Reviewer's report

Title: Staying at work with back pain: patients' experiences of work-related help received from GPs and other clinicians. A qualitative study.

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Reviewer: Padraig MacNeela

Reviewer's report:

This article gives a readable account of patient perspectives on GP care for them in relation to work-related needs. This is an important issue and is certainly worthy of investigation. By adopting a qualitative approach it is possible to gain an understanding of the beliefs of patients and way in which information / events are perceived and interpreted. The findings present a depiction of GPs who appear largely characterised by fear avoidance beliefs and disengagement, and who need further training. There is further depth in the findings that I feel could be brought out, as well as resolving whether this is an article about patient's feelings toward GPs or health care as a whole. I also contend that training needs should be understood in terms of GP attitudes and previous attitudes with doctors that has problematised the chronic back pain sufferer.

Major revisions

The question defined by the authors is not well defined, at the end of introduction the aim is to explore 'the experiences of employed people with back pain and identifies factors that are important to them in continuing to work' -- that is quite a broad question and may be appropriate, but does not tally with the introduction, which focuses on GPs, and the analysis, which focuses on perceptions of GPs and other clinicians.

The study is framed for the most part in terms of GPs and their role, yet several references are made to what other clinicians such as physiotherapists do, and the aim refers to patients and factors that might influence their continuance at work (including presumably factors we don't know about from this study, such as attitudes to work, family support, relationship with partner, and so on); can the study focus be resolved one way or the other?

The methods are not sufficiently well defined at present -- 'recruited by clinicians at routine back clinic assessment' (not clear how they ended up in the back pain clinic), numbers as to particular type of work, more information on demographics (breakdown of gender, age). What was involved in the group rehabilitation they were eligible for, e.g. was it minimal or an extensive commitment?

The discussion and conclusion would benefit in being more balanced, which could be achieved by taking a view on GP attitudes, as in my view the contention that GPs simply need more training is not getting at the underlying issue, in fact it is important to understand the attitudes GPs have toward patients with back pain, they may be resistant to changing their views so I doubt it is a straightforward
issue of not having been exposed to the right training to date.

The limitations should talk about the diversity of the sample -- while a strength of the research is that a broad understanding of the phenomenon is achieved, a weakness is that the diversity of the sample limits the potential to build up a highly focused understanding e.g. in terms of understanding people in manual work and their position with relation to work, or a perspective that takes gender into account, and so on.

Minor Essential Revisions

The introduction would benefit from a better introduction to perceptions that GPs have of back pain patients, and on the relationship between the GP and the patient, as these factors bring about a problematic context, according to past research.

First paragraph of results: some detail on participants is given which is better placed in the methods in describing the sample.

At the beginning of findings I would find it helpful to see some characterisation of the GP care the patients received in general, e.g. was the performance in relation to work an exception to what was otherwise a satisfactory relationship or did reflect a perceived disengagement overall?

How frequently did these patients attend the GP? Reference is made to a low level of consultation but presumably the doctor referred the patients to the back rehab programme?

Under the second theme the first quote presents a very negative impression, is this indicative of other quotes or an extreme example?

The third quote under the second theme -- should we take it that a doctor would say 'nothing, have a paracetemol' and in effect make a diagnosis over the phone?

Theme 3 -- first paragraph, 'implying that work was connected with their symptoms' -- isn't this a reasonable assumption to make?

The introduction of chiropractors in theme 3 makes me wonder about the purpose -- isn't it now moving from a broad sample to now introducing another professional group (soon to be joined by physiotherapists) so in turn do we not lose focus on the phenomenon?

The last text paragraph between theme 4 introduces the idea of patients being told not to do anything, to restrict activity, yet earlier we heard about doctors encouraging patients to remain active; is there a dual attitude here to be explored, is there a difference in attitudes between professional groups, or how can this issue be resolved?

The last quote of theme 3 gives an important insight on the patient's attitude to work; I find in this article a lot of responsibility is being attributed to the doctor, but equally it is important to understand context given by the patient's expectations for medical care (how much should we rely on doctors to help us get back to work) and their work attitudes (here the patient says 'if I wanted a job doing light work I Would have found one a long time ago').
Theme 4 -- the second quote cited for theme 4 also gives an important context of self management -- 'I just deal with it at the weekends', so I think there is an interaction of doctor and patient that we need to know about to understand attitudes to work continuance, but we don't get that interaction at present.

The following paragraph --- 'the only example of a GP using the 'remarks' section' -- what is the basis for this contention, were you reviewing sick cert documentation as well?

In the paragraph following this, we see the context provided by the employer 'they'll be alright with that' -- so the employer is kind of invisible as an influencing factor.

Terminology -- 'signed off' -- maybe in other cultures there will be limited understanding of specific terminology such as this.

Theme 5 -- was the low evidence of dialogue reflective of the relationship between doctor and patient overall? This is important as later the contention is made that more training is needed, yet if there is a problematic relationship overall I don't think it will be as simple as that.

Theme 3 and Theme 5 include a lot of references to other professions, but I find the introduction and discussion are oriented toward understanding GP care, so I would recommend the perspective is broadened, or else more focus placed on data about GPs.

We get a largely rationalistic discourse from patients in the quotes, I don't hear the frustration and emotional turmoil that is also associated with back pain. Was there any evidence or discussion of informal coaching, reassurance etc. that often happens as the emotional component of GP care?

Overall, the theme titles could be looked at to characterise them better in humanistic language, they are phrased in rather technical terms, which does not seem very consistent with the approach to thematic analysis outlined.

In the conclusions, the point is made that patients' expectations may need to be challenged, while this is interesting I don't see any discussion of this up to this point in the article.

**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 that I have no competing interests.