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

Version: 1 Date: 10 May 2019

Reviewer: Stephanie Ament

Reviewer's report:

General: please check spelling mistakes

1. The authors used the word "phase" in their interview questions. The word "phase" may have influenced the answers in more process-oriented experiences and has a more structured-approach (for example, when to start palliative care: if limited prognosis/limited treatments options left/patient preferences/needs and when colleagues indicate). In the discussion the authors reflect on the WHO definition about palliative care, use the word "palliative patient" and reflect in line 7-11 p21 on needs on patient level to identify the palliative phase. Thereafter, the authors describe the role of the GP and the holistic perspective in line 7-21 p. 22. Compliments for making this translation from 'phase' to 'needs' and holistic approach in the discussion.

To strengthen the 'implication for research' message of this paper, I would recommend to highlight the need for implementation/dissemination of palliative knowledge and skills (as you describe in 33-38) and delete line 28-33 p 22.

2. The authors revised the background. However, I think the background section still needs more structure (e.g. line 26-30 page 3 may be the first line of the paragraph), a reference in line 46 page 3. Also lines 14-26 page 2 needs some specification with respect to the word 'identification' ("identification of ...."). To facilitate readability, I recommend the authors to describe the aim in a new paragraph.

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Methods

7. The coding strategy is still unclear for me. The authors state in their response that they used an independent coding strategy. However, after the familiarization phase one researcher used the developed codebook to code the remaining transcripts. My interpretation is that most interviews
were dependently labeled and coded. For example, could the authors describe the coding process of key factor 'interprofessional collaboration and responsibilities'.

Furthermore, the 'analysis section' needs some revision in qualitative research description (thicken this section by highlighting most relevant information and by putting less focus on initial/familiarization analyses).

8. In the reaction 2.3 of reviewer 1, the authors describe the "fieldnotes" process. It seems that they confuse fieldnotes with member check. Could they change this in the manuscript? Did they make fieldnotes as well?

Based on question 8 and the changes of the results; how did the authors guarantee trustworthiness (please add to the manuscript)?

Results general: The authors performed major changes in the result section. These changes were a result of replacing codes/findings in the main code categories (main themes: definition, themes and factors). Despite the changes in content and structure, I still refer to comments 3.2/3.3 of reviewer 1.

The authors describe that the first theme "emerged" (line 16 p. 8). The word emerge implies that this theme became apparent by open data analyses. As this was one of the research questions, it could be rephrased as one of the main topics presented in the results.

The numbering differs in the abstract and results (main themes).

Authors use the word "many" (respondents, line 43 p. 8) in the result section. "many" is a quantification, which is not the aim of qualitative research. Could they more generalize the quantitative terminology in the result section?

Line 23 p. 8 the authors use the word 'barriers'. On the one hand describe barriers; on the other hand, they describe facilitators. Could the authors use the word factors or combine the word 'barriers' with 'facilitators'.

To increase readability, please remove the numbering of main theme "defining the palliative phase", as it is a separate research question with respect of the results of themes 2-5.
Lines 7-14 p. 9 describe results related to prognostication instead of defining the palliative phase? Furthermore, lines 26-32 p9 describe a facilitating factor with respect to prognostication. This result section does not reflect specifically the findings on the first research aim. Possibly, the authors can present the words the respondents used in defining the palliative phase (for example "extended phase", authors’ reaction on comment 14.c)

Line 50 p11 and 7 line p12 is stated in the sentences before.

12. Authors added a table with respondent characteristics. Especially the clinicians (respondents) are trained/specialized in palliative care. To what extent is there a data gap in more unexperienced clinicians with respect to palliative care? Could they reflect on this in the discussion?

15. The authors made a visual model of the results. The arrows in the model seem to present proven relations between main themes. However, these kind of interacting/ relations are out of scope of this research. If the authors make use of a visual model, the advise is to keep this model simple and clear. As the visual model presents results, it must be integrated in the result section.

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.

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:

Needs some language corrections before being published
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