Reviewer's report

Title: When do patients with dementia receive spiritual care at the end of life? A prospective study on predictors of the provision of spiritual end-of-life care as perceived by physicians

Version: 1 Date: 29 August 2014

Reviewer: Lucy Selman

Reviewer's report:

This is a very interesting paper in a neglected but important area of research: spiritual care for patients with dementia in long-term care.

I first consider the points required in the review and then give more detailed feedback.

1. Is the question posed by the authors well defined?
   Yes

2. Are the methods appropriate and well described?
   Yes, although in some parts the methods could be expressed more clearly. I discuss this below.

3. Are the data sound?
   Yes, they appear to be sound and come from a large study which has already been published.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Yes.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   Yes, although I comment on the conclusion below.

6. Are limitations of the work clearly stated?
   Yes.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   Yes.

8. Do the title and abstract accurately convey what has been found?
   Yes, although I have suggested some changes to the abstract.

9. Is the writing acceptable?
   In places there are problems with language and some clarity is lost.
Detailed comments:

Major Compulsory Revisions

1. Abstract requires some work to make clearer and easier to read. Change aim to ‘to examine’ not ‘at examining’. Define what you mean by spiritual care as you have quite a narrow definition and this is not explicit in abstract. The sentence about levels of predictors is confusing, especially as these are not related to the potential predictors mentioned in the previous sentence. These could be combined and written more clearly. In the Results you also mix up the terms 'spiritual care' and 'end of life care' - I think best to stick to 'spiritual care'. Please specify you mean female informal/family caregiving. I think your conclusions should focus on the significant predictors identified. The point about definitions of palliative care is not directly related to your findings.

2. Background - the Background requires some work; at the moment it jumps around a little and the flow from one paragraph to the next is not smooth. Each paragraph should contain one idea and build towards the rationale for the study. I think it makes more sense to start with why spiritual care is important, including in this group, and then go on to discuss its neglect in practice. Please be more specific about some of the findings of the studies you reference and the gaps in evidence as these show the need for your study. It is not enough to say that studies using your study design are lacking. The reason why you are focussing on physicians (in terms of gaps in the evidence) is not established.

3. Methods - I think you need to discuss the assessments earlier, i.e. what items/measures were included and which were selected for this analyses. I was confused by the sentence about delegation of nursing-related items without knowing anything about the items. You need to think carefully about how much of the original study to describe - i think you should focus on what you did in this analyses to avoid confusion. The discussion of when variables were assessed is not very clear.

4. Setting - please add a section on the setting. At the moment you have some information under study design but this is not enough. How many spiritual counsellors were available? were they full or part time? were they chaplains or non-religious/either? how much training did they have? were they certified?

5. Thoughout, please note the correct term is 'individualised' (tailored to the person) not 'individual' (separate)

6. Table 1 is useful but there are some errors/suggestions I include as attachment.

7. Results: Please include number (n) as well as % in your results.

8. Discussion: A good discussion but I am not sure the balance of your conclusions is quite right. Does it get the important findings across? As mentioned, for me the conclusion about definitions of palliative care is not one of the main take-home messages.

Minor Essential Revisions
1. Methods - please state design in first sentence and then go on to explain it, i.e. a secondary analysis of...

2. Methods - I was surprised that religious background was included in person-centred approach category rather than demographics. Perhaps reconsider this as I think others will also be.

3. Methods - I am not sure that it follows that religious facilities would necessarily be more likely to implement palliative care, although I agree that they may be more likely to implement/offered spiritual care consistently. I wonder where this idea came from.

4. I think important to be consistent with terms and say 'facilities' not 'homes'

5. Define 'enough nurse staffing' page 9

6. Table 1: It was not 10% clear to me what you did in relation to the additional variable for concordance of importance of faith. Also suggest reviewing definition of palliation as care goal.

7. Missingness (not 'selective missing') (p.11), missing values (not 'missings') (Table 1), 'variable that adjusts for' (p11)

8. 'some of the residents' not 'part of the residents' throughout e.g. p12

9. 'majority had attended religious services' please state % (p.12)

10. Throughout your results you give overall %s rather than % of the specific group you are discussing. E.g. p12 you discuss those who had not yet talked to physician at 8 week after admission, then say most (10.6%) were not satisfied with this. This sounds a bit strange to me - I would say, e.g. 'of those, most (86%) were not satisfied'. Also see the discussion of spiritual care before death, where it would be useful to see the proportions of different types of spiritual care provided among those who did receive it, rather than the overall % (e.g. 8.2% had a rite).

11. Top p.14 I think first sentence is in error 'the main predictor of the importance...'


13. Note throughout it is frequent/lacking 'provision' of spiritual care, not 'providing' e.g. 16

14. You have spelt Tim Daaleman's name wrong

15. Not all statisticians would agree with your use of 'univariable' and 'multivariable' instead of 'univariate'/'multivariate' in the analyses you are running. However, I am aware this is debated.

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