

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	What is Spiritual Care? Professional Perspectives on the Concept of Spiritual Care identified through Group Concept Mapping
<b>AUTHORS</b>	Hvidt, Niels Christian; Nielsen, Kristina; Kørup, Alex; Prinds, Christina; Hansen, Dorte Gilså; Viftrup, Dorte Toudal; Assing Hvidt, Elisabeth; Rokkjær Hammer, Elisabeth; Falkø, Erik; Locher, Flemming; Boelsbjerg, Hanne Bess; Wallin, Johan Albert; Thomsen, Karsten; Schrøder, Katja; Moestrup, Lene; Nissen, Ricko Damberg; Stewart-Ferrer, Sif; Stripp, Tobias Kvist; Steinfeldt, Vibeke; SØNDERGAARD, JENS; Wæhrens, Eva Ejlersen

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Maryam Rassouli Shahid Beheshti University of Medical Sciences, Tehran, Iran
<b>REVIEW RETURNED</b>	25-Jul-2020

<b>GENERAL COMMENTS</b>	<p>The manuscript is written about an importing topic however whatever have been written as the content, are not clear and need to clarification. There are some concerns regarding the manuscript which prevent me to continue the review of the manuscript as follows:</p> <p>The writing style of the manuscript is similar to writing a thesis or a report. It is recommended to revise it according to the authors guideline.</p> <p>The volume of content is not appropriate for a scientific manuscript. For example, introduction should be summarized in maximum 1.5-2 pages including problem statement as well as importance of the research.</p> <p>The number of cited references should be in order. Page 3, line 21, references 7-15 are missing.</p> <p>The way of reviewing literature should be changed. For example, page 3, line 55, reporting the results of Harvard study should be summarized just in a short sentence.</p> <p>According to the introduction, the research target population is patients suffering from chronic illnesses including cancer. So it is recommended to bring the population in the title of the manuscript.</p> <p>Page 5, line 15 I couldn't find why researchers considered spirituality as a "taboo" in their country. Furthermore, there is no supporting reference for the sentence. Given the fact that spirituality is something inner, how it can be a taboo.</p> <p>The first part of the research objective section which is related to the research methodology should be deleted.</p> <p>Methods Please describe participants in more detail. How many people had been invited to participate the study? What was the sampling method? How was the sample size calculate?</p>
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	<p>Page 7, line 49, it is not clear what the meaning of “mixed methods” is. Mixed methods studies have a specific definition which is not applicable here. May be researchers mean “triangulation in data gathering” which should be clarified.</p> <p>Page 7, line 16, I’m wondering why researchers use the term “palliative care” here without any explanation.</p> <p>The technique which was used for data gathering as well as analysis is similar to Delphi technique. What is the difference between these two methods?</p>
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<b>REVIEWER</b>	Dirk Labuschagne Rush University Medical Center, USA
<b>REVIEW RETURNED</b>	11-Sep-2020

<b>GENERAL COMMENTS</b>	<p>Research on spirituality and spiritual care has become more prominent but spiritual care’s role in more secular cultures’ healthcare needs further examination. This study utilized Group Concept Mapping to bring together professional perspectives on spiritual care in the Danish setting. The paper is well-written and the methodology well-described. The paper navigates a fine balance between key American and European literature, while presenting results and a thoughtful discussion applicable to the Danish setting. Yet, the paper brings into dialogue important aspects around spiritual care from that context to the benefit of wider international audiences, for example the German term Wahrnehmung to highlight a unique aspect of spiritual care provision.</p> <p>One issue of note under Background on p. 7, lines 23-26: “leads to” makes a causative connection between lack of spiritual care and spiritual distress, which to the best of my knowledge is not a main factor in the literature when describing spiritual distress, nor is there strong evidence for such an assertion. See for example, Pargament KI, Feuille M, Burdzy D (2011) The Brief RCOPE: Current psychometric status of a short measure of religious coping. Religions 2:551–576. And for a broad overview, Exline, J. J. (2013). Religious and spiritual struggles. In K. I. Pargament, J. J. Exline, &amp; J.W. Jones (Eds.), APA handbook of psychology, religion, and spirituality (Vol. 1: Context, theory, and research) (pp. 459–475). Washington, DC: American Psychological Association.</p>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name

Maryam Rassouli

Institution and Country

Shahid Beheshti University of Medical Sciences, Tehran, Iran

Please state any competing interests or state ‘None declared’: None declared.

## Comments to the Author

The manuscript is written about an important topic however whatever have been written as the content, are not clear and need clarification. There are some concerns regarding the manuscript which prevent me to continue the review of the manuscript as follows:

The writing style of the manuscript is similar to writing a thesis or a report. It is recommended to revise it according to the authors guideline.

We have indeed followed *authors guidelines* throughout the paper. We have double checked any shortcomings according to *authors guidelines* and amended accordingly with Track Changes.

The only thing we found was that we have added a Table of Content – we have removed this Table of Content.

The volume of content is not appropriate for a scientific manuscript. For example, introduction should be summarized in maximum 1.5-2 pages including problem statement as well as importance of the research.

We are a group of researchers with diverse scientific and humanistic backgrounds contributing to the paper. We have, accordingly, different views as to length of an introduction. We have, however, aimed at shortening the introduction.

The number of cited references should be in order. Page 3, line 21, references 7-15 are missing. We have double-checked. All references 7-15 are there, across to ranges of references.

The way of reviewing literature should be changed. For example, page 3, line 55, reporting the results of Harvard study should be summarized just in a short sentence.

Again, I suppose this is a matter of taste and research tradition, but we have shortened as requested.

According to the introduction, the research target population is patients suffering from chronic illnesses including cancer. So it is recommended to bring the population in the title of the manuscript.

We do not limit the scope of either introduction or the article at large to patients suffering from chronic illnesses including cancer and the article focuses on how we, a group of researchers and clinicians, understand the concept of Spirituality, not how patients do. We could add "What is spiritual care for patients suffering from chronic illnesses" but it would take away the focus of the article. We have made it clearer in the introduction that the spiritual care target group is not only for patients suffering from chronic illnesses including cancer.

Page 5, line 15 I couldn't find why researchers considered spirituality as a "taboo" in their country. Furthermore, there is no supporting reference for the sentence. Given the fact that spirituality is something inner, how it can be a taboo.

Very good observation. We have made it clearer why it is considered a taboo and added a reference.

The first part of the research objective section which is related to the research methodology should be deleted.

Good observation. We have moved that sentence down just below "Methods".

## Methods

Please describe participants in more detail. How many people had been invited to participate the study? What was the sampling method? How was the sample size calculate?

Information on number of persons invited is presented in the manuscript in the second paragraph of the Participant section. Thank you for pointing out that information on sampling method is missing; we have now added this information. With regards to sample size calculation, we have added information on sufficient number of participants in order to perform a valid statistical analysis using the specialized software 'CS Global Max'. This has been added in the last section of the discussion, under the heading; Strengths and limitations.

Page 7, line 49, it is not clear what the meaning of "mixed methods" is. Mixed methods studies have a specific definition which is not applicable here. May be researchers mean "triangulation in data gathering" which should be clarified.

We have changed the wording in the manuscript – we use the term "integrative mixed method participatory approach" and added a reference to show that this is how the GCM methodology is carried out.

Page 7, line 16, I'm wondering why researchers use the term "palliative care" here without any explanation.

We assume that Palliative Care is a concept known to all researcher but have now highlighted WHO's understanding of Palliative Care that involves Spiritual Care on page 15. The reference to palliative care on page 7 is made by one of the contributors and is a quote. The purpose here is not to discuss or deepen the understanding of the qualitative data – this is done under Discussion.

The technique which was used for data gathering as well as analysis is similar to Delphi technique. What is the difference between these two methods?

A discussion of the relevance and applicability of GCM has been added in the last section of the discussion, under the heading; Strengths and limitations. However, we do not see the relevance of resenting a specific discussion of the differences between the Delphi technique and GCM.

Reviewer: 2

Reviewer Name

Dirk Labuschagne

Institution and Country

Rush University Medical Center, USA

Please state any competing interests or state 'None declared':

None declared

Comments to the Author

Research on spirituality and spiritual care has become more prominent but spiritual care's role in more secular cultures' healthcare needs further examination. This study utilized Group Concept Mapping to bring together professional perspectives on spiritual care in the Danish setting. The paper is well-written and the methodology well-described. The paper navigates a fine balance between key American and European literature, while presenting results and a thoughtful discussion applicable to the Danish setting. Yet, the paper brings into dialogue important aspects around spiritual care from

that context to the benefit of wider international audiences, for example the German term *Wahrnehmung* to highlight a unique aspect of spiritual care provision.

Thank you very much for this encouraging feedback.

One issue of note under Background on p. 7, lines 23-26: “leads to” makes a causative connection between lack of spiritual care and spiritual distress, which to the best of my knowledge is not a main factor in the literature when describing spiritual distress, nor is there strong evidence for such an assertion. See for example, Pargament KI, Feuille M, Burdzy D (2011) The Brief RCOPE: Current psychometric status of a short measure of religious coping. *Religions* 2:551–576. And for a broad overview, Exline, J. J. (2013). Religious and spiritual struggles. In K. I. Pargament, J. J. Exline, & J.W. Jones (Eds.), *APA handbook of psychology, religion, and spirituality* (Vol. 1: Context, theory, and research) (pp. 459–475). Washington, DC: American Psychological Association.

Very good observation. We have downplayed the possible causal nexus and merely speak of associations.

#### **VERSION 2 – REVIEW**

<b>REVIEWER</b>	Dirk Labuschagne Rush University Medical Center, USA
<b>REVIEW RETURNED</b>	30-Nov-2020

<b>GENERAL COMMENTS</b>	Thank you for this opportunity to review this revision. The authors have appropriately addressed the issue I raised in my review.
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