Reviewer’s report

Title: A sense of security in palliative homecare in a Norwegian municipality; dyadic comparisons of the perceptions of patients and relatives. A quantitative study

Version: 0 Date: 27 Apr 2019

Reviewer: Anna Milberg

Reviewer's report:

COMMENTS TO THE AUTHORS

Thank you for letting me review this interesting ms. The authors have studied patients' and relatives' perceptions of security in palliative home care, and within a cross-sectional design interviewed 32 patient/relative dyads. Although a limited number of participants were included and few details of the sampling, the findings are interesting due to the fact that there are only few published studies with focus on dyads in palliative care. Below I have some suggestions for improvement and clarification:

GENERAL COMMENTS:

The use of "higher" and "lower" is sometimes unclear (e.g. in abstract, in result section). As a reader one is not sure if the authors refer to "higher scores" as the mean variable being 3.55 or higher, or if the patients' scores are higher than the relatives within the dyads. (Theoretically it could also refer to inter-group comparison between patients as a group compared to relatives as a group, although the authors have not conducted such comparisons).

The result section needs also to be clearer that the comparisons between patients and relatives are intra-dyadic comparisons, and not inter-group comparisons. And as it stands now there is no descriptive presentation of how small or large the intra-dyadic differences are, this must be added.

The results are presented in too much details, e.g. the presentation of the results of the individual items in the abstract and in the results section. To me it would be easier to read, if the authors stick to the dimensional level in the result presentations. Ok to keep the items in Table 2, but a result from a single item in a sample of 32 dyads is not so strong.

As a reader I wonder why the authors have chosen Wilcoxon signed rank test, i.e. with no effect size presentation, only p values. There are other statistics giving effect sizes, and then the results could be included in systematic reviews and meta-analysis in the future.

ABSTRACT:
- p2 r27. The first aim (to describe the characteristics of patients and relatives in palliative home care) seems too trivial, especially considering the low number of participants (n32+32), and from a single urban municipality. I suggest deleting this aim.

- p2 r41. In the Results the authors state that there were statistically significant lower scores from relatives in the following dimensions: medical-technical competence, identity-orientation of caregivers and some context aspects. Why is not Physical-technical competence included? (According to Table 2, there was a significant lower scoring for relatives with p-value 0.034.)

- p2r45. "Patients and relatives scored the subjective importance of the care higher than the care received:..." (Also in p3 r49 Conclusions). Is it possible to make this conclusion? PR (perceived care) statements were measured with a scale ranged from 1 (do not agree at all) to 4 (fully agree), and the SI (subjective importance) statements were also measures with a scale from 1 to 4, but with the wording "little or no importance" (1) to the very highest importance’(4). Although the Likert-scales had the same numbers, I would be cautious to make this conclusion, when the respondents also had the wordings. Are the wordings really comparable?

METHODS:

-p6 r104. Aim in Method section? Not in Introduction?

- See comment above regarding the aim.

-p7 r137. Too few details about the sampling procedure. The authors describe a setting with 3 palliative SDWTs in the studied municipality, "each of which cares for an average of 28 patients". This yields about 84 possible study dyads. 60 patients and 38 of their relatives were included in another study, and in this paper 32 patient/relative dyads were included. 32 of 84 possible patients are 38%. I miss description of how many patients were eligible, how many were excluded (and the reasons for exclusion), how many were asked for participation, how many of them participated. And the same detailed presentation of the sampling of the relatives. Without these details, it is difficult to assess to what settings/patients the results can be generalized.

-p8 151. The author collected data of "language/ethnicity". I do not find the result of this variable in the text or in Table 1.

-p8 r167. QPP "consists of 44 items, of which 26 were chosen from three of the QPP dimensions:" How did the author choose these 26 questions? What guided them? Theory? Literature? Or what? I also miss information on how many items there are in each of the dimensions in the original QPP.

-p10 r196. "... as it was unnecessary to obtain approval from The Regional Committee for Medical and Health Research Ethics …" . Unnecessary according to Norwegian law? Or according to whom?
RESULTS:

-p11 r235. ".. more than half suffered from cancer." How many? 50%? 95%? I would appreciate the specific number.

-p12 r237. "In the weeks prior to the interview, ...." How many weeks? 2 w? 6w? I would appreciate the specific number also here.

-p12 r247. "On the dimension level, the PR scale shows one higher score =/>3.55 for patients (MT dimension) ...". Why do the authors not mention the Physical-technical competence dimension/item (=3.74)?

-p12 r249. "On the aspect level...". A bit unclear to me as a reader. Change to "ON the Contextual aspects level..."?

- It is not so easy as a reader to always grasp what comparisons the authors make, because there are several different kinds of comparisons in the results: comparisons with "cut-offs" for being a "higher score" ( =/> 3.55) or a "lower score" (<3.0), comparisons within dyads. I suggest to add subtitles in the Results section to clarify this.

- p12-14. The result section regarding the results of all the items are quite long. All these results are in Table 2, and as I see it, these individual items are not the main results (I see the dimensions as main results). I suggest that the authors omit the text about the individual items (but may keep them in Table 2).

TABLE 1:

- "73,75" should be "73.75", and so on.

TABLE 2:

- The Mean values presented, I guess, are the group mean values (the whole patient group and the whole group of relatives, and not the dyadic values)? To me this I not logic, when the p values in the following column (as I understand it) refer to testing the differences within the dyads. I think the authors have to clarify this to the reader, preferably by adding a column showing the mean values and confidence intervals of these inter-dyadic differences.

- The footnote about "P values refer to differences between patients and family members (Wilcoxon signed rank test)" should also have information that it is "...between patients and family members within the dyads" (if that is the case).

DISCUSSION:
The discussion of the characteristics is less interesting, because these results refer to only 32 patients. Delete?

- p17 r358. "… except for information of prognosis, about which they felt fairly insecure." Which dimension?

- p19 I miss the problem of multiple testing in the section of Methodological considerations.

MINOR COMMENTS ON LANGUAGE:

- Title patients’ instead of patients

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.

Unable to assess

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