Reviewer’s report

Title: Exploring the differential impact of individual and organizational factors on organizational commitment of physicians and nurses

Version: 0 Date: 27 Aug 2017

Reviewer: Jean-Louis Denis

Reviewer's report:

Thanks for this very interesting and relevant manuscripts. As an initial remark, I must say that I have an intuitive knowledge but not an-in-depth knowledge of the methodology/statistics used in this research. Overall, in my view, the methodology/statistics used seem appropriate and careful methodological tactics were used to increase the robustness of research findings and interpretations. Moreover, the section on limitations of the study is also well argued in my view. My additional comments will relate mostly to the conceptual background of the paper and the interpretation of the research findings. These comments are more of a formative nature and aims at minor improvements/enrichments of some aspects of the paper. The paper aims at assessing empirically individual and organizational commitments of physicians and nurses within neonatal units in German hospitals.

The rational and conceptual background of the paper are well developed. Organizational commitment in a context of nursing shortage in many health systems is an important issue. For physicians, this may be less a question of shortage than of getting more contribution of the medical profession as a group around issues of utilisation of resources and quality and safety of care. In this regard, the authors may have provided some more contextual information about the relation between medical doctors and organizations in German hospitals. This may help in understanding the context in which the issue of organizational commitment takes place. In addition, the authors deal with the construct of organizational commitment. Others works, mostly related to medical doctors, have focused on the concept of engagement and physician engagement. The authors may wish to add in a couple of sentences how their work on organizational commitments differs from the studies (and construct) of engagement. This may
also help later in the paper to put their research findings in the broader context of others studies in healthcare that deal with similar issues. Having said this, I appreciate in the conceptual background of the paper the definition provided of organizational commitment and the three dimensions identified by the authors. I understand that the research focus essentially on affective commitment as one dimension of organizational commitment. The authors can have elaborated more the rational behind this decision in my view. Similarly, the rational behind dimensions retained to assess empirically "Organizational structure" may have been more developed in the paper. I am not saying that they are not relevant or appropriate but it is difficult to understand how "perception of quality of care" can be considered an element of structure and "organizational support" may be seen less as a property of structure than as an attribute of leadership or managerial behaviors. Some more justifications around the meaning of organizational structures variables in this study may be useful to better understand the décisions made by researchers in this regard.

Regarding research design and methodology, the study is based on a survey of 66 units and the population of nurses and physicians practicing in these units. The researchers got a very high response rate for this type of Survey (67.6%) - however it was not clear from the paper the differential response rates that they got from physicians vs nurses (see p. 8). On page 6, the authors mentionned that data from three different sources were matched for the analysis. It is not clear for me if data on work experiences and organizational commitments were gathered in the same self-Survey questionaires of employess. May be some more information can be provided here. Regarding the empirical results of the study and their interpretation, the authors reported that 90.1% of the variance in organizational commitments can be explained by différences between individuals. Part of these results is explained by the impact of longer tenure in employment on organizational commitments. If we hypothesize some mobility on the labour market of these Professional groups (this is an hypothesis and I can't say if this is true in the context of the study) , one may argue that professionals (nurses and physicians) who stay longer are more satisfied and the others have moved to another organizations. I understand that the authors raised some of these questions in the section on the limitations of the study, but I think they may elaborate on some alternative hypothesis in the interpretation of their findings. Also, some variable like individual support from leader and colleagues may also be positionned more as organizational variables than individual variables. Some milieu may have attributes that create
an environment more favorable for commitment by "employees". On page 17, the authors discussed the impact of work experience, namely in that case support from colleagues and leaders, and the importance of this variable for the organizational commitments of physicians. The interpretation proposed by the authors of this finding may be plausible but may need some nuance. Again, this may be a matter of context and it may be different for medical doctors in the German context. In others contexts that I am aware of, medical doctors have a very high status and they expect a lot of support and attention from their organizations. They are usually well organized as a group and in a position to voice their demands. I am not saying this in a negative sense, but I think the support that medical doctors may received or perceived to receive may be dependant also to their ability to voice their demands and not just to the requirements of their tasks or the scope of their responsibilities. May be the authors will wish to consider this hypothesis also as part of their interpretation of their findings. The results showed that individual autonomy is an important determinant of commitment for nurses. Again, the differences in the Survey between physicians and nurses in this regard may need some more attention in the discussion of the research findings and in the conclusion of the paper.

As I underlined earlier, I really appreciate the paper and my comments aim more at getting the full potential of this manuscript. I made suggestions to nuance or elaborate some interpretations of the research findings, to better convey the rational behind some elements of the conceptual background of the paper and to put in dialog this study with some works on engagement in healthcare. I understand that some of my comments may related to the need to provide in the paper some more elements on the context and professions within the German healthcare system including the relation between physicians and hospitals. Finally, I think the authors may want to underline the specificities of highly specialized care and/or neonatal units where commitments to task and affective engagement at work may be different than others units or areas of care.
I hope these comments are helpful and thanks again for this very fine study.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes
Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.
Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.
Yes

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