Author's response to reviews

Title: Sickness-certification practice in different clinical settings; a survey of all physicians in a country.

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Author's response to reviews: see over
Dear Editor,

We hereby send a revised version of the manuscript “Sickness-certification practice in different clinical settings; a survey of all physicians in a country”, MS: 1559110490440492

Thank you very much for the opportunity to send in a revised manuscript and for the very good comments, which we have used in the revision. However, the comments of the three reviewers were somewhat contradictory, why not all have been followed.

Please find our comments to the reviewers’ comments below. All authors have contributed to the revised manuscript.

Yours sincerely,

Christina Lindholm
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Reviewer 1:

The authors have embarked upon an important issue by extending their inquiry about sickness certification to other groups of physicians, and not only including PHC/GPs.

My main critique pertains to the style and the length of the manuscript. The authors continuously upgrade their own findings and degrade those of others in the same field. Expressions like "limited scientific evidence", "the number of studies was low and sample sizes were small and often very biased", "knowledge is scarce", "most studies had low scientific quality" are used repeatedly and are a sign of little respect towards other researchers in the field.

Our intension was in no way to be disrespectful, and we thank you for pointing out that our writing could be understood in that way. Actually, many of the studies we refer to in this way we have participated in. In the text we refer to a systematic literature review in this area conducted by the Swedish Council on Technology Assessment in Health Care (SBU), one of the highest ranked institutions for systematic reviews. SBU concluded 2003, that there was "limited evidence” - on the scale of four levels of scientific evidence and also that the “the number of studies was low and sample sizes were small and often very biased”. The scientific quality of the identified studies was assessed according to standard criteria for this. Wynne-Jones et al (2009) has also concluded that there is a lack of evidence in this research area partly due to deficiencies in registered information.

However, we agree that the style could be better and have now rewritten this to some extent, according to the comments of this reviewer.
Except for the Abstract which is informative, the text needs to be shortened and become more concise.

We have now gone through the text in order to shorten it shorter and make it more concise and have omitted quite some of the previous text.

I will try to give some examples that underpin my statements:

Background:
- "Those different tasks can be summarised as...(Ref 1)No need to list the tasks in detail as you have referenced them.

  We are of the opinion that each scientific article should be able to be read on its own, without having to search other publications to understand the basics. We regard these tasks as basic for this study, it is on them several of the questions included in the analyses are based. Moreover, the width of the tasks involved in sickness certification is not always clear to many people. Thus, we find it important to keep this list.

- "Since then, some more studies have been published with limited sizes and not contributing...(Ref 12). I think that the qualitative study by Hussey et al. greatly advanced our understanding of the process of sickness certification. That study helped us to design and realize a study on sickness certification by PC physicians (GPs, paediatricians and internists), generating both quantitative and qualitative findings on this topic (Swiss Med Wkly 2007;137:341-346).

  We are well aware of your study, and appreciated your approach, both in using sickness certificates for collecting data and for including also paediatricians and internists, not often done. We understand that the writing could have been misunderstood and in the revised manuscript have omitted this sentence.

Methods:
- "company Cegedim AB". Outside readers do not know what this company means in the Swedish context.

  In studies of physicians, the way of identifying them is often crucial with regard to e.g. bias. We have used this company as it is the one with the most complete register available in Sweden of all physicians, at all educational levels. We find it important to mention this in the method section and prefer to keep it there, and are of the opinion that such information should be given in articles. However, we have now included a phrase motivating this.
- "the response rate was 60.6%" and "response rate was somewhat higher among women and older physicians" belong to the Results's section.

There are different ‘schools’ regarding whether to report drop out etceteras in the method or in the result section. However, it is common to do this in the method section and there is no general policy of the journal so we prefer to keep it there.

- I am not clear about your division between specialists and non specialists.

Thanks for pointing this out, we have not made that clear in the text. A board certified specialist has at least five years in residency training, after having finished internship. Physicians are defined as specialists if they were board certified. We have made this clear in the text.

Results:
- the data on problems experienced by physicians when writing certificates for absenteeism, and more especially the splitting into three categories (few, medium, high) may be spurious (Table 3 and 4). I doubt whether the answers to your questionnaire would be the same if repeated - most qualitiative studies, of course, can be criticised for subjectivity.

Your question here, if we understand it right, is the reliability of the used questionnaire – that is an important question. We have actually tested that in two reliability studies, one regarding the 83 questions used in a survey of 2004 and one regarding the questions in the survey of 2008, including those of 2004. Regarding the questions used in this study, both studies showed that the reliability was good, however, we have not yet published this.

In summary, the objective of your study is sound but the reporting needs to focus on own findings instead of disqualifying other studies in the same field. The text needs considerable shortening and flow.

We have revised the manuscript carefully with those eyes, and have shortened the text in several ways.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

We have now carefully revised the language.
**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Reviewer 2:**

This is a well written paper exploring some of the issues around sickness certification across the medical profession, rather than focusing solely on the area of primary care. It highlights the frequency with which sickness certificates are being completed by different specialties and the proportions who feel that they have difficulties with completing these certificates.

Major compulsory revisions
None

Minor compulsory revisions
1. The authors report that they conducted a small pilot study to test their questionnaire. It would be useful to know whether this pilot study demonstrated the acceptability and face validity of their questionnaire and whether any changes had to be made as a result.

   The questionnaire was intensively worked on for over a year in the many meetings and discussions with clinicians, representatives from the different medical associations, the county councils and in contacts with researchers from Sweden, Norway, and Finland - that is, researchers who could read Swedish. All these people have seen and commented on the questionnaire before the pilot study. The pilot in itself led only to minor revisions. The text is now altered accordingly.

2. It is reported that the response rate is higher amongst women and older physicians, is this a significant difference? If so is this difference taken account of in the results? This is something that should also be included in the discussion as there may be an impact on your findings as a result of this difference.

   This is a study of a very large population, which means that nearly all differences, no matter how small, are statistically significant. The differences in response rates are statistically significant, however not large.

   In most questionnaire studies, the response rate is higher among women and older subjects. We are not sure about what you mean with taking account of the differences in response rates in the results, as we have no way of knowing how the non-responders would have answered. However, the analyses of the included questions showed small and actually not significant differences in answers between men and women and between the age groups 25-44 and 45-64 years. In table 4, estimating the OR of problematic situations, we first tested models controlling for age, sex, and board certified specialist, respectively. Only board certified specialist had an impact on the estimate. This is now included in the discussion sections.
3. Table 3 is missing a line of text.

We are not quite sure what you mean here, as we see all text.

4. Figure 1 is missing labels on the axes of the graph.

Thank you for pointing this out! The labels are added.

Discretionary revisions
None

**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.

**Reviewer 3.**

Sickness certification is a daily task for many physicians but strangely enough the topic is seldom addressed in scientific literature.

This study is carefully designed, well conducted and encompasses all physicians in Sweden. It is probably the first of a series of articles on this large survey. The results are clearly presented and very relevant for sickness certification practice. There is an appropriate discussion. I recommend publication of this manuscript without revision.

We thank for these positive comments!

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable

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