Author's response to reviews

Title: Sickness absence in musculoskeletal disorders - patients' experiences of interactions with the Social Insurance Agency and health care. A qualitative study.

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Author's response to reviews: see over
Sickness absence in musculoskeletal disorders - patients' experiences of interactions with the Social Insurance Agency and health care. A qualitative study.

Jenny Hubertsson, Ingemar F Petersson, Barbro Arvidsson and Carina A Thorstensson

Dear Editors and Reviewers,

Thank you for further suggestions on how to improve our manuscript. We have carefully considered the point made by Reviewer Mortensen, and made an effort to further clarify the sampling process. The manuscript has been revised accordingly, and we are pleased to send you this second revised version of our manuscript.

General:

The RATS guidelines for qualitative studies have been carefully read and incorporated in this manuscript.

Point-by-point response

All new changes made are highlighted with “tracked changes” in the text and the following changes have been made as a response to the comments from the reviewers:

Reviewer’s report

Version: 2 Date: 19 January 2011

Reviewer: Ole Steen S Mortensen

Reviewer’s report:
Ad 2: The sampling process is still not described well enough. The authors do have to justify why they did not made a strategic sampling, or at least discuss the point carefully in the discussion or as a specific limitation section.

Response:

1. In the method section the text has been rewritten from the fifth paragraph ff:
“In this study we aimed to use criterion based, purposive sampling. Using such a sampling, informants are chosen because they have particular characteristics which enable detailed exploration of the phenomena at study. These may be socio-demographic characteristics or may relate to specific experiences [14].

We intended to cover a variety of predefined characteristics with respect to age, sex, residence, civil status, country of birth, sick leave status, employment status and diagnosis for sick leave. To be eligible for interview informants were required to have been on sick leave due to a musculoskeletal disorder for a minimum of six months in total over the past three years. Within this defined group we wanted to ensure diversity in informants’ experiences of contact with the SIA and the health care system.

Due to patient safety and ethical reasons we could not directly approach patients or use administrative records for our sampling [14]. Instead, to ensure as broad a range as possible concerning the experiences of contact with the SIA and the health care system, informants were recruited in a two-fold way, using both purposively chosen gatekeepers and public advertisements.

The gatekeepers used included 15 social insurance officers, strategically chosen to represent a geographical and organisational diversity [15], and 15 primary care physicians, randomly sampled from a list of all physicians working in primary care in the area and covering a broad geographic distribution. Furthermore, to include specialist care and patient organisations, one physician and one counselor working in the Rheumatology Department at Lund University Hospital, and a representative from the regional branch of the Swedish Rheumatism Association were also contacted. All gatekeepers were informed about the inclusion criteria and asked to approach patients and recruit them for the study.

The public advertisements were put up on notice boards at Lund University Hospital, Malmö University Hospital, and exposed by the regional Swedish Rheumatism Associations and in the local free daily paper ‘Metro’. “

2. In the result section in the first paragraph, eighth line, the sentence has been rewritten and moved to the end of the results section:

The new wording is: “The fifteen informants included covered the predefined background characteristics as shown in tabel 1.”

The sentence “Of the 15 informants, one did not show up at the time appointed” is changed to “Of the 15 informants chosen for participation, one did not show up at the time appointed”
3. The **discussion section** under **methodological considerations** has been rewritten:

“In this study we aimed for criterion based, purposive sampling, sometimes called strategic sampling. An ideal strategic sampling would include informants chosen to represent the desired variety of predefined characteristics. Administrative records or databases are sometimes suggested as such sample frames [14]. However, due to patient safety, legal and ethical reasons this was not possible for the present study. Instead we chose gate-keepers strategically, and designed a two-fold way of recruitment using various gatekeepers and advertisements in the recruitment process. By using a combination of the two recruitment processes we hoped to capture a variety of experiences among the informants. A limitation of this method is that the range of characteristics could not be fully determined until after inclusion. However, by checking the variety of characteristics and range of experiences in the final sample, and comparing to the desired variety, our sample covered the predetermined criteria (see Table 1). It could be argued that recruitment through contacts within the SIA and the health care system might lead to an overrepresentation of informants with positive experiences and close contacts with these actors. On the other hand, recruitment through advertisements could lead to an overrepresentation of informants with negative experiences.

Yours sincerely,

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