are not acknowledged.

Major Compulsory Revisions

Methods
1. Please indicate at the beginning of the Methods section what type of qualitative methodology was used and why it was chosen.

2. Indicate where ethics review was conducted and approved, as well as the process for obtaining consent to participate.

3. Since the carers were receiving or had received hospice care, the kind of care provided and for how long is important contextual information as services received might reduce their needs, and these may potentially not be reported as often. Please include a brief description of the services offered by the hospice and, if available, the actual amount of time carers had been receiving the service at the time of the focus group (would be the total time in hospice for the bereavement group). If this is not available, then please add the mean and median time in hospice care for the service as a whole.

4. Explain the sampling strategy.

5. Analysis and interpretation. It is stated that “established techniques were used for coding and comparison” but there is no reference for this. Please clarify the analysis section. For example, it is not clear at what point in the process the analytic framework was developed and how it was then used. Since there are only 4 transcripts, how many were actually double-coded? What there consistency from the start or was an adjustment required, and if so what was done?

Discussion

Limitations section:

6. The reason given for the limitation in the number of carers and health care providers interviewed assumes that the study had to recruit from only one hospice. To me the fact that the study was carried out at only one hospice is a
limitation that should be mentioned.

7. Other limitations that should be discussed:
   • all bereaved carers were from a bereavement counselling group
   • all bereaved carers were women, 6/7 were wives
   • all participants were from one hospice

8. Last paragraph of Discussion, sentence that ends with 'settings'. This is the first time settings is mentioned and it does not make sense here.

Conclusion

9. The conclusion should address conclusions drawn from the study results, not on speculation about development of an educational intervention in the Discussion.

Minor Essential Revisions

Method

10. Participants: What was the gender distribution of the health care providers?

11. Focus groups paragraph 2: please specify the type of clinician and type of relationship to the hospice service (as a clinician? researcher? other?) of the clinician researcher conducting the focus groups.

Results

12. Some of the quotes are difficult to understand. Please either delete extra words (and insert “…””) or else clarify in the preceding text or in brackets. Especially the following: “OK if they don’t want to that another thing”; “sensitive and sensible sorry.”; “And I just wish I hadn’t said anything and just let him have his injection and not call that GP out (on the weekend) because then perhaps on the Monday he could have either come here or going straight to, once he got into that sort of thing of going into that hospital they needed to go through a whole process of things before they would let him…”

13. Please clarify the title of the “Credibility and confidence” theme, i.e. credibility and confidence of what? in what? The section makes it clear what it’s about, but to me the title is not meaningful as is.

14. Indicate whether there were there any intra- or inter-group areas of disagreement.

15. At the end of the Results, tie the three themes together.

Discussion

16. In the 3rd paragraph, the literature certainly indicates that there are high levels of caregiver need, therefore it is not clear what is meant by “low levels of need” in the sentence “Secondly, issues around more general carer confidence and low levels of need or role awareness…”
17. That same paragraph ends with: “...building more general carer confidence in their caregiving roles and their perceived credibility in asking for support and advice.” My comment here is similar to that for the title of this theme; I don’t think this is the best way to describe what is meant. It begs the question of who is perceiving their credibility. Also, I would clarify that it is confidence in their [ability? competence? that they are actually in?] in their caregiving role.

Discretionary revisions
There is another review article that is very relevant and which you might want to reference and consider in the Discussion.

In addition to that review article, there are other papers that demonstrate and call for the need for individual education that needs to be provided on an ongoing, as-needed basis, e.g.

Minor revisions not for publication
I suggest using “family caregiver” as a keyword since it is more commonly used than carer outside of the UK. This can replace “family”.

Background, paragraph 2, last sentence: Delete the word “prepare” after carers.
For readers not in the UK, please explain what health care assistants are (training; roles).

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.