Author's response to reviews

Title: Psychosocial working conditions and the utilization of health care services

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Dear Editor,

We are grateful to the valuable comments made by you and the reviewers that have substantially improved the paper. We have made changes to the manuscript based on reviewers’ suggestions and comments. We appreciate the opportunity given to us to revise and resubmit the manuscript.

Response to the editor

We removed the definite tone used in the manuscript with respect to cause and effect. Based on the suggestions of the reviewers concerning over interpretation of results, we used the term association where suitable. Following the standard in the health care utilization literature, we control for other covariates that potentially affect the outcome variables. Accordingly, all interpretations of the results in the manuscript are based on the conditional analysis which allows us to study the relationship between two variables while controlling for other potential confounders. Though, this conditional analysis like any other multivariate analyses is not without limitations. We mentioned in the discussion section of the manuscript as a limitation that there may be other potential confounders that the study did not control for.

We summarized in the text what Figure 2 depicts and deleted the figure from the manuscript.

In the Methods section, we provided details about the final sample with respect to how many individuals aged 18-65 years are excluded because they are unemployed/inactive/missing data.

Table 1 is simplified, where numerical variables and categorical variables are displayed separately and standard deviations for categorical variables are removed based on the editor suggestion.

The Editor is absolutely correct that the smaller effect of job stress in model 3 may partly be due to the inclusion of occupational and provincial fixed effects, individual health status and number of chronic diseases in addition to social support. Accordingly, to determine the potential effect of social support, we referred to model 2 rather than model 3 in the discussion which only adds social support to other covariates in model 1. So we clarified this point in the discussion section.
Response to Bo Netterstrøm

Based on your valuable comment we changed the title of the paper to “psychosocial working conditions and the utilization of health care services”.

Job strain variable, which is the exposure measure used in this study, is a numerical score derived by statistics Canada in the survey, constructed as a ratio of psychological demands to decision latitude, where a higher value means higher job strain. In our analysis, we stratified this continuous job strain measure into tertiles (low, medium and high job strain) with low job strain as the reference category.

We removed the definite tone used in the manuscript with respect to cause and effect. Based on the suggestions concerning over interpretation of results, we used the term association where suitable. Following the standard in the health care utilization literature, we control for other covariates that potentially affect the outcome variable. All interpretations of the results in the manuscript are based on the conditional analysis, which allows us to study the relationship between two variables while controlling for other potential confounders. Though, this conditional analysis like any other multivariate analyses is not without limitations, we mentioned in the discussion section of the manuscript as a limitation that there may be other potential confounders that the study did not control for.

Figure 2 is deleted from the manuscript.

Following your suggestion, we added in the text a brief explanation about Table 1. We provided Tables 3 to 8 as supplementary tables for reviewers and do not intend to include them in the final version of the paper. We summarized and shortened these tables in Table 2 which shows only the relevant variables.

Response to Nicola Magnavita

You are absolutely correct that the intensity of using health care services could be affected by the source of financing. Accordingly, we followed the reviewer’s suggestion and added in the manuscript additional information on who is paying for the outpatient visits in Canada.

Response to Bengt Arnetz

In the Methods section, we provided details about the final sample with respect to how many individuals aged 18-65 years are excluded because they are unemployed/inactive/missing data.

We extended the discussion of limitations.

Based on other reviewers’ suggestions, Figure 2 is deleted.

It is absolutely correct that we cannot infer causality using our repeated cross sectional data set. We are aware that randomized trials or prospective studies give better causal evidence. However, repeated cross sections on the same individuals over time (panel data) are more informative than the often used single cross sectional data. Accordingly, we removed the cause and effect
language from the text and used instead the term “association”. And we mentioned this point as a limitation of the study in the discussion section. Also, we suggested in the discussion section the need for using prospective data in future research in order to recommend policy changes.

**Editorial Requirements**

Please could you clarify as to whether any permissions or ethical approval was required for the use of the data in your study and kindly include a statement regarding this in the manuscript. We added a comment about ethical approval in the manuscript.

“No ethical approval is needed for this study”.