

We thank the reviewers for their comments, each with comments in the manuscript as well as separate review forms.

We will address each comment, by reviewer and where included (form and manuscript).

Reviewer 1 has been generally positive. The main concern was principally related to methodological issues which we have addressed and clarified. The detailed responses are provided in the following tables.

Reviewer 2 was more positive. The concern was of a more minor nature – mainly editorial.

There are some inconsistencies both within and between the reviewers. For example Reviewer 1 has indicated that the paper is not satisfactory in terms of its logic and ordering of ideas but is “well-written and readable”. Conversely Reviewer 2 has commented that the readability “must be revised”. We have tried to accommodate and incorporate the comments and views of both Reviewers, however where there is a contradiction we would ask that the Editor adjudicate.

Reviewer 1:

Manuscript – embedded comments

Reviewers’ comment	Authors’ response	Changes made
Comment A1: Please add 1-2sentences	Accepted.	Sentences (Background) have been added.
Comment A2: Please refer: http://www.touchbriefings.com/pdf/26/ept031_p_moody&woolf_lr.pdf	Accepted.	The introduction has been clarified.
Comment A3: Needs substantiation with a reference. Better to put specific reference from 6-10 after each sentence.	Accepted	Reference added.
Comment A4: Please include the citations	“Cited” refers to factors which were “mentioned” by the participants.	No change.
Comment A5: Introduction does not adequately justify the significance of this study and how the findings could be utilized eg. For whom it would be applicable and what could be done out of the outcome	Accepted.	This has been clarified.
Comment A6: Not clear. Which population ?	Accepted.	This has been clarified.
Comment A7: Needs elaboration	Accepted.	This has been clarified.
Comment A8: Representativeness of heterogeneous organizations is	We used purposive sampling in order to	More information on the purposive nature

questionable. How did you overcome the selection bias ?	recruit companies with an identified risk of MSDs.	of the sample has been provided.
Comment A9: Selection of participants is arbitrary. It seems that a proper methodological procedure has not been followed up. Please clarify.	Our intent was to include participants with a risk of MSD. Consequently we used purposive sampling.	Purposive sampling has been highlighted.
Comment A10: This statement contradicts first sentence of 2 nd paragraph of 2.1 (comment A6).	Accepted.	This contradiction has been corrected.
Comment A11: Of the categories of musculoskeletal pain, recurrent type is crucial for the present health status as well as for evaluating consequence in the future. Recurrent pain cases have a more chronic evolution, lead to greater disability and require increased medical attention. It is this group that is likely to suffer health consequences as a result of the musculoskeletal pain. Any justification as to why short pain recall period was used ?	We used a 7 day period to minimise the effects of recall bias. This is stated in the last sentence of paragraph 2 under 2.1. This also provided direct comparability of our results with a similar UK based study.	No change.
<p>Comment A12: Corlett and Bishop's scale (1976) -The measure of it would be levels of discomfort (not musculoskeletal pain), judged on a scale or otherwise defined. The overall level of discomfort felt by the operator would be a summation of all the individual sensations (not specific to musculoskeletal pain)via the various sense channels.</p> <p>This does not include hand or wrist discomfort!</p> <p>Why not Nordic musculoskeletal Pain scale which has been developed essentially to evaluate musculoskeletal pain in an ergonomic setting? Please refer:</p> <p>Kuorinka I, Jonsson B, Kilbom A et al. Standardized Nordic questionnaires for the analysis of musculoskeletal symptoms.</p> <p>Appl Ergon 1987;18:233–237</p>	<p>The original 1976 scale does not subdivide the segments of the lower arm. We used a revised version (see Evaluation of Human Work, 3rd edition, pp473) which does include hand and wrist.</p> <p>The Nordic Musculoskeletal Questionnaire does not include any reference to intensity. This paper is a cross-sectional analysis, however the broader intervention from which it is drawn sought to detect any changes in self-reported discomfort in order to measure the effectiveness of an intervention. As a result a measure of intensity was required.</p> <p>Secondly, we sought to apply a measure which has been used in a similar UK based study so that our results would be directly comparable.</p>	No change.

Comment A13: Whether other confounders of MSPD taken into consideration ?	Other confounders are listed in Table 2.	No change.
Comment A14: Why ? Please provide a break-down of industry characteristics in a table.	Accepted.	A table has been provided.
Comment A15: A sentence starting with a numerical	Accepted.	This sentence has been corrected.
Comment A16: ? Any justification	These were the areas of highest prevalence.	This has been clarified.
Comment A17: Not all such factors evaluated in this study	We did not evaluate all psychosocial factors in this study. This is a limitation.	No change.
Comment A18: Please provide a break-down	Accepted.	This has been clarified with the inclusion of an additional table.
Comment A19: ??	Accepted	This has been re-worded.
Comment A20: Citation number missing.	Accepted.	This has been corrected.
Comment A21: ? other categories	We did not collect data on any other time periods.	No change.

Reviewer 2:

Manuscript – embedded comments

Reviewers' comment	Authors' response	Changes made
Comment IHC1: Please add 1-2sentences	Accepted.	Sentences (Background) have been added.
Comment IHC2: Please include 3-5 words which are not in your title	Accepted.	Additional words added.
Are there any genuine hypotheses for this study?	We sought to understand the relative contributions of individual and organisation, physical and psychosocial factors to MSPD. This is implied from the Abstract and the Introduction.	No change.
What do you mean by membership?	Membership refers to employment within the same workgroup.	No change.

What are these independent variables??]	These are provided in Table 2	Reference to Table 2 included.
NOT SURE WHY a cut-off point of 0.25 is selected!! Is it based on Wald test?	The 0.25 cut-off point was selected by convention.	This section has been rewritten.
Is this whole-body vibration?	This refers to any vibration	This has been clarified.
GENETIC? – any reference??]	References have been added.	References added.
Why is that? Any elaboration on these conflicting findings?	Accepted.	This has been clarified.
Really! Any reference?].	Accepted.	Reference added.
This is not the right reference – this is a text book per se and not updated for a while with right references	Accepted.	Updated reference added.
Can you comment on the responses from Non-English speaking background population. Do you think some of the responses would have influenced by their non-English speaking background?	While information on participants from a NESB background was collected all had sufficient English-language literacy to participate in the study. This was not significant in either the bivariate or multivariate analyses.	No change.
Previously or by your team?.	These have been previously validated.	Clarified in text.
Not sure why this sentence is written as a separate paragraph. Please move to previous paragraph.	Accepted.	Sentence moved.
This table should be reformatted with first column as Gender, Age, Language,.....and other column with Results	Accepted.	Table reformatted.
How did you classify workload – based on what definition?	Workload was based on the definition used in the Dictionary of Occupational Titles.	
Not sure why “Exposed to vibration” was identified as the only factor – what about lifting and other activities –	Other factors are incorporated in the definition of workload used. Vibration is not	No change.
I presume this Vibration is related to “Mining occupations” but not sure why this is singled out??	Vibration was one factor we chose to explore further.	No change.
What is Workplace Average???	This refers to another component of the study not reported here.	Deleted
#Action or Maintenance stage What is this????	This refers to another component of the study not reported here.	Deleted

Reviewer 1:

Review Form comments

Reviewers' comment	Authors' response	Changes made
Topic is very important although manuscript needs to be revised and reviewed		
Reviewer #1		
<p>1. Logical, concise ordering of ideas</p> <p>Not satisfactory. Some discrepancies were noted in the flow of the manuscript. The first paragraph in 2.1 is better included in the introduction. “Purposive” recruitment of industries is noted only in the results section.</p> <p>The language used is more professional and standard.</p>	<p>The overall comment is not consistent with the comments of Reviewer 2.</p>	<p>The information contained in the first paragraph of 2.1 has been moved the Introduction. The use of purposive sampling has been included in Section 2.1.</p>
<p>2. Use of sound research methods, analysis, & interpretation</p> <p>2a. Research methods: Representativeness of heterogeneous organizations is questionable. The sample selection needs to be more elaborative. The basis of sample selection and a justification are not included. Selection of participants seems to be not objective, This needs further clarification. Please mention how the selection bias was minimised.</p> <p>2b. Contradictory statements noted: 2.1 paragraph 2: “employees who undertook similar manual tasks” versus 2.1 paragraph 3, last sentence: “ a wide range</p>	<p>We used purposive sampling in order to recruit companies with an identified risk of MSDs.</p> <p>These contradictory statements have been clarified.</p>	<p>More information on the purposive nature of the sample has been provided.</p> <p>This has been clarified in paragraph 2 and paragraph 3 of section 2.1.</p>

<p>of occupations and tasks were represented”</p> <p>2c. Evaluation of musculoskeletal pain is the most crucial part of this study. All the analysis and interpretation are based on this. However, the reviewer thinks that further clarification and justification are necessary on the use of Corlett and Bishop’s scale (1976) vs Nordic Musculoskeletal Pain scale which has been developed essentially to evaluate musculoskeletal pain in an ergonomic setting. Corlett and Bishop’s scale does not include hand or wrist discomfort – this is the major drawback considering the study participants who undertook similar manual tasks. On the other hand, it is not specific for evaluating musculoskeletal pain. Please refer to Kuorinka I, Jonsson B, Kilbom A et al. Standardized Nordic questionnaires for the analysis of musculoskeletal symptoms. Appl Ergon 1987; 18: 233-237.</p>	<p>The original 1976 scale does not subdivide the segments of the lower arm. We used a revised version (see Evaluation of Human Work, 3rd edition, pp473) which does include hand and wrist.</p> <p>The Nordic Musculoskeletal Questionnaire does not include any reference to intensity. This paper is a cross-sectional analysis, however the broader intervention from which it is drawn sought to detect any changes in self-reported discomfort in order to measure the effectiveness of an intervention. As a result a measure of intensity was required. Secondly, we sought to apply a measure which has been used in a similar UK based study so that our results would be directly comparable.</p>	<p>No change.</p> <p>No change.</p>
<p>2d. What is the working definition for “MSPD”? Was this adequately explained to the participants? How do you assure that what you measured is MSPD and not something else?</p>	<p>The definition for participants was “any musculoskeletal pain or discomfort.” The questionnaires were administered during a face-to-face interview. Where clarification of “discomfort” was required it was provided to the participant.</p>	<p>No change</p>
<p>2e. Evaluation of MSPD has been restricted to the previous 7 day period. In an ergonomic context, not implicated is chronic/recurrent MSP. This type of MSP is crucial for the present health status as well as for evaluating consequence in the future. Recurrent pain cases have a more chronic evolution, lead to greater disability and require increased medical attention. A justification as to why a short pain recall period was used she be included.</p>	<p>We used a 7 day period to minimise the effects of recall bias. This is stated in the last sentence of paragraph 2 under 2.1. This also provided direct comparability of our results with a similar UK based study.</p>	<p>No change.</p>
<p>2f. Correlates of MSPD: Whether other confounders</p>	<p>Other confounders taken into consideration are in</p>	<p>No change.</p>

of MSPD were taken into consideration is not mentioned.	Table 2.	
3. Adequacy of documentation		
3a. The introduction does not adequately justify the significant of this study and how the findings could be utilized, for example, for whom it would be applicable and what could be done out of the outcome. It does not follow a funnelling sequence.	Accepted	An additional sentence outlining the relevance of the findings has been added.
3b. There is no evidence within the manuscript to acknowledge the “multifactorial scope” of the questionnaire mentioned in the discussion. MSPD (in last 7 days) is only categorized in to “any” and “severe: in the table. Readers expect a wider picture of MSPD in participants. Please provide a break-down wide range of industries. Discussion: Whether it revisits the methodology adopted is questionable.	A breakdown of industries has been provided.	A breakdown of industries/workgroups is now provided in Table 1.
3c. Not all psycho-social factors affecting MSPD have been evaluated in this study. This needs to be explained. Interpretation is satisfactory and is presented considering limitations of data and methodology. However, there is a query over the generalizability of the results.	Agreed. We decided to explore one particular aspect – job satisfaction.	This has been clarified.
4. Consistency with this Journal's purpose The present manuscript is consistent with the WORK purpose.		
5. Readability The manuscript is well-written and readable.		
6. Originality of ideas Good.		
7. Timely content Content of the manuscript is timely.		

Reviewer 2:

Review Form comments

Reviewer #2		
1. Logical, concise ordering of ideas Yes		
2. Use of sound research methods, analysis, & interpretation Yes		
3. Adequacy of documentation Yes		
4. Consistency with this Journal's purpose Yes		
5. Readability Must be revised [Note: inconsistent with commentary under "Additional comments" below]		
6. Originality of ideas Good		
7. Timely content Yes		
<p>Additional comments</p> <p>The manuscript is well written, and considering the fact that this study administered questionnaires face-to-face, it is a unique study, and relevant for the journal audience. However, it needs minor revisions as indicated below.</p> <p>General comments</p> <p>1. Title of the manuscript needs revision, The following text might help:</p> <p>Musculoskeletal pain and discomfort and associated worker and organizational factors: A</p>	Accepted.	The title of the manuscript has been changed to - Musculoskeletal pain and discomfort and associated worker and organizational factors: A cross-sectional study

<p>cross-sectional study</p> <p>OR</p> <p>A cross-sectional study on musculoskeletal pain and discomfort and associated worker and organizational factors</p> <ol style="list-style-type: none"> 2. Avoid too many abbreviations – MSDs, MSPDs...stick to MSPD and please delete MSD. 3. Tables need to be revised. Please check the percentages in the Supplementary Data Item 1. 4. Some references do not have the Journal names and some are textbook references. Please see the PDF provided for the author's benefit. 	<p>Accepted.</p> <p>Accepted</p> <p>Accepted.</p>	<p>MSD abbreviation removed and replaced with 'musculoskeletal disorders'.</p> <p>Tables have been revised and percentages corrected.</p> <p>The references have been corrected. Where textbooks are referred to these are the most recent editions.</p>
<p>Specific Comments</p> <ol style="list-style-type: none"> 1. Discussion is OK but needs more depth. Please expand upon a few statements (as enclosed in the PDF). Instead of saying "our findings agree with some and do not agree with others"!! 2. Table 4 – Although "lower back" responses were non significant, the non-English speaking personnel seem to play a role in the results! I am wondering if the authors can comment on that. 3. Since the authors collected data from 	<p>Accepted.</p> <p>While information on participants from a NESB background was collected all had sufficient English-language literacy to participate in the study. This was not significant in either the bivariate or multivariate analyses.</p> <p>While the employees of mining companies were</p>	<p>This area how now been expanded.</p> <p>No change.</p> <p>A table outlining the industries and workgroup</p>

<p>mining-related occupations, the vibration might have been the risk factor for low back pain although authors failed to look at other exertion factors such as lifting, lowering, pushing, etc. Singling out vibration seems to be a BIAS by these authors!</p>	<p>included in the study those particular workgroups were not miners. They worked in support roles including administration and logistics.</p>	<p>characteristics has been added (TABLE 1).</p>
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