

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	A Systematic Scoping Review on Moral Distress amongst Physicians
AUTHORS	Quek, Chrystie; Ong, Ryan; Wong, Ruth; Chan, Sarah; Chok, Amanda; Shen, Grace; Teo, Andrea; Panda, Aiswarya; Burla, Neha; Wong, Yu An; Chee, Ryan; Loh, Caitlin; Lee, Kun Woo; Tan, Gabrielle; Leong, Ryan; Koh, Natalie; Ong, Yun Ting; Chin, Annelissa; Chiam, Min; Lim, Crystal; Zhou, Xuelian Jamie; Ong, Simon; Ong, Eng Koon; Krishna, Lalit

VERSION 1 – REVIEW

REVIEWER	Rafaela Schaefer Unisinos, Programa de Pós-Graduação em Saúde Coletiva
REVIEW RETURNED	16-May-2022

GENERAL COMMENTS	<p>By reading the title I thought the manuscript was about moral distress, as a phenomenon, amongst physicians. By reading the abstract, I realized it was about the concept of moral distress, considering that the objective proposes to map the current concepts of MD. The domains identified in the results doesn't seem to discuss current concepts, although conclusion describes that a new concept of MD was developed. This is the first impression by reading the abstract, so I suggest you revise it.</p> <p>Discussion about MD concept goes far beyond Jameton, so you should demonstrate you know all those before suggesting a new one is needed. Also, in which extend the justification described in page 8, line 26-38 didn't address Jametons concept of MD? I think maybe the problem is that you affirm that a new definition is needed when the objective is to map and reflect about this need.</p> <p>I consider that the use of Ring Theory of Personhood was very adequate, considering that MD is a subjective phenomenon.</p> <p>For method I'm only familiar with JBI Scoping Review and PRISMA ScR instructions. So, I should ask for some validity evidence of this SEBA method used. JBI guide appears in page 13, line 29, to describe the use of PCC question. Although in line 36 you say that PICO format was employed to guide research process.</p> <p>Page 17, line 46: we usually don't start a paragraph with a number. Page 18, line 10-11: those are the final domains that should appear in the abstract.</p> <p>In general, the manuscript brings a great contribution to deepen and expand knowledge about MD, although I should say that it seems like MD continues to be one only phenomenon, and that what may change between physicians and nurses are some characteristics, as causes and frequency and intensity for example, but consider that MD may take a different shape amongst physicians only contributes to apart even more those professionals who should work as a team. Congratulations on your work. I hope this may contribute in some</p>
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REVIEWER	Anto Čartolovni Catholic University of Croatia, Digital healthcare ethics laboratory (Digit-HeaL)
REVIEW RETURNED	27-May-2022
GENERAL COMMENTS	<p>Compliments to the authors for presenting multidimensionality of the MD among physicians. The inclusion and exclusion factors have been presented with minor typos where the articles translated into English are included and excluded; this needs to be corrected. However, one of the concerns is that studies focusing on conscience objection have been banned. Then, in the paper, the dyssynchrony section presents studies about the conscience objection. This needs to be more clearly articulated than in the excluded factors and explained why they have been banned or included in this section. In particular, it needs to be admitted in limitations because the conscience objection might be related in some situations to moral distress.</p>

VERSION 1 – AUTHOR RESPONSE

Comment	Response
<p>Please revise the ‘Strengths and limitations of this study’ section of your manuscript (after the abstract). This section should contain up to five short bullet points, no longer than one sentence each, that relate specifically to the methods. The novelty, aims, results or expected impact of the study should not be summarised here.</p>	<p>Thank you. Guided by your suggestions we have rewritten this section</p>
<p>By reading the title I thought the manuscript was about moral distress, as a phenomenon, amongst physicians. By reading the abstract, I realized it was about the concept of moral distress, considering that the objective proposes to map the current concepts of MD. The domains identified in the results doesn't seem to discuss current concepts, although conclusion describes that a new concept of MD was developed. This is the first impression by reading the abstract, so I suggest you revise it.</p>	<p>Thank you, we have reworked the abstract to be more reflective of the focus of this review and its key findings. Thank you</p>
<p>Discussion about MD concept goes far beyond Jameton, so you should demonstrate you know all those before suggesting a new one is needed.</p>	<p>Thank you, we have reworked much of the discussion, foregrounding it with prevalent and the diverse concepts found to highlight</p>
<p>Also, in which extend the justification described in page 8, line 26-38 didn't address Jametons concept of MD? I think maybe the problem is that you affirm that a new definition is needed when the objective is to map and reflect about this need.</p>	<p>Thank you, we have rewritten the introduction guided by your comments</p>
<p>For method I'm only familiar with JBI Scoping Review and PRISMA ScR instructions. So, I should ask for some validity evidence of this SEBA method used. JBI guide appears in page 13, line 29, to describe the use of PCC question. Although in line 36 you say that PICO format was employed to guide research process.</p>	<p>Thank You. The SEBA methodology is a relatively new approach and is being validated however the validation papers have not been published as yet. However SEBA has been successfully used in more than 30 publications including publications to this journal.</p>

JBI guide appears in page 13, line 29, to describe the use of PCC question. Although in line 36 you say that PICO format was employed to guide research process.	Thank You, we have corrected this error
Page 17, line 46: we usually don't start a paragraph with a number.	Thank you, we have corrected this
Page 18, line 10-11: those are the final domains that should appear in the abstract.	Thank you, we have rewritten the abstract

Reviewer 2	
Comment	Response
The inclusion and exclusion factors have been presented with minor typos where the articles translated into English are included and excluded; this needs to be corrected.	Thank You, we have corrected the errors
However, one of the concerns is that studies focusing on conscience objection have been banned. Then, in the paper, the dyssynchrony section presents studies about the conscience objection. This needs to be more clearly articulated than in the excluded factors and explained why they have been banned or included in this section. In particular, it needs to be admitted in limitations because the conscience objection might be related in some situations to moral distress.	Thank you, we concur and had removed this limitation following our initial review of the data. Unfortunately we had forgotten to update the PICO.

VERSION 2 – REVIEW

REVIEWER	Rafaela Schaefer Unisinos, Programa de Pós-Graduação em Saúde Coletiva
REVIEW RETURNED	15-Aug-2022

GENERAL COMMENTS	Dear authors, You have developed a great manuscript by following rigourouse scientific method. Although I personally don't agree with the proposal of a 'new concept', because you added new risk factor and characteristics, yes, but MD stills MD, I think it's a great contribution to scientific community, so I'm accepting your paper. Best regards.
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