Reviewer’s report

Title: UNDERSTANDING GRATITUDE: THE SIGNIFICANCE FOR PALLIATIVE CARE PROFESSIONALS. A mixed method study protocol

Version: 0 Date: 04 Dec 2018

Reviewer: Reviewer 2

Reviewer's report:

PEER REVIEWER ASSESSMENTS:

OBJECTIVE - Full research articles: is there a clear objective that addresses a testable research question(s) (brief or other article types: is there a clear objective)?
Yes - there is a clear objective

DESIGN - Is the current approach (including controls and analysis protocols) appropriate for the objective?
Yes - the approach is appropriate

EXECUTION - Are the experiments and analyses performed with technical rigor to allow confidence in the results?
Yes - experiments and analyses were performed appropriately

Statistics - Is the use of statistics in the manuscript appropriate?
N/A - there are no statistics in this study

INTERPRETATION - Is the current interpretation/discussion of the results reasonable and not overstated?
Yes - the author's interpretation is reasonable

OVERALL MANUSCRIPT POTENTIAL - Is the current version of this work technically sound? If not, can revisions be made to make the work technically sound?
Yes - current version is technically sound

PEER REVIEWER COMMENTS:

GENERAL COMMENTS:
This paper investigates what is referred to as meaningful recognition / gratitude involves acknowledging one's behaviour and the impact their actions had on others in relation to caring for palliative care patient.
A mixed methods approach to this investigation seems very appropriate where there is a qualitative approach to the research needed. Also how the quantitative survey results will be taken into consideration and integrated into the development of the qualitative interviews.

This is using a proposed sample size of 284 and that the questionnaire was designed after an exhaustive review of the literature and with the provisional questionnaire being piloted by experts. There is considerable chronological detail as to how this questionnaire was administered including a thank you to those who took part. In relation to the qualitative part, the interviews, the aim of the study is stated as to understand the significance of receiving displays of gratitude and will therefore favour maximum variability in palliative care team characteristics and those who place most value on displays of gratitude and so it is predicted that participants will be mainly doctors and nurses (approximately 20). This is to be facilitated through the questionnaire. Interviews are to be audio recorded and then transcribed for analysis.

The data analysis has considerable rigour and detail - "Transcriptions will be literal, word for word, in order to maintain the richness of the data and encourage rigor" and also "transcriptions will be taken separately and reflected upon on two levels: macro-thematically and micro-thematically." The person making the analysis will be well supervised and the project has ethical committee approval. Anonymity is also assured of the participants.

The literature reviewed consists of 59 references and as a protocol I believe it to be methodologically sound. Also provision of the questionnaire which allows both free text and likert scales and the opportunity to take part further if one wishes

I think this study has potential for being globally relevant and not just to Spain where the study is taking part.

REQUESTED REVISIONS:
It would be good if the possibility of bias could be excluded in relation to participants self selecting for interviews although the aim for this is clearly given - the participants favoured will have "maximum variability in palliative care team characteristics and those who place most value on displays of gratitude"

It is unusual for protocols to be published on their own and it would be good to see the whole study published with the results - could the reason be justified as to why a protocol should be published first on its own as I am assuming it is anticipated this study will be undertaken as proposed.

The other area which I would be keen for the authors to address is a personal one and has happened to me very recently and more than once as a primary care physician involved in palliative care scenarios and entirely unexpected when as a doctor you tried to provide palliative care but it has been resented particularly by the relatives, not the patient, as the relatives are still in denial that the person is dying and it makes it particularly challenging and there is no gratitude at all after the person has died despite considerable efforts you have gone to at being supportive.

ADDITIONAL REQUESTS/SUGGESTIONS:
As detailed above

Note: This reviewer report can be downloaded - see attached pdf file.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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