Reviewer's report

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

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Reviewer: Kari-Pekka Martimo

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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?

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? Was the questionnaire anonymous? Why the official statistics on currently active physicians were used instead of asking the respondents? If the physicians used their names, how this would have increased the risk of socially desirable responding?

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.

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.

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?

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.

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.

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.

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.