Author's response to reviews

Title: Understanding long-term sick leave in female white-collar workers with burnout and stress-related diagnoses: a qualitative study

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Answers to reviewers

Dear Editors,

Regarding the manuscript:

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‘Understanding long-term sick leave in female white-collar workers with burnout and stress-related diagnoses: a qualitative study’

Thank you for giving us the opportunity to revise our manuscript. We thank the reviewers for their valuable comments on the basis of which we revised the manuscript. We have now revised the manuscript and we made changes according to the suggestions from the reviewers. We answered the questions and made explanations. The changes have been highlighted in red. The text has been through a language check once again, and quite a few adjustments have been made. However, all the language adjustments are not marked in the text.

We hope to hear from you soon!

Kind regards,

Hélène Sandmark and Monica Renstig

Reply to Joost J van der Gulden

Questions and answers:

Results
The informants reported several early signs of illness or burn out (page 15-16). They presented their complaints as a consequence of exposure to stress (or is this the interpretation of the authors?). Why didn’t these intelligent and capable women react effectively? Do they recognize the complaints just afterwards? Or didn’t they dare to see under eyes that they were largely overloaded in the months before sick leave? Why not?

Answer:
These are interesting remarks. The purpose of the study was to increase the understanding of career women way to ill-health and final long-term sick-leave. We have been trying to mirror this process through the eyes of some of these women and their narratives. These informants probably had a worse coping-ability compared to those who did not experience a deteriorated health. The results show that the awareness of their deteriorated health came after they were sick-listed. We wrote about this on page 22. To underline this, a sentence regarding coping has been added in Conclusions.
Discussion and conclusion
Is it a specific problem of well-educated female white-collar workers who are very eager to succeed in their career, to ignore health complaints and continue working without complaining? Or are all female workers at risk to ignore their limits even when they had become ill?
If so, would a better work mobility and more social support at work really prevent all further problems?
A second, important recommendation based on the findings of this study might be to find ways to pay more attention to early indicators of exhaustion and burn-out among female managers and staff members in order to prevent long term sick leave.

Answer:
You are probably right and some, but not all, well-educated female white-collar workers are not considering health problems until it is too late. They are at risk, and we wanted to get more understanding why it is so. We wrote about measures at the workplace in Conclusions, and stressed that it is important with early measures and to identify early signs of exhaustion (in Conclusions). Certain work mobility is certainly important for health and well-being to find a job that matches competence and interest and to work with mates that make you comfortable with the climate at the work place. The importance of work mobility is one of the findings in this study.

Methodological issues
How do we know that the 16 informants are representative for all female (Swedish) white-collar workers with comparable work- and health-related problems? What are the consequences for the study results and conclusions if they are not?

Answer:
We do not claim that the 16 informants are representative for all Swedish female white collar workers with these health problems as they are strategically chosen and very few. But the aim was to get a better understanding of how the picture is among some of them. The advantage with this design is that the understanding can be deeper and there are possibilities to identify unexpected circumstances. We cannot claim that this is the ultimate explanation of the increase of long-term sick-listing since the end of the nineties. The transferability of the findings is not certain, but has been discussed in “Methodological considerations” in the Discussion part. This kind of study design should be complemented by epidemiological studies on the same topic, or vice versa. The advantage with open interview studies is that you get a wide picture of the problem but the shortcoming is that the informants are very few compared to quantitative studies.

The perception of ones work, colleagues, leadership etc. might have changed when a worker is interviewed during a long period of sick leave, especially when she is (or was) very eager to succeed in working life. It might be better for one's self-image and self-esteem to 'find' the causes for failing to cope the job demands in the work environment then in own behavior or family life. So, the memories regarding the experiences at work might be coloured and distorted to some extend. What can be the effect of this specific form of information bias on
the results and conclusions?

Answer:
Of course you are right and after some time there could be changes in how things are reported. But on the other hand we did never look for an objective narrative since it would not be possible to get one. These women had gradually got their health dysfunction, and in some cases the sick leave had started dramatically. In the process of health deterioration there is probably a changeable way of telling each one's story. At the time when we made the interviews the informants had considered their situation and dysfunction which could also be considered an advantage. The aim was to get an understanding in already sick-listed women in higher positions in the private sector. We presented the informants temporal situation regarding sickness absence.

We made a thorough language correction and we hope you find that the article has improved.

Reply to Dag Bruusgaard

1) As an epidemiologist I lack a clear description of the respondents. I imagine that the procedure is this:16 women out of 300 consecutively (?) included women on sick leave >90 days from full time job, in private sector, white collar (how defined?), in higher position (how defined?) with defined min. wages and predefined diagnoses (which) are strategically (place and age?) selected by the authors.

Answer:
We agree that a clear description of the respondents is important. On page 6 and 7 in “Setting and interviewees” there is a description of the informants (see also Table 1 and 2). We added some more information according to your comments in this section. Your questions on this are now all included in the text.

2) The problems described varies from gender specific to problems shared by women and men. This should be better dealt with. Now it is briefly mentioned in the end of the conclusion.

Answer:
We did not intend to have a gender specific approach, although the results indicate that there are gender issues involved according to the narratives of the informants. The starting point was to mirror the high rate of sick leave among white collar women in high ranked position. However, the results have been tied to gender theory presented in the Discussion section (page 19,20, 21, 22), but also to other non specific gender theories on work life health. Until we have investigated men in the same situation we are careful not to be too much gender specific in our interpretation of the findings.

3) It seems to me that some of the women are misplaced from the beginning. Did any of them look forward to be better and coming back to the job they left? That is, for som it is a periodic problem, for others a permanent. The solutions might accordingly be quite different.

Answer:
Of course you are right that there are different solutions on these women's health problems. As the women in our study had been sickness absent for quite a while and the findings point out that their problems had been going on for quite a long time we think we had a homogenous group of women who had had their problems a long time and that it was not a periodic problem. The aim was to get an increased understanding of the informants deteriorated health and final long term sick leave. The solution and what needs to be changed to get these women back to working life could be understood by the identified categories and themes in Results shown in Table 3 and we really agree with you that there are different measures that have to be considered.

4) Some dramatic figures on increase in sick leave is cited, but as far as I know, the figures have been dramatically reduced the last 4-5 years! Please update.

Answer:
We also thought that the figures had decreased dramatically. But when we checked the figures carefully, according to your comment, in the official statistics they have not decreased much when you look at the total. Some of those who are long term on sickness absence are sick-listed, or under rehabilitation, or in sickness compensation (a state that is more close to reversible early pension). We added a sentence in the Background section about the slight decrease.

5) Biomedical INCLUDES physiological! and no one would mean that sickness absence is "entirely identical with biomedical dysfunction" (p. 5)

Answer:
Of course you are right! We changed in the text on page 5.

6) I do not like "She BELIEVES she is being bullied".

Answer:
We changed this to “she has a sense of …” at page 14.

7) "The respondents have traumatic experiences...." all of them??? (p. 18)

Answer:
It was a clear statement from the group of informants. But not from all 16. However, it was an obvious finding in the interviews. We tried not to count as this is a qualitative study but still to make a statement as this was obvious. According to your comment we have changed how we expressed this in the text now at p 15.

8) I would have ended the result presentation with the important part on deteriorating health.

Answer:
You are right. It is the best way of presenting the findings. We have changed in the text and put the category “Stress-related symptoms…” to the end of the Results section, and also made a change in Table 3.

9) You should mention possible attribution in the discussion of the results.
We are not sure what you mean here. In Conclusions we added some text in order to make it more clear that the coping strategies are essential in this, and that early interventions and detection are essential at the work place. This is also stated in the text in the Discussion of the results on page 22, first section of the page. We feel restricted in explaining the high rates of sick leave due to the qualitative design with very few subjects I this study.

10) How could you avoid including among the references som of the extensive work on gender aspects of sickness absence done by Kristina Alexanderson and Gunnel Hensing?

Answer:
Although those two well-known and excellent researchers made quite a few studies on sickness absence they did not yet, as far as we have found, consider the group of female white collar workers in high-level positions at the labour-market in their studies.

11) Table 2 is confusing. Either drop it or make it more available.

Answer:
We do not quite understand either how we could drop it or how we could make it more available. However, we think we could not drop it as otherwise the reader would not be able to know anything about the included informants.

We made a thorough language correction and we hope you find that the article has improved.

Replay to Els Clays

- How exactly were the 16 women selected from the list of 300 eligible persons? Was this a random selection? Also, why exactly 16 invitations? Was this number based on some sort of power calculation standard in qualitative research?

Answer:
It was a strategic selection according to the description on page 6 in the section of “Setting and interviewees”. We did not do a power calculation and the number of 16 was not predetermined and was instead dependent on the level of saturation of the data collection by interviewing. Due to this we did the invitations to the study stepwise.

- The 16 women were on sick leave for more than 90 days. Was there a lot of variance in the number of sick leave days at the time of the interview?

Answer:
The number of sick leave days varied from 90 days to 365 days.

- Was it possible to check or control for some sort of inter-observer variability since the interviews were taken by 4 different persons?

Answer:
The interviews were performed with the interview guide and the analyses of the interviews were done by discussing and comparing the findings from the interviews. First the transcribed texts were independently analysed. After that the data reduction and the categorization were developed through an interactive process discussing and revising to reach consensus. This way of working with several interviewers is probably to prefer before using one single person for all interviews. We have added in the text on page 7,8.

- It would be highly interesting to include more suggestions as to the relevance of the study results for both research and policy.

Answer:
In Conclusions (and in the Abstract) we have some suggestions and we also added some more, especially regarding early measures and signs of exhaustion. On the other hand this study has its limit because of the design and that it is a qualitative study with a very limited amount of subjects included as the aim was to increase the understanding rather than to explain the high sick leave.