Author's response to reviews

Title: The impact of employee level and work stress on mental health and GP service use: an analysis of a sample of Australian government employees.

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To The Editor
BioMed Central Editorial Team

Re: MS 7084466237044572 - The impact of employee level and work stress on mental health and GP service use: an analysis of a sample of Australian government employees.

Thank you for your Email correspondence of 19 July concerning the above manuscript. We have now revised our paper in light of the reviewer's report and have addressed concerns of the reviewer as follows:

Major Compulsory Revisions

1. 'Judging from Table 1 the Australian Public Service appears to have an existing employment grade structure ...the authors do not use this but instead construct their own ranking measure...'

We appreciate that our presentation of our employee categories was open to misinterpretation. Our categories of employment, which we had labelled 'rank', comprised groups of already recognised employee levels within the public service. Thus, participants who reported that they worked as employees at the Australian Public Service (APS) Level 1 to Level 4 were categorised as 'Junior' employees; those at APS Level 5 or 6 as 'Intermediate' employees and so on. This grouping was used to combine employees of broadly equivalent levels of responsibility and to allow us to use reasonably sized groups of participants when undertaking our analyses. We have now replaced the term 'rank' with 'category' or 'level' of employee. We have provided further explanation of our method of grouping in the Methods section (last para page 5) and have also revised Table 1 to make it clear that our categories comprised combinations of existing employee levels.

2. 'We do not know whether Tables 2 and 3 adjusted for any sociodemographic measures ...such adjustment would explain the lack of employment grade gradient in health.'

Results in these two tables were not adjusted for potential confounders. We have amended table headings to specify that mean measures were used (Tables 2 and 3).

3. Whether findings were unadjusted or adjusted, the authors need to discuss at some length why employment grade was unrelated to either mental or physical health.
We have now expanded our discussion of this finding (para 1, page 13). We are unable to identify specific reasons for these findings and can only offer tentative reasons why employment level is not associated with health measures in our study.

4. It would be helpful to include a measure of self-rated health as 806 participants should be sufficient to demonstrate a gradient in this measure if it exists.

We have now included analysis of this variable in the results reported in Tables 3, 4 and 5. As seen in Table 3, the results for this health measure are similar to those for other health measures. There is no significant difference in self-rated health across level of employment for either men or women.

5. Need to justify assertion that the household responsibilities score has the potential to modify an individual’s assessment of work characteristics.

We have revised this sentence to note that household responsibilities, as with life events, have the potential to affect an individual’s mental health, independently of their level of work stress. For this reason this measure was taken into account when we examined associations between work stressors and health measures in the regression analyses (para 1, page 7).

6. Provide distributions of all sociodemographic variables across employment grades.

We have now included mean years of education, household responsibility score, and number of life events for all five categories of employee in Table 2.

7. In Methods section work characteristics are defined as a score but have been used as categorical variables in Tables 4 and 5.

We now recognize that our use of the term “rank” was misleading. As previously explained (see Point 1), we have now clarified that participants were grouped into 5 mutually exclusive employee categories according to their position level in the public service and that this five-group classification was used in all analyses. In the regression analyses, we used the most senior of these ‘Executive’ as the reference group and examined the relative contribution of being in a lower employee category to participants’ health measures.

8. It would be helpful if the authors could explain interpretation of the change in R2 statistic for incidence rate ratios.

We have added sentences in Footnote b for both Tables 4 and 5 to explain that the change in R2 measure for negative binomial and Poisson regressions can be interpreted as the estimate of improvement in fit of the regression model due to employee level and work stress factors.

Minor Essential Revisions.

9. Most of information in paragraph 3 of the Background should be moved to Methods section.

We have now shifted the information on Canberra and sample to the Methods section, para 1, page 5.

10. Sample in the Whitehall II study included all employees in 20 government offices regardless of profession.

We have amended this section to specify that our sample comprised office-based employees developing and implementing government policy and have removed the reference to Whitehall II.

11. Findings concerning sex-differences in health consequences of job insecurity have been reported previously.

We have now amended our discussion on this topic to include references to previous research which has reported similar findings (end of last para, page 14; also References 22 and 23).

12. Previous research on job insecurity and health service use has also been conducted.

Again, we appreciate this advice and have referred to the Beale and Nethercott research in our discussion (para 1, page 15 and reference 26).
13. The discussion of the finding that men with shorter working hours use additional GP services does not refer to the well-known differential in self-referral rates as a possible explanation.

Our primary focus in this discussion was not to compare men's and women's rates of service use but to emphasise that, when men were considered separately, those with shorter working hours were more likely to obtain GP care, compared with men with longer working hours.

We have now reworded this paragraph. While recognizing that working hours is less likely to impact on women's decisions to schedule health care, we suggest that having fewer working hours may well be a needed, additional opportunity for men to obtain needed care (page 15, last two sentences)

We have reformatted our paper to conform with requirements as specified in the BMC medicine journals Author's checklist for manuscript formatting.

We hope that with these revisions, the manuscript is now considered suitable for publication.

Yours sincerely

Ruth Parslow