Peer Review File
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<mark>**Reviewer A**</mark>

I think it is highly relevant topic, i.e., to show how the QOL is among hospitalized patients in Lebanon with palliative care needs and how it is related to different health domains (physical, psychological, social and environmental wellbeing).

Comment to aim
Comment 1: I think in the aim of the abstract and article it should say among hospitalized patients 'with palliative care needs' since that is an inclusion criterium as I read it?
Reply 1: I fully agree with recommendations, it will be integrated in the aim
Changes in the text: See page 2 – Line 34-35

Comments to introduction
Comment 2: I think it would be nice if the domains were mentioned in line 101 and then in line 103 it could just be written as four health domains.
Reply 2: I fully agree, four health domains will be mentioned as requested
Changes in the text: See page 5- line 105-106

Comment 3:In line 107 shouldn't 'predictors be deleted is the aim not 'only' to study QOL and its relation the four health domains? If not is the predictors, then the sociodemographic factors? If so, write that instead of predictors.
Reply 3: Comment not clear
Changes in the text: None

Comments to methods
Comment 4: In the method section Cronbach's alpha and KR-20 is mentioned several times. I think it is not necessary to mention what was found in previous studies just to refer to the article which is already done. Cronbach's alpha and KR-20 for the current study could be reported but should then be in the result section, I think.
Reply 4: Although we fully agree, they were kept in the methods to provide a comprehensive coverage
Changes in the text: None

Comment 5: Have you considered whether 'role functioning' would fit better under the social domain instead of the physical domain?

Reply 5: We opted to keep it following the work of other authors
Changes in the text: None

Comment 6: It would be nice with more details on how the 0-24 was computed for physical symptoms (lines 157-158) and how the 0-6 scale was calculated for psychological symptoms (lines 173-174). Is it the number of symptoms experienced (i.e., where patients report 'yes') with a maximum of 24 or 6?
Reply 6: The number of symptoms were computed.
Changes in the text: None

Comments to results
Comment 7: What are the other factors referred to in line 227?
Reply 7: It was brought from Result section as advised by reviewers one
Changes in the text: None

Comment 8:In lines 236 and 240 is the average score 12.08 and 4.37, i.e., patients did on average experience approximately 12.08 of 24 and 4.37 of 6 symptoms, respectively? If so, delete the '/24' and '/6' and just write the average score was 12.08 and 4.37 respectively.
Reply 8: It is correct, it will be deleted accordingly
Changes in the text: Page 10 – line 246-247

Comment 9:Lines 252-256 should be moved to the 'Statistical analysis' section.
Reply 9: The suggested change will be done
Changes in the text: Page 11 – Line 265 till 268 moved to page 10 – Line 225 till 228

Comments to discussion and limitations
Comment 10: The sentence starting in line 282 is difficult to read and should be reformulated. I guess the main message is that previous research has found cognitive function and physical symptoms to be associated with QOL?
Reply 10: The suggested change will be used to make the sentence clearer
Changes in the text: Page 13 – Line 300- 301

Comments 11: In line 285 does professional maintenance means professional support. And is the sentence referring to the results of the study or the result of the study with reference 30? In general you may consider to write support from health care professionals instead of professional support.
Reply 11: the suggested change will be used accordingly
Changes in the text: page 13 – Line 302

Comment 12: You could consider discussing whether the size of the significant associations from the multivariate regressions are clinically relevant, i.e., associations may be significant but so small they may not be clinically relevant, e.g., is aa mean difference in QOL of 0.2 when physical function increases clinically relevant.

Reply 12: The sentence will be rewarded to read.
Changes in the text: Page 13 – Line 306, 307

Comment 13: In line 306 I would add 'patients with palliative care needs' after 'those' since the study population include only those with palliative care needs.
Reply 13:
Changes in the text: page 14 – line 323

Comment 14: In line 311 you may add after 'generalized', 'to all hospitalized patients'.
Reply 14: I fully agree, changes will be done accordingly
Changes in the text: page 14- line 329

Comment 15: After the last sentence in 'limitations' perhaps add a sentence saying that EORTC was however validated by patients from Lebanon and refer to your reference number 19 again.
Reply 15: I agree with the suggestions, changes will be integrated in text accordingly
Changes in the text: page 14 – Line 333-334

Comments to conclusion
Comment 16: I don't understand the sentence in lines 319-321 and the number 37 reference is not in the literature list. What does 'in terms of preparation of human and environmental resources' means? Does it mean that ..requires a robust policy framework and infrastructure to assure enough health care professionals and economic resources to be able to respond to….
I think the sentence starting in line 322 could be improved, e.g., 'Integrating palliative care services alongside curative treatment and focusing on comprehensive assessment of the geriatric patient rather than focusing only on curative strategies may result in better patient outcomes'
Reply 16: I fully agree with the suggested changes,
Changes in the text: Page 14 – line 341 till 343. Reference number 37 was written by mistake. It refers to reference Number 36

Comments to tables
Comment 17:I think 'age' should be moved from table 1B to 1A since it is a demographic variable and perhaps add age to the bottom inserting two rows, the first where '%' is replaced by 'Mean, median, SD, minimum and maximum' and the next where information on age is presented. If kept in table 1B the title of 1B should say 'Age and multi-domain assess…'. I would also replace multi with 'health' since that is what it is called throughout the paper.
Reply 17: I agree to keeping age in table 1B and calling it age and health domain.
Changes in the text: table 1B

Comment 18: I would make table 1B and table 2 into one table called QOL score and

health domain scores. I would in the table put subheadings like in table 3, i.e., 'QOL' 'physical domain', 'psychological domain' etc. Also perhaps add a column with 'tool used to assess it'. If they are kept as separate tables I think the title for Table 2 should be 'Quality of life score and functioning scores.'

Reply 18:   I prefer to keep tables separate and change the heading OF TABLE 2 to read quality of life and functioning scores

Changes in the text: Table 2 (title)

Comment 19: In table 3 it says, 'Social relationships domain' it should just be 'Social domain'.

Reply 19: I agree to use social domain

Changes in the text: Table 3

Comment 20: In Strobe table #20 you write N/A, but I think you could write 'yes' since you discuss your findings and compare to other studies.

Reply 20: I agree with suggestions

Changes in the text: Suggestions modified

Comments related to language

Comment 21:I think the paper need to be read thoroughly to improve the language and preferable by a native English speaker. I have suggested some changes in formulations/language below

Reply: Changes will be integrated in the text

• Line 24, I suggest replacing 'shy' with 'limited'

Changes in the text: page 2 – Line 30

• Line 29, I suggest replacing 'its co-variates' with 'four health domains'

Changes in the text: page 2- line 35

• Line 33, I suggest replacing 'predictors' with 'health domains'

Changes in the text: page 2- Line 39

• Line 39, I think 'in' should be deleted

Changes in the text: page 2- line 45

• Line 43, I would consider writing 'problems' instead of 'demands'

Changes in the text:page 2- line 49

• Lines 52-53, I think 'of those' should be deleted

Changes in the text: page 3- line 59

• Line 58 I would replace 'them' with 'the elderly'

Changes in the text: page 3- line 64

• Line 61-62, what does 'insufficient human resources' means, is it a limited number of health care professionals?

Changes in the text: page 3 - line 67-68

• Line 66, I think 'risks' should be replaced by 'affects'

Changes in the text: page 3- line 73

• It is difficult to understand the sentences in lines 70-72

Changes in the text: page 3- line 77-79

• Revise the sentence in lines 73-74, perhaps to something like 'Accordingly, older people with comorbidities are likely to experience negative effects of their comorbidities at the end of life'

Changes in the text: page 4 – Line 81-82

• In line 76, I think 'it' should be replaced with 'palliative care'

Changes in the text: page 8- line 84

• In line 78-79 I would replace 'are aimed to attend to the' with 'aims at providing'

Changes in the text:page 4 –line 86

• In line '81' I would delete 'physical' and I would replace 'health' with 'physical'

Changes in the text:page 4 – line 90

• In line 87, should 'holding' be replaced with 'keeping'?

Changes in the text: page 4 – line 96

• In line 88 replace 'of' with 'in'

Changes in the text: page 4 – Line 97

• In line 91-92 I would delete 'their end of life and'

Changes in the text: page 4 – line 101

• Line 95 I would replace 'the association between' with 'its association with' since it is not studied how the four domains are associated

Changes in the text: page 4-5 – line 103-106

• Line 119, after 'recruited' it should be a full stop instead of a comma.

Changes in the text: page 6- line 131

• Line 207, I would replace predictors with 'health domains'

Changes in the text: page 9- line 219

• In line 213 add '<' before 0.05

Changes in the text:page 10- line 225

• In line 232 should it then say 'Physical well-being were assessed by 24 symptoms?

Changes in the text:Page 11- line 247

• In line 232 add a 'frequently' after most, i.e., the most frequently…

Changes in the text: page 11 –line 247

• In line 237 should it then say 'Psychological well-being were assessed by 6 symptoms?

Changes in the text: page 11- line 252

• In line 264 add ',i.e.,' after 'low.

Changes in the text: page 12 – Line 278

• Line 272 replace 'Though' with 'Although'

Changes in the text: page 12 – line 286

• Line 273, does 'as per patient's medical files' means 'according to the patients' medical files'

Changes in the text: page 12- line 287-288

• In line 277 I would add 'alongside curative treatment' after 'palliative care'

Changes in the text: page 12- line 292 till 294

• In line 284, should it perhaps be 'set-up' instead of 'make-up'?

Changes in the text: page 13 –line 298

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• In line 289 perhaps replace 'bound' with related or associated
Changes in the text: page 13- line 302
• Line 300 'if religious practices had been included in the workup of spirituality of the survey tool' is difficult to understand but I think what is meant is that 'if religious practices had been assess as part of spirituality in the survey tool'
Changes in the text: page 13- line 313
• In line 308 insert 'these' before services
Changes in the text: page 14- line 321

Reviewer B

I enjoyed reading this well-written and informative submission. Below are some recommendations you might wish to consider to enhance your manuscript.

Abstract

Comment 1: Define (in terms of age) what is meant by "aging" and "older adults"
Reply 1: the tern older adult will be used
REVIEWER: In the abstract both terms are used. I recommended an age definition (i.e., >80 years)
Changes in the text: all text

Comment 2: Line 24 – consider an alternative word for "shy" as this does not fit the context here
Reply 2: It was already adjusted based on the comment of reviewer A
Changes in the text: None

Comment 3: Line 28 – target population is described as those who are hospitalised but it does not mention here whether they are palliative / receiving supportive care (this is something which is mentioned in the methods as those with "palliative care needs". Please add detail regarding the nature of the population under investigation.
Reply 3: I was already adjusted based on the comment of reviewer A
Changes in the text: None

Introduction
A good overview of the problem of the aging population and healthcare needs and provision is provided.
Comment 4: Line 83, use the abbreviation of QoL.
Reply 4: IT IS THE FIRST TIME USED

REVIEWER: What I mean by this is add Qol in parentheses after the first mention of

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the term – which is now on line 67! Please add it upon first mention.
Changes in the text: NONE

Comment 5: Check the references for this section as references 10 and 11 are missing (11 appears later in the theoretical framework section).
Reply 5: Comments taken into consideration
Changes in the text: Reference modified

Comment 6: The study aims are mentioned twice and upon the first mention (line 94) detail is lacking (and follows in the theoretical framework section) with reference to WHOQOL domains with no outline of what these domains are and a citation for this work. Therefore, consider removing this section and end the introduction with a clear and detailed outline of the study objectives as you have done in the theoretical framework.
Reply 6: page 4-5 Line 103 till 106
Changes in the text: line removed

Comment 7: Please provide more detail of the patient group of interest – hospitalised older adults – what age group, health conditions, curative or palliative? I acknowledge that this is comprehensively explained in the methods section. It is also noted that patients at the end of life were excluded, please outline the rationale for this.
Reply 7: Comment tajen into consideration
Changes in the text: page 6 -   Line 135, 136

Methods
Comment 8: Line 131. It is not clear whether the EORTC QLQ-C30 was used to map onto each of the WHOQOL domains or whether you were only interested in the overall QoL and Health Status scores. However, I see from line 142 under the domain sub-headings that this is explained. Maybe have a first sub-heading of global QoL and Health status or start with an overview of all the measures used and then map these onto each domain?
Reply 8: IT IS EXPLAINED IN UNDER THE DOMAIN SUBHEADINGS
REVIEWER: I propose including a subheading "Global QoL/Health status"
Changes in the text: NONE

Comment 9:Line 138. Please provide a reference for the EORTC QLQ-C30 scoring manual.
Reply 9: NOT AVAILABLE
Changes in the text:
REVIEWER COMMENT: Link to website and give access date:
https://www.eortc.org/app/uploads/sites/2/2018/02/SCmanual.pdf

Comment 10: Line 140. Please provide a reference for your proposed interpretation of

standardized EORTC QLQ-C30 scores.

Reply 10: NOT AVAILABLE

REVIEWER: The EORTC QLG website have links for interpretation guidelines in different settings

Charges in the text:

Comment 11: Line 126. Please add the ethics reference number here and also in the final section of the manuscript where you refer to ethical approval.

Reply 11: NUR.HA.09

Changes in the text: ADD TO TEXT

Comment 12:Please explain how missing data were handled.

Reply 12: THEY WERE NOT COUNTED

REVIEWER: Please add this information

Changes in the text:

Comment 13:Please insert a reference for SPSS (Line 212)

Reply 13: PLEASE FIND ONE

REVIEWER: IBM Corp. Released 2016. IBM SPSS Statistics for Windows, Version 24.0. Armonk, NY: IBM Corp.

Changes in the text:

Comment 14: Line 243 Please consistently use the abbreviated version of QoL.

Reply 14: QOL WILL BE USED ONSISTENTLY THROUGHOUT

REVIEWER COMMENT: Do you mean QoL rather than QOL?

Changes in the text:

Results

Comment 15: I cannot locate the clinical characteristics of the sample anywhere. In the methods, the following statement (Line 114) is included: The participants were suffering 114 from multiple chronic illnesses who qualified for palliative care when screened by the 115 NECPAL (from Necesidades Paliativas in Spanish [Palliative Needs]) assessment tool 116 and accepted to participate in the study.

The use of the EORTC QLQ-C30 would make me believe that only cancer patients are included (as this is a generic cancer measure) but I see in the limitations this is not the case (line 312)

REVIEWER: Please add in the limitations that this measure is not likely to be sensitive to the concerns of patients with other diseases. You mention that the measure is validated with people from Lebanon – please add the reference.

Reply 15: The participants were suffering 114 from multiple chronic illnesses who qualified for palliative care when screened by the 115 NECPAL (from Necesidades Paliativas in Spanish [Palliative Needs]) assessment tool 116 and accepted to participate in the study.

Changes in the text: None

Comment 16:I would recommend a breakdown of the disease types. It is acknowledged that a limitation, and potentially a very significant one, in my opinion, rests with not accounting for disease type, severity (line 309). Is it possible to analyse these data as I think could potentially be insightful?
Reply 16:The disease type was not assessed since all patients have multiple morbidities. This is a limitation which WAS added to the limitations of the study
Changes in the text: page 13 -   line 315

The conclusion is well-written, concise and informative.

==Reviewer C==

Interesting and meaningful study
Comment 1: However, study design and methodology require more clarification
Overall, small sample size limited to hospital patients only and not reflective of the older population in Lebanon
Reply 1: Samples were collected from three major hospitals in Lebanon
Changes in the text: N/A

Comment 2: Better delineation of the factors or predictors that are hypothesized to influence the quality of life of older adults in hospital
Reply 2: We agreed with first reviewer to include the four health domains
Changes in the text: N/A

Comment 3: EORTC QLQC30 was used but is this validated for use in the Lebanese older population who do not have cancer as a morbidity?
Reply 3: It is validated to use in Lebanon with Adult patient populations, including older adults
Changes in the text: N/A

Comment 4: Define recruiting older hospitalized patients with "palliative care needs" for the study as opposed to those with "end of life care" in the exclusion criteria, does "palliative care needs" refer to physical symptoms such as pain and breathing difficulties, multi-morbidity, frailty, not for active medical management, or have high level nursing care requirements?
Reply 4: Hospitalized older adult patients with palliative care needs were selected based on the NECPAL validated tool for that purpose
Changes in the text: N/A

Comment 5: In the exclusion criteria, can you clarify what is meant by "cognitively challenged" and "distressed" and how would these bias the results of the study?
Reply 5: Patients were not included in the study if according to their treating physicians are cognitively not able to participate
Changes in the text: N/A