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:** 2  **Date:** 25 August 2014

**Reviewer:** Mark Harris

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GP experiences or working with sick leave

This is an interesting paper on the impact of sick leave policies and requirements on GPs in Sweden.

The paper needs major revision.

There are numerous English grammatical problems with the paper that need to be corrected by careful editing. Examples of these in the abstract and introduction include:-

Lines 22-23; “Among general practitioners are the highest proportion of physicians who experience problems in sick leave situations” – does this mean GPs have problems taking sick leave or do you mean “GPs experience more difficulty with their demands under the sick leave policy Sweden than other physicians”

Line 48; policies do not have intentions (governments do)

Line 57 (‘is” – “should be”)

Line 74-80: should this be “Physicians in primary health care centres in Sweden experience more difficulty implementing good sick leave practice than other professionals involved in rehabilitation of patients”? “Issuing sick leave has also been perceived as a health and safety problem among physicians” – this implies that the health and safety of physicians is at risk – is this what the authors mean? If so they should describe what these health and safety problems are (eg risk of violent assault on physicians by patients).

However there are numerous others especially in the results and discussion. The paragraphs in the Discussion on page 10 are too long.

In the description of the focus groups I in the methods (113-118) it should be mentioned that the FGs were conducted in Swedish (presumably) and the analysis also conducted in Swedish by the authors who are native speakers. The translation of quotes for this paper needs to be described (were these translated into English by one translator and back translated by another to check accuracy?) In the quotes in the results section there are numerous grammatical errors – are these errors in the original quote (in which case they should be left in) or are they errors in translation (in which case they should be corrected)?

In the results the first section on physician difficulties in their professional role is well described. However the other three sections show inadequate levels of
analysis.
Multidisciplinary collaboration: What activities did the collaboration other professionals involve? What aspects of care? How did communication occur? Was there a difference if these were co-located or not? Who was the coordinator of care? Did the GP have a continuing role or hand the care over to the other professional?

Physician approach to patient: The conflict felt by the GPs in balancing their moral obligation to the patient and their interests and their role as an agent of government policy is well described (apart from grammar). How did the GPs respond to this conflict (apart from stress and frustration)? Where did they draw the line? How did they communicate this role conflict with patients?

New sick leave policy: The new policy needs to be briefly summarised. How did the GPs interpret this? The text seems to imply that the GPs just shift the responsibility onto the Agency. Is this correct? Did the GPs describe how they communicate with the Agency? How satisfactory did the GPs find it? Did the GPs describe advocate on the patient’s behalf with the agency? Did the GPs feel a loss of power and influence under the new system? Did they discuss the influence of the labour market on their approach – ie the ability of people to find work.

The discussion needs grammatical work. Lines 227-228 are unclear: Is the amount of sick leave being claimed or granted increasing. Line 228-230: What is the relevance and significance of the increased role of physiotherapists, psychologists and occupational therapists? The discussion of “various efforts” to improve the quality of care provided by Swedish GPs is inadequate – what education is provided and how do Baling groups improve the way they manage sick leave? Are there any other quality improvement or accreditation processes that are being or should be applied?

The discussion about validity and limitation is inadequate. This should include discussion of how representative the group was (in terms of geography, age, gender, etc). Qualitative research helps us understand the how and why rather than the frequency or extent of problems or issues. The ethnographic terms “emic and etic” are likely to be unfamiliar to readers and need brief explanation. It is also needs to be justified why the author consider the findings to be transferable to similar settings