

## 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>	Studying both patient and staff experience to investigate their perceptions and to target key interactions to improve: a scoping review.
<b>AUTHORS</b>	Crubezy, Marion; Corbin, Sara; Hyvert, Sophie; Michel, Philippe; Haesebaert, Julie

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Jones, K The Open University, HWSC WELS
<b>REVIEW RETURNED</b>	06-Apr-2022

<b>GENERAL COMMENTS</b>	<p>Thank you for your contribution to further understanding staff and patient interactions, in particular the dissonance between staff and patient perspectives about what works well and the interactions that don't.</p> <p>I have recommended some very minor revisions which include a further check on grammar i.e. Background section line 19. The article claims that validity was assured due to two reviewers screening papers. Usually one would expect to involve a third reviewer to settle any disagreements about the inclusion/exclusion of papers. Was this the case?</p> <p>What this article adds is a much needed review of the level of detail of interactions which take place. In particular, those interactions that can alert staff of the concerning concealment by patients with regards to the concealment of symptoms which could require action and treatment. I was curious as to whether these particular interactions were prevalent in certain environments over others?</p> <p>Through this review you have usefully illuminated a way in which interactions can be improved, for example, awareness by staff of what the patient is going through. This article would be of importance to health professionals but also HR departments. For some organisations this requires quite an overhaul in terms of cultural organisational factors. Overall, this article would be of particular value, and I hope you continue to further this work through primary research.</p>
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<b>REVIEWER</b>	Howe, Edmund Unifomed Services University, Psychiatry
<b>REVIEW RETURNED</b>	13-May-2022

<b>GENERAL COMMENTS</b>	<p>This piece raises some fine clinical points Examples are the importance of smiling, a handshake, flexibility with visits, not feeling judged reviewing summary notes discussing sex with elderly patients. These points are somewhat buried. Thus, the authors might improve the paper by finding a way to make these points</p>
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	stand out as with a special section highlighting these clinical contributions.
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### VERSION 1 – AUTHOR RESPONSE

1. (KJ) Check on grammar (i.e., background section line 19). We have checked the grammar and made some modifications in the manuscript.
2. (KJ) Involvement of a third reviewer to settle any disagreements about the inclusion/exclusion of papers. A third reviewer was involved to settle disagreements, please excuse us for this omission, thus we have revised the Methods and Results sections.
3. (KJ) Are the interactions (those concerning concealment by patients with regards to the concealment of symptoms) were prevalent in certain environments over others? The studies included in the present scoping review did not allow an analysis by type of environment (as mentioned in the manuscript, the review did not exclude any study according to quality, thus some of them lack information about environment, departments included, and patient characteristics). However, the environment, when reported, was collected (this was not indicated in the initial version of the manuscript); it is notable that certain contexts were more frequent when the patients' perceptions are not perceived by the staff. Among the 42 studies, 34 reported the environment; for 14/34 this was only the hospital department; for 13/34 the medical and surgical disciplines; and for 7/34 the reasons for the patient's consultation. We believe that the overall number of missing data, the lack of specificity in the data reported, and, above all, the heterogeneity preclude any relevant analysis and have decided not to include this in the revised version of the manuscript. The Reviewer also mentions specially concealment by patients with regards to the concealment of symptoms, this was reported in only a single study that included only patients suffering from chronic asthma and did not report any stratification according to any form of environment (Newcomb et al. 2010). However, this study is further discussed in the Discussion section following comment 4 – see below.
4. (EH) To make certain points (clinical pointed examples: importance of smiling, handshake, flexibility with visits, not feeling judged reviewing summary notes discussing sex with elderly patients) stand out as with a special section highlighting these clinical contributions. This remark enabled us to add a specific section in the discussion about the three main expectations that emerged from patients and that can be translated into proposals or recommendations for staff to improve their clinical practices.