Author's response to reviews

Title: Intervention Mapping for development of a participatory return-to-work intervention for temporary agency workers and unemployed workers sick-listed due to musculoskeletal disorders.

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Author’s response to reviews:

Dear Editor,

On behalf of all authors, I hereby submit our revised manuscript: “Intervention Mapping for development of a participatory return-to-work intervention for temporary agency workers and unemployed workers sick-listed due to musculoskeletal disorders”.

We want to thank the reviewer for his comments. In line with the suggestions and comments made in the reviewer’s report we have revised our manuscript, which is enclosed.

We have answered the comments and questions point-by-point. The numbered response to the reviewers’ comments, including the changes that have been made, is also enclosed.

We hope that our revised manuscript will be accepted for publication.

On behalf of all co-authors,

With kind regards,

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Response to the comments of the reviewer of the manuscript entitled:
“Intervention Mapping for development of a participatory return-to-work intervention for temporary agency workers and unemployed workers sick-listed due to musculoskeletal disorders”.

Response to the comments of reviewer #1:

1. Reviewer #1 strongly requires the introduction to be rephrased and other citations to be used. In the revised introduction the following points has to be addressed: a. referral to studies that demonstrate positive effects of the participatory approach on RTW; b. how consistent are these effects observed?; and c. what is not known about the effects of participatory approaches? Reviewer #1 emphasizes that the latter two points are particularly important, because it raises another question, namely if Intervention Mapping would still be required if the effective elements of the participatory approaches are known?

   a. We agree with the reviewer that references to design descriptions are no citations with regard to found effects of an intervention. Therefore, in the revised manuscript (see page 4) we changed the citations as follows: references 2 to 7 refer to research aimed at development of participatory OHC interventions; references 8 to 12 refer to participatory primary preventive interventions; and references 13 to 15 and the submitted article of Lambeek at al. refer to studies with positive effects of the participatory OHC approach on RTW.

   b. We also agree that positive effects in one or two trials does not necessarily imply that the results can be generalised. This vital point has been added to the revised manuscript (see page 4).

   c. With regard to the question what is known about the effects of the participatory approach, in particular the effective elements, we also added this valuable point to revised manuscript. The elements of the participatory RTW interventions that contributed most to the favorable outcomes cannot be established based on the found studies with positive effects. However, the following key-elements have been suggested: the participation of all stakeholders involved in the RTW process, and stimulating involvement of the sick-listed worker can lead to greater patient control and greater adherence to work modifications. (See page 4 of the revised manuscript).

   Finally, in our opinion Intervention Mapping remains a useful tool in OHC intervention development, even when studies have shown/established effective elements of a participatory RTW intervention. This is because of the new, i.e. specific, features of the new target group and the new context which have to be incorporated in the new intervention itself and the implementation program. However, it is likely that more knowledge about the effective elements of a specific intervention can shorten the IM process considerably. We therefore agree with the reviewer, that is it important to reduce ‘the black box’ as much as possible.

   2 Reviewer #1 still has doubts about the description. For the reviewer it is not clear which option was chosen. We understand that this was confusing in the text. In our study PE was the starting point and IM was used to tailor PE taking into account the specific target group, the implementers, the users as well as the
context in which the new participatory RTW program will be applied. This is option 1 as described in the reviewer’s report. We have clarified this in the revised manuscript (see page 7).

Next, reviewer #1 notes that the answer to his previous remark 7 is troublesome, since it conflicts the introductory remarks on the importance of PE.

We understand that our answer was confusing. In our explanation we did not mean to broaden the scope to any participatory approach. To explain better, we want to emphasize that PE was the starting point. The key-element in PE as RTW intervention is the participatory process, resulting in a consensus-based RTW implementation plan. And as mentioned in our previous answer, the ergonomic aspect can be found in all steps of this process: identifying ergonomic obstacles for RTW, thinking of and choosing ergonomic solutions for RTW, and incorporating these solutions in the resulting RTW implementation plan.

3 For this review reviewer #1 has consulted the experts within his group on IM. We understand that reviewer #1 is familiar with the ‘Intervention Mapping’ process and we want to thank him for his comments and suggestions. The valuables points that were raised have been added to the revised manuscript (see above).