

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Dialogues between nurses, patients with heart failure and their partners during a dyadic psychoeducational intervention – a qualitative study
<b>AUTHORS</b>	Liljeroos, Maria; Ågren, Susanna; Jaarsma, Tiny; Stromberg, Anna

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Karen Lyons Oregon Health & Science University, USA
<b>REVIEW RETURNED</b>	13-Jul-2017

<b>GENERAL COMMENTS</b>	This is a strong paper addressing an under-researched area - the HF caregiving dyad. There is a great deal of information in this paper regarding the relevance of the framework and three components, the observations within the documentation and insights into the experiences of the HF caregiving dyad as they navigate this life-limiting illness. The results have implications for both future research in this area, the importance of such documentation in future interventions, as well as directions for practice.
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<b>REVIEWER</b>	Noa Vilchinsky Bar-Ilan University Israel
<b>REVIEW RETURNED</b>	23-Jul-2017

<b>GENERAL COMMENTS</b>	<ol style="list-style-type: none"><li>1. I appreciate it very much that this study is theory- driven. Yet, the background section would do well to include more information about the study's theoretical model (STUIFBERGEN &amp; BERGEN). Indeed, the authors provided a nice and comprehensive table of the models' dimensions (Table 2), yet, I would have appreciated few more examples which may clarify the models' ideation. Also, the authors may provide more data on former studies which made use of the model. Also, the authors should clarify why was this model chosen over others to be the guiding framework for this study. What are its' specific relevant contributions in comparison to other models and in what ways it is related to well-known models as for example, Folkman's and Lazarus's stress and coping model.</li><li>2. I believe the source: Revenson, T.A., Griva, K., Luszczynska, A., Morrison, V. Panagopoulou, E., Vilchinsky, N., &amp; Hagedoorn, M. (2016). Caregiving in the Illness Context. Hampshire, England: Palgrave Macmillan, can be of much relevance here.</li><li>3. The authors present the limitations as if there were no limitation at</li></ol>
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	<p>all... I believe some concrete limitations can be reported on. One example is the fact that the data was collected so long ago.</p> <p>4. I expect the authors to provide much more suggestions for implementation, based on their findings. I was expecting specific suggestions following the dimensions of the theoretical model guiding the study. Much can be learned and translated from this study but it's recommendations for further work with HF patients and partners should be summarized in a more concise and pragmatic way.</p>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

This is a strong paper addressing an under-researched area - the HF caregiving dyad. There is a great deal of information in this paper regarding the relevance of the framework and three components, the observations within the documentation and insights into the experiences of the HF caregiving dyad as they navigate this life-limiting illness. The results have implications for both future research in this area, the importance of such documentation in future interventions, as well as directions for practice.

Answer; Thank you!

Reviewer: 2

Thank you for the opportunity to review the manuscript titled, "Dialogues between nurses, patients with heart failure and their partners during a dyadic psychoeducational intervention – a qualitative study". [bmjopen-2017-018236](https://doi.org/10.1136/bmjopen-2017-018236)

This is a qualitative study analyzing the data provided by nurses who interviewed couples coping with HF. This subject is crucial for practitioners who must base their interventions upon validated findings. The research on HF patients' and caregivers' needs and difficulties is very lacking and this very interesting and relevant study makes a substantial contribution to the literature.