Reviewer's report

Title: Experiences and Needs of Employees with arm, neck and shoulder complaints: a Focus Group Study

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Reviewer: Thomas Viskum Gjelstrup Bredahl

Reviewer's report:

Dear Authors of “Experiences and Needs of Employees with arm, neck and shoulder complaints: a Focus Group Study”

First of all, thank you for addressing a very important area of work environment. I find it very relevant that the study pursues personal and work related issues in regard to CANS. It is necessary knowledge if self-management programs should be implemented in a work life context. Information from an intervention mapping process from a population not being part of an intervention surely can contribute to the knowledge of important factors to consider when implementing interventions. I think the results of this study have the possibility to contribute with needed information within the field of interventions and work environment.

But even though I find the results relevant, I have some concerns about several issues in the article. Especially my comments concerning the methodological framework in the study need to be addressed thoroughly before publication. I find that the theoretical framework and the methodology used require further deepening and discussion.

The comments are divided into three sections:
1) Major Compulsory Revisions
2) Minor Essential Revisions
3) Discretionary Revisions

1) Major Compulsory Revisions

Background:

- It is very useful, that a multifactorial analysis or perspective is introduced – my question is how this is used to systemize and structure the gathering data? Even though the authors emphasize that they get answers from a wide range of areas it is not clear how the method of data collection ensures this.

Methods:

Participants

- I think it is needed, in to further detail, to argue how the sampling of these 15
people was purposive. If only 15 people could be selected from the group and they come from a wide range of different e.g. age groups, jobs and educational backgrounds – how can this selection be purposive?

- Why were the respondent at a specific hospital selected as a target group? How do the situation of these employees especially contribute with relevant multifactorial knowledge for future CANS intervention in other settings? This methodological issue needs to be addressed to further detail in the discussion. Moreover, the selection bias in regards to the respondents needs to be addressed into further detail in the discussion.

Focus group meetings

- I think a more theoretical discussion is needed to argue why the specific question categories are selected to be part of the interview. Why are these questions especially relevant? Why are the interviews based upon these predetermined themes and questions?
- Furthermore, I think the authors need to argue how these questions or themes encompass the multifactorial nature of unspecific CANS as argued in the background. Moreover, I think a more thorough discussion of why and how the focus group interviews were used is needed. As I read the interview guide the questions are formulated as individual questions and could therefore possibly provide individual answers. A discussion or clarification of how the focus group interviews were used methodologically to gain multifactorial knowledge is needed.

Results:

Generally

- I think it would be very helpful for the reader to have a further elaboration of how the different categories of results emerged from the data. This should be explained in greater detail in the method section.

- I think a clear relationship between the gathered data and the intervention mapping process is missing. A clear argumentation of how these data are to be used in future interventions and how these issues relate to the aim of this study should be elaborated. Since the categories presented in the result section is not thorough accounted for in the method section I find it difficult to see why the results presented are specifically relevant.

- One of my major concerns related to the results is that subjects in the result section only seem to be presented in a superficial way not getting into depth with data. The reader is given an overview of a huge amount of possible influential factors but none of the factors are elaborated as especially important. For example I find it problematic for the understanding of data that an area as "culture within the organization" is not investigated in greater detail. It is a very huge area and could easily have been the only target for the study. Since “in depth data” is one of the primary strengths of qualitative interviewing it is difficult
to see why this method was chosen.

Discussion:
- The authors’ state: “This also implies that they might be a source of useful information relevant for other employees with CANS, because they have experience in working with and finding solutions for their complaints”. I do not think this generalization is possible since the respondents are selected from a specific environment. Even though their reflections are interesting I find them very hard to compare to other environments. This issue should be elaborated in to further detail in the discussion section.
- I think it is not correct to state that the protocol “only has a few limitations”. All the limitations of the study should be taken in to account and be addressed and discussed thoroughly in detail.

2) Minor Essential Revisions

Background:
- The concepts of "Self-efficacy" and "wellness behaviour" are introduced but no definitions of the two concepts are presented. I think this is needed.
- I find that the link between ordinary interventions for CANS at the workplace and interventions of self-management is not well established. I find that the article could benefit from elaborating this issue.
- It would be interesting if the authors to a greater extend could unfold the e-health component and maybe relate it to the self-management process.
- As the authors state that "intervention mapping will guarantee that strategies will be adopted", I think it would be relevant for the authors to argue why this is guaranteed. Otherwise, to tone down this argument.

Methods:

Participants
- The authors use a pain period of 12 weeks as a cut of point for selection of respondents. An argumentation of why this time limit is chosen is needed.

Data analysis
- Please argue why “no member checks” were performed to ensure validity of the discussion.
- It would be helpful for the reader to receive more knowledge and arguments of how the relationship between codes were established

Results:

Generally
- I find it is necessary for the authors to argue how the combination of single and focus group interviews are combined and in the discussion section to discuss how this could possibly affect the results.
Bodily functions and structures
- Stress and coping are mentioned in different sections during the presentation of results. I think it would be helpful for the overview if these results were put together in a specific section. Furthermore, I was wondering why stress is categorized in the section “bodily functions and structures”?

Discussion:
- In the starting section the authors state that the study investigate both experiences and need of employees suffering from CANS. I think the primary focus is concentrated upon experiences and not needs. Maybe this could be elaborated?

3) Discretionary Revisions

Results:
Activities, participation and personal factors
- This is a very broad headline which encompass many different factors - is it possible to divide it into smaller headlines?

Table 1:
- In “Mean hours of work per week” the range is set to 18-5, is that correct?

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