Author's response to reviews

**Title:** Reasons for and factors associated with issuing sickness certificates for longer periods than necessary: results from a nationwide survey of physicians

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**Author's response to reviews:**

Reviewer's report

Title: Reasons for and predictors of issuing sickness certificates for longer periods than medically justified: results from a nationwide survey

Version: 1 Date: 11 April 2013

Reviewer: Kari-Pekka Martimo

Reviewer's report:

Major compulsory revisions

The authors use the term “medically justified” repeatedly. According to the bio-psycho-social model of work disability, the purely medical justification of sickness certification is more a rarity than a rule. Therefore, the dichotomy related to medical justification (yes/no) raises some doubts. Doesn't this make it difficult for the respondents to answer the questions and the researchers to interpret the results?

Thank you for this comment. Actually, the wording in the Swedish questionnaire does not include the word 'medically' due to the very reason you give. The exact translation would be “How often do you sickness certify for longer period than actually would be necessary, due to …” We have now changed this in the manuscript so the translation is correct and have also changed the title accordingly.

Were all the alternatives for the questions given in advance, or were the physicians able to give their own views in their replies to open-ended questions?

The response alternatives given to the question regarding sickness certifying for longer periods than actually necessary analyzed in this study were given in
advance. They were based on previous interviews and open ended questions in previous questionnaires. Moreover, at the end of the questionnaire, the respondents could give written comments. About 5000 did so, however, none of these comments indicated that also other response alternatives should have been included for this specific question.

Was the questionnaire anonymous?

The questionnaire was anonymous and some additional text clarifying this has been added to the revised manuscript.

Why the official statistics on currently active physicians were used instead of asking the respondents?

Register data on currently active physicians was used to identify those that were to receive the questionnaire. The information regarding the type of clinic the physicians were mainly working at was indeed collected from the physicians themselves. This has now been clarifies in the revised manuscript.

If the physicians used their names, how this would have increased the risk of socially desirable responding?

The survey was anonymous in order to increase the response rate, rather than to avoid biased responding to specific items or in certain ways. The discussion section has now been revised accordingly.

The main and most common argument for sick leave is that the employee, despite of being able to go to work, cannot meet the work-related requirements because of the medical condition. This most common non-medical reason for sickness absence, perceived or actual work-related factors, should be given attention to.

We agree, and have actually posed the question in the survey according to that. Unfortunately the question was, as explained above, not translated ok. What you state is a relevant reason for being sickness absent – and thus do not fall under the realm of this question (unnecessary long sickness absence

The title of the manuscript includes the word “predictor”. This is a cross-sectional study, and, therefore, cause-effect relationships are hard to establish. I suggest using e.g. “associated factors” instead, especially because the study measures the physicians’ perceptions, and not actions, related to sickness certification. One example of this problem is the following text under the title of ‘Predictors of extended sickness certificates’: “lack of time and frequency of experiencing delicate situations with patients were related to increased likelihood of reporting issuing unnecessary (unnecessarily?) long sickness absences for all reasons” (page 10). Most likely the physician’s perception, that non-medical reasons are the real cause for absence, leads to the fact that the consultation is perceived to be more time consuming and challenging.

We agree. In the revised manuscript, the wording ‘predictor’ has been changed
to ‘associated factors’ as suggested by the reviewer.

Minor Essential Revisions

The emphasis in this manuscript is on the medical specialty ("clinics"), and not the type of health problems managed there. When looking at the medical specialties with the lowest prevalence of extended sickness certification due to patient or physician related factors (Figure 2), it becomes obvious that physicians working with medically more definable “diseases” (oncology, ear/nose/throat, surgery, infection, dermatology) perceive that they encounter problems less often than colleagues working with more symptom-based “illnesses” (psychiatry, primary health care, occupational health, and pain-related fields). I hope this, too, could be discussed more. Is it that more traditional clinics are only accustomed to perceive sickness absence to be medically justified, whereas especially in the field of occupational health, physicians are more critical to the medical model of work disability, especially when seeing patients without clinically verifiable health problems?

Thanks for making this clear. We have now added some text about this in the discussion.

The Tables in this manuscript contain too much information, which is also reflected in the Results section as it is difficult to read and follow. I was missing data on statistical analyses already in the Results section. Now they are mentioned only in the discussion.

In the revised manuscript, the information presented in Table 1 has been reduced and a new table was added for clarity. Further, the text in the results section was revised to be more easily read and some text from the discussion section put in the method section.

Discretionary Revisions

In Introduction, the process of handling and writing sickness certificates is described, but a crucial step is missed. After the health problem has been determined, and its impact on functional ability assessed by clinical examination, then comes the most difficult part, i.e. what is the possibility of the patient to cope with the demands at work despite the impaired functional status. This depends greatly on the possibilities to adjust work demands and to modify work tasks. As the physician usually is not familiar with the patient’s work, the only source of information is the patient, whose view is greatly influenced by many non-medical aspects.

We have written more extensively about the physician overall tasks in sickness certification consultations in other publications. You are quite right about what you state, and we have now extended the description of the tasks somewhat more in the text. The physician is to determine to what extent the reduction of function actually affects the work capacity – in relation to the work demands. For that, contact with the employer might be needed, as for work adjustments. We have now extended the writing on this and also included more references.
In all, I find this manuscript both innovative and the results interesting for the readers, and therefore I support its publication in the Journal. However, I suggest that before publications the authors condense the results focusing on the most important ones, as well as elaborate more on the nature of prescribing sickness absence in relation to the health problem in various clinics and including the workplace related factors. The title could also be rephrased to reflect the contents more precisely.

Thank you for these suggestions, which we now have followed. We have, therefore, also included the word physician in the title.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.
Declaration of competing interests: I declare that I have no competing interests.