Author's response to reviews

Title: Patients’ views on responsibility for the management of musculoskeletal disorders - a qualitative study

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Author's response to reviews: see over
We have completed our revision of the manuscript and would like to thank the reviewers for the valuable comments and suggestions on the manuscript.

We have addressed the comments in a revised manuscript and below you will find a point-by-point response to the concerns.

Competing interests, authors’ contribution and acknowledgements have been included in the revised manuscript. The manuscript has also been edited by a native English professional copy editor.

Sincerely,

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| Results | 1. The category Collaborating responsibility” contains the subcategory ”Prerequisites to manage needed.” The category ”Complying to recommendations (as a way of adopting responsibility)” has the subcategory ”Provision of information, ergonomics, exercise needed.” Both of these subcategories sound very similar. Both involve the responsibility of health care professionals and/or society to provide information. The first relates more to information about prognosis and diagnosis to manage the problem, but the problem cannot be managed without information about ergonomics, exercise, treatment, etc. ”Provision of information, ergonomics, exercise needed” refers to preventing problems and ”Provision of information, ergonomics, exercise needed” refers to treating problems that have already happened. Never-the-less there is overlap here in the theme of providing information. I believe the authors could do a better job of showing the distinction between the two subcategories, or collapse them into one subcategory of providing information. | - **Collaborating responsibility**  
*Prerequisites to manage needed.* To handle the disorder the informants stress the importance of health care providing diagnosis and prognosis for the disorder. It is important to have a diagnosis and a prognosis to know how to act. Some informants lack this information and think health care should better provide this information. Not having information on diagnosis and prognosis, the informants express, means that you have no idea of what to expect and don’t know how to best manage the disorder.  
- **Complying with recommendations (as a way of adopting responsibility)**  
*Provision of information, ergonomics, exercise needed.* The informants express that the responsibility for prevention of musculoskeletal disorders is greater for society than for the individual. Society has knowledge about what needs to be prevented and how, and should provide this. Then it is your own responsibility to follow recommendations. The informants also | Our comments:  
We agree that some overlap might be seen concerning the provision of information, so we have now tried to better show the distinction of the subcategories “Prerequisites to manage needed” and “Parental need of support for healthy lifestyle” from the subcategory of “Provision of information…”.  
In addition, a table, Table 2, has been provided to place the subcategories on a structural level as well.  
New text of the subcategory “Prerequisites to manage needed”; To handle the disorder the informants stressed the importance of health care providing diagnosis and prognosis for the disorder. When health care fulfil their obligations by providing this, it gives the informants prerequisites to act upon and a collaborative process can take place. Some informants thought that health care underestimated the importance of providing diagnosis and prognosis which can obstruct rehabilitation. |
express a belief in physical activity and muscular strengthening as prevention of musculoskeletal disorders and an understanding that the body needs maintenance. Learning ergonomics is also believed to prevent disorders. For both exercise and ergonomics, the informants think school is an excellent platform, both to provide information but also to set a practical standard. If you learn early in life you might not need help later on. Informants express that societal prevention and elimination of musculoskeletal disorders should be seen as an investment.

Parental need of support for healthy lifestyle. Parental responsibility for the management of musculoskeletal disorders is mentioned, responsibility to provide children with good opportunities and conditions to follow advice for well-being. There is also a need to set a good example such as being a role model for exercise. Parents need to pass on knowledge and support a healthy lifestyle.

Parental need of support for healthy lifestyle: Some informants expressed that parents should make sure their children live a healthy lifestyle. They believe that parents are responsible for passing on knowledge and support of a healthy lifestyle by providing opportunities and conditions as well as by setting good examples as role models. Thus a healthy lifestyle comes naturally.

### Discussion

3. These were all patients in outpatient physiotherapy clinics. Did they arrive their by self-selecting the care or were they referred there by another physician. This could represent a difference in their views about responsibility toward managing their musculoskeletal pain. This should be addressed in the limitations section.

Following sentence has been included in the limitations section: “Neither were the patients in the study asked whether they were self-referred or physician-referred to treatment, which might represent differences in their views.”

### Results

4. The subcategory of Availability needed contains comments about both the availability of physicians due to bureaucracy and the empathy of health care providers. To me that seems like very different ideas. Consider changing this into 2 subcategories instead of 1.

Our comments: When doublechecking the codes we saw that lack of empathy was not what best described what the informants express and the subcategory have been rephrased to: Availability needed. Health care is often thought to be too bureaucratic, availability is lacking and the informants sometimes complain of lack of empathy from health care professionals.
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<th>Conclusion</th>
<th>5. In your conclusion you state that the paper has provided information on how own responsibility needs to be met by others. That is true but not only by others but also by the patient himself or herself. The point of the paper is to explore patients views on responsibility for management of musculoskeletal conditions. Mention that in the conclusion.</th>
<th>The present study has shown different views about responsibility for the management of musculoskeletal disorders. It has provided information on how own responsibility needs to be met by others and suggestions on how this can be done.</th>
<th>The present study has shown different views about responsibility for the management of musculoskeletal disorders. It has provided information on how own responsibility can be taken but also that own responsibility needs to be met by others and suggestions on how this can be done.</th>
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<td>6. Were you able to look for differences in views between patients of different ages? For example: Do elderly patients expect the doctor to take more responsibility for their health care and youger patients plan to take more responsibility themselves? If you were not able to analyze that, mention it in the limitations sections</td>
<td>The results of the present study, have somewhat verified what was found in a study of a general population [5].</td>
<td>The results of the present study, have somewhat verified what was found in a study of a general population on how attitudes were placed [5]. But the present sample of 20 individuals did not allow us to make comparisons due to socio-demographic variables which was shown by Larsson and Nordholm in a previous study [5].</td>
<td>Our comments: Differences due to age has been reported in a previous paper by Larsson and Nordholm published in BMC Musculoskeletal disorder 2008, 9:110, (ref [5] in the present study), but due to scope and sample size of the present qualitative paper this could not be reported. This has now been included in the limitations section: The results of the present study, have somewhat verified what was found in a study of a general population on how attitudes were placed [5]. But the present sample of 20 individuals did not allow us to make comparisons due to socio-demographic variables which was shown by Larsson and Nordholm in a previous study [5].</td>
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<td><strong>Method</strong></td>
<td>2. The qualitative methods described are well-suited for meeting the objectives. The authors have described important relevant population characteristics (e.g. mean age); however, I strongly suggest moving this information to the results section. It would also be helpful to provide similar data regarding the types of musculoskeletal conditions participants had (e.g. what percent had low back pain, knee pain, etc), duration of condition, etc</td>
<td>Our comments: The information on relevant population characteristics has been moved to the results section and data on the types of musculoskeletal disorders have been provided (duration was not reported). The text below has been included in the results section; “Three individuals had or had had low back pain, four had back pain in combination with disorders from upper or lower extremities, four had disorders from upper extremities and one in combination with knee problems, three had pain from lower extremities, and five had multiple site musculoskeletal disorders.”</td>
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<td><strong>Results</strong></td>
<td>3. The data appear sound. I especially appreciate the inclusion of the appendix which nicely illustrates how data were coded and interpreted. Personally, it looks to me like the category “ambiguity of responsibility” might be better termed “barriers to responsibility” which seems more recognizable to me based on the description of results. I found Table 1 a bit confusing at first; is it demonstrating the number of times each individual mentioned a code? If so, this needs to be more clearly delineated. Also, I think it would be useful to display (or at least describe in results section) the number of individuals who expressed each code. Currently, the results section is described in such a way that leaves the impression that all codes were equally represented.</td>
<td>Our comments: We agree that ambiguity can be seen as a barrier to responsibility but what the informants expressed were more of being obscured or muddled to responsibility than an obstacle or barrier and therefore Ambiguity was used. The qualitative content method used, recommends staying close to data and therefore no further interpretation was done. Our comments: Table 1 demonstrates percentages and number of codes in each interview distributed over the categories. For example, in Interview 1 there were no codes matching the category of “Complying to recommendations” while Informant 2 (Interview 2) had 25% of her codes in that category. We have tried to better explain this in the text and in Table 1’s heading. We have also added Table 1b, which shows interviews/informants representation in the categories. We hope these amendments will change the impression of all codes to be equally represented.</td>
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<td><strong>Discussion</strong></td>
<td>6. Most of the limitations of the work have been adequately addressed. I do recommend that the authors address the issue of generalizability. Since this</td>
<td>The text below has been included in the discussion section; “The issue of generalizability is in qualitative research usually addressed as</td>
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study was performed in Sweden, the potential differences in healthcare systems among different countries should be acknowledged (i.e. it is quite possible that patients in other countries may feel differently). Related to this, I believe some discussion on the context of the study (socialized healthcare system) is warranted, as it likely influences the study results. Would participants in the U.S. expect society to bear the same degree of responsibility? I believe such discussion would be interesting and relevant for the journal readership. There is also the issue of whether or not a sample of 20 participants can provide knowledge that is generalizable; this should be addressed as a potential limitation.

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<td>9. I feel that this is an interesting and important manuscript that warrants publication. However, I do find the writing style (grammatically speaking) to be a bit awkward which detracts from the authors’ good work. I strongly recommend that this manuscript be edited by an individual other than the authors. I also recommend that attention be paid in the results section for consistency in presentation. Some areas begin with “the informants described” and “for some informants it is…” (which I prefer) and then move to “it is your own responsibility…” I find this distracting. Personally I would like to see the authors change such language to more clearly reflect that nature of the study: i.e. “participants described they felt it was their responsibility…”. I believe this can be easily resolved.</td>
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Our comments:
Referring to “society” included mainly authorities, while the social health care system is referred to as “health care”

Unfortunately it would be very complicated to point out, name and specify the wide variety of “medical” professionals for each subcategory when they are mentioned. Instead we used “medical” professionals to include all professions treating musculoskeletal disorders. In the subcategory Relying on professionals with knowledge to act, examples are given “Many informants show great confidence in medical professionals; physicians and physiotherapists as well as naprapaths, osteopaths and chiropractors.”