

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	A study of the nature and level of trust between patients and healthcare providers, its dimensions and determinants: a scoping review protocol.
AUTHORS	Rasiah, Supathiratheavy; Jaafar, Safurah; Yusof, Safiah; Ponnudurai, Gnanajothy; Chung, Katrina; Amirthalingam, Sasikala

VERSION 1 – REVIEW

REVIEWER	Dr. Lucy Webb Manchester Metropolitan University United Kingdom
REVIEW RETURNED	13-Jun-2019

GENERAL COMMENTS	<p>this study being undertaken will deliver welcomed evidence to identify and improve relationships between service users and providers, so it is a highly relevant piece of work that will need dissemination. the methodology appears appropriate and is described fully in this protocol. there is no reason at this stage to consider the approach will not gain the evidence being sought. for this protocol to be better received however, there are presentation issues that need to be addressed. there are numerous punctuation, grammar and spelling errors that detract from the work and at times make meaning unclear. for example, capital initials are over-used, full stops and commas are misplaced at times and syntax is occasionally confusing. A priori is misspelled and there are changes in tenses from future to past, especially where the search is described.</p> <p>also, there is a Harvard citation for Mechanic where all other citations are in Vancouver numbering system, and one reference is included twice in the reference list.</p> <p>there are numerous claims and assumptions made in the introduction particularly that are not supported by evidence. if these statements are opinion, it would be better to phrase them as such or ensure they are based on cited evidence.</p> <p>please also consider the application of this work to the wider health professional community. Medical, nursing and physiotherapists are named but surely these are only examples of the many professions directly implicated in your study? are you considering specific professions in your selection of included studies?</p>
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REVIEWER	Heather K Hardin, PhD Case Western Reserve University United States of America
REVIEW RETURNED	03-Jul-2019

GENERAL COMMENTS

Thank you so much for the opportunity to review this manuscript. The purpose of the study described in this manuscript is to systematically search the literature to identify the level of trust between the patient, the users of health services (e.g. carers) and the individual health care providers, and or the institutions which provide health care / and or the health system, across public and private health care sectors, at all levels of care from primary through secondary to tertiary care. Trust of health care providers and healthcare services are important concepts with many applications. A scoping review of trust of health care is a worthy endeavor.

1. A scoping review of patient/caregiver trust of health care provider/healthcare systems seems rather broad, even for a scoping review. The review results may be better managed and reported be sorting it into at least 2 studies (trust of healthcare provider and trust of healthcare systems), perhaps more.
2. The concept of "users of health services (carers)" is unclear. Carers is not a commonly used word. Do you mean patient or family caregivers?
3. The phrase "qualitative analysis (generation of descriptive)" seems unfinished. Descriptive what? Descriptive data? Qualitative descriptions of health care trust?
4. General English language usage and grammar needs editing
5. Multiple synonyms for health care provider are used (health care provider, health practitioner, practitioner, doctor, physician, nurse, physiotherapist). Use an inclusive term to define health care provider and consistently use that term.
6. I am glad to see the inclusion of a variety of healthcare providers. Will your review also include mental health care providers and/or pharmaceuticals? Please clarify inclusion in your definition of healthcare provider and healthcare system.
7. The definition of trust of health care on p. 4, line 29 needs a reference. The mention of power asymmetry and vulnerability reminds me of Baier's work, Ham's work, Carter's work, and John's work, but no one is cited.
8. The background section bounces back and forth between discussions of trust of healthcare providers and trust of healthcare system, making difficult to follow. This is why it may be better to separate these reviews into at least 2 reviews.
9. I fully disagree with the statement made on p. 5, "Few critical incidents and sentinel events have contributed to erosion of the patients' trust in health care." Certainly, many people have had poor health outcomes, rude interactions, overbilling, or breaches in confidentiality/privacy resulting in a loss of healthcare trust. Do you mean to say "no sentinel event has created widespread public erosion of healthcare trust?" I'm unable to evaluate it, since no citation was made.
10. There is discordance in the dates used for the review. The article summary on p. 3 states literature from 2007-2018 will be included; page 7 says 2007-2017. Under Study Design on p. 6, it states there will be no limits on date published. Pick one.
11. The eligibility criteria are unclear. It states study on trust between patient and provider or macro level. Please clarify if "macro level" refers to patient/caregiver trust of healthcare system. More description is necessary.
12. Eligibility criteria #7 says "factors affecting trust." Please clarify trust of what. The literature includes trust in a variety of targets: trust of vaccines, financial trust, trust of companies/marketing, etc. "Factors affecting trust" will be too broad for your review.

	<p>13. PRISMA is the checklist typically used in designing, reviewing, and reporting systematic reviews or meta-analyses. No mention of PRISMA was mentioned in this manuscript.</p> <p>14. Needs greater description of statistical analysis planned</p> <p>15. What are the limitations to your scoping review?</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer(s) Comments to Author:		
<p>Reviewer: 1 Reviewer Name: Dr. Lucy Webb Institution and Country: Manchester Metropolitan University United Kingdom Please state any competing interests or state 'None declared': none</p>	<p>1. the methodology appears appropriate and is described fully in this protocol. there is no reason at this stage to consider the approach will not gain the evidence being sought.</p> <p>2. for this protocol to be better received however, there are presentation issues that need to be addressed. there are numerous punctuation, grammar and spelling errors that detract from the work and at times make meaning unclear. for example, capital initials are over-used, full stops and commas are misplaced at times and syntax is occasionally confusing. A priori is misspelled and there are changes in tenses from future to past, especially where the search is described.</p>	DONE
	<p>3. also, there is a Harvard citation for Mechanic where all other citations are in Vancouver numbering system, and one reference is included twice in the reference list.</p>	Corrected
	<p>4. there are numerous claims and assumptions made in the introduction particularly that are not supported by evidence. if these statements are opinion, it would be better to phrase them as such or ensure they are based on cited evidence.</p>	Two Citations have been given.
	<p>5. please also consider the application of this work to the wider health professional community. Medical, nursing and physiotherapists are named but surely these are only examples of the many professions directly implicated in your study? are you considering specific professions in your selection of included studies?</p>	Have defined the healthcare providers/ practitioners in the sections on eligibility criteria and "limitations".

<p>Reviewer: 2 Reviewer Name: Heather K Hardin, PhD Institution and Country: Case Western Reserve University United States of America</p>	<p>Thank you so much for the opportunity to review this manuscript. The purpose of the study described in this manuscript is to systematically search the literature to identify the level of trust between the patient, the users of health services (e.g. carers) and the individual health care providers, and or the institutions which provide health care / and or the health system, across public and private health care sectors, at all levels of care from primary through secondary to tertiary care. Trust of health care providers and healthcare services are important concepts with many applications. A scoping review of trust of health care is a worthy endeavour.</p>	
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Please state any competing interests or state 'None declared': None declared	1. A scoping review of patient/caregiver trust of health care provider/healthcare systems seems rather broad, even for a scoping review. The review results may be better managed and reported by sorting it into at least 2 studies (trust of healthcare provider and trust of healthcare systems), perhaps more.	Agreed. This study will focus on healthcare provider and the patient and not the healthcare systems
	2. The concept of "users of health services (carers)" is unclear. Carers is not a commonly used word. Do you mean patient or family caregivers?	Have corrected - users – clients. have deleted the word "carers"
	3. The phrase "qualitative analysis (generation of descriptive)" seems unfinished. Descriptive what? Descriptive data? Qualitative descriptions of health care trust?	Reviewed and Completed.
	4. General English language usage and grammar needs editing	Done.
	5. Multiple synonyms for health care provider are used (health care provider, health practitioner, practitioner, doctor, physician, nurse, physiotherapist). Use an inclusive term to define health care provider and consistently use that term.	Done – health care provider / practitioner
	6. I am glad to see the inclusion of a variety of healthcare providers. Will your review also include mental health care providers and/or pharmaceuticals? Please clarify inclusion in your definition of healthcare provider and healthcare system.	No mental healthcare providers as it is too broad a scope; Have clarified the various categories of "provider / practitioner"
	7. The definition of trust of health care on p. 4, line 29 needs a reference. The mention of power asymmetry and vulnerability reminds me of Baier's work, Ham's work, Carter's work, and John's work, but no one is cited.	Have provided the reference. Apologies we could not find the references that you have mentioned.
	8. The background section bounces back and forth between discussions of trust of healthcare providers and trust of healthcare system, making difficult to follow. This is why it may be better to separate these reviews into at least 2 reviews.	Corrected. We will exclude trust of health systems.
	9. I fully disagree with the statement made on p. 5, "Few critical incidents and sentinel events have contributed to erosion of the patients' trust in health care." Certainly, many people have had poor health outcomes, rude interactions, overbilling, or breaches in confidentiality/privacy resulting in a loss of healthcare trust. Do you mean to say "no sentinel event has created widespread public erosion of healthcare trust?" I'm unable to evaluate it, since no citation was made.	Corrected and referenced.
	10. There is discordance in the dates used for the review. The article summary on p. 3 states literature from 2007-2018 will be included; page 7 says 2007-2017. Under Study Design on p. 6, it states there will be no limits on date published. Pick one.	Corrected.

	11. The eligibility criteria are unclear. It states study on trust between patient and provider or macro level. Please clarify if “macro level” refers to patient/caregiver trust of healthcare system. More description is necessary.	Corrected. Macro level refers to Trust at the health systems level and is excluded from the scope of this review.
	12. Eligibility criteria #7 says “factors affecting trust.” Please clarify trust of what. The literature includes trust in a variety of targets: trust of vaccines, financial trust, trust of companies/marketing, etc. “Factors affecting trust” will be too broad for your review.	Have corrected.
	13. PRISMA is the checklist typically used in designing, reviewing, and reporting systematic reviews or meta-analyses. No mention of PRISMA was mentioned in this manuscript.	Have mentioned this under study design on page 5 of the manuscript.
	14. Needs greater description of statistical analysis planned	Have improved the description. Please refer to page 8 of the manuscript – data summary and synthesis of results.
	15. What are the limitations to your scoping review?	Corrected. Please refer to page 3 - article summary.

VERSION 2 – REVIEW

REVIEWER	Heather K Hardin Case Western Reserve University Cleveland, OH, USA
REVIEW RETURNED	03-Sep-2019

GENERAL COMMENTS	<p>Thank you so much for the opportunity to review this manuscript. The purpose of the study described in this manuscript is to systematically search the literature to identify the level of trust between the patient, the users of health services (e.g. carers) and the individual health care providers, and or the institutions which provide health care / and or the health system, across public and private health care sectors, at all levels of care from primary through secondary to tertiary care. Trust of health care providers and healthcare services are important concepts with many applications. A scoping review of trust of health care is a worthy endeavor.</p>	<p>I am delighted to see a quick revision of this manuscript and look forward to your final review results when it is published. The revised purpose of the study described in this manuscript is to systematically search the literature to identify the level of trust between the patient, the users of health services (e.g. clients) and the individual health care providers, at all levels of care from primary through secondary to tertiary care. This study also aims to evaluate factors that influence trust between patients and healthcare</p>
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		<p>providers and tools used to measure trust of healthcare providers. My review is limited to evaluation of response to the previous review, which is described below.</p>
	<p>1. A scoping review of patient/caregiver trust of health care provider/healthcare systems seems rather broad, even for a scoping review. The review results may be better managed and reported by sorting it into at least 2 studies (trust of healthcare provider and trust of healthcare systems), perhaps more.</p>	<p>1. With the review limited to trust of healthcare provider only, be sure to change this language throughout the manuscript. The last phrase in the aims statement in the Abstract says, "tools used to measure trust in health care." In this review, it should be "tools used to measure trust in healthcare <i>provider</i>" and "Nature and Levels of Trust in Healthcare <i>Provider</i>."</p>
	<p>2. The concept of "users of health services (carers)" is unclear. Carers is not a commonly used word. Do you mean patient or family caregivers?</p>	<p>2. This is still a bit murky to me. Is the review looking at interpersonal trust between:</p> <ul style="list-style-type: none"> a) Trust between patients/clients and their carers (caregivers) b) Trust between patients/carers' and the healthcare provider c) Or both? <p>Based on the sentence assessed to paragraph 3 of the Introduction, I don't think you're looking at trust between patients and their carers, but the wording makes it seem possible.</p>
	<p>3. The phrase "qualitative analysis (generation of descriptive)" seems unfinished. Descriptive what? Descriptive data?</p>	<p>3. Ok</p>

	Qualitative descriptions of healthcare trust?	
	4. General English language usage and grammar needs editing	4.Ok
	5. Multiple synonyms for health care provider are used (health care provider, health practitioner, practitioner, doctor, physician, nurse, physiotherapist). Use an inclusive term to define health care provider and consistently use that term.	5.Updated to include healthcare provider or healthcare practitioner. Pick one or the other, so your reader doesn't get confused.
	6. I am glad to see the inclusion of a variety of healthcare providers. Will your review also include mental health care providers and/or pharmaceuticals? Please clarify inclusion in your definition of healthcare provider and healthcare system.	6.Note from author states mental healthcare providers are beyond the scope of this review. I certainly understand that patients with mental health concerns may have a heightened sense of distrust that would complicate the analysis. Be sure to state that the review will exclude mental healthcare providers and justify that decision in the manuscript.
	7. The definition of trust of health care on p. 4, line 29 needs a reference. The mention of power asymmetry and vulnerability reminds me of Baier's work, Ham's work, Carter's work, and John's work, but no one is cited.	7.Trust definition clarified and cited.
	8. The background section bounces back and forth between discussions of trust of healthcare providers and trust of healthcare system, making difficult to follow. This is why it may be better to separate these reviews into at least 2 reviews.	8.Review limited to trust of healthcare provider.
	9. I fully disagree with the statement made on p. 5, "Few critical incidents and sentinel events have contributed to erosion of the patients' trust in health care." Certainly, many people have had poor	9.Statement revised adequately.

	<p>health outcomes, rude interactions, overbilling, or breaches in confidentiality/privacy resulting in a loss of healthcare trust. Do you mean to say “no sentinel event has created widespread public erosion of healthcare trust?” I’m unable to evaluate it, since no citation was made.</p>	
	<p>10. There is discordance in the dates used for the review. The article summary on p. 3 states literature from 2007-2018 will be included; page 7 says 2007-2017. Under Study Design on p. 6, it states there will be no limits on date published. Pick one.</p>	<p>10.Discordance in the dates used has been corrected: 2007-2017</p>
	<p>11. The eligibility criteria are unclear. It states study on trust between patient and provider or macro level. Please clarify if “macro level” refers to patient/caregiver trust of healthcare system. More description is necessary.</p>	<p>11.Limitation to trust of healthcare provider resolves this issue</p>
	<p>12. Eligibility criteria #7 says “factors affecting trust.” Please clarify trust of what. The literature includes trust in a variety of targets: trust of vaccines, financial trust, trust of companies/marketing, etc. “Factors affecting trust” will be too broad for your review.</p>	<p>12.Revised adequately</p>
	<p>13. PRISMA is the checklist typically used in designing, reviewing, and reporting systematic reviews or meta-analyses. No mention of PRISMA was mentioned in this manuscript.</p>	<p>13.PRISMA added. Cite forms used to extract data from publications or consider adding the forms used as supplemental materials.</p>
	<p>14. Needs greater description of statistical analysis planned</p>	<p>14.Some detail added. Please mention how your team will evaluate instruments used to measure trust of healthcare provider. Do you plan to describe range of scores, means and</p>

		standard deviations reported in various studies?
	15. What are the limitations to your review?	15.Limitations added. Mention in Limitations that trust of mental healthcare providers is beyond the scope of this review.

VERSION 2 – AUTHOR RESPONSE

Area of concern	Reviewer's feedback 03092019	Author's response 130902019
Thank you so much for the opportunity to review this manuscript. The purpose of the study described in this manuscript is to systematically search the literature to identify the level of trust between the patient, the users of health services (e.g. carers) and the individual health care providers, and or the institutions which provide health care / and or the health system, across public and private health care sectors, at all levels of care from primary through secondary to tertiary care. Trust of health care providers and healthcare services are important concepts with many applications. A scoping review of trust of health care is a worthy endeavor.	I am delighted to see a quick revision of this manuscript and look forward to your final review results when it is published. The revised purpose of the study described in this manuscript is to systematically search the literature to identify the level of trust between the patient, the users of health services (e.g. clients) and the individual health care providers, at all levels of care from primary through secondary to tertiary care. This study also aims to evaluate factors that influence trust between patients and healthcare providers and tools used to measure trust of healthcare providers. My review is limited to evaluation of response to the previous review, which is described below.	
1. A scoping review of patient/caregiver trust of health care provider/healthcare systems seems rather broad, even for a scoping review. The review results may be better managed and reported by sorting it into at least 2 studies (trust of healthcare provider and trust of healthcare systems), perhaps more.	1.With the review limited to trust of healthcare provider only, be sure to change this language throughout the manuscript. The last phrase in the aims statement in the Abstract says, "tools used to measure trust in health care." In this review, it should be "tools used to measure trust in healthcare <i>provider</i> " and "Nature and Levels of Trust in Healthcare <i>Provider</i> ."	Changes have been done to include "provider"
2. The concept of "users of health services (carers)" is unclear. Carers is not a commonly used word. Do you mean patient or family caregivers?	2.This is still a bit murky to me. Is the review looking at interpersonal trust between: a) Trust between patients/clients and their carers (caregivers)	I have not used the word 'carers'. I meant users to be "clients" other than patients- for

Area of concern	Reviewer's feedback 03092019	Author's response 130902019
	<p>b) Trust between patients/carers' and the healthcare provider c) Or both?</p> <p>Based on the sentence assed to paragraph 3 of the Introduction, I don't think you're looking at trust between patients and their carers, but the wording makes it seem possible.</p>	<p>e.g people who come for health promotive / preventive services</p> <p>The scope of the review is interpersonal trust between patients / clients and healthcare providers.</p>
3. The phrase "qualitative analysis (generation of descriptive)" seems unfinished. Descriptive what? Descriptive data? Qualitative descriptions of healthcare trust?	3.Ok	Nil to add further
4. General English language usage and grammar needs editing	4.Ok	Nil to add further

Area of concern	Reviewer's feedback 03092019	Author's response 130902019
5. Multiple synonyms for health care provider are used (health care provider, health practitioner, practitioner, doctor, physician, nurse, physiotherapist). Use an inclusive term to define health care provider and	5.Updated to include healthcare provider or healthcare practitioner. Pick one or the other, so your reader doesn't get confused.	Have updated to use the word "healthcare provider" and omitted use of word "practitioner".
6. I am glad to see the inclusion of a variety of healthcare providers. Will your review also include mental health care providers and/or pharmaceuticals? Please clarify inclusion in your	6.Note from author states mental healthcare providers are beyond the scope of this review. I certainly understand that patients with mental health concerns may have a heightened sense of distrust that would complicate the analysis. Be sure to state that the review will exclude mental healthcare providers and justify that	Done
7. The definition of trust of health care on p. 4, line 29 needs a reference. The mention of power asymmetry and vulnerability reminds me of Baier's work.	7.Trust definition clarified and cited.	OK
8. The background section bounces back and forth between discussions of trust of healthcare providers and trust of healthcare system.	8.Review limited to trust of healthcare provider.	OK

Area of concern	Reviewer's feedback 03092019	Author's response 130902019
9. I fully disagree with the statement made on p. 5, "Few critical incidents and sentinel events have contributed to erosion of the patients' trust in health care." Certainly, many people have had poor health outcomes, rude interactions, overbilling, or breaches in confidentiality/privacy.	9.Statement revised adequately.	OK
10. There is discordance in the dates used for the review. The article summary on p. 3 states literature from 2007-2018 will be included; page 7 says 2007-2017. Under Study Design on p.	10.Discordance in the dates used has been corrected: 2007-2017	OK
11. The eligibility criteria are unclear. It states study on trust between patient and provider or macro level. Please clarify if "macro level" refers to	11.Limitation to trust of healthcare provider resolves this issue	OK
12. Eligibility criteria #7 says "factors affecting trust." Please clarify trust of what. The literature includes trust in a variety of targets: trust of vaccines, financial trust, trust of	12.Revised adequately	OK

Area of concern	Reviewer's feedback 03092019	Author's response 130902019
13. PRISMA is the checklist typically used in designing, reviewing, and reporting systematic reviews or meta-analyses. No mention of	13.PRISMA added. Cite forms used to extract data from publications or consider adding the forms used as supplemental materials.	Will consider adding the forms as supplemental materials
14. Needs greater description of statistical analysis planned	14.Some detail added. Please mention how your team will evaluate instruments used to measure trust of healthcare provider. Do you plan to describe range of scores, means and standard deviations reported in various studies?	Instruments used will be evaluated for validity and reliability as well as to understand the domains which are measured, and how the domains are measured.

Area of concern	Reviewer's feedback 03092019	Author's response 130902019
16. What are the limitations to your review?	15.Limitations added. Mention in Limitations that trust of mental healthcare providers is beyond the scope of this review	Have added.

VERSION 3 – REVIEW

REVIEWER	Heather Hardin Case Western Reserve University Cleveland, OH, USA
REVIEW RETURNED	15-Oct-2019

GENERAL COMMENTS	<p>Thank you so much for the opportunity to review this manuscript. The purpose of the study described in this manuscript is to systematically search the literature to identify the level of trust between the patient, the users of health services (e.g. carers) and the individual health care providers, and or the institutions which provide health care / and or the health system, across public and private health care sectors, at all levels of care from primary through secondary to tertiary care. Trust of health care providers and healthcare services are important concepts with many applications. A scoping review of trust of health care is a worthy endeavor.</p>	<p>I am delighted to see a quick revision of this manuscript and look forward to your final review results when it is published. The revised purpose of the study described in this manuscript is to systematically search the literature to identify the level of trust between the patient, the users of health services (e.g. clients) and the individual health care providers, at all levels of care from primary through secondary to tertiary care. This study also aims to evaluate factors that influence trust between patients and healthcare providers and tools used to measure trust of healthcare providers. My review is limited to evaluation of response to the previous review, which is described below.</p>	<p>Thank you for the opportunity to review this manuscript revision. The purpose of the study described in this manuscript is to systematically search the literature to identify the level of trust between the patient, the users of health services (e.g. clients) and the individual health care providers, at all levels of care from primary through secondary to tertiary care. This study also aims to evaluate factors that influence trust between patients and healthcare providers and tools used to measure trust of</p>
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			healthcare providers. My review is limited to evaluation of response to the previous review, which is described below.
	17. A scoping review of patient/caregiver trust of health care provider/healthcare systems seems rather broad, even for a scoping review. The review results may be better managed and reported be sorting it into at least 2 studies (trust of healthcare provider and trust of healthcare systems), perhaps more.	1.With the review limited to trust of healthcare provider only, be sure to change this language throughout the manuscript. The last phrase in the aims statement in the Abstract says, "tools used to measure trust in health care." In this review, it should be "tools used to measure trust in healthcare <i>provider</i> " and "Nature and Levels of Trust in Healthcare <i>Provider</i> ."	Since the review has been separated into multiple reviews (trust of healthcare providers and trust of healthcare systems), the title and summary describes the review inappropriately. It is a review of the "Nature and Levels of Trust between Patients and Healthcare <i>Providers</i> ."
	18. The concept of "users of health services (carers)" is unclear. Carers is not a commonly used word. Do you mean patient or family caregivers?	2.This is still a bit murky to me. Is the review looking at interpersonal trust between: d) Trust between patients/clients and their carers (caregivers) e) Trust between patients/carers' and the healthcare provider f) Or both? Based on the sentence ased to paragraph 3 of the Introduction, I don't think you're	n/a

		looking at trust between patients and their carers, but the wording makes it seem possible.	
	19. The phrase "qualitative analysis (generation of descriptive)" seems unfinished. Descriptive what? Descriptive data? Qualitative descriptions of healthcare trust?	3.Ok	n/a
	20. General English language usage and grammar needs editing	4.Ok	n/a
	21. Multiple synonyms for health care provider are used (health care provider, health practitioner, practitioner, doctor, physician, nurse, physiotherapist). Use an inclusive term to define health care provider and consistently use that term.	5.Updated to include healthcare provider or healthcare practitioner. Pick one or the other, so your reader doesn't get confused.	The words doctor and physician are used in the introduction. The purpose statement says healthcare provider, but the use of doctor/physician suggests lack of clarity in purpose. Be consistent with terminology and only use the term healthcare provider, except when healthcare provider is defined as including doctors and physicians.
	22. I am glad to see the inclusion of a variety of healthcare providers. Will your review also include mental health care providers and/or pharmaceuticals?	6.Note from author states mental healthcare providers are beyond the scope of this review. I certainly understand that patients with	n/a

	<p>Please clarify inclusion in your definition of healthcare provider and healthcare system.</p>	<p>mental health concerns may have a heightened sense of distrust that would complicate the analysis. Be sure to state that the review will exclude mental healthcare providers and justify that decision in the manuscript.</p>	
	<p>23. The definition of trust of health care on p. 4, line 29 needs a reference. The mention of power asymmetry and vulnerability reminds me of Baier's work, Ham's work, Carter's work, and John's work, but no one is cited.</p>	<p>7.Trust definition clarified and cited.</p>	<p>n/a</p>
	<p>24. The background section bounces back and forth between discussions of trust of healthcare providers and trust of healthcare system, making difficult to follow. This is why it may be better to separate these reviews into at least 2 reviews.</p>	<p>8.Review limited to trust of healthcare provider.</p>	<p>n/a</p>
	<p>25. I fully disagree with the statement made on p. 5, "Few critical incidents and sentinel events have contributed to erosion of the patients' trust in health care." Certainly, many people have had poor health outcomes, rude interactions, overbilling, or breaches in confidentiality/privacy resulting in a loss of healthcare trust. Do you mean to say "no sentinel event has created widespread</p>	<p>9.Statement revised adequately.</p>	<p>n/a</p>

	public erosion of healthcare trust?" I'm unable to evaluate it, since no citation was made.		
	26. There is discordance in the dates used for the review. The article summary on p. 3 states literature from 2007-2018 will be included; page 7 says 2007-2017. Under Study Design on p. 6, it states there will be no limits on date published. Pick one.	10.Discordance in the dates used has been corrected: 2007-2017	n/a
	27. The eligibility criteria are unclear. It states study on trust between patient and provider or macro level. Please clarify if "macro level" refers to patient/caregiver trust of healthcare system. More description is necessary.	11.Limitation to trust of healthcare provider resolves this issue	n/a
	28. Eligibility criteria #7 says "factors affecting trust." Please clarify trust of what. The literature includes trust in a variety of targets: trust of vaccines, financial trust, trust of companies/marketing, etc. "Factors affecting trust" will be too broad for your review.	12.Revised adequately	n/a
	29. PRISMA is the checklist typically used in designing, reviewing, and reporting systematic reviews or meta-analyses. No mention of PRISMA was mentioned in this manuscript.	13.PRISMA added. Cite forms used to extract data from publications or consider adding the forms used as supplemental materials.	n/a
	30. Needs greater description of statistical analysis planned	14.Some detail added. Please mention how your team will evaluate instruments used to measure trust of healthcare provider. Do you plan to describe range of	The authors have provided a response that "instruments will be evaluated for validity and reliability, as well as to

		scores, means and standard deviations reported in various studies?	understand the domains which are measured, and how the domains are measured.” There is no mention of analysis of instruments in the manuscript text. Please include the above statement in Stage 5. Data summary and synthesis of results.
	31. What are the limitations to your review?	15.Limitations added. Mention in Limitations that trust of mental healthcare providers is beyond the scope of this review.	n/a

VERSION 3 – AUTHOR RESONSE

Comment number	Comment	Author’s response
1	Since the review has been separated into multiple reviews (trust of healthcare providers and trust of healthcare systems), the title and summary describes the review inappropriately. It is a review of the “Nature and Levels of Trust between Patients and Healthcare Providers.”	Have complied.
5.	The words doctor and physician are used in the introduction. The purpose statement says healthcare provider, but the use of doctor/physician suggests lack of clarity in purpose. Be consistent with terminology and only use the term healthcare provider, except when healthcare provider is defined as including doctors and physicians.	Have complied.

14	The authors have provided a response that "instruments will be evaluated for validity and reliability, as well as to understand the domains which are measured, and how the domains are measured." There is no mention of analysis of instruments in the manuscript text. Please include the above statement in Stage 5. Data summary and synthesis of results.	Have complied.
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