Author's response to reviews

Title: General practitioners’ perceptions of working with the certification of sickness absences following changes in the Swedish social security system: a qualitative focus-group study

Authors:

Lars Carlsson (lars.carlsson@ltdalarna.se)
Linda Lännerström (linda.lannerstrom@pubcare.uu.se)
Thorne Wallman (thorne.wallman@pubcare.uu.se)
Inger K Holmström (inger.holmstrom@mdh.se)

Version: 4 Date: 12 January 2015

Author's response to reviews: see over
Dear Sir,

Please find enclosed our revised manuscript with the title "General practitioners’ perceptions of working with the certification of sickness absences following changes in the Swedish social security system: a qualitative focus-group study".

We would like to thank for all valid points raised by the reviewers, and appreciate the opportunity to revise our manuscript. The reviewers’ comments were very constructive and helpful in improving the clarity of our manuscript. We have tried to adequately address the criticisms outlined in the reviewer’s reports. Please find attached a document with our responses to the reviewers’ comments and the new version of our manuscript.

We further confirm that all authors fulfil the requirements for authorship. We look forward to hearing from you at your earliest convenience. Please address all correspondence to: lars.carlsson@ltdalarna.se

Yours sincerely,

Lars Carlsson

Linda Lännerström

Thorne Wallman

Inger K Holmström
Comments from Section Editor Brian McKinstry:

1. I have some sympathy with Wout de Bouer for example although the authors were asked to describe how their maximum variation sample was chosen (e.g. what framework did they use) although they allude to this in their reply it is not made clear in the new text.

   Line 104
   Participants were selected strategically from different parts of Sweden using our professional network of GPs, with the goal of obtaining wide variation. The informants were enrolled from rural areas and cities with different population sizes and with varying professional experience and gender. The goal was to achieve “maximum variation in sampling”.

   Line 114
   The data gathered from the FGDs were considered to be sufficient to achieve saturation when similar descriptions of the experience of COSA assignment recurred in different FGDs.

2. There is a lack of rigour in that only one author allocated the initial coding (or so it seems) this should be listed as a limitation in the discussion.

   Line 145
   After listening to the recorded interviews and checking the verbatim transcribed recordings, an initial identification of meaning units was done by the first author. Thereafter, this initial coding was scrutinized and revised by the last author, who is an expert in qualitative methods. The findings were thereafter discussed by the whole group of authors, until consensus was reached.

3. It is surprising that data saturation occurred after five focus groups. How was this established, were there no new data occurring after the second or third FG? This does need to be clarified more.

   Line 114
   The data gathered from the FGDs were considered to be sufficient to achieve saturation when similar descriptions of the experience of COSA assignment recurred in different FGDs.

4. I also agree that semi-quantitative statement are not appropriate in this type of qualitative research and should be removed.

It is corrected.
5. There is inconsistency in terminology and frequent grammatical errors are littered throughout.

We have tried to address it also, and the manuscript has now been revised by a professional English proof reader.


**Reviewer’s report**

Title: GPs’ experiences of working with sick leave after changes in the Swedish social security system, a qualitative focus group study

Version: 3 Date: 13 October 2014

Reviewer: Wout de Boer

Reviewer’s report:

1. The revised manuscript does not convince me that this work is worth publishing. My main criticism is that the study was carried out in an unclear and probably unreliable way. I find that the authors are way too optimistic and uncritical to their results. To the extent that the study may have been carried out well I find the results not very interesting to the audience.

We regret that reviewer de Boer does not find our manuscript worth publishing. However, the data collection and analysis have been carried out in accordance with well-established principles for qualitative studies. Inherent in this approach, there is no “one truth” of the findings, but always elements of interpretation.

2. The sampling is unclear to me. How did the authors define the practices they wanted to include? Did all invited participate? How do they substantiate the claim that the ultimate set of respondents represents a maximum variation? Did the 22 respondents include the authors?
Participants were selected strategically from different parts of Sweden using our professional network of GPs, with the goal of obtaining wide variation. The informants were enrolled from rural areas and cities with different population sizes and with varying professional experience and gender. The goal was to achieve "maximum variation in sampling".

All invited did not participate.

The data gathered from the FGDs were considered to be sufficient to achieve saturation when similar descriptions of the experience of COSA assignment recurred in different FGDs.

The 22 respondents did not include the authors. Including the authors among the respondents would have been a violation of scientific principles.

3. Next, it is unclear to me how reliable the procedure was to determine meaningful units. One author did this and the examples given do not illustrate that this is the only the selection could have been done.

After listening to the recorded interviews and checking the verbatim transcribed recordings, an initial identification of meaning units was done by the first author. Thereafter, this initial coding was scrutinized and revised by the last author, who is an expert in qualitative methods. The findings were thereafter discussed by the whole group of authors, until consensus was reached. A total of 349 meaning units were identified from the five FGDs. All meaning units were included in the analysis.

4. The authors found a lack of predetermined theory: did they search for such a theory? How? And how was determined which areas were important to cover? Table 2 is not more convincing to me than it was in the first draft.

The aim of this study was to describe how GPs in Sweden experience their work with certification of sickness absence after the changes in the Swedish social security system. To the best of our knowledge, there were no appropriate theory available. The authors decided together which areas were important to cover, based on professional experience and current state of the art in the field. Table 2 were used primarily to ensure that relevant areas were covered by the FGD. Usually it became relevant and lively discussions about certification of sickness absence between informants without using the discussion guide.
5. And why would the reader accept that the identification and aggregation of meaningful units were carried out reliably? The way in which judged that saturation was achieved is still unclear or, if the present description is all there is, unconvincing.

Line 145
After listening to the recorded interviews and checking the verbatim transcribed recordings, an initial identification of meaning units was done by the first author. Thereafter, this initial coding was scrutinized and revised by the last author, who is an expert in qualitative methods. The findings were thereafter discussed by the whole group of authors, until consensus was reached. A total of 349 meaning units were identified from the five FGDs. All meaning units were included in the analysis.

6. It is against this back ground an overstatement that four categories “emerged”. They did not emerge, I would think, they were defined by the authors and the reader cannot appreciate this decision.

Moreover, the categories 1 and 3 seem to overlap easily. I’m not sure these are the most relevant and distinguishing categories. The authors find their material reach; I do not see that.

We authors who worked with the material from the FGD have done our assessment of the data and we do not share reviewer De Boer opinions.

In our opinion, data was saturated. It is true that some overlapping of categories might occur, but as shown in Figure 1, the categories are internally linked together.

7. In the results the authors use semi-quantitative statements that are not readily understandable either: see rules 154/ 160/ 165/ 170/ 174/ 183/ 239-240.

We have corrected that.

8. Throughout the paper the authors are ambiguous about the value of a pre-post comparison. Reviewer Harris seems also to have read the paper as a pre-post comparison.

We have tried to clarify that there is not a comparison pre-post but a description of the perception of certification of sickness absence after the changes. As background, it is important to be clear about the problems that existed earlier and the changes in social security system implemented in recent years.
9. Furthermore the authors are unsystematic in their referral to the subject of their study: certification of sickness absence. Several different and sometimes inadequate terms are used throughout the paper.

We have addressed this by using and replacing different terms with the acronym (COSA) certification of sickness absence.


The manuscript has been edited by Edanz.

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

**Reviewer’s report**

Title: GPs’ experiences of working with sick leave after changes in the Swedish social security system, a qualitative focus group study

Version: 3 Date: 2 October 2014

Reviewer: **Mark Harris**

Reviewer’s report:

1. I am satisfied that they have addressed all the points I made. However there are still very many grammatical errors. It needs to be professionally edited.
The manuscript has been edited by Edanz.

Level of interest: An article of importance in its field
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