Reviewer’s report

Title: Doctors telling stories about sick-listing - a narrative analysis of case reports

Version: 1 Date: 18 August 2010

Reviewer: Debra Dunstan

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The points listed below are all Major Compulsory Revisions

1. Is the question posed by the authors well defined?
   a. The research aims are unclear and need to be restated. Although the researchers say they are exploring “how physicians deal with their problematic sick-listing cases”, in reality they examine how physicians appear to respond to such cases (i.e., they identify and describe the apparent “messages” that are conveyed).

2. Are the methods appropriate and well described?
   The Methods section is unclear and needs to be re-written to comprehensively describe the participants, materials and procedures.
   a. Participants. Describe the features of the physicians whose reports were randomly selected. What is their gender, age, experience, specialist training, etc.?
   b. The “reports”. In preparation for participation in a training course, physicians were asked to write about cases they found problematic. These “reports” were submitted to the course facilitators and have been equated with actual case reports and then analyzed in this study. The similarities or differences between these “reports” and actual case reports are unclear. If the studied “reports” are not typical case reports then this represents a fatal flaw in this study. At present, this limitation is not adequately addressed in the Discussion section. Therefore, details about the nature of these “reports” need to be provided, along with other information such as the gender of the described patient, the patient’s condition, etc.
   c. Procedure. The procedures for thematic analysis need to be referenced. What was the inter-rater consensus?

3. Are the data sound?
   More data needs to be provided.
   a. Provide descriptive statistics for the (n=19) case reports. How many reports contained the identified “messages”? What was the gender mix of physicians and patients? Was there any correlation between type of message and gender, years of experience and specialist training of the physician; or, the length of relationship with the patient, or any patient characteristics?
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

The data is not suitable for deposition. The following additional reporting is suggested:

a. Provide a clear summary of the relationship between themes, structure and “messages” that are indentified in the reports.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

This whole section needs revising.

a. The authors need to discuss the results. What do the findings about “messages” mean for training and practice? Are there other implications? How do the findings link with existing research, particularly issues to do with sick-listing as mentioned in the Introduction/Background section? What is the function of the “messages”? (Perhaps consider this from a Functional Behavior Analysis perspective e.g., does the message provide the writer with escape, avoidance, attention, internal calm, internal control, etc.?) What is the theoretical significance of the findings?

b. The conclusion is not correct. The findings do not “separate ways to deal with the problems faced” (by physicians).

c. Make clear the key point in the Conclusion section (this isn’t clear at present).

6. Are the limitations of the work clearly stated?

a. A clearer statement and evident understanding of the limitations of the work is required.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?

The depth of coverage of the relevant literature need to be strengthened so that a clear rationale for the study emerges. The authors need to:

a. Report the “specific dilemmas” and “type of problematic cases” that are common in sick-listing practice.

b. Document the factors that contribute to the above circumstances and cases, plus the differences that exist in physician’s views about sick-listing.

c. Define or explain the term “thinking in practice” and expand the point you are trying to make in this paragraph.

d. Identify a theoretical framework for the study.

e. Provide a critical analysis of the function of narratives in general, and explain how this could be evident in case reports. Is function influenced by features of the recipient or the writer only?

8. Do the title and abstract accurately convey what has been found?

a. The title does not accurately reflect the focus on “messages” contained in the
study.

b. Consistent with the body of the manuscript, there are no clear links between the “background”, “results” and “conclusions” sections of the Abstract. This needs revision following revision of the whole document.

9. Is the writing acceptable?
There are numerous errors in written expression.

a. The manuscript requires considerable copy editing, by a native English speaker, to ensure that sentences are clearly expressed and words and grammar are correctly used. (Note: strive is not a noun).

**Level of interest:** An article of limited interest

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**
I declare that I have no competing interests.