

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	'A silent epidemic of grief': a survey of bereavement care provision in the United Kingdom and Ireland during the COVID-19 pandemic
AUTHORS	Pearce, Caroline; Honey, Jonathan; Lovick, Roberta; Zapiain Creamer, Nicola; Henry, Claire; Langford, Andy; Stobert, Mark; Barclay, Stephen

VERSION 1 – REVIEW

REVIEWER	Audrey Roulston Queen's University Belfast Northern Ireland
REVIEW RETURNED	10-Dec-2020

GENERAL COMMENTS	Thank you for conducting this important and timely research project. It is an extremely well presented manuscript, which addresses a gap in the academic literature and contains important messages for bereavement service providers and funders. The methodology was appropriate for the research question, and enabled the research team to recruit 805 respondents. The findings clearly illustrate the challenges for health and social care professionals and organisations involved in the delivery of pre- and post-bereavement services to individuals and families. The qualitative comments offer rich insights that will resonate with other service providers, who are possibly struggling with similar challenges. Conclusions and recommendations are very appropriate and clearly highlight the potential tsunami of individuals who will require more specialist bereavement support as a result of the complications associated with deaths from COVID-19 or the non-COVID deaths which were impacted by government restrictions.
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REVIEWER	Rahel Naef Institute for Implementation Science in Health Care, Faculty of Medicine, University of Zurich Centre of Clinical Nursing Science, University Hospital Zurich, Switzerland
REVIEW RETURNED	14-Dec-2020

GENERAL COMMENTS	This is a well-written paper reporting a study that aims to assess the impact of the COVID-19 pandemic on bereavement care provision across the UK and Ireland. Bereavement care tends to be a neglected area in practice, research and policy. Given the surges in mortality due to COVID-19, this study addresses an important area in which more research-based knowledge is needed.
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	<p>The study uses a cross-sectional survey design, employing convenient and snowball sampling strategies. With over 800 participants, it has a sufficiently large sample size. However, in the absence of a response rate, it is difficult to appraise the representativeness of the sample. Therefore the generalizability of the study remains questionable. This study limitation, together with others (i.e. use of self-developed questionnaire) should be better addressed and discussed under limitations. While the authors used an appropriate method to answer the research question, the employed research processes require a more detailed description and justification of the used research strategies. I also wonder if a more refined statistical analysis could provide more nuanced insight into changes in bereavement care according to clinical or geographical area (including those with at least 30 responses, for instance). I also invite the authors to remain close to their data when making claims and recommendations in the discussion section of the paper. I hope that the below, more detailed comments are helpful in further developing and revising the manuscript.</p> <p>Introduction</p> <p>P. 4 When reporting on the review from Harrop et al., it would be helpful to read about what they actually found, and how their findings informed the design of this study.</p> <p>P. 5 Consider rewording your aim statement to: „concerning changes in the bereavement care practice, including the target group, mode and content of delivery during the..... this would guide the reader as to what exactly you assessed.</p> <p>Methods</p> <p>Design: Please state the design you used (I think you conducted a cross-sectional descriptive-explorative online survey study).</p> <p>Survey development: Thank you for providing the full survey. This is helpful. Could you be more specific on how you developed the survey? For example, what literature did you use? What stakeholders were consulted? Who and how many persons were involved in the local pilot?</p> <p>Setting / participants: How did you choose the organisations (criteria)? Do you know the member size of the organisations you sent the survey to? This might give some information on the response rate. Did you send the email directly to each member or was it distributed by the organisations themselves?</p> <p>Based on your description, I think you used a convenience sample coupled with a snowball sample strategy.</p> <p>Data analysis: Consider using inferential statistics to discern differences in levels of change according to clinical and geographical areas where sample size permits it. Also consider whether professional appraisal is the same or different according to respondent group.</p> <p>Could you please provide 1 or 2 sentence more on your thematic analysis approach.</p>
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	<p>Consider moving the section of PPI to the first paragraph under methods. This might also clarify the stakeholder consultation process.</p> <p>Results Consider deleting the listing of bereavement professionals who participated, as this information is given in table 1. Did you assess age and years of professional experience in general and in bereavement care provision?</p> <p>It is interesting to note that the frequencies in the type of bereavement care respondents were involved in was very low, with a maximum of 18%. What does this say about bereavement care provision in general? Or about the sample representation? This might be an important point to take up in the discussion.</p> <p>Table 2 is an nice compilation of descriptive results coupled with qualitative illustrations. Consider to order the presentation according to frequency of experienced change.</p> <p>Please be very clear when presenting results that you report changes in mode of delivery, skills required to delivery service and target group, and impact of restrictions.</p> <p>How many free text comments did you receive (% of respondants providing free text, number of fee text statements you analysed)?</p> <p>Table 3, while insightful, may not be necessary as you provide quotes illustrating your thematic points already in the text.</p> <p>Discussion I like the way you summarize the main findings. Please add some of your limitations in the second paragraph (i.e. lack of psychometrically sound measure).</p> <p>Your discussion raises important points and makes relevant recommendations. However, they sometime lack a grounding in the data. For example, on p. 23, last paragraph, you state that „our study highlights the need for a proactive approach...“. I doubt that your data support this claim. This continues on page 24. The points you raise are important ones, but I believe you need to be crystal clear about which points / recommendations can be derived from your data.</p> <p>It is difficult to see how the Box 1 recommendations are data-based. They seem to be more generally derived recommendations. Please revise accordingly or delete.</p> <p>Thank you so much for this important study on bereavement care provision under Covid-19. I enjoyed reading it. I do hope that my comments will be useful in refining the paper. All the best.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1
Dr. Audrey Roulston, Queen's University Belfast
Comments to the Author:

Thank you for conducting this important and timely research project. It is an extremely well presented manuscript, which addresses a gap in the academic literature and contains important messages for bereavement service providers and funders. The methodology was appropriate for the research question, and enabled the research team to recruit 805 respondents. The findings clearly illustrate the challenges for health and social care professionals and organisations involved in the delivery of pre- and post-bereavement services to individuals and families. The qualitative comments offer rich insights that will resonate with other service providers, who are possibly struggling with similar challenges. Conclusions and recommendations are very appropriate and clearly highlight the potential tsunami of individuals who will require more specialist bereavement support as a result of the complications associated with deaths from COVID-19 or the non-COVID deaths which were impacted by government restrictions.

- Thank you for your supportive comments on our study.

Reviewer: 2

Dr. Rahel Naef, University Hospital Zurich, University of Zurich Faculty of Medicine

Comments to the Author:

This is a well-written paper reporting a study that aims to assess the impact of the COVID-19 pandemic on bereavement care provision across the UK and Ireland. Bereavement care tends to be a neglected area in practice, research and policy. Given the surges in mortality due to COVID-19, this study addresses an important area in which more research-based knowledge is needed.

The study uses a cross-sectional survey design, employing convenient and snowball sampling strategies. With over 800 participants, it has a sufficiently large sample size. However, in the absence of a response rate, it is difficult to appraise the representativeness of the sample. Therefore the generalizability of the study remains questionable. This study limitation, together with others (i.e. use of self-developed questionnaire) should be better addressed and discussed under limitations.

- The limitations of the study concerning the representativeness of the sample and validity of the survey instrument have been further specified in the Discussion. (p. 24)

While the authors used an appropriate method to answer the research question, the employed research processes require a more detailed description and justification of the used research strategies.

- We have included further description of the research processes in the methods section of the paper in response to the points below. (p.5-8)

I also wonder if a more refined statistical analysis could provide more nuanced insight into changes in bereavement care according to clinical or geographical area (including those with at least 30 responses, for instance).

- Thank you for this suggestion. After consideration we think that the study design, using snowball sampling, would not permit valid subgroup analysis, and therefore have not conducted further statistical analysis of the data.

I also invite the authors to remain close to their data when making claims and recommendations in the discussion section of the paper. I hope that the below, more detailed comments are helpful in further developing and revising the manuscript.

- The discussion section has been edited to ensure claims are supported by data, and any speculative statements have been reworded or deleted. (p. 26)

Introduction

P. 4 When reporting on the review from Harrop et al., it would be helpful to read about what they actually found, and how their findings informed the design of this study.

- Details of the Harrop et al. paper have been added (p. 5)

P. 5 Consider rewording your aim statement to: „concerning changes in the bereavement care practice, including the target group, mode and content of delivery during the..... this would guide the reader as to what exactly you assessed.

- This has been reworded as suggested. (p. 5)

Methods

Design: Please state the design you used (I think you conducted a cross-sectional descriptive-exploratory online survey study).

- Thank you for this suggestion. The survey design is now stated in the opening sentence of the Methods section. (p. 5)

Survey development: Thank you for providing the full survey. This is helpful. Could you be more specific on how you developed the survey? For example, what literature did you use? What stakeholders were consulted? Who and how many persons were involved in the local pilot?

- Further detail concerning how the survey was developed has been added to the bottom of p. 5/first paragraph of the Methods section. (p. 5)

Setting / participants: How did you choose the organisations (criteria)? Do you know the member size of the organisations you sent the survey to? This might give some information on the response rate. Did you send the email directly to each member or was it distributed by the organisations themselves?

- Explanation for why organisations were approached has been added to the 'Study procedure' subsection. Clarification on the mode of distribution has also been added here. (p. 6)

- In the Discussion section we have acknowledged that it is not possible to calculate a response rate as we have used a snowball sampling method. Due to the different methods used to disseminate the survey the survey will have reached an unknown number. Membership size of the organisations will not therefore accurately capture how many people received the survey. (p. 24)

Based on your description, I think you used a convenience sample coupled with a snowball sample strategy.

- We suggest that our sample is better described as a targeted sample. Specific organisations were approached to ensure our sample included health and social professionals involved in bereavement care. This is stated on p.6. A snowball sampling approach was used as mentioned on p.6

Data analysis: Consider using inferential statistics to discern differences in levels of change according to clinical and geographical areas where sample size permits it. Also consider whether professional appraisal is the same or different according to respondent group.

- Thank you for this suggestion. After consideration we think that the study design, using snowball

sampling, would not permit valid subgroup analysis by clinical or geographical area, or professional group.

Could you please provide 1 or 2 sentence more on your thematic analysis approach.

- Further explanation of the thematic analysis approach has been added.(p. 7-8)

Consider moving the section of PPI to the first paragraph under methods. This might also clarify the stakeholder consultation process.

- We agree this would help clarify the survey development process and has been moved to follow the first paragraph of the methods section. (p. 6)

Results

Consider deleting the listing of bereavement professionals who participated, as this information is given in table 1. Did you assess age and years of professional experience in general and in bereavement care provision?

- We have deleted the list of participants following this suggestion to avoid unnecessary duplication of information.(p. 8)

- Our survey was designed to be as brief as possible, while capturing key data. Therefore we did not include questions to assess age or years of professional experience.

It is interesting to note that the frequencies in the type of bereavement care respondents were involved in was very low, with a maximum of 18%. What does this say about bereavement care provision in general? Or about the sample representation? This might be an important point to take up in the discussion.

- Thank you for raising this issue. The frequencies originally stated did not account for the fact that respondents gave multiple responses. The percentages are now correctly presented on p.9.

Table 2 is a nice compilation of descriptive results coupled with qualitative illustrations. Consider to order the presentation according to frequency of experienced change.

- Table 2 has been amended to present results in order of frequency of reported change. (p. 11-14)

Please be very clear when presenting results that you report changes in mode of delivery, skills required to delivery service and target group, and impact of restrictions.

- Edits to aid clarification have been made to the first section of the Results. (p. 10)

How many free text comments did you receive (% of respondents providing free text, number of free text statements you analysed)?

- The total number of free text comments has been added to the start of the 'Impacts on bereavement care practice: analysis of free text responses' section. (p.15)

Table 3, while insightful, may not be necessary as you provide quotes illustrating your thematic points already in the text.

- Thank you for this suggestion. We feel that Table 3 is necessary to include as it supports the

descriptive comments in the Results section, and also illustrates the thematic analysis conducted for the study. (p. 22-23)

Discussion

I like the way you summarize the main findings. Please add some of your limitations in the second paragraph (i.e. lack of psychometrically sound measure).

- Limitations concerning the sample and survey instrument have been included in the second paragraph of the Discussion section.(p. 24)

Your discussion raises important points and makes relevant recommendations. However, they sometime lack a grounding in the data. For example, on p. 23, last paragraph, you state that „our study highlights the need for a proactive approach...“. I doubt that your data support this claim. This continues on page 24. The points you raise are important ones, but I believe you need to be crystal clear about which points / recommendations can be derived from your data.

- This section has been edited to ensure all claims are grounded in data. Any speculative statements have been reworded or deleted. (p. 26-7)

It is difficult to see how the Box 1 recommendations are data-based. They seem to be more generally derived recommendations. Please revise accordingly or delete.

- Following a review of Box 1 we have decided to retain it in the paper as we believe the implications are supported by the data presented, and further provide suggestions for how the study findings can be applied to bereavement care research and practice. We have however removed point 4 as this was more grounded in the literature rather than the survey data. (p. 27-8)

Thank you so much for this important study on bereavement care provision under Covid-19. I enjoyed reading it. I do hope that my comments will be useful in refining the paper. All the best.

- Thank you for your thoughtful and constructive feedback.

VERSION 2 – REVIEW

REVIEWER	Rahel Naef Institute for Implementation Science in Health Care, University of Zurich & Centre of Clinical Nursing Science, University Hospital Zurich, Switzerland
REVIEW RETURNED	21-Jan-2021

GENERAL COMMENTS	Thank you for this refined presentation of your important study. The suggestions made have been adequately addressed and increase the quality of reporting. I have two minor things that may or may not be taken up. Based on your description, I think you used a purposive sampling strategy to identify relevant organisations, followed by a combination of convenience and snowball sampling. Even more minor: It would be great if themes would be presented in the same order in the text and the table 3. I congratulate you on this national study bringing to light the importance of bereavement support, portraying the many ways that health professional adapt to new situations and pointing to the need for an increased emphasis on the necessity of bereavement support, particularly in the wake of the pandemic.
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