Author's response to reviews

Title: Using Intervention Mapping to Develop a Work-Related Guidance Tool for those Affected by Cancer

Authors:

Fehmidah Munir Dr (f.munir@lboro.ac.uk)
Katryna EA Kalawsky Dr (k.e.a.kalawsky@lboro.ac.uk)
Deborah Wallis Dr (d.wallis@lboro.ac.uk)
Emma Donaldson-Feilder Ms (Emma@affinityhealthatwork.com)

Version: 2 Date: 21 November 2012

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

**Manuscript:** Using Intervention Mapping to Develop a Work-Related Guidance Tool for those Affected by Cancer

Please find our revised manuscript submitted online and our responses to the reviewers report below. We have underlined the text where we have added/amended information suggested by the reviewers. We hope our revised version meets the reviewers’ requests.

Yours Sincerely,

Dr Fehmidah Munir (corresponding author, signed on behalf of all authors)

School of Sport, Exercise & Health Sciences  
Brockington Building  
Loughborough University  
Loughborough, Leicestershire, LE11 3TU  
Tel: 01509 228228  
Email: f.munir@lboro.ac.uk

**Reviewer:** Sarah Isabela Detaille  

Thank you for submitting this interesting study. It is probably one of the first studies to systematically explain the development of a self-help tool.

Major revisions  

Background  

**Reviewer:** The background is too short and should be expanded. The background should start with a description of the health and participation problem. How big is the problem? What is the impact of the health problem on sickness absence or work disability? Why is a
work-related guidance tool relevant for sick leave and the prevention of work disability. How can the work-related guidance tool help workers to manage at work?

Authors’ response: We have added more information in the background related to the problem, sickness absence and disability. The need for a work-related tool is discussed in the penultimate paragraph in the background section. We have made the purpose of the tool more clear.

Method
Reviewer: More details are needed on the method to help the readers understand how the program was developed. In step 1 it is not clear if the participants are on (permanent) sick leave at the moment of the focus group discussions and for how long they have been absent from work. Also there is a bias in including only working participants in the focus group as they can already cope well at work.

Authors response: We have added a Table (Table1) capturing participants detail. We did not include only those who were working. Our inclusion criterion was that the individual had to be in employment at time of diagnosis. Not all individuals return to work because they can cope; a small number returned to work due to financial reasons including being self-employed. One was on long-term sick leave with no indication of when he would be able to return to work; one took retirement and one was seeking employment. All others had returned to work either part-time or full-time.

Reviewer: Step 2, it is not clear who and how the program was defined. The behaviour objectives have not been specified in table 2. In step 3, in table three the performance objectives are missing. So it is not clear which techniques change the attitude or self-efficacy towards which type of behavior.

Authors’ response: We have added more information to clarify who and how the program was defined. This information has been added to step 2 in the method and results section. The behaviour objectives have now been specified in Table 3 (previously Table 2). We decided to present the Table in the same way as suggested by Bartholomew so that that each element of the matrix is clear. We have added the performance objectives to Table 4 (previously Table 3).

Reviewer: In step 5, although we understand that a large scale implementation plan was not developed, the authors should add some information on how the program was implemented for the purpose of their study. The authors could add information on how the personnel were mobilized, the marketing strategies used to recruit subjects.

Authors response: information on the implementation of the programme has been added in step 5 under the results section.

Reviewer: Finally, in step 6, more information of how the evaluation plan has been/ will be developed is needed. In step 6 more information is needed on the methods of the pilot study process evaluation. etc.. Who will be recruited?, how will the participants be recruited? what will be the sample size?, power analysis? Which primary and secondary outcomes will be measured, which instruments will you use?, control group?, method of process evaluation?

Authors response: More information about methods, evaluation and results of the pilot study (feasibility study) has been added to the end of step 4 in the results section. As we intend to present the data from the feasibility study in a separate paper, only basic details are provided here. More information on step 6 has been added.
Minor revisions

Discussion

Reviewer: The objective of this paper was to present the development and content of the work-related guidance tool. Currently, the discussion focuses more on the intervention mapping approach and the methods used(work-related guidance tool) . It should also discuss the possible impact of their program on sickness absence/ work disability and what is innovative about their program (besides from having used a IM).

Authors response: We have now added more information about this in the discussion section.

Reviewer: Again, the objective of this paper was to present the development and content of a programme, not to test the feasibility of the intervention mapping approach. The authors cannot conclude that they have proven that intervention mapping is feasible, since they did not study this issue. The conclusion should be reviewed.

Authors’ response: The conclusion has been amended.

Reviewer: Angela de Boer

Minor Essential Revisions
1. From the abstract it is not clear what the content of the tool is and how it is used. This is quite essential to understand what the article is about. Some of the information of the background could be moved to results.

Authors’ response: The abstract has been amended accordingly.

2. More tables are needed in the results to make article easier to understand, eg systematic information on the patient characteristics of the focus groups/ interviews (age, sex, diagnosis, years since diagnosis, etc.) and on the results of the systematic review; and on the characteristics of the experts.

Authors' response: We have added a table on the focus group participants. Too many tables and detailed information were generated from the systematic review (for step 1) to include in the paper. We have included a table on the characteristics of the experts (Table 5).

3. The tool and content of the tool are most important so a figure or box with the categories and questions and stakeholders is better that just in the text.

Authors’ response: we have included a sample of what the tool looks like (in black and white). This is labelled as figure 1.

4. What are the results of the feasibility study?

Authors response: More detail has now been included here. However, we aim to present full details in another paper.

5. The discussion is rather short, especially compared to the results section. Comparison of the results (review, focus groups results, experts results, feasibility, etc) to other studies should be added.
Discretionary Revisions

1. In the introduction, only physical effects are discussed which influence rtw. But psychological effects such as depression or social factors such as discrimination are as important.

Authors response: These factors are now referred to in the introduction

2. Maguire performed a UK-based rtw hospital-led intervention in the 1980’s.

Authors response: we have decided not to include this information as it is quite old and many changes have taken place in employment law (e.g. introduction of the Disability Discrimination Act 1995), treatment patterns and pathways to care; and in the awareness of cancer among the general population

3. Under conclusions, it is not custom to mention that you are looking for funding.

Authors response: We have now removed references to funding from the conclusion