

Title: The Prevalence of Compassion Fatigue Among Oncology Healthcare Professionals in Three Public Healthcare Facilities in Kwazulu-Natal, South Africa.

MS Ref No.: 2234157

To whom it may concern

This letter serves as confirmation that we have addressed all the queries received from the reviewers. All queries have been attended to and addressed to the best of our abilities. Amendments to the manuscript have been marked up using the track changes function as per the instructions. Point by point responses to the reviewers and detailed revisions to the manuscript have been provided using the suggested template found on the submission portal. The authors would like to thank the reviewers for the constructive feedback which has contributed to the improvement of the manuscript.

Below is a point-by-point response to the queries, comments and suggestions from reviewer 1.

Thank you.

Sincerely

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Response to Reviewer 1 Comments

Point 1: As strengths of the manuscript: a) the subject matter presented is relevant, useful and of transcendence in the health field. It is positively valued, b) the scope of application - three hospital centres - in a continent where the dissemination of their research is relatively scarce, contributes to the knowledge of the scientific community on this subject, and c) the inclusion in the study of health professionals with different specialties enriches it.

Response 1: This comment is acknowledged and appreciated

Point 2: On the other hand, the variable selected for the study, compassion fatigue, is positively valued. However, the inclusion of other evaluation measures in the professionals, such as health-related quality of life, is lacking. That is, the scope of the research design is limited. It is understood that this handicap is insurmountable, based on the information provided in the Tools subsection.

Response 2: This comment has been accepted and more details about the research tool have been provided as seen on pages 4 and 5, lines 146-156. In relation to the inclusion of other evaluation measures, it must be noted that this study was essentially aimed at determining the prevalence of compassion fatigue among oncology healthcare professionals in three public healthcare facilities in South Africa, using the ProQOL-V Scale. This ProQOL-V scale measures three subscales including CF which is the main phenomenon of interest for this study and does not include other evaluation measures such as health related quality of life.

Point 3: With respect to the professionals, although the inclusion of different professionals is positively valued, a categorization of these professionals is lacking (as some categories have a very low number of participants), for example, according to the time of presence or type of relationship between professional and patient, given that the results could have enriched the study. This issue could be corrected in order to improve the design and quality of the work.

Response 3: This comment is acknowledged. The main limitation of this study was that of a small sample size which has been highlighted in the limitations subsection. Furthermore, this small sample is further unevenly distributed between categorical demographic characteristics. However, the authors do believe that the main objective of this study was achieved and the results will serve as substantial baseline data for an on-going larger study that ultimately aims to propose interventional strategies for the management of compassion fatigue.

Point 4: Another variable that, as a suggestion, could have been used is the experience in years of the professionals, studying the predictive character of the experience, in the sense of acting as a possible protective factor or, on the contrary, as a risk factor.

Response 4: This comment is acknowledged and if the comment is understood correctly, it must be noted that the correlation between years of experience and risk of CF was assessed and results presented as seen on page 7, lines 213-218 and on table 3. The predictive character of experience in years was further discussed in the discussion section as seen on page 9, lines 277-292.

Point 5: In conclusion, the manuscript is generally correct and useful, although the scope of the results is limited and the contribution of the same is scarce, for which reason it is recommended that the quality of the manuscript be improved as far as possible.

Response 5: This comment is accepted and amendments have been made to highlight the contribution of this study in the introduction section as seen on page 2, lines 71-73. It must also be noted that the results of this study serve as baseline data for an objective that forms part of a larger and on-going study on CF among OHPs, a study that will ultimately propose interventions that can be adapted and applied at a broader context. The authors have made further amendments based on the feedback from the reviewers and believe that the manuscript has been improved.