

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Experiences of returning to work, and maintaining work 7 to 8 years after stroke in Sweden - a qualitative interview study
<b>AUTHORS</b>	Palstam, Annie; Törnborn, Marie; Sunnerhagen, Katharina

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Celia H. Schulz United States
<b>REVIEW RETURNED</b>	15-Jan-2018

<b>GENERAL COMMENTS</b>	<p>This MS is on an interesting and meaningful topic, and makes a very important contribution to qualitative literature on experiences of RTW for survivors of mild stroke.</p> <p>Following are general comments; I have made many more in depth and detailed comments on the MS (attached).</p> <ul style="list-style-type: none"><li>-There are some grammatical and punctuation errors in the MS which require attention. I have indicated them on the MS.</li><li>- In many areas, the authors have not clearly indicated how they addressed the 32 items on the COREQ checklist. I have indicated what and where in pertinent sections of the MS.</li><li>-There are areas in the MS that need clarification, explanation, and reorganization. I have indicated these in pertinent areas on the MS.</li><li>-Supporting literature on qualitative research needs to be cited in certain areas of the MS. I have indicated this on the MS.</li><li>-Comments are below for specific areas of the MS (please refer to the comments I have made on the MS for more detail):</li></ul> <p><b>ABSTRACT:</b></p> <ul style="list-style-type: none"><li>- please list the actual themes that were derived from the data. Avoid interpreting your results here. Lines 36-37 in this section interpret the results and should not be included in this section.</li></ul> <p><b>BULLETED SECTION ABOUT STRENGTH AND LIMITATIONS:</b></p> <ul style="list-style-type: none"><li>- strengths and limitations are not normally included in bullets immediately after the Abstract. Is this a journal requirement? If not, I suggest removing and replacing them with a bulleted section highlighting any "takeaway" messages from the study for readers.</li><li>-if you do include the bulleted section about study strengths and weaknesses, indicate that the pilot interview was performed with a stroke survivor, and use the term "member checking" to refer to when participants reviewed and gave feedback on the results.</li></ul> <p><b>INTRODUCTION:</b></p> <ul style="list-style-type: none"><li>-clarify the meaning in the literature you are citing for the following concepts: Dependent (in what way?); Low functional status(in what</li></ul>
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way?); Unemployment (when?).

**METHODS:**

**Design:**

-COREQ guideline #9: The study design needs to be clarified, confirmed, and explained. It appears to be phenomenology. Cite supporting sources from the literature on qualitative methods.

-the authors need to include a separate section, to be located between the Study design section and the Participants section, entitled "Researcher information" wherein they address COREQ guidelines # 5, 7 and 8. Please refer to my detailed comments on the MS.

**Participants:**

-COREQ guideline # 6 needs to be more clearly addressed in this section. Did the researchers have a (prior or otherwise) relationship with participants that might influence/bias study results? Please refer to my more detailed comments about this on the MS.

-please clarify who recruited the participants.

-please clarify how stroke severity was measured for the study.

**Table 1:**

-COREQ guideline #16: Please include the racial/ethnic background of participants

- please clarify for your reader how stroke severity was measured.

- is "2 months-2 years" a range? Specify for your reader.

- please clarify for the reader what "100% sick leave" refers to.

- please clarify for the reader what is meant by "percent of employment".

**Data collection:**

- please actually state the research questions, then state there were follow-up open-ended questions for each main question, providing examples. Provide a copy of the interview guide as a figure and refer the reader to the figure.

- with whom was the interview guide pilot tested in an interview? A stroke survivor? Clarify for your reader.

-explain what data saturation means in this context, providing supporting citations from the literature on qualitative research.

-COREQ guideline #20: Did the interviewer take field notes before/after the interviews? Explain.

**Data analysis:**

-COREQ guideline #26: please explain that the themes were derived from the data. It is best to name your approach to coding, which appears to be open coding. Provide supporting citations from the literature on qualitative research for your coding approach.

- strengthen your presentation of the study by discussing the use of multiple coders and triangulation of data analysts from different backgrounds (this provided more rigor for your study). Discuss the reasons for using multiple coders from different backgrounds and support your discussion with references from the literature on qualitative methodology.

-please clarify the role of the third author. Did she review the codes and themes?

-when discussing how the participants reviewed and gave feedback on the results, refer to this process as member checking and cite supporting literature.

-COREQ guideline #25 requests that authors describe the actual coding tree; please do so, and follow up the description with a Figure for clarification.

RESULTS:

- the themes, Table 3, and the subthemes should be introduced with lead-in sentences. Please refer to my comments on the MS for further detail.
- COREQ guideline #29 requests that quotations from the participants illustrate the themes. There are some areas in the Results section where some additional supporting quotes from participants are warranted. I have indicated these on the MS.
- I suggest moving Table 3 and its caption to the page after the first page of the Results where the themes are discussed in detail.
- COREQ guideline #30: There are some small instances in the Results section where there are inconsistencies between data and findings; please refer to my comments on the MS and address these concerns.

DISCUSSION:

Findings:

- This section has much redundancy which should be removed. I have addressed this in my comments on the MS.

Strengths and limitations:

- the Strengths and limitations section should be moved to appear right before the section entitled "Future research".
  - with whom was the pilot interview conducted (stroke survivor?)? Clarify for your reader.
  - the information in lines 29/30-36 should also be highlighted in the data analysis section of the paper.
  - how/in what way did the 3rd author provide stroke specific knowledge? Did they review the codes and themes and provide feedback, which was then taken into consideration? Clarify for your reader.
  - when participants review and provide feedback on the results, it is called "member checking". Cite supporting literature about the value of member checking in strengthening the methods of a study.
- Comparison with existing literature and guidelines:
- on page 15, line 32/33: "...in particular when impairments were invisible" was not reported in the Results section. Remove this phrase unless you can report it in the Results section and support it with a quote from the participants in the Results section.
  - the information in the last sentence in this section also belongs under the section entitled Clinical and policy implications.
  - there is some redundancy in this section which I have addressed in my comments on the MS.
  - there is an apparent misquote of reference #24 on your reference list. To avoid this, please do the following: After "by itself or", replace the rest of the sentence with "along with 'work-related interventions [,]...skills training,and education/coaching' to be low for people with acquired brain injury. [24 p. 116]."
  - I suggest incorporating the following reference, as these authors discuss the need for developing assessments and interventions for higher level cognitive problems that follow mild to moderate stroke. Please see my further comments on the MS:

O'Brien AN, Wolf TJ. Determining work outcomes in mild to moderate stroke survivors. *Work*. 2010; 36(4): 441-447. doi: 10.3233/WOR20101047

- at the end of this section, please add in a brief discussion of the need for a stroke coordinator, which you mention previously on page 15, lines 43-45.

Future research:

	<p>- the authors need to add in a separate Conclusion section right after the "Future research section.  Author Contribution:  -the contribution of the third author should be better clarified here and in the areas of this paper previously mentioned in this review.</p> <p>COREQ 32-item checklist for interviews with page indications:  -please see my comments above and on the MD regarding the need for further information/clarification in addressing COREQ guidelines # 5-9; 16; 20; 25-26; and 29-30.</p>
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<b>REVIEWER</b>	Rafael Zúñiga Solano Hospital Nacional de Geriatria, Costa Rica (National Geriatrics Hospital)
<b>REVIEW RETURNED</b>	26-Jan-2018

<b>GENERAL COMMENTS</b>	<p><b>Peer review of manuscript:</b></p> <p><b>“Experiences of returning to work and maintaining work 7 to 8 years after stroke - a qualitative interview study”</b></p> <p><b>Judgment</b></p> <p>Major revisions</p> <p><b>Dear Authors</b></p> <p>Your manuscript about returning to work experiences after 7 to 8 years of stroke. I suggest in order of publishing your manuscript these changes:</p> <p><b>Abstract:</b> sampling method is not clear in abstract but in Methods section; you explain that it was purposive sampling. Your conclusions does not seem to follow your methods “Maintaining work can be a continuous struggle with invisible impairments many years after stroke.” (you go far than your goals, since you did not control for confounders neither you test this hypothesis).</p> <p><b>Introduction:</b> the patient experience as your main objective. This section is clear and complete. It does not require any change but conclusions should follow your objective.</p> <p><b>Methods:</b> It has a comprehensible structure but the instrument itself and the pilot interview is not available to further replication (developing process). Please explain what exclusion criteria you chose (not mentioned)</p> <p><b>Results:</b> I suggest two sections here; first to explain the sample characteristics and then the themes you identified.</p> <ul style="list-style-type: none"> <li>• Table 1 is a product of sampling process I suggest to explain this recruitment process in results section.</li> <li>• Table 3. You state baseline and residual impairments but those data did was not considered in the themes specifically. Does the patient refuse to have an active social engagement related to fatigue due to cognitive impairment or physical disability? You did not state the degree of perceived disabilities neither you adjusted this data for stroke severity. It is not clear what to interpret about the</li> </ul>
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	<p>relationship of residual disabilities and patient perception about RTW process. Table 1 and 3 had the main confounders to control in all themes. Can you compare your results for different strata for “Motivated and returned to work while struggling with impairments” and for “Mixed feelings in the RTW process”</p> <ul style="list-style-type: none"> <li>• In “setting limits” section. Was fatigue a consequence of cognitive impairment (multitasking) solely or by cognitive and physical impairment?</li> <li>• Are stress related symptoms an undiagnosed mental disorder? Anxiety or depression disorder? Do you ask those patients about those symptoms?</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• “Findings section”: I suggest avoid unnecessary repetition of your results. This whole section is unnecessary.</li> <li>• Identify the invisible impairments identified and contrast each one with literature (as secondary outcome).</li> <li>• Limitations: Review the potential confounders for reported disability and external validity</li> <li>• Strengths: Check for saturation if the interview reached as measurement of “power” and internal validity.</li> </ul> <p><b>Conclusion</b></p> <ul style="list-style-type: none"> <li>• Clinical and policies implications go further of discussion of results, therefore you can analyze the main themes against possible solutions and new hypothesis (future research)</li> </ul> <p><b>Grammar:</b> Please consider writing in those statements, which are not clear</p> <ul style="list-style-type: none"> <li>• Page 4, line 4. “referred <b>to</b> as the event”</li> <li>• Page 4 line 26: “Predictors for no RTW have been reported to be <b>dependent</b> at discharge”</li> </ul>
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<b>REVIEWER</b>	Frances Horgan Royal College of Surgeons in Ireland, Ireland
<b>REVIEW RETURNED</b>	05-Feb-2018

<b>GENERAL COMMENTS</b>	<p>Very interesting paper. Well executed study. Up to date background literature included. Co-development of thematic guide. Sample linked to SALGOT-extended study, small sample of 13 Sample representative of a number of relevant variables. Inductive thematic analysis process described in detail. Very insightful themes, in particular self selected coping strategies, managing fatigue, supportive employer / colleagues. *I was surprised to see very little mention of work life balance relation to juggling family responsibilities, 5 participants were listed as having children. *Page 10, could the author elaborate on some of the setbacks experienced, if this information is available Paragraph 2, line 4. The strengths and limitations are very detailed. The authors set out clear messages with regard to future research</p>
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	and policy implications.
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### VERSION 1 – AUTHOR RESPONSE

Point-by-point response to comments from reviewers

Comments from reviewer 1	We would like to thank reviewer 1 for valuable comments. Please find the changes made in the manuscript marked in yellow in this table. In the manuscript, track changes has been used.
<p>This MS is on an interesting and meaningful topic, and makes a very important contribution to qualitative literature on experiences of RTW for survivors of mild stroke.</p> <p>Following are general comments; I have made many more in depth and detailed comments on the MS (attached).</p> <p>There are some grammatical and punctuation errors in the MS which require attention. I have indicated them on the MS.</p> <p>In many areas, the authors have not clearly indicated how they addressed the 32 items on the COREQ checklist. I have indicated what and where in pertinent sections of the MS.</p> <p>There are areas in the MS that need clarification, explanation, and reorganization. I have indicated these in pertinent areas on the MS.</p> <p>Supporting literature on qualitative research needs to be cited in certain areas of the MS. I have indicated this on the MS.</p> <p>Comments are below for specific areas of the MS (please refer to the comments I have made on the MS for more detail):</p>	We work with an Australian language expert and have followed her advice and recognize that there are differences in the English language in different parts of the world.
<b>ABSTRACT</b>	
please list the actual themes that were derived from the data. Avoid interpreting your results here. Lines 36-37 in this section interpret the results and should not be included in this section.	The themes are described in the results section of the abstract and as we see it, the description seems to be adequate. Further, in qualitative analysis, author interpretations of the interviews are an important part of the results.
<b>BULLETED SECTION ABOUT STRENGTH AND LIMITATIONS</b>	
strengths and limitations are not normally included in bullets immediately after the Abstract. Is this a journal requirement? If not, I suggest removing and replacing them with a bulleted section highlighting any "takeaway" messages from the study for readers.	Your assumption is correct, this is a journal requirement.

<p>if you do include the bulleted section about study strengths and weaknesses, indicate that the pilot interview was performed with a stroke survivor, and use the term "member checking" to refer to when participants reviewed and gave feedback on the results.</p>	<p>Thank you for pointing out the need for clarification, the sentence in the MS has now been changed accordingly: "the interview guide was developed in cooperation with a patient representative from the Swedish Stroke Association, with whom a pilot interview was conducted"</p> <p>Also, the term participant checking is now incorporated in the text: "the participants were invited to a meeting to discuss and give feedback on the results (participant checking),"</p>
<p><b>INTRODUCTION</b> clarify the meaning in the literature you are citing for the following concepts: Dependent (n what way?); Low functional status(in what way?); Unemployment (when?).</p>	<p>This sentence has now been adjusted accordingly: "Predictors for no RTW have been reported to be physical dependency at discharge,[7] degree of residual disability,[9] sick leave-, [7] or unemployment,[10] prior to stroke,..."</p>
<p><b>METHODS</b> <b>Design:</b></p>	
<p>COREQ guideline #9: The study design needs to be clarified, confirmed, and explained. It appears to be phenomenology. Cite supporting sources from the literature on qualitative methods.</p>	<p>The study design is explorative, qualitative using individual interviews and inductive thematic analysis. The study design is described in the first sentence under "Study design"(including reference to the literature): "This is an explorative qualitative study using individual interviews and an inductive thematic analysis. [15]"</p> <p>15. Braun V &amp; Clarke V. Using thematic analysis in psychology. Qualitative research in psychology. 2006;3:2:77-101.</p>
<p>the authors need to include a separate section, to be located between the Study design section and the Participants section, entitled "Researcher information" wherein they address COREQ guidelines # 5, 7 and 8. Please refer to my detailed comments on the MS.</p>	<p>COREQ #5: Researcher information has been supplemented in the section "data collection" for the first author (AP):</p> <p>"Individual, face-to-face interviews were conducted by the first author (AP) who has a PhD, is a registered physiotherapist, has previous experience in performing qualitative studies, and is a woman."</p> <p>For the second, and third authors (MT and KSS) researcher information has been supplemented in "Data analysis" section: "First, the transcribed interviews were read and re-read by two of the authors (AP and MT). MT has a PhD and more than 30 years of experience as a social worker and with qualitative research methodology."</p> <p>"The third author (KSS) is a MD, stroke specialist and Professor in Rehabilitation Medicine with more</p>

	<p>than 25 years of clinical and research experience in neurological diagnoses.”</p> <p>COREQ #7 and #8:</p> <p>Supplementary information has been added in the section “Participants”:</p> <p>Eighty-two persons were potentially eligible and a letter “including information of the purpose of the study, brief information about the clinical and research experience of the interviewer (AP) and information about the research team,.....”</p>
<b>Participants:</b>	
COREQ guideline # 6 needs to be more clearly addressed in this section. Did the researchers have a (prior or otherwise) relationship with participants that might influence/bias study results? Please refer to my more detailed comments about this on the MS.	<p>This is now clarified in “Data collection”:</p> <p>“Individual, face-to-face interviews were conducted by the first author (AP) who has a PhD, is a registered physiotherapist and has previous experience in performing qualitative studies, with no previous relation to the participants.”</p>
please clarify who recruited the participants.	<p>This is now clarified:</p> <p>“The letter was followed up by a telephone call by AP to confirm participation and to schedule interviews.”</p>
please clarify how stroke severity was measured for the study.	This is now clarified: “stroke severity (NIH Stroke Scale)”
<b>Table 1:</b>	
COREQ guideline #16: Please include the racial/ethnic background of participants	The text has now been adjusted accordingly: Middle east - or African country
please clarify for your reader how stroke severity was measured.	This is now clarified: <b>“Stroke severity (NIH Stroke Scale).”</b>
is "2 months-2 years" a range? Specify for your reader.	<p>This is now specified:</p> <p>”Range: 2 months – 2 years”</p>
please clarify for the reader what "100% sick leave" refers to.	<p>This is now clarified:</p> <p>“Time to RTW (period of full time sick leave)”</p>
please clarify for the reader what is meant by "percent of employment".	<p>This is now clarified:</p> <p><b>“Percent of employment at the time of the interview:”</b></p>
<b>Data collection:</b>	
please actually state the research questions, then state there were follow-up open-ended	We have now added a figure with the interview



questions for each main question, providing examples. Provide a copy of the interview guide as a figure and refer the reader to the figure.	guide (Figure 1) and adjusted the text accordingly: “A semi-structured interview guide with open-ended questions was used and is presented in Figure 1.”
with whom was the interview guide pilot tested in an interview? A stroke survivor? Clarify for your reader.	This is now clarified: “The interview guide was discussed and revised in cooperation with a patient representative from the Swedish Stroke Association with whom it was first tested in a pilot interview.”
explain what data saturation means in this context, providing supporting citations from the literature on qualitative research.	This has now been clarified in “Data collection”: “After 13 interviews, no new relevant knowledge was being obtained from new participants and hence, data saturation was considered to be achieved.[16]”
COREQ guideline #20: Did the interviewer take field notes before/after the interviews? Explain.	Field notes were not taken since the interviews were audiotaped, transcribed verbatim and analysed. Observations of non-verbal communication during interviews were not in focus.
<b>Data analysis:</b>	
COREQ guideline #26: please explain that the themes were derived from the data.	An inductive thematic analysis was conducted, which means the themes were derived from the data. Please see the first sentence under the heading “Data analysis”: “The transcribed interviews were analyzed by inductive thematic analysis.[15]”
It is best to name you approach to coding, which appears to be open coding. Provide supporting citations from the literature on qualitative research for your coding approach.	For clarity reasons, we have added a table describing the steps of the thematic analysis according to Braun and Clarke. See Table 2 page 7.
strengthen your presentation of the study by discussing the use of multiple coders and triangulation of data analysts from different backgrounds (this provided more rigor for your study). Discuss the reasons for using multiple coders from different backgrounds and support your discussion with references from the literature on qualitative methodology.	This discussion can be found in “Discussion” under the heading “Strengths and limitations”
please clarify the role of the third author. Did she review the codes and themes?	This has been clarified in “Data analysis”: “KSS contributed with stroke specific knowledge in discussions concerning revising and refining the themes.”
when discussing how the participants reviewed and gave feedback on the results, refer to this	Thank you for your advice. This sentence has been adjusted according to previous answer to

process as member checking and cite supporting literature.	your comment.
COREQ guideline #25 requests that authors describe the actual coding tree; please do so, and follow up the description with a Figure for clarification.	Table 2 has now been supplemented with one more example illustrating the coding tree. The Table heading has been adjusted: "Examples illustrating the coding tree"
<b>RESULTS</b>	
the themes, Table 3, and the subthemes should be introduced with lead-in sentences. Please refer to my comments on the MS for further detail.	Unfortunately, the word limitation of the journal does not allow for elaborations. For this reason we consider the short lead-in sentence directly following the RESULTS heading to be sufficient.
COREQ guideline #29 requests that quotations from the participants illustrate the themes. There are some areas in the Results section where some additional supporting quotes from participants are warranted. I have indicated these on the MS.	It is always a fine balance between the amount of analytical text and quotes to be presented, in order to keep within journal word limitations. We have prioritized vivid quotes that we find best illustrate the themes that we have derived from the interview texts. Relevant aspects of the themes could be lost if too many quotes would replace the analytical text.
I suggest moving Table 3 and its caption to the page after the first page of the Results where the themes are discussed in detail.	Thank you for your suggestion. We have moved the table.
COREQ guideline #30: There are some small instances in the Results section where there are inconsistencies between data and findings; please refer to my comments on the MS and address these concerns.  <b>DISCUSSION: Findings:</b>	All analytical text is the result of our thematic analysis, based on the experiences of the participant interviews. We have chosen a number of vivid participant quotes to illustrate our themes and to support the validity of thematic analysis. The quotes are not meant to be mere replications of the analytical text in the results section, but to further illuminate and problematize the themes in relation to the analytical text of the results. Unfortunately, there is not room for including all quotes.
This section has much redundancy which should be removed. I have addressed this in my comments on the MS.	This is according to journal requirements.
<b>Strengths and limitations:</b>	
the Strengths and limitations section should be moved to appear right before the section entitled "Future research".	The placement is according to journal requirements.
with whom was the pilot interview conducted (stroke survivor?)? Clarify for your reader.	Thank you for pointing this out, it has now been clarified: "A strength of this study was that the interview guide was developed in cooperation with a patient representative from the Swedish Stroke Association with whom a pilot interview was conducted."
the information in lines 29/30-36 should also be highlighted in the data analysis section of the paper.	To include this text also in the data analysis section would result in redundancy, and is not

	allowed for due to journal word limits. Therefore we find it sufficient to report methodological strengths only in the discussion section.
how/in what way did the 3rd author provide stroke specific knowledge? Did they review the codes and themes and provide feedback, which was then taken into consideration? Clarify for your reader.	The role of the third author has been clarified in the “data analysis” section: “KSS contributed with stroke specific knowledge in discussions concerning revising and refining the themes.”  Also, the sentence in the discussion section has been adjusted accordingly: “When developing, revising, and refining themes, open discussions on coherency, consistency, and distinctiveness led to consensus among all three authors which contributed to the credibility of the study.[15]”
when participants review and provide feedback on the results, it is called "member checking". Cite supporting literature about the value of member checking in strengthening the methods of a study.	Thank you for your advice. We have adjusted this according to your previous comment.
<b>Comparison with existing literature and guidelines:</b>	
on page 15, line 32/33: "...in particular when impairments were invisible" was not reported in the Results section. Remove this phrase unless you can report it in the Results section and support it with a quote from the participants in the Results section.	This is now clarified in the “Discussion” section:  “Receiving no support from their employer could be related to difficulties in communicating impairments and adjustment needs, in particular when impairments were invisible, such as cognitive difficulties and fatigue.”
the information in the last sentence in this section also belongs under the section entitled Clinical and policy implications.	We find this to be a comparison with existing literature rather than clinical and policy implications.
there is some redundancy in this section which I have addressed in my comments on the MS. there is an apparent misquote of reference #24 on your reference list. To avoid this, please do the following: After "by itself or", replace the rest of the sentence with "along with 'work-related interventions [,]...skills training,and education/coaching' to be low for people with acquired brain injury. [24 p. 116]."	This has been adjusted accordingly:  “However, a systematic review of RTW interventions found the evidence of effectiveness of cognitive rehabilitation by itself or along with work-directed interventions to be low for people with acquired brain injury.[24]”
I suggest incorporating the following reference, as these authors discuss the need for developing assessments and interventions for higher level cognitive problems that follow mild to moderate stroke. Please see my further comments on the MS: O'Brien AN, Wolf TJ. Determining work outcomes in mild to moderate stroke survivors. Work. 2010; 36(4): 441-447. doi: 10.3233/WOR20101047	Thank you for your suggestion.  A sentence has been added in the “discussion” section and the reference has been added: “and although returning to work, people with mild stroke have been reported not to be able to perform their jobs as previously due to cognitive impairments.[23]”
at the end of this section, please add in a brief discussion of the need for a stroke coordinator,	We find it sufficient to discuss the role of a stroke

which you mention previously on page 15, lines 43-45.	coordinator in the section above, please see the answer above to the suggestion made previously.
<b>Future research:</b>	
the authors need to add in a separate Conclusion section right after the "Future research section.	This is according to journal requirements.
<b>Author Contribution:</b>	
the contribution of the third author should be better clarified here and in the areas of this paper previously mentioned in this review.	Due to your previously stated comments on the need for clarification of the role of the third author (KSS), clarifications concerning her role has been supplemented in the methods section as well as in the discussion concerning "strengths and limitations", please see answers to previous reviewer comments respectively. We find the author contribution description sufficient, in relation to the other adjustments made to the manuscript in this concern.
<b>COREQ 32-item checklist for interviews with page indications:</b>	
please see my comments above and on the MD regarding the need for further information/clarification in addressing COREQ guidelines # 5-9; 16; 20; 25-26; and 29-30.	These points have been considered in the specific comments and answers above, respectively.

Comments from reviewer 2	We would like to thank reviewer 2 for valuable comments. Please find the changes made in the manuscript marked in yellow in this table. In the manuscript, track changes has been used.
The main reason for major changes is the degree of agreement between results and discussion. Your manuscript about returning to work experiences after 7 to 8 years of stroke. I suggest in order of publishing your manuscript these changes:	
<b>Abstract:</b> sampling method is not clear in abstract but in Methods section; you explain that it was purposive sampling. Your conclusions does not seem to follow your methods "Maintaining work can be a continuous struggle with invisible impairments many years after stroke." (you go far than your goals, since you did not control for confounders neither you test this hypothesis).	In qualitative studies, hypothesis testing is not applicable. Rather, the design is explorative, as stated, and our aim was hence to describe and interpret participants´ experiences as stated in the abstract. The conclusion refers to our thematic analysis of the rich descriptions that were given by the participants concerning their personal experiences in individual interviews.
<b>Introduction:</b> the patient experience as your main objective. This section is clear and complete. It does not require any change but	Please see the above explanation of qualitative studies.

conclusions should follow your objective.	
<b>Methods:</b> It has a comprehensible structure but the instrument itself and the pilot interview is not available to further replication (developing process). Please explain what exclusion criteria you chose (not mentioned)	The interview guide is now supplemented to the manuscript as a figure (Figure 1)  One person was excluded due to not meeting the inclusion criteria of having RTW after their stroke, as stated on page 5.
<b>Results:</b> I suggest two sections here; first to explain the sample characteristics and then the themes you identified.	As suggested in the author instructions of the journal, sample characteristics are presented in the methods section.
Table 1 is a product of sampling process I suggest to explain this recruitment process in results section.	Please see the answer to your previous comment.
Table 3. You state baseline and residual impairments but those data was not considered in the themes specifically.  Does the patient refuse to have an active social engagement related to fatigue due to cognitive impairment or physical disability?	Table 3 includes impairments experienced to affect work initially in the return to work process after stroke and impairments experienced to affect work at the time of the interview. There was a wide range of impairments described by the participants. We chose to present them in table 3 to provide a relevant background to their experiences related to work life.  This is now clarified on page 12: "Sometimes, participants chose not to participate in social activities at work due to fatigue, forced to focus on work tasks and nothing else." Physical disability was not an explicit problem for this patient group.
You did not state the degree of perceived disabilities neither you adjusted this data for stroke severity. It is not clear what to interpret about the relationship of residual disabilities and patient perception about RTW process.	Our aim was to explore experiences of RTW and working in the long run after having a stroke. We provide information about impairments as they were experienced by the participants, to display the wide range of impairments in this group. We did not have the aim to interpret the relationships between impairments and experiences in the RTW process.
Table 1 and 3 had the main confounders to control in all themes. Can you compare your results for different strata for "Motivated and returned to work while struggling with impairments" and for "Mixed feelings in the RTW process"	We strived for a heterogeneous study population to best represent the patient group on a number of demographic and clinical characteristics, to ensure a wide range of experiences of the RTW process.
In "setting limits" section. Was fatigue a consequence of cognitive impairment	Fatigue is a term used by the participants to express their experience of their impairment which affected their work in some way. Causal relationships of expressed impairments are not

(multitasking) solely or by cognitive and physical impairment?	investigated.
Are stress related symptoms an undiagnosed mental disorder? Anxiety or depression disorder? Do you ask those patients about those symptoms?	Descriptions of work related stress and symptoms experienced when exposed to stress are expressions from the patients' perspectives. Whether the symptoms are diagnosed or not is not relevant here.
<b>Discussion:</b> <b>Findings section:</b> I suggest avoid unnecessary repetition of your results. This whole section is unnecessary.	This section is in accordance with journal author instructions.
Identify the invisible impairments identified and contrast each one with literature (as secondary outcome).	This is now clarified:  "Receiving no support from their employer could be related to difficulties in communicating impairments and adjustment needs, in particular when impairments were invisible, such as cognitive difficulties and fatigue."
<b>Limitations:</b>  Review the potential confounders for reported disability and external validity	With reported disability, we assume you refer to the experienced impairments which affect work life. These impairments are not considered by us to be confounders but rather they give a description of the wide range of impairments experienced to interfere with work.  External validity is no concept of qualitative studies. However, the study population is well described regarding clinical and demographic characteristics.
<b>Strengths:</b>  Check for saturation if the interview reached as measurement of "power" and internal validity.	This is now clarified on page 7: "After 13 interviews, no new relevant knowledge was being obtained from new participants and hence, data saturation was considered to be achieved.[16]"
<b>Conclusion</b>  Clinical and policies implications go further of discussion of results, therefore you can analyze the main themes against possible solutions and new hypothesis (future research)	Our hypotheses and possible solutions are considered in the "Future research" section. RTW after stroke is complex and there seems to be no single solution. We have discussed our results in relation to existing literature and tried our best to also suggest different solutions/interventions/support.

<p><b>Grammar</b></p> <p>Please consider writing in those statements, which are not clear:</p> <p>Page 4, line 4. “referred <b>to</b> as the event”</p> <p>Page 4 line 26: “Predictors for no RTW have been reported to be <b>dependent</b> at discharge”</p>	<p>We have discussed this with our language editor and chosen to keep the text as it is.</p> <p>Dependent has been changed to dependency</p>
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<p>Comments from reviewer 3</p>	<p>We would like to thank reviewer 3 for valuable comments. Please find the changes made in the manuscript marked in yellow in this table. In the manuscript, track changes has been used.</p>
<p>Very interesting paper. Well executed study. Up to date background literature included. Co-development of thematic guide. Sample linked to SALGOT-extended study, small sample of 13 Sample representative of a number of relevant variables. Inductive thematic analysis process described in detail. Very insightful themes, in particular self selected coping strategies, managing fatigue, supportive employer / colleagues.</p>	<p>We are very pleased that you find our manuscript to be interesting as well as of good quality.</p>
<p>*I was surprised to see very little mention of work life balance relation to juggling family responsibilities, 5 participants were listed as having children.</p>	<p>This is a very interesting aspect but experiences of family situation in relation to work has not been analysed in this study, how to manage relationships after stroke seems to be an interesting focus for further research</p>
<p>*Page 10, could the author elaborate on some of the setbacks experienced, if this information is available Paragraph 2, line 4.</p>	<p>We added information from our participants in the text on page 10</p> <p>“This was related to high ambitions in combination with impairments and resulted in setbacks, such as fatigue and emotional stress,”</p>
<p>The strengths and limitations are very detailed. The authors set out clear messages with regard to future research and policy implications.</p>	

**VERSION 2 – REVIEW**

<p><b>REVIEWER</b></p>	<p>Celia Schulz USA</p>
<p><b>REVIEW RETURNED</b></p>	<p>24-Mar-2018</p>

**GENERAL COMMENTS**

Thank you for the opportunity to review the re-submission of the write up of this very interesting and important study. I appreciate the responses from the authors to my original comments and suggestions. There are still some areas in the MS that I believe need further polishing. I will do my best to outline these below.

1. I note a few spelling errors in the revised MS which I have indicated in my comments on the MS. There are still areas in the MS where I would suggest grammatical and/or punctuation changes, but as the authors have engaged a consultant who is familiar with Australian English, I defer to the authors and their consultant in this area and have not marked these areas.

2. Under the Design section in the Abstract, as well as the Study Design section in the Methods section, the authors have still not clarified the design as "explorative, qualitative using individual interviews and inductive thematic analysis". Qualitative inquiry by nature is usually explorative. Using interviews is not a study design, but a data collection method, and inductive thematic analysis is a data analysis approach. There are many study designs that can be used in qualitative research, such as phenomenology, grounded theory, case study, and ethnography. I have included some brief guidelines about qualitative study designs by the Evidence-Based Practice Research Group at McMaster University in Hamilton, Ontario, Canada [<https://srs-mcmaster.ca/research/evidence-based-practice-research-group/#GRomrabG>] so the authors can see what I am referring to [please see pages 2-4 of the attached guidelines]. My sense is that the study design for the current article is phenomenology.

3. The authors have not addressed COREQ guideline #8, wherein they are to disclose the biases, assumptions, reasons and interests in the research of those on the research team. That is why I suggested a separate section called "researcher information" where they address COREQ guidelines 5, 7 & 8. The authors appear to have addressed COREQ guidelines 5 & 7 fairly adequately elsewhere in the article except for identifying what discipline author AP has a PHD in. They still need to address COREQ guideline #8 somewhere in the article. A general statement that brief information about the clinical and research experience of the interviewer and research team was sent out to potential participants is not enough. The reader needs to be able to evaluate the biases and assumptions of the research team. This is why the information about the biases, assumptions, reasons and interests in the research of those on the research team is so important to include in the write up.

4. The authors describe the themes in detail in the Results section of the Abstract, when all they have to do is list the themes. Description can come later in the MS. This will also cut down on abstract length and make it easier for the reader to skim through the abstract to determine if they wish to read further. The authors then make the point that "in qualitative analysis, author interpretations of the interviews are an important part of the results". One does not interpret one's results in the Results section (of the Abstract or the MS). Interpretation is done in the Discussion section.

5. In the Methods section, under Data Collection, the authors have not addressed COREQ guideline #20, which asks "Did the interviewer take field notes before/after the interview? The authors



	<p>responded " Field notes were not taken, since the interviews were audiotaped, transcribed verbatim, and analysed. Observations of non-verbal communication during interviews was not in focus". Qualitative researchers still often make some kind of field notes during or after interviewing. Field noted in this case can be quick notes about their reactions, their impressions, the reactions of the interviewee, notations about the environment during the interview, etc. COREQ guideline #20 requests that this be addressed, so at the very least the authors could state that field notes were not taken, then discuss the audiotaping and transcription of the interviews.</p> <p>6. In the methods section, under participants, the authors need to include the cutoff score that was used from the NIH Stroke Scale to decide if a participant was included/excluded from the study, or explain how the NIH Stroke Scale was used for participant selection. What score was associated with participant selection? I note that there were participants at the Mild, Moderate and Severe levels, so the use of the NIH Stroke Scale needs to be clarified.</p> <p>7. In the Methods section, under Data Analysis, please clarify what discipline author AP has her PhD in.</p> <p>8. In the Discussion section, under Strengths and Limitations, the authors should include a brief mention of why the forms of triangulation used in the data analysis for this study (multiple analysts, and analysts from different disciplines) eliminate bias in the data analysis process and are therefore a strength, citing literature.</p> <p>9. For clarification, I have added the phrase "by other researchers" at the end of the section called "Comparison with existing literature and guidelines".</p> <p>Tables:</p> <p>In table 1, under Stroke Severity, it would be helpful for the authors to say " Stroke Severity according to the NIH Stroke Scale".</p> <p>In Table 2, the authors need to include the citation number [15] for Braun and Clarke in the table caption. Also, for the sake of consistency, please end descriptions in the table either with, or without, a period.</p>
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<b>REVIEWER</b>	Rafael Zúñiga Solano Hospital Nacional de Geriátría, Costa Rica, Universidad de Costa Rica, (National Geriatric Hospital of Costa Rica, University of Costa Rica)
<b>REVIEW RETURNED</b>	07-Mar-2018

<b>GENERAL COMMENTS</b>	<p>"Experiences of returning to work and maintaining work 7 to 8 years after stroke in Sweden - a qualitative interview study"</p> <p>Judgment: I suggest to Accept this manuscript for publication</p> <p>Dear Authors</p> <p>I want you to congratulate you for your great performance in this new version.</p> <p>1)Title: it already explains much better your research question, settings, population, and design.</p>
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	<p>2) Abstract: complete it allows to replicate the study design and to summarize your main findings.</p> <p>3) Introduction: you explain the state of art of this topic; in addition, you state the context of the research and the gap.</p> <p>4) Study design: After giving the framework, you allow reproducibility, by explaining the collection of data until the coding process. You explain the process of the pilot and saturation as well.</p> <p>5) Major and minor themes were included and it was developed. The newly identified hypothesis is shown better agreement among your coded data presented and the available evidence. In addition, in the results sections, you stated where invisible impairments interact with overall context and therefore it is easier to follow the conclusions.</p>
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### VERSION 2 – AUTHOR RESPONSE

Response to comments from reviewer 1:

1. I note a few spelling errors in the revised MS which I have indicated in my comments on the MS. There are still areas in the MS where I would suggest grammatical and/or punctuation changes, but as the authors have engaged a consultant who is familiar with Australian English, I defer to the authors and their consultant in this area and have not marked these areas.

Reply: Thank you for noticing these errors. We have changed accordingly and marked the changes by highlighting the text in the resubmitted manuscript.

2. Under the Design section in the Abstract, as well as the Study Design section in the Methods section, the authors have still not clarified the study design. The authors describe the design as "explorative, qualitative using individual interviews and inductive thematic analysis". Qualitative inquiry by nature is usually explorative. Using interviews is not a study design, but a data collection method, and inductive thematic analysis is a data analysis approach. There are many study designs that can be used in qualitative research, such as phenomenology, grounded theory, case study, and ethnography. I have included some brief guidelines about qualitative study designs by the Evidence-Based Practice Research Group at McMaster University in Hamilton, Ontario, Canada [<https://srs-mcmaster.ca/research/evidence-based-practice-research-group/#GRomrabG>] so the authors can see what I am referring to [please see pages 2-4 of the attached guidelines]. My sense is that the study design for the current article is phenomenology.

Reply: Thank you for sending this material- it is always interesting to see other persons' views. Yes, there is a wide range of qualitative methods and many more yet than exemplified in COREQ checklist and the submitted guidelines. We have experience of publishing in international peer-reviewed journals using: content analysis, thematic analysis, grounded theory, empirical phenomenological psychology, and in the research group as well within field studies with ethnographical approach, phenomenography and photo voice.

One of the authors has a long history of teaching and supervising in qualitative methods. The content of phenomenology, as we see it, is not only a design or method but it relies on a theoretical framework with a deeper, and somewhat different, philosophical approach than we what we aimed for in our study. Referring to the thematic analysis used in our study (Braun and Clarke), we have added information to the methods section of the manuscript for clarification: "This is an explorative qualitative study using individual interviews and inductive thematic analysis, which can be referred to a realist/essentialist paradigm.[15]"

However, we believe that we have described the design sufficiently in the Abstract.

3. The authors have not addressed COREQ guideline #8, wherein they are to disclose the biases, assumptions, reasons and interests in the research of those on the research team. That is why I suggested a separate section called "researcher information" where they address COREQ guidelines 5, 7 & 8. The authors appear to have addressed COREQ guidelines 5 & 7 fairly adequately elsewhere in the article except for identifying what discipline author AP has a PHD in. They still need to address

COREQ guideline #8 somewhere in the article. A general statement that brief information about the clinical and research experience of the interviewer and research team was sent out to potential participants is not enough. The reader needs to be able to evaluate the biases and assumptions of the research team. This is why the information about the biases, assumptions, reasons and interests in the research of those on the research team is so important to include in the write up.

Reply: We have added information in the Data collection section: Individual, face-to-face interviews were conducted by the first author (AP) who has a PhD in medicine, is a registered physiotherapist, has previous experience in performing qualitative studies, with no previous relation to the participants, and is a woman with interest in work ability.

4. The authors describe the themes in detail in the Results section of the Abstract, when all they have to do is list the themes. Description can come later in the MS. This will also cut down on abstract length and make it easier for the reader to skim through the abstract to determine if they wish to read further. The authors then make the point that "in qualitative analysis, author interpretations of the interviews are an important part of the results". One does not interpret one's results in the Results section (of the Abstract or the MS). Interpretation is done in the Discussion section.

Reply: The abstract has been changed accordingly, the changes have been highlighted in the manuscript: The analysis led to four themes; *motivated and RTW while struggling with symptoms, mixed feelings in the RTW process, still at work although restricted, and social support for a sustainable work situation*. The last sentence of the abstract has been changed accordingly. Some words have been omitted from the abstract in order to fit word limitations (maximum 300).

5. In the Methods section, under Data Collection, the authors have not addressed COREQ guideline #20, which asks "Did the interviewer take field notes before/after the interview? The authors responded " Field notes were not taken, since the interviews were audiotaped, transcribed verbatim, and analysed. Observations of non-verbal communication during interviews was not in focus". Qualitative researchers still often make some kind of field notes during or after interviewing. Field notes in this case can be quick notes about their reactions, their impressions, the reactions of the interviewee, notations about the environment during the interview, etc. COREQ guideline #20 requests that this be addressed, so at the very least the authors could state that field notes were not taken, then discuss the audiotaping and transcription of the interviews.

Reply: Information on this has been added in the Data collection section and highlighted in the manuscript: No field notes were taken during the interviews.

6. In the methods section, under participants, the authors need to include the cutoff score that was used from the NIH Stroke Scale to decide if a participant was included/excluded from the study, or explain how the NIH Stroke Scale was used for participant selection. What score was associated with participant selection? I note that there were participants at the Mild, Moderate and Severe levels, so the use of the NIH Stroke Scale needs to be clarified.

Reply: There were no cut-off criteria for inclusion. NIHSS was only used for descriptive purposes and to ensure heterogeneity of the study population. The mild/moderate/severe levels have been clarified accordingly in table 1.

7. In the Methods section, under Data Analysis, please clarify what discipline author AP has her PhD in.

Reply: We have added information in the Data collection section: Individual, face-to-face interviews were conducted by the first author (AP) who has a PhD in medicine, is a registered physiotherapist, has previous experience in performing qualitative studies, with no previous relation to the participants, and is a woman with interest in work ability.

8. In the Discussion section, under Strengths and Limitations, the authors should include a brief mention of why the forms of triangulation used in the data analysis for this study (multiple analysts, and analysts from different disciplines) eliminate bias in the data analysis process and are therefore a strength, citing literature.

Reply: In inductive thematic analysis, triangulation is not a term often used. However, since more than one author contributed to the analysis this can maybe be viewed investigator triangulation.

9. For clarification, I have added the phrase "by other researchers" at the end of the section called "Comparison with existing literature and guidelines".

Reply: This change is now incorporated in the resubmitted manuscript and highlighted accordingly.  
Tables:

In table 1, under Stroke Severity, it would be helpful for the authors to say " Stroke Severity according to the NIH Stroke Scale".

Reply: In the table, the ranges for mild/moderate/severe stroke have been added for clarification.

In Table 2, the authors need to include the citation number [15] for Braun and Clarke in the table caption. Also, for the sake of consistency, please end descriptions in the table either with, or without, a period.

Reply: OK, this has been done.

### VERSION 3 – REVIEW

<b>REVIEWER</b>	Celia Schulz U.S.A.
<b>REVIEW RETURNED</b>	26-Apr-2018

<b>GENERAL COMMENTS</b>	<p>Dear Authors and editors,</p> <p>I recommend publication of the above excellent manuscript based on the following two changes that need to be made:</p> <ol style="list-style-type: none"> <li>1. I neglected to point out in the last review that doi numbers, if available, should follow each reference on the reference list. Please make that change.</li> <li>2. The authors stated that they changed the last sentence in the abstract based on one of my recommendations in the last review, but they did not, which I assume is an oversight. The actual change needs to take place in the last sentence of the Results section of the abstract. I request that the authors please revise that sentence to read as follows: " Support from supervisors and colleagues was often crucial for a sustainable work situation.". Please leave the Conclusion section of the abstract as it is, and it will follow very nicely from the Results section of the abstract. I have attached a copy of the first three pages of the MS indicating my track change and comments.</li> </ol> <p>To reiterate, I recommend the editors accept this manuscript <b>BASED ON THE CHANGES I HAVE REQUESTED ABOVE.</b></p> <p>Thank you for the opportunity to review your fascinating and important work,</p>
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### VERSION 3 – AUTHOR RESPONSE

Here is the new version with the recommended changes. Good that the reviewer noticed the mistake regarding the sentence in the abstract. DOI numbers have been added in the reference list.

Hope that this is sufficient now for acceptance.