Reviewer’s report

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

Version: 1 Date: 16 October 2014

Reviewer: Rachel LAWS

Reviewer’s report:

Thank you for the opportunity to review this interesting paper. The paper provides new insights into the issues surrounding the implementation of lifestyle interventions within the work setting. My main comment is that the authors need to provide more contextual information in the background section about the occupational health service setting in the Netherlands and the roles of the various health professionals. This is crucial in the reader understanding the study findings, particularly for an international audience. I have given specific examples below where I think this is important.

Major Compulsory Revisions:

• Title – it is not clear from the title that the interviews were conducted prior to implementation of the program, as such the barriers/facilitators are anticipated perceived barriers/facilitator rather than actual barriers/facilitators experienced during implementation

Results:

• Risk perception – it is unclear in this section whether participants were responding to their actual (real) CVD risk or imagining they had a high risk. This is confused by the statement ‘Both the opinion of the OP and the PME results contributed to their awareness of the risk’ however in the data collection section it states that participants were told to imagine they had high CVD risk. Whether their risk was real or simulated is important in influencing employees response on whether they would sign up to the program.

• It would be useful in the background section to provide more contextual information about how the intervention would be implemented. For example in the results, employees mention practical barriers such as travel time to be an issue. This suggests that the intervention would be conducted outside of the workplace – this is important contextual information to provide for the reader to understand the barriers/facilitators raised.

• It is unclear from 3.1.5 if managers did perceive absence from work to be a problem with implementing the intervention as perceived by employees

• 3.2.1 lack of time – it is difficult to interpret the issue of lack of time for health professionals without further information about the health professionals role, who they were employed by, how they are renumerated and their interaction with construction industry. What is normal practice for them? What is the role of OPs
versus medical assistant in screening. This information should be provided in the background section.

- 3.2.3 – the issue of cost is raised in one of the quotes by an OP. It would be useful background information for readers to know how the costs of the program are covered, by the employee, employers, health insurance etc. Similarly, lack of continuity of care and time were raised as issue by OP, but again the reader has no contextual information about the normal practice of OP and therefore how the intervention might fit with this.

- 3.2.4 – please provide more background information about the role and professional background of the lifestyle counselors and how they have been trained.

- There is a discrepancy between the results presented in Table 2 and the text. For example ‘Good relationship between OP and other stakeholders’ is presented as a facilitator in the table, however the text (commencing line 376) describes the relationships with GPs and lifestyle counselors acted as a barrier. Similarly fit with perceived task in the text is considered as both a F/B depending on the OP, however the table presents this as a facilitator.

Table 2

- what does the F and B stand for in the table?

- It is unclear why an individuals’ risk perception is considered the level of ‘socio-political’ context – surely this is at the individual level. Please clarify.

- Quotes for individual interviews should be followed by (health professional 1 etc) so the reader can see that quotes came from a range of participants not just one or two.

Discussion

- The discussion states that “An important barrier for employees to sign up for the intervention was a low level of risk” however this isn’t actually reported in the results – in fact the reader is unaware of the actual or perceived CVD risk of participants.

- The authors need to put the study findings in the context of the broader literature on factors influencing implementation of lifestyle interventions in routine practice, particularly the work setting, highlighting the unique contribution to knowledge made by this study.

Conclusion

- The conclusion states “The implementation was facilitated and hampered by a combination of factors” – this is written in past tense and makes it sound like the implementation of the intervention has already occurred however the results were about anticipated barriers/facilitators prior to implementation. This needs to be made very clear in the title, abstract and conclusion.

- It is unclear what this conclusion means “OPs can be motivated to invest their time into the lifestyle agenda by placing lifestyle into the center of their goal setting strategy”. Does this mean OP need to make lifestyle more of a priority?
Minor Essential Revisions:

Abstract
- Methods not clear who participated in focus groups versus interviews. Please clarify
- line 50-51 doesn’t make sense, suggest re-wording.

Introduction
- Would be good to provide the reader further context about the barriers and facilitators to implementation identified in the trial

Methods:
- Focus group is not a setting but a method
- Data collection – did the 2 occupational health services also participant in the trial or have previous experience implementing the program?
- Sample - sample characteristics and response rates are typically presented in the results section. It would be useful to include employee age and CVD risk profile in the sample characteristics if this was collected.
- Did interviews with employees occur in work time? More detail about the content of periodic assessment would be useful.
- It would be useful if the authors could provide a rationale for why the employees real risk profile wasn’t used as the basis for interview
- It would be useful to provide further background information about the occupational physicians, medical assistant and managers and their usual role. For example do they work for occupational health service, What is their usual contact with construction industry and employees. It is not clear who the manager was, manager of occupational health service or manager at construction industry?
- Line 187 should this be ‘counsellors’ or ‘consultants’
- Line 200 “3) motivating participants to complete the trajectory “ – what does this mean?
- Please provide rationale for the different coding process used for employees and Ops compared to other participants.
- Given the large number of theoretical models published around implementation, please provide the rationale for the choice of implementation model used(Fleuren, Wiefferink and Paulussen). It doesn’t seem to be a natural fit with the data presented.

Results:
- 3.2.3 should read ‘Relationship between occupational physicians and other stakeholders. Overall the manuscript should be proof read by a native English speaker to improve the written English.
Discretionary

• It might be helpful to include a table summarizing the interview schedule for each group of participants

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

Quality of written English: Needs some language corrections before being published

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

Declaration of competing interests:

I declare that I have no competing interests