Reviewer's report

Title: Views on sick-listing practice among Swedish General Practitioners - a phenomenographic study

Version: 2 Date: 14 April 2007

Reviewer: Pål Gulbrandsen

Reviewer's report:

General
I find the paper well written, the problem clearly stated, the choice of method interesting and the conclusions sufficiently moderate and likely to be correct. In general I liked the manuscript very much. Having said that, I am not familiar with the fenomenographic method, and although the authors do describe their approach quite well I think I would have liked to see some more elaboration on the limitations of this in the discussion. In addition, I miss a few non-Swedish references. Hiscock and Ritchie’s important one should definitely be added. I dare say that my own paper from Scand J Prim Health Care published in March this year, which the authors might not be aware of, also is highly relevant for the paper. And I think they should refer to Tellnes et al.’s work from 1990 which in a very thorough way investigated the relationship between physicians’ opinions on sick-listing practice and what they actually did in their practice (no correlation between permissiveness and actual practice).

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)


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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

I would like to see a better description (definition) of the use of the term "inclusive view", which the authors use several times and seem to have a very clear thought about what is themselves, while I through the paper remain unsure about this. I suggest the authors define the concept first time it is mentioned and stick to it closely in the elaboration.

Related to this, I feel that the table 2 is a bit too much of a construct, unless concepts are made more distinct ("integrated", "holistic"). The reason I say this is that in my view some of the citations in the text indicate interpretations that are not as clear cut as the authors seem to think. A table that looks so convincing as this I believe tend to overemphasize observations a bit more than I feel is warranted.

Examples:
First citation, dr C, page 6: "Then I feel as if they are calling us incompetent". In my view this is not only a view about where the commission comes from, it indicates possible different views on what physicians actually know. And in my view that something else.
Similarly, in the next citation, Dr T, same page, much of the citation is more about why patients seek sickness certification than about where the commission comes from.

I realize, as the authors also state (page 5), that single statements cannot include all dimensions of a category description. But I find it a bit confusing that statements include dimensions that seem to be a bit outside the focus of the category.

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Discretionary Revisions (which the author can choose to ignore)

Page 7, Heading Conflicting..., second paragraph. I found this paragraph a bit unclear. Please clarify. What do they mean by "shouldering the expert role" here?

Page 8, 2a and 2b. At this point I miss references to the differences between sick-listing for clearly biomedical tasks and more psychosocial problems, which for physicians often make a difference in attitude and opinion.
Page 13, Methodological considerations, second paragraph. As evident from above, I don't feel completely assured that these combinations observed in these informants are indications of a development of inclusive (whatever it means) views step by step. I think there is little evidence for this. Some of the doctors seem to have made changes in their practice over time, but many others have not, and is there any definite indication that some doctors have not started with this (preferable?) inclusive attitude? I would on the other hand consider to include a statement about a possible sex difference in the conclusion. This is an interesting observation that needs further investigation.

The authors might consider adding Gulbrandsen et al., Scand J Prim Health Care 2007; 25: 20-6. I have also written papers in the Journal of the Norwegian Medical Association in 2002 and 2004 about the gatekeeper role in sickness certification, these papers might also be of interest.

What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.