Reviewer's report

Title: Barriers and Facilitators to the Implementation of a Lifestyle Intervention in the Construction Industry: A qualitative Study

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Reviewer: Yvonne Forsell

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The study aims at exploring barriers and facilitators before implementing a lifestyle intervention program targeting cardiovascular risk factors among construction workers. The intervention has previously been tested and shown to be effective.

Major compulsory revision:

1. The fact that probably more than half of the participants that were employees had no risk factors for cardiovascular disorders (according to previous studies in the introduction) most likely affected their responses. Five employees said that they were not willing to sign up for the intervention, which might have been due to that they already were engaged in similar activities or that they believed they had no risk factors. It is self evident that those who wanted to sign up thought they had an elevated risk.

A more interesting question is whatever those that were at risk actually were aware of this and were willing to participate. It is difficult just to imagine that you are at risk if you never considered it before.

In line with this I do not fully follow the authors in the first part of the discussion. If the interviewees had no or small risk factors, how could they be aware of them? Were questions asked about knowledge of risk factors?

2. The statements used in the interviews on barriers and facilitators derived from interviews with professionals. Did they derive from the interviews that are included in the present study? They do not seem like professionals opinions more like participants. If they derived from participants in the previous study were those participants involved in the intervention program?

Some of the statements looks somewhat strange – how can a person react to a statement like “my wife think it is important I participate” if they had not been able to discuss it with their wife?

3. Focus groups and individual interviews are two techniques that result in very different information. It is stated that focus groups was preferred but that this was not feasible. Different techniques were now used in different groups making it very difficult to compare the results and summarize them together. This needs to be discussed.
4. One of the conclusions is that occupational physicians should place lifestyle into the center of their goal setting strategy. This actually might be the task for other professionals, which are better educated for this.

4. The Op-s did not consent to make a risk assessment. This is important information on barriers to implement the program. Why did they not consent? Some of them seemed to believe that prevention was important.

5. The gathered information is based on persons with entirely different experience of the intervention program. The counselors have previously been involved and all the others have not. Thus it is difficult for the other groups to have opinions on for example the importance of training in motivational interviewing. Are those counselors that have previous experience of the program going to be involved in the implementation? Did this affect their answers?

6. How can the conclusion be that the implementation was hampered? As I understand it the implementation is not yet done and that this study was done to design it.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare I have no competing interest