PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Shame! Self-stigmatisation as an obstacle to sick doctors returning to work: a qualitative study
AUTHORS	HENDERSON, MAX ; BROOKS, SAMANTHA; DEL BUSSO, LILLIANA; Chalder, Trudie; HARVEY, SAMUEL; HOTOPF, MATTHEW; MADAN, IRA; HATCH, STEPHANI

VERSION 1 - REVIEW

REVIEWER	Dr Karen Rodham Senior Lecturer, University of Bath, UK I have no conflicts of interest
REVIEW RETURNED	08-Jul-2012

THE STUDY	I think that you need to include more information about the participants. At the moment we simply know the gender, whether they have physical and/or mental health issues and whether the GMC has been involved. Could table 1 also include the age of participants. I also wondered if you are able to include info concerning how long the participants have been practising (might this have an impact on their response?). Finally, in the text on page 8, could you elaborate your description of the participants - perhaps explaining the kinds of physical and mental health problems participants were grappling with?
RESULTS & CONCLUSIONS	I think that the paper would be improved by the addition of an orienting paragraph at the start of the results section. This would enable you to give the reader an overview of the results. As a minimum, the reader should know how many themes (& sub-themes) were identified, and how they relate to one another. Adding this paragraph will help orientate the reader. Currently, as presented, I am reliant on the font of the headings and sub-headings to try to work out what is a theme and what might be a sub-theme.
GENERAL COMMENTS	In addition to the above comments, you mention on p8 that a number of potential ppts declined to participate for fear that confidentiality would not be maintained. This was interesting in itself and I wondered if you had considered picking up on this in your discussion - it could be argued that it displays a distrust of how the findings might be used and possibly conveys their own negative view towards their illness.

	Linked to this is your suggestion (p15) that the participants have absorbed negative views of themselves. It is hard to make this statement - we do not know what the views of the significant others are, we do know how your participants perceive the views of significant others. So is an alternative explanation that doctors may have internalised this view of themselves as invincible to such an extent that they view themselves as having failed, and cannot conceive that anyone else will view their illness in a different manner? In others words are they externalising their own negative views, rather than absorbing the negative views of others? This might be an important next study - to interview the colleagues/relatives of those who have been ill? A minor point - be consistent in the spacing you leave between quotes.

REVIEWER	Tom Sensky Emeritus Professor of Psychological Medicine Imperial College London Consultant Psychiatrist Health at Work Team West London Mental Health NHS Trust Uxbridge Road Southall Middlesex UB1 3EU UK I have no competing interests in reviewing this paper
REVIEW RETURNED	16-Jul-2012

THE STUDY	1 Better understanding of factors which might hinder a doctor's return to work after sickness absence is important both clinically and for occupational health. The subject of this paper is therefore worthy of a publication. 2 The methods are clearly described, and entirely appropriate to the investigation. The results are presented clearly, although some of the quotations given are perhaps a little longer than they need to be, and the range of topics is not as wide as it should be (see below). 3 The paper refers several times to 'doctors with complex needs'. This term appears misleading. No information is given in the paper about the respondents' needs, and the assumption appears to have been made that being away from work for a prolonged period indicates having complex needs. However, much of the evidence presented in the paper highlights that the problems may have as much or more to do with attitudes (the doctors' attitudes and those of others) as with needs. 4 The summary states that 'no studies have examined the difficulties faced by sick doctors in returning to work'. However, several of the papers cited in the Background section (p5) evidently deal with problems and barriers doctors face in returning to work after sickness absence. Perhaps this point could be clarified, and the authors should be more explicit about the points which make their study original?
RESULTS & CONCLUSIONS	1 In the present manuscript, the results and discussion are not as closely linked as they might be. The discussion emphasises self-stigma and doctors' previous appraisals of themselves as 'invincible', but neither of these topics is given its own heading in the results, nor are they prominently featured in the quotations.

	Presumably these emerged from the thematic analysis? Part of the problem is that the topic headings in the results are different from the key points which the authors bring out in their discussion. It would be easier if these key features were more clearly 'signposted' in the results. On the other hand, if these did not emerge in the thematic analysis, they should be given less prominence in the discussion. 2 The authors state that stigmatisation due to existing disabilities probably exacerbated the difficulties in returning to work (p14). However, one of the quotations (#5) appears to have developed a new disability rather than having become ill on top of having an existing one. Again, the authors do not appear to refer to this finding in their discussion. Do they consider that disability itself is important here, or is the important factor the risk of being perceived as less than 'invincible'? 3 The authors argue that the problems they describe might arise whether the doctor's illness is physical or mental. However, all but one of the respondents had a mental disorder. Apart from the case cited above (#6), the results do not refer specifically to problems attributed to physical illness. It would be helpful to include a few relevant quotations to support this point. 4 The reference cited for self-stigmatisation (Brohan et al 2011) is not the best choice for the case which the authors wish to make, because in this study, the prevalence of self-stigmatisation was only 20%. I think that that the authors are correct in their implication that self-stigmatisation is widely prevalent among doctors. One of the conceptual papers on self-stigmatisation would be more appropriate to cite. It would also be helpful in the discussion if the authors offered their views on why doctors might be particularly vulnerable to self-stigmatisation. Some of the points in the discussion allow inferences about this, but the topic warrants greater emphasis, not least because of the chosen title of the paper. 5 It would be helpful if the discussion included a brief comment on the features identified which are likely to be particularly salient or prevalent among doctors, and which are likely to be more general. For example, the need to be seen as invincible (or, more generally, perceiving 'being well' and 'being ill' in strictly dichotomous terms) might be peculiar to doctors, but the changes in family relationships are perhaps common among all people who are ill? 6 The main limitation of the paper is its sample. A small sample is not necessarily a problem in a qualitative study. However, in this instance, only 25% of those identified as potentially eligible actually took part. The authors stress that because of their methodology, they have no information on those who did not participate. However, some acknowledgement would be appropriate in the discussion that the sample might be a selective one, and the conclusions should be couched appropriately.

REVIEWER	Dr Debbie Cohen Senior Medical Research Fellow, Insitute of Primary Care and Public Health, School of Medicine, Cardiff University, Wales, UK No competing interests I was funded in 2009 by the Royal Medical Benevolent Fund to conduct a piece of research about doctors who were away from the workplace with complex needs. The research encompassed a literature review about the topic, interviews with key informant organisations and the compiling of a list of organisations that provided support for doctors. This work preceded the research that

	has been submitted by Max Henderson but was funded by the same organisation
REVIEW RETURNED	24-Jul-2012

GENERAL COMMENTS	General comments The paper sets out to explore the views of sick doctors to their perceived obstacles in returning to work following a period of ill health. It is an important topic that warrants publication Abstract The abstract is clear and concise Introduction The introduction is clear and concise but it may have benefited from a short paragraph about what is known in general from the literature about obstacles to return to work for the general population. Methods. A well described method. My only comment relates to the description of how the authors conducted thematic content analysis. This can be a confusing term and may be applied in different ways. From the paper it is clear that the authors used an inductive approach to the development of 'themes' for their analysis rather than 'counts from generated 'codes'. Thus the text on how they arrived at the themes is confusing with the interplay of the use of the term codes and themes. I think a description of the inductive approach to the development of the themes might be easier for the reader to understand. Analysis and results The authors describe three main themes. The importance of work identity, relationships with family and friends and professional relationships. However on reading the text it is clear that they identify a fourth theme, which at present sits, I think erroneously in professional relationships. The authors describe at the end of page 13 the feelings doctors describe of being a failure and their self perception of failure, thus an altered sense of self. This is obviously an important theme, which the authors allude to through out the discussion but at present it sits within professional relationships. It may be well worth separating this given it's importance to the discussion and recommendations for future practice Discussion My main comments really relate to my comments above. At present it is difficult to see where the main body of discussion comes from, as the important theme of self perception and altered sense of self is somewhat lost in the results. Once this is addressed I believe it will make it easier for the reader to follow the discussion. It would also help the reader to have a summary of the themes and how they may interlink.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1
We have more information on the participants, and thought long and hard about how much detail we should include. Our concern at all times was to maintain the confidentiality of our participants. As a team we decided not to give the ages, and would prefer to stick with this. We have added a line as to

the range and spread of ages. Similarly we have quite detailed diagnostic information, but again after team discussions felt that we would rather not provide this level of information. We have include some more information about the diagnoses present in the group, but have not linked individual participants to these diagnoses. We are sure the reviewer will appreciate the delicate nature of these decisions. We have not included the time in practice as again this makes the participant more identifiable.

We have added an orientating paragraph as suggested.

All reviewers mentioned the themes and we have made amendments to both the description of the methodology and to how we describe what we found. We hope this makes the process through which we went much clearer.

We have included a line regarding the possible concerns of doctors who were approached by our partners but decided not to get in touch.

The suggestion that doctors may be externalising their own views is insightful and perceptive and we have added a line highlighting this as a possible factor, and we agree that a future study would benefit from assessing the views held by those close to doctors.

Reviewer 2
There is always a balance to be struck between giving insufficient information (especially when our data is as rich as it is) and being overly long. We have trimmed a number of quotes and trust we have got the balance a little better.

Term “complex needs” has been changed to “long term difficulties”.

We acknowledge that our statement regarding earlier literature was a little too strong. We have amended accordingly. We believe our paper is the first to make obstacles to returning to work its number one focus.

We didn’t refer to the one person who developed a new disability as it was the only example of its kind. It is likely of course that disability and worries about loss of invincibility interact. Our impression from the interviews was that the loss of invincibility was the major driving force.

Many of our participants had a mixture of physical and mental health difficulties. The interviews which were semi structured and therefore to some degree led by the interviewee. They tended to focus on the mental health issues, which is why they appear more prominent. We have added a line to this effect.

We have improved the self-stigma references.

We have added a short section with a suggestion as to why doctors might be prone to self-stigmatise though we acknowledge that this is only an hypothesis.

With regard to comparing doctors with other professional groups we are not sure we have sufficient data to comment. We think it unlikely that ‘invincibility’ is unique to doctors, although it is not widespread. The reason invincibility is of interest is that it is at first glance so unexpected that highly trained professionals, so sensitive to the needs of others and so skilled in developing strategies to help them, can hold such skewed views of their own health and vulnerability and have such limited skills in seeking help for their own problems.

We have added a further line about the limitation of our sample.

Reviewer 3

We have added a section on obstacles to return to work with reference in particular to a recent qualitative papers exploring work in the context of mental ill health

As mentioned previously we have provided more detail about our qualitative methodology and have we hope better described our findings.

We hope you agree that our amendments address the points made by the reviewers, and that our paper is improved as a result. We look forward to hearing from you.