Author’s response to reviews

Title: How do occupational rehabilitation clinicians approach participants on long-term sick leave in order to facilitate return to work? - A focus-group study.

Authors:

Monica Eftedal (monica.eftedal@arbeidoghelse.no)
Astrid Kvaal (astrid.marie.kvaal@vinje.kommune.no)
Eline Ree (eline.ree@uni.no)
Irene Øyeflaten (irene.oyeflaten@arbeidoghelse.no)
Silje Maeland (silje.maeland@uni.no)

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How do occupational rehabilitation clinicians approach long-term sick-listed participants in order to facilitate return to work? - A focus-group study.

Monica Eftedal, PhD; Astrid Kvaal, MSc; Eline Ree, MSc; Irene Øyeflaten, MSc;
Silje Maeland, PhD

Dear editor,

Thank you very much for the possibility to resubmit our manuscript. We appreciate the concrete comments and suggestions for improvements provided by the reviewers and have revised the manuscript. Amendments in the text are highlighted in yellow. We hope that you will find the revised manuscript acceptable for publishing. Responses to the reviewers’ comments follow in the red text below.
Jenni Judd (Reviewer 1): This is an interesting study that demonstrates the benefits of having a multidisciplinary focus on occupational rehabilitation. I think the findings are useful for members who work in the field to think about better ways to deal with long term sick leave participants.

The methods:

A qualitative research method using focus groups are a reasonable method to use in this context. The analysis seems well described.

Quality of English

There are some areas of the manuscript that are difficult to read in terms of sentence length and ways of expressing issues. There are long sentences and the different ways of describing things brings some difficulty for clarity of message. For example, sick leave is generally the way I would understand this and sick listed is a more unknown term. There appears to be a mixture of terms so I would suggest using consistent terms throughout the manuscript. You have also used American English in the text. I have made some suggestions in the text.

You have used the term results for what in qualitative research is generally termed findings.

In the conclusion I think there could be some further suggestions such as a stronger focus on getting people back to work as soon as possible. This could be re emphasised in the conclusion. I hope you find these suggestions useful.

Thank you for many helpful suggestions for improvement of text and language, which are followed in most cases. The language is changed from American English to Great Britain English. Sentences are changed to reduce length and increase clarity.

Regarding the term results versus findings, we agree that findings might be a better term. However, results is used by other qualitative articles in BMC HSR too so we have not changed it.

Comment early intervention and graded RTW in line 73. Response revised document line 107-112.

Comments in line 179 tried to improve clarity. New line 203-206.

Comment line 277 and 278, new sentence 308-309
Comment line 297-300, new sentence 332-334
Comment line 319-320, new sentences 355-357
Comment line 344-346, new sentence 377-378

Comment in line 411 on introduction of motivational interviewing earlier in the document also, are done in line 77-84 in revised manuscript. The term motivational interviewing is removed from discussion.

Comment line 414-418, reframed 456-462
Comment line 502-504, new sentence 559-560
Comment line 509, new sentences 569-573.

Regarding the use of the term “sick-listed”, we used this to describe the action made by the general practitioners for those who are not able to work due to health problems, while we use the terms “sick leave” and “sickness absence” to describe the individuals’ absence from work. However, since sick leave is the term that is best known in English speaking countries, we have changed to this term throughout the document.

The suggested inclusion of arguments in the conclusion are not done, but we have added a description on those on long-term sick leave in the introduction of the conclusion.

We have tried to improve the text in general.

Marius Fimland (Reviewer 2):

This review was performed by PhD-candidate Nina Klevanger and Researcher Marius Steiro Fimland.

Overall we find the study to be of interest. However, some issues described below should be addressed, and syntax and grammar improved.

TITLE

"How do occupational rehabilitation clinicians approach…” is not entirely correct as the researchers did not observe how the clinicians approached patients, but rather how they reported approaching them. Perhaps a bit picky, but consider rewording.
We agree that we as researchers did not observe how the clinicians approached their patients, but the heading is in line with our research question and we prefer to keep the formulation, slightly reformulated.

INTRODUCTION

Are there no studies internationally investigating how RTW-professionals approach sick-listed individuals?

We have done several searches in pubmed on terms as multidisciplinary/interdisciplinary, professional and vocational/occupational in combination with one or two of terms as sick, long-term, return to work, approach, interview, focus-group without getting any relevant results. As we mention in the article, there are many studies that describes the components of occupational rehabilitation programs, prognostic factors for RTW and the effect of the programs. We also find studies that describe how the participants experience the programs, expert opinions on occupational rehabilitation, and advises on what to do. But, we have not found articles where the clinicians tell about their own approaches toward patients on long-term sick leave. That does not mean that they don’t exist, but our way of searching have not yielded any results.

65. RTW not defined

Done in abstract, but included here too.

65: Consider "can be" instead of "are"

Whole sentence is reframed.

74: In Norway or everywhere? And lacks a reference.

Internationally. Added reference and given a broader description line 93-100.

88: Can clinicians target system level factors in rehabilitation?

Clinicians may influence the way employers in general follow up their employees and systems of collaboration, but the most likely influence is on own organisation, e.g. implementation of “best practice” interventions.

91-93: States several general needs, but do the authors think that this study can answer the questions raised? No, we are giving a broad picture of knowledge missing in this area. Line 119 to 122 delimits the issue we want to elaborate.
Aim: should the Norwegian context perhaps be mentioned somewhere in the aim. These findings will perhaps not apply to other countries or dissimilar systems?

Norway is included line 123

Aim: could be clearer and more succinct.

In this study we wanted a very open question around the clinicians’ approach to those on long-term sick leave, to allow for any themes raised across professions.

METHODS

111-115: Quite confusing. Consider skipping names or initials. Are PhD, MSc necessary?

Agree, removed unnecessary initials. In addition, two more of the authors have got a PhD during last year, adjusted. 136-139

130: How many inpatient and outpatient?

Included line 153-156

Consider including some more information about the rehabilitation programs the clinicians worked with.

Included line 159-161

Data collection: participants were divided in groups based on profession so they could easier identify with experiences. Nowhere in the article is there mentioned something about different professions having different views on anything - should we assume that all occupational rehabilitation clinicians approach patients in the same way?

We are not able to state whether different professions have different views or different approaches to their patients based on our material. However, we expect individual variations and variations between clinics. This is mentioned under the section of strengths and limits of the study.

Furthermore, did you consider grouping differently? E.g. inpatient/outpatient?

We did consider grouping by profession/focus group but excluded this both because of few representatives in some professions and because we were more interested in how the interdisciplinary team were working. We did not ask the clinicians to describe how their clinic approached those on long-term sick leave in a systematic way, making it difficult to compare
across institutions. In addition, there were few representatives from each institution, also if we grouped in inpatient/outpatient. We have included some more information on numbers in the text as mentioned earlier.

RESULTS

We find the disposition of the result section to be very good. The themes are also clearly described and cover many interesting facets regarding the clinicians' experiences of how they approach their patients on LTSA and the difficulties they encounter. However, the presentation is not always coherent according to what the material (clinicians' experiences) can say something about. In our opinion, it should be made evident throughout the text that all descriptions (both regarding the patients' challenges and what clinicians do) are based on the clinicians' narratives. (Eg. line 268-270: «Many participants have been sedentary for a long time because they interpret bodily reactions and symptoms as harmful, having a behavior characterized by fear avoidance and pain catastrophizing»). This is also mirrored in the titles of the themes. For example, the first theme, «A thorough interdisciplinary mapping process of the participants' lifeworld enabled targeted interventions», is both an approach and a statement on the result of this approach, whereas the second theme, «Building a therapeutic alliance through communication characterized by sensitivity to the participants needs and emotional concerns», describes the clinicians' experience of what is a necessary approach. The last theme, «The clinicians initiate processes of change that increase the participants abilities and possibilities for RTW», describe what clinicians do. Subheading: "enabled" should be present not past

Thank you for your observations on inconsistency. The two first titles are reworded, and many sentences are changed to increase clarity.

168: "decide choice of interventions" or how to approach the patient?  :

Changed according to suggestion line 196

185-186: What is meant by "they present the onion as a whole"?

This is a metaphor used by the clinician, but as we interpret the statement, is that the patient/participant talk about the obvious things like their health problems and any difficulties they have with performance at work, but not mentioning underlying causes of their complaints for different reasons or because they are not aware of how things are connected. And to be able to help, the clinicians need more information. We have underscored the use of metaphor in the introduction. Line 211

193: Are all participants in 18 institutions drawing a shoe or a clock?
Very common, but we cannot be sure – added often line 221

241: "These participants typically…” Here and several places in the manuscript, what presumably are the clinicians’ perceptions/statements, is written as something that is factual.

Have added “In the clinicians’ experiences” etc., several places

267 "To create feelings of.." is not the same as "increase feelings of.." which is written elsewhere, please make consistent. Changed to increase feelings line 296

268: Again, a factual statement: "Many participants have…” Changed

320-329: 1) You start by describing exhausted patients who let others be in the driving seat/control their lives. The text does not exemplify that the exhausted woman let anyone else take control of her - perhaps she controlled the daughter and husband? 2) Maybe the point just isn’t being conveyed effectively here, but asking a mother who is taking care of her sick daughter when was the last time she did something that was important to her? Presumably taking care of her daughter was important to her. 3) The exhausted woman experienced that things worked fine when she involved her husband, "even though she did not have total control the whole time". This seems a bit contradictory to the previous statement "let others…control their lives", as it appears that the woman was more controlling/excluding her husband in the first place, than the other way around?

We agree that this is not a good example of the text above. We have decided to skip the text.

352: is it important to include "and close, immediate" in the heading, or could it be removed? Removed

363: "…most participants need follow-up after the program”. Again, an opinion/statement that is presented as factual Changed

DISCUSSION

The most prominent themes are contextualized by referring to relevant literature. However, we have some suggestions.

398-400: please elaborate on how the core components in Costa-black, and how they are relevant to your findings.

What the clinicians do according to these core components are elaborated. Line 437-449 and 482-486
Introducing MI here is a bit surprising, it could be that it just should be reformulated somehow. Do all clinicians use MI?

Good point, MI is just one of the techniques the clinicians are using. The communication strategies are often labelled in different ways, but share many of the same principles. We have now mentioned this in the introduction, and reformulated a bit in the discussion. Line 77-84

477-478: suggest to include a reference here Included line 531

485-493: when referring to the clinicians view that it is important to reveal participants thoughts of appropriate or inappropriate behaviour, it is pointed out that this topic has been given little attention in occupational rehabilitation research. Therefore, it would be interesting if you could elaborate more on this topic to provide new information to the field.

There are given some examples of self-imposed limitations of behaviour that may hinder the RTW process, we have chosen not to elaborate more on this.

494-497 that "grind down the threshold to working life" seems to be specific to occupational rehabilitation - is perhaps quite obvious, and could be deleted/rephrased?

Here we just wanted to focus the use of “the grid down” metaphor, and we have not found it in our search at e.g. pubmed.

511-515 We don’t think all of this has relevance to this study.

We have moderated this statement by pointing to that this is “some of” the factors the clinicians approach, and that we have given “examples of” approaches. Line 577-578

549-551 consider deleting. Modified according the comment above