Reviewer’s report

Title: How do hospital-based nurses and physicians identify the palliative phase in their patients and what difficulties exist? A qualitative interview study

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Reviewer: Stephanie Ament

Reviewer's report:

Overall, this is an interesting paper focusing on palliative care perceptions from a broad hospital perspective. However, the aim of the study and results are not clearly described. The method section lacks some details.

Some comments and suggestions for revisions:

General

- The WHO promotes a more integrated palliative approach. Society and the medical world tend to associate 'palliative' with death, end-of-life care, and oncological care. Why did the authors choose for the word "palliative phase" and not for example for supportive, palliative care or palliative needs (patient perspective)?

Background

The authors describe the relevance

- Throughout the background section, some information is mentioned twice. Maybe the authors can integrate some lines to thicken and structure the background section

- The authors could specify the research aim/goals more. I read three research questions to explore the current state: (1) how professionals describe the palliative phase, (2) what professionals perceive as existing methods/elements for identification of the palliative phase and (3) perceived inhibiting factors to identify the palliative phase. Please clarify the aim of the study and please focus on the goals in the result and discussion section.
Methods

- What type of study design was chosen and why? Are there multiple cases being studied (e.g. different diseases or hospitals)?

https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/1471-2288-11-100

- Could the authors add all interview questions/topic in the method section (add a box)?
- Using the term 'palliative phase' in the interview questions may have influenced/directed the results ("what makes identification of the palliative phase difficult" or "Can you tell me more about the last patient you thought was in the palliative phase"). What were the experiences of the researchers?
- Did the authors use a dependent or independent coding strategy? How did they deal with coding if no consensus?
- How did they use the fieldnotes in the analyses?
- Why did the authors choose for an open coding technique? Did they consider coding using a palliative care model (Dalgaard) or other (disease-specific) evidence?
- Where the quotes translated by a native speaker?
- How were the fieldnotes used in the analyses?
- Line 26 page 6: remove the word "we"

Results

- The authors say (in line 41-44 p.5 methods) that they sampled respondents based on experience in palliative care. Could they add this information in the table? Could they also provide details of who works at which hospital (for example a labeling: centre 1, centre 2)?
- What was the mean duration of the interviews?
- It would be interesting to reflect on the gap between the explored and desired description of the palliative phase.
  - Description
  - Did the authors see differences between settings?
In oncology, the palliative phase is more standardized. The term "supportive care" may have impact on professional's and patient's perception of care. Did respondents use other terms?

Details on role (line41-50) is another research question.

- To increase the readability of the findings, could the authors put a model/visualization of the main topics results in this section?
- Lines 46-57 p8 can be moved to "prognostication"
- Please remove the sentence 25-33 page 10 "physical - handshake". This is not a finding
- Are conversations to obtain more information from direct colleagues, GP's or significant others no specific method for identification of the palliative phase?
- 3. Treatment trade-off: is the same as no options following the guideline? Treatment trade-off needs to take place with the patient (4. Patient preferences/needs)?

Discussion

- The findings show merely treatment/physical details, which is interesting but not surprising for the hospital setting. To what level the results may be biased by the researchers' (hospital) background (data-collection/types of questions/analyses - coding)? IN is a physician also? Were other project members involved with another background?
- This research is conducted in 7 hospitals/departments. Organisational factors may have influenced the results. For example, culture "respondents try to objectify this feeling", treatment/clinical guideline mindset ("not giving up on the patient" "identification of PZ is only useful when it has a clear consequence, such as withdrawal of treatment"), tension to change behavior, awareness of palliative needs. Do the researcher think these factors were the same over all hospitals/departments that were involved in this study? What is needed to change PC practice/awareness?
- Later in the discussion: "the purpose of this study was to assess". Could they change the word assess in explore?

Conclusion

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No
Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

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:

Needs some language corrections before being published

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