PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Barriers and facilitators to staying in work after stroke: insight from an online forum
AUTHORS	Balasooriya-Smeekens, Chantal; Bateman, Andrew; Mant, Jonathan; De Simoni, Anna

VERSION 1 - REVIEW

REVIEWER	Yingchih Wang University of Wisconsin-Milwaukee
REVIEW RETURNED	30-Sep-2015

GENERAL COMMENTS	The purpose of this paper is to explore the barriers and facilitators to staying in work following stroke. The paper is well-written for general audience, summarized responses from 60 participants (51 stroke survivors and 9 non-stroke survivors), and used innovative online forum. Results are summarized in an organize manner. The major concern is the validity of this study (see limitations below). Major Recommendation 1. Abstract: Need more details in participant characteristics (e.g., age of stroke, gender) if feasible. The authors mentioned '60 stroke survivors' in the Abstract but the Table 1 indicates '51 stroke survivor(s) and 9 carer(s)'. 2. Methods: If I read it correctly, authors selected postings of 60 participants from the entire 2,583 users using the keyword 'return to work' and 'back to work'. Some relevant postings may discuss similar issues but with different keywords such as 'work', 'employment', 'return-to-work', 'job', and 'working'. Do authors try other searching methods? Please clarify. Also, does the 'volunteer work' consider as work in this study? 3. Limitations: The major concern is the validity of this study due to the nature of the study design of the online discussion forum which was not designed for the specific purpose of this study. a. Data were retrieved from an online forum. The participants may not be a representative sample of the stroke population. Results may be biased toward stroke survivors who are more cognitively sound and more verbal about their experience. Since the study used online forum, stroke survivors who can participate in this study maybe more high functioning (e.g., typing, interact with computers, have internet access, better cognitive functioning and problem solving). The generalizability of this study may be limited to those sample characteristics. b. The time frame for this study summarized postings between 2004 and 2011, which is a long period of time. Such results may reflect the general barriers and facilitators while the technology, working environment, job market may change over time. c. There are a considerable amount of missing values (i.e., unknown) in the demographic variables (Table 1). Some information

	such as residual disabilities are based on self-report or what the participants are willing to reveal, which may compromise the validity of the data. Minor Recommendation 1. Need to spell out of 'TIA', 'GPs' in the abstract. 2. The authors mentioned other terms such as 'back to work' in the Abstract but was mentioned as 'back at work' in the Methods section. 3. Page 11, under 'Impairments and recovery'. The description of [female, 36-50] is a little bit confusion. Readers may not interpret the same way as 'females ranging from 36 to 50 years old' or 'females 36 and 50 years old'. There are several places using the same descriptions. Suggest modifying the phrase. 4. Page 14: add an extra space before the reference to "…between employers[13]"

REVIEWER	Otto Melchior Poulsen National Research Centre for the Working Environment Lersoe Park Alle 105 DK-2100 Copenhagen Denmark
REVIEW RETURNED	05-Oct-2015

GENERAL COMMENTS	A few minor language revisions are needed: Pg 2 line 22. The abbreviation TIA should been explained when used the first time Pg 7 line 17-18. Memory problems are mentioned twice. Suggestion: "Other invisible impairments that were described included cognitive impairments such as memory problems, personality changes, and pain".

REVIEWER	Carol Coole University of Nottingham. UK
REVIEW RETURNED	20-Nov-2015

GENERAL COMMENTS	Thank you for inviting me to review this manuscript. It is an area of interest, and a novel approach to collecting data on this topic, however I am uncertain whether it adds sufficiently to the current evidence-base (much has already been published on fatigue and 'invisible' impairments regarding working with stroke) and the context in which it is set requires more detailed discussion. There are further limitations that the authors should acknowledge. I have the following comments: Abstract The terms used are different to those reported in the main text – 'back to work' rather than 'back at work'. I suggest the number of participants/posts are reported in the results section. Methods If the authors aimed to report on the barriers and facilitators to staying at work, why did they only use the phrases 'return to work' and 'back at work' – and not 'work' or 'working' or 'staying at work'. This may have limited the number of posts identified. The data collection period is also rather dated with the most recent posts already four years old. The authors might comment on this. Results The presentation of the findings needs some work so that they are more easily digestible, they are currently difficult to navigate and

	repeat/overlap in places and inconsistent in others. There are too many different headings and sections. I suggest paragraphs 2 – 4 on page 6, are unnecessary and are replaced with a table listing the themes and subthemes, and that clear links are made between the content of the text and the table. Currently there are subthemes mentioned in Table 2, but not referred to in the text. The content of Tables 2 and 3 overlaps/repeats in places, e.g. 'taking antidepressants' appears in Table 2 in the section 'Stroke-related difficulties and recovery and in Table 3 under the heading 'Dealing with stroke-related problems'; 'coping with comments and jokes made by others (i.e. ignoring them, or using humour) appears in Table 2 under the heading 'Others' reactions' and in Table 3 under the heading 'Dealing with other people' as 'using humour in dealing with colleagues or comments' . It is not clear how much of the content of Table 3 is actual quotations from the posts. I suggest that these should be summarised more carefully – at the moment some make little sense e.g. 'Asking a colleague to come instead of walking there' or 'reading the site (for advice) helps recovery. The data could be more clearly presented, and easier for the reader to refer to, if Tables 2 and 3 were combined into one landscaped Table. How recent is the data –for example, how much was posted in 2004 compared with 2011? Discussion Limitations – in addition to my previous comments, other limitations are that the data is limited to those with access to computers and the ability to use them. We are not told how many of the individuals are working, and if so for how long they have been working since their stroke. Also there have been other studies of return to work/work retention in stroke that the authors could have referred to e.g. Culler, Gilworth, Wolfenden – I feel a more convincing argument needs to be made that to support the claim that is the first study to address barriers and facilitators of staying in work after stroke. Much more discussion is needed of the UK rehabilitation context in comparison with other settings. The authors make brief mention of occupational health, physiotherapy and occupational therapy, and yet several papers have discussed the implications of limited provision of vocational rehabilitation in stroke e.g. those by Sinclair, Playford, Radford, and how these might be addressed. The authors highlight the role of GPs, but fail to mention new initiatives including the Fit Note and the Fit for Work Service and the impact that these may or may not have on work retention of stroke survivors.

VERSION 1 – AUTHOR RESPONSE

REVIEWER 1
Major recommendation

1. Abstract: Need more details in participant characteristics (e.g., age of stroke, gender) if feasible.
We have added the age at stroke and gender in the abstract (page 2, line 44). The sentence now reads: '60 stroke survivors (29M, 23F, 8 not stated), mean age at stroke 44y, who have returned to work, identified using terms 'return to work' and 'back at work'.'
The authors mentioned '60 stroke survivors' in the Abstract but the Table 1 indicates '51 stroke survivor(s) and 9 carer(s)'.
The table heading under which '51 stroke survivors and 9 carers' is located is titled 'identity of person posting'. Nine stroke survivors are actually talked about by a family member. This is further explained

in the first line of the Results (page 6, lines 186-187). We have added ‘themselves’ and ‘stroke survivors’ in the sentence to improve clarity: ‘60 participants were included in the study, 51 were stroke survivors who posted on the forum themselves, while the remaining 9 stroke survivors were posted about by family members.’

2. Methods: If I read it correctly, authors selected postings of 60 participants from the entire 2,583 users using the keyword ‘return to work’ and ‘back to work’. Some relevant postings may discuss similar issues but with different keywords such as ‘work’, ‘employment’, ‘return-to-work’, ‘job’, and ‘working’. Do authors try other searching methods? Please clarify. Also, does the ‘volunteer work’ consider as work in this study?
We agree that the additional keywords mentioned above would have brought up posts discussing similar issues, although these were not searched for. This is because saturation of themes was reached when posts including ‘back at work’ were added to the ones including ‘return to work’. This is described on page 5, lines 176-177: ‘Saturation of data for unique themes was reached within the data of these 29 individuals, and therefore no further people and posts were selected.’
‘Volunteer work’ did not come up in the sample selected based on the key phrases ‘returned to work’ and ‘back at work’. The focus of this study was to investigate barriers and facilitators in participants who were back to paid employment.

3. Limitations: The major concern is the validity of this study due to the nature of the study design of the online discussion forum which was not designed for the specific purpose of this study.
The study used a relatively novel methodological approach by qualitatively analysing posts of patients on an online forum, which allowed for naturalistic data collection without involvement of a researcher. This approach has already been used in other published studies, of which two have been referred in the manuscript (references 19 Eysenbach & Till 2001, and 22 Seale et al. 2010) We argue that this is a valid method to better understand patients’ issues and behaviours, with the view of better informing healthcare interventions and policies (see also reference 17 De Simoni et al. Making sense of patients’ internet forums: a systematic method using discourse analysis. (2014) Br J Gen Pract. 64 (620), e178-e180). In our view, a major strength of analysing an online discussion forum is that the creation of data was not influenced by a researcher, in contrast to for example with interview data, but created through interactions amongst stroke survivors and their relatives. We acknowledge, though, that this approach also has limitations, as highlighted in the strengths and limitations section on page 2, lines 80-81, and in the discussion (page 14-15, lines 485-492).

a. Data were retrieved from an online forum. The participants may not be a representative sample of the stroke population. Results may be biased toward stroke survivors who are more cognitively sound and more verbal about their experience. Since the study used online forum, stroke survivors who can participate in this study maybe more high functioning (e.g., typing, interact with computers, have internet access, better cognitive functioning and problem solving). The generalizability of this study may be limited to those sample characteristics.
A more detailed description of the forum population has been reported in a separate paper under consideration by BMJ Open, and referred to in this manuscript (reference 16, entitled ‘Stroke survivors and their families receive information and support on an individual basis from an online forum: descriptive analysis of a population of 2,348 patients and qualitative study of a sample of participants’). Through the characterisation of the entire user population, we show that the 2,348 participants of the online forum were younger compared with the population of patients with stroke. A paragraph has been added in the Discussion (page 14, lines 474-477): ‘Moreover, the sample of 60 participants has been selected from 2,348 participants of the forum who are younger (mean age 52 years) than the actual population of patients with stroke and in that respect representative of stroke survivors of working age [16]’.
17% of participants of this study (9/51) were talked about by family members and their views represent survivors not taking part in online forums. The issues with staying in work raised by third

parties were similar to the ones raised by patients who were forum users. Results from the 51 stroke survivors who were users of the forum may be biased towards people who are more cognitively sound and verbal about their experience. Indeed these were patients who were able to go back to work, while a great percentage of stroke survivors are unable to. Nevertheless the issues brought up remain relevant. We therefore also added a section in the discussion section (page 14, lines 477-485) considering this issue: 'It remains a possibility that people taking part in the forum were better able to communicate, had less cognitive problems and higher ability in using computers in comparison to the population of patients with stroke. However, stroke survivors who are able to return to work (all our participants) may be the ones having less severe problems in comparison to those who don't return to employment, therefore representing in any case a selected population with fewer cognitive or language problems than all survivors taken together. Further, the study included 9 carers of stroke survivors talking about their relatives, potentially representing stroke survivors with more severe cognitive and language problems or difficulty with using computers.'
The barriers described by forum participants to stay in work are consistent with what raised by previous studies investigating return to work after stroke with different research approaches, see the section 'comparison with existing literature and guidelines' (page 15, lines 501-508).

b. The time frame for this study summarized postings between 2004 and 2011, which is a long period of time. Such results may reflect the general barriers and facilitators while the technology, working environment, job market may change over time.
We acknowledge this point and have added the following paragraph in the discussion of limitations (page 15 lines 492-498): 'The time frame for this study summarised postings between 2004 and 2011. Our results reflect general barriers and facilitators experienced by stroke survivors during this time frame. Technology, working environment, job market might have changed over time resulting in potentially slightly different results if the study was extended to more recent years. In addition, it is possible that experiences in 2004 differ from those in 2011 for the same reason. We were not able to analyse this, as date of posts was not available to us.'

c. There are a considerable amount of missing values (i.e., unknown) in the demographic variables (Table 1). Some information such as residual disabilities are based on self-report or what the participants are willing to reveal, which may compromise the validity of the data.
We acknowledge the limitation of missing data in the demographics. We also agree the list of impairments reported was not exhaustive, but mainly related to staying in work. Unfortunately it was not possible to collect this information as we could only retrieve data that was mentioned by participants in their forum posts. This has been described in the discussion section (page 14-15, lines 487-489). We had mentioned the potential of reporting bias (page 15, lines 489-492), and we have also added the example on self-report of impairments to this. This sentence now reads: 'Data could however be affected by reporting bias; people who used the forum might be the ones who wanted to voice their difficulties with returning to work. Moreover, they may have been experienced additional impairments that were not mentioned in the forum.'

Minor Recommendation
1. Need to spell out of 'TIA', 'GPs' in the abstract.
This has been now added (page 2 lines 52 and 58).
2. The authors mentioned other terms such as 'back to work' in the Abstract but was mentioned as 'back at work' in the Methods section.
Thank you for pointing out this imprecision, the exact search terms looked for were 'back at work' and this has now been corrected throughout.
3. Page 11, under 'Impairments and recovery'. The description of [female, 36-50] is a little bit confusion. Readers may not interpret the same way as 'females ranging from 36 to 50 years old' or 'females 36 and 50 years old'. There are several places using the same descriptions. Suggest modifying the phrase.

We have modified this in the participant descriptions and included the age, and the age at stroke to improve clarity.
4. Page 14: add an extra space before the reference to "…between employers[13]"
Thank you, we have added the space.

REVIEWER 2
A few minor language revisions are needed:Pg 2 line 22. The abbreviation TIA should been explained when used the first time
This has been now added (page 2 line 52).
Pg 7 line 17-18. Memory problems are mentioned twice. Suggestion: "Other invisible impairments that were described included cognitive impairments such as memory problems, personality changes, and pain".
Thank you for spotting this and for the suggestion, we have replaced the sentence with the one you suggested on page 7, lines 241-242.

REVIEWER 3
Thank you for inviting me to review this manuscript. It is an area of interest, and a novel approach to collecting data on this topic, however I am uncertain whether it adds sufficiently to the current evidence-base (much has already been published on fatigue and 'invisible' impairments regarding working with stroke) and the context in which it is set requires more detailed discussion. There are further limitations that the authors should acknowledge.
We thank the reviewer for sharing her expertise in this field that has greatly contributed to the improvement of this manuscript.

I have the following comments:
Abstract
The terms used are different to those reported in the main text – 'back to work' rather than 'back at work'. I suggest the number of participants/posts are reported in the results section.
Thank you for pointing out this imprecision, the exact search terms looked for were 'back at work' and this has now been corrected throughout.
The number of participants is reported in the abstract under the heading 'Participants', page 2, line 44. The number of posts/participant and number of posts about work/participant are reported in Table 1 but not in the abstract, due to word count constraints.

Methods
If the authors aimed to report on the barriers and facilitators to staying at work, why did they only use the phrases 'return to work' and 'back at work' – and not 'work' or 'working' or 'staying at work'. This may have limited the number of posts identified.
We agree that the additional keywords mentioned above would have brought up additional posts discussing similar issues, although these were not searched for. This is because saturation of themes was reached when posts including 'back to work' were added to the ones including 'return to work' – we did not aim to include all stroke survivors on the forum who had returned to work. This is described on page 5, lines 176-177: 'Saturation of data for unique themes was reached within the data of these 29 individuals, and therefore no further people and posts were selected'.
The data collection period is also rather dated with the most recent posts already four years old. The authors might comment on this.
We acknowledge this as an important point and have added the following paragraph in the discussion of limitations (page 15 lines 492-496): 'The time frame for this study summarised postings between 2004 and 2011. Our results reflect general barriers and facilitators experienced by stroke survivors during this time frame. Technology, working environment, job market might have changed over time resulting in potentially slightly different results if the study was extended to more recent years.'

Results

The presentation of the findings needs some work so that they are more easily digestible, they are currently difficult to navigate and repeat/overlap in places and inconsistent in others. There are too many different headings and sections. I suggest paragraphs 2 – 4 on page 6, are unnecessary and are replaced with a table listing the themes and subthemes, and that clear links are made between the content of the text and the table.

We have considered adding a table and deleting the paragraphs 1-3 on page 6, however the table would look like a simpler version of Table 2. Moreover, we felt that the text at the beginning of the Results section was helpful in introducing readers to the concepts behind the formulation of the three main emerging themes, and in explaining how the main themes related to each other (e.g. better understanding leading to better support).

Currently there are subthemes mentioned in Table 2, but not referred to in the text.

We have re-labelled Table 2 adding numbers to the main themes (1 to 3) and letters to subthemes. We have referred to theme and subthemes using numbers and letters throughout the results to aid the readers. We feel the readability of the results has greatly improved as result. Moreover this clarifies better where certain subthemes are discussed within the text. We added one sentence to better identify the subtheme 'acceptance' within the text (page 8-9, lines 284-286): 'However, realistically accepting the situation and adjusting accordingly were important factors in successfully 'staying in work' experience (Table 2, 1f, see also Table 3 on coping strategies).'

The content of Tables 2 and 3 overlaps/repeats in places, e.g. 'taking antidepressants' appears in Table 2 in the section 'Stroke-related difficulties and recovery and in Table 3 under the heading 'Dealing with stroke-related problems'; 'coping with comments and jokes made by others (i.e. ignoring them, or using humour) appears in Table 2 under the heading 'Others' reactions' and in Table 3 under the heading 'Dealing with other people' as 'using humour in dealing with colleagues or comments' .

We acknowledge that some elements of Table 3 can be already present in Table 2, which is aimed at listing barriers and facilitators to staying in work grouped by theme, whereas Table 3 is more specific, and aimed at showing the range of coping strategies developed by participants - it was felt this was of particular interest and worth describing in a separate table in detail. We have added the following sentence (page 13, lines 444-446): 'Table 3 is summarising coping strategies developed by the study participants to successfully staying in work after stroke/TIA'. A footnote has been added to Table 3: 'Some elements mentioned here may additionally appear in Table 2. The aim of Table 3 is to offer to the readers and stakeholders (patients, carers, employers and representatives, GPs and Occupational Therapists) strategies that have been distilled over time and with efforts by those patients who managed to endure the process of returning and staying in work.'

It is not clear how much of the content of Table 3 is actual quotations from the posts. I suggest that these should be summarised more carefully – at the moment some make little sense e.g. 'Asking a colleague to come instead of walking there' or 'reading the site (for advice) helps recovery'.

Thank you for highlighting this. We have summarised more carefully several elements of Table 3.

The data could be more clearly presented, and easier for the reader to refer to, if Tables 2 and 3 were combined into one landscaped Table.

We felt that combining Table 2 and 3 could be confusing, as the section on coping strategies would be described much more in-depth than other sections within the table. Instead, we have improved readability of Table 2 by referring to it throughout the results section. We summarised the elements more carefully, and added a footnote to Table 3, as described above.

How recent is the data –for example, how much was posted in 2004 compared with 2011?

The archive file did not include dates for posts and therefore estimate of how much was posted in 2004 compared with 2011 was not feasible. We have mentioned this in the text (page 15, lines 497-498): 'We were not able to analyse this, as date of posts was not available to us.'

Discussion

Limitations – in addition to my previous comments, other limitations are that the data is limited to those with access to computers and the ability to use them.

17% of participants of this study (9/51) were talked about by family members and their views represent survivors not taking part in online forums. The issues with staying in work raised by third parties were similar to the ones raised by patients who were forum users. Results from the 51 stroke survivors who were users of the forum may be biased towards people who are more cognitively sound, have access to computers and are verbal about their experience. Indeed these were patients who were able to go back to work, while a great percentage of stroke survivors are unable to. Nevertheless the issues brought up remain relevant. The barriers described by forum participants to stay in work are consistent with what raised by previous studies investigating return to work after stroke with different qualitative approaches. As reported by the authors in a paper under consideration by BMJ Open, the 2,348 participants of the online forum were younger compared with the population of patients with stroke. A paragraph has been added in the Discussion, referring to the manuscript under consideration (page 14, lines 474-485):

'Moreover the sample of 60 participants has been selected from 2,348 participants of the forum who are younger (mean age 52 years) than the actual population of patients with stroke and in that respect representative of stroke survivors of working age [16]. It remains a possibility that people taking part on the forum were better able to communicate, had less cognitive problems and higher ability in using computers in comparison to the population of patients with stroke. However, stroke survivors who are able to return to work (all our participants) may be the ones having less severe problems in comparison to those who don't return to employment, therefore representing in any case a selected population with fewer cognitive or language problems than all survivors taken together. Further, the study included 9 carers of stroke survivors talking about their relatives, potentially representing stroke survivors with more cognitive and language problems or difficulty with using computers. '

We are not told how many of the individuals are working, and if so for how long they have been working since their stroke.

The inclusion criteria for participants in this study were having been back to work after the stroke. Therefore all individuals took part in the forum from their experience of having been back at work after stroke/TIA. We acknowledge the lack of detailed information about how long they have been working since their stroke.

Also there have been other studies of return to work/work retention in stroke that the authors could have referred to e.g. Culler, Gilworth, Wolfenden – I feel a more convincing argument needs to be made that to support the claim that is the first study to address barriers and facilitators of staying in work after stroke.

This is the first study that used online forum data to explore barriers and facilitators to staying in work after stroke/TIA, as stated in the discussion on page 14, lines 458-459. We have reworded accordingly the text on page 2, lines 74-77. Indeed we had cited another study (Alaszewski et al. [11]) that has analysed issues experienced by stroke survivors who had return to work in the Introduction on page 3, lines 103-105 and in the Discussion on page 15, line 505. We also added a section to the introduction discussing other studies (page 3, lines 105-114) 'Gilworth et al. [13] explored experiences and expectations of stroke survivors in relation to returning to work. The study included some participants who had actually returned to work showing that workplace environment and patient's personality played an important role in successfully keeping their employment. Often returning to work after stroke is seen as an indicator for recovery, despite many people still needing long term support at the workplace [14]. Evidence for this has been reported in the review by Wolfenden & Grace [14] who showed that between 13 and 32% of people with a brain injury drop out of work after having resumed employment. In addition to factors affecting return to work, more attention should be paid to issues related to staying in work [14].'

Much more discussion is needed of the UK rehabilitation context in comparison with other settings. The authors make brief mention of occupational health, physiotherapy and occupational therapy, and yet several papers have discussed the implications of limited provision of vocational rehabilitation in stroke e.g. those by Sinclair, Playford, Radford, and how these might be addressed.

We have added a further paragraph in the Introduction (page 4, lines 116-118): 'Occupational health services are variable across the UK. Only few small or medium-size organisations have services,

whereas large employers have their own occupational services [15]'. We have also added the following text discussing current problems regarding vocational rehabilitation (page 17, lines 568-572): 'Awareness of such issues among clinical commissioning groups is needed, to avoid this specific group of stroke survivors with relatively mild problems 'falling through the net'. The authors commented on the main commissioning focus being on acute stroke services rather than community services [29 30].
The authors highlight the role of GPs, but fail to mention new initiatives including the Fit Note and the Fit for Work Service and the impact that these may or may not have on work retention of stroke survivors.
We refer to the paper by Coole, Radford, Grant and Terry (reference 24). We have added a sentence (page 16, lines 540-544): 'Although the introduction of GP fit notes in 2010 could potentially have positively affected staying in work by acknowledging specific limitations of stroke survivors at the workplace, it seemed to have made little impact, as it was perceived as 'easiest' for GPs to sign off stroke survivors from work as being 'not fit' according to Coole et al. [26].'

We hope that our response to the reviewers' comments is to your satisfaction, and we would be happy to discuss any further details which need clarification.

VERSION 2 – REVIEW

REVIEWER	Carol Coole University of Nottingham, UK
REVIEW RETURNED	26-Jan-2016

GENERAL COMMENTS	Thank you for inviting me to review this revised manuscript. It is much improved however I do have some further minor comments to be addressed prior to publication: RESULTS It remains unclear whether Table 3 is reporting actual quotations, or whether these have been summarised/paraphrased by the authors. In the text (page 13 line 445) it is stated that Table 3 is 'summarising the coping strategies developed by study participants', however the Table heading states that these are 'strategies as described by participants'. Please be clearer as to which it is. Also, there are still statements in Table 3 which lack consistency (eg tense) and accuracy in how they have been reported – how does spending days at patients' house reduce travel to work – do you mean staying overnight? Acceptance – of what? 'Stroke Associate' typo. 'Using' voice recognition software. DISCUSSION As you acknowledge, the potential role of GPs, and the impact of this study on their practice is important. More information regarding fit notes and the new Fit for Work Service would put this in the current context and demonstrate that you are aware of it. Page 16 Lines 540-544. Suggest 'it seemed that fit notes had made little impact in this study, perhaps because the fit note was at an early stage of implementation. However, it has also been suggested that GPs find it 'easiest' to sign off stroke survivors from work (Coole et al).' Page 17 lines 568-572 – suggest you improve the link here otherwise reader may be unsure which authors you are referring to. Page 17 Lines 572-578. GPs could do more than discussing impairments during consultations and offering 'support' – they could use the 'may be fit' option on the fit note to advise employers about the functional effects of the individual's stroke. They could also advise the individual to seek help from occupational health if it was available, or refer the individual to the Fit for Work Service which is

	available to all employed patients (you would need to reference this service).

VERSION 2 – AUTHOR RESPONSE

We are pleased to hear that the reviewers recommend publication of our manuscript (bmjopen-2015-009974.R2) entitled "Barriers and facilitators to staying in work after stroke: insight from an online forum." We address the reviewer's comments point-by-point below. Page and line numbers refer to the manuscript document in track changes.

RESULTS

1. It remains unclear whether Table 3 is reporting actual quotations, or whether these have been summarised/paraphrased by the authors. In the text (page 13 line 445) it is stated that Table 3 is 'summarising the coping strategies developed by study participants', however the Table heading states that these are 'strategies as described by participants'. Please be clearer as to which it is.

⌊ The text in the tables reflects paraphrased quotes. We have added the following text on page 13, lines 442-443:

'A description of quotes has been used to protect the identity and intellectual property of forum participants (see also the Ethics section in the Methods).'

and a note under Table 3:

'Note 2: These are descriptions of actual quotes – they have been paraphrased to respect the identity and intellectual property of forum participants (see Ethics section in the Methods).

2a. Also, there are still statements in Table 3 which lack consistency (eg tense) and accuracy in how they have been reported – how does spending days at patients' house reduce travel to work – do you mean staying overnight?

⌊ We changed this in into: 'e.g. by staying overnight at parents' house which is nearer to work'

2b. Acceptance – of what?

⌊ We changed this into: 'Acceptance (e.g. of the impairments, of the new self, or the new situation)'

2c. 'Stroke Associate' typo.

⌊ Thank you for spotting this, we changed this into 'Stroke Association'

2d. 'Using' voice recognition software.

⌊ We have added this in the table.

DISCUSSION

3a. As you acknowledge, the potential role of GPs, and the impact of this study on their practice is important. More information regarding fit notes and the new Fit for Work Service would put this in the current context and demonstrate that you are aware of it. Page 16 Lines 540-544. Suggest 'it seemed that fit notes had made little impact in this study, perhaps because the fit note was at an early stage of implementation. However, it has also been suggested that GPs find it 'easiest' to sign off stroke survivors from work (Coole et al).'

⌊ We have replaced part of the sentence on page 16 lines, 542-547 with 'it seemed that fit notes had made little impact in this study, perhaps because the fit note was at an early stage of implementation. However, it has also been suggested that GPs find it 'easiest' to sign off stroke survivors from work'

3b. Page 17 lines 568-572 – suggest you improve the link here otherwise reader may be unsure which authors you are referring to.

⌊ We changed the sentences into (page 17, lines 571-575): 'According to Radford et al. [29] and Sinclair et al. [30], awareness of such issues among clinical commissioning groups is needed, to avoid this specific group of stroke survivors with relatively mild problems 'falling through the net'. They also commented on the main commissioning focus being on acute stroke services rather than community services [29 30].'

3c. Page 17 Lines 572-578. GPs could do more than discussing impairments during consultations and

offering ‘support’ – they could use the ‘may be fit’ option on the fit note to advise employers about the functional effects of the individual’s stroke. They could also advise the individual to seek help from occupational health if it was available, or refer the individual to the Fit for Work Service which is available to all employed patients (you would need to reference this service).

\ We have the text and the reference to the Fit for work – Guidance for GPs, and now reads (page 17, lines 579-584): ‘In addition, they could use the ‘may be fit’ option to advise employers about the functional effects of the individual’s stroke. They could also advise the individual to seek help from occupational health if it was available, or refer to the Fit for Work Service which is available to all employed patients [31]. GP’s support could be an important mechanism to aid successful staying in work once employment is resumed.’

Other corrections:

\ We have changed the following sentence on page 18, lines 595-596 into: ‘Future studies are needed to further clarify how employers, GPs and community rehabilitation teams view stroke survivors returning to work.’

\ We have corrected a spelling mistake in Table 3 (commmunication into communication)