Author's response to reviews

Title: Pride and Confidence at Work: Potential Predictors of Occupational Health in a Hospital Setting

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Author’s response to reviews: see over
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Title: Pride and Confidence at Work: Potential Predictors of Occupational Health in a Hospital Setting

Author: Kerstin Nilsson, Anna Hertting, Inga-Lill Petterson, Töres Theorell

Thank you for the review of the manuscript above. The first reviewer (# 1, R J Burke) did not have any suggestions for changes. We have therefore made changes in the manuscript according to the reviewer’s (# 2, Birgit Aust) comments. All changes are marked with bold in the article text.

General

Reviewer's report:
“The authors choose a qualitative approach for their investigation, which seems highly appropriate since the goal was to achieve a deeper understanding of their previous quantitatively assessed - findings.”

“Although this is an interesting study, the following comments are quite extensive and I suggest that the authors should first respond to this review before a decision on publication can be made (major compulsory revision).”

Authors’ response:
We would like to clarify the following:

Comment to the background chapter of the manuscript

Reviewer's report:
“In one sentence they refer to work support and it is not clear if this is the same as social support at work.”

Authors’ response:
Work support has been changed to social support at work.

Reviewer's report:
“there is the need for a better understanding of for example of what exactly is meant by control at work and how and in which different ways it improves employees health.”

Authors’ response:
To clarify the above comment, the following text segments have been inserted in the section “Health promotion at the workplace”: “Ever since the demand–control model was introduced [13], increased decision latitude has been perceived as an important element in health promotion in the workplace. In a longitudinal study an improved relationship between decision latitude and psychological demands has been shown to be related to a rising serum concentration of testosterone, which is an index of increasing regenerative bodily activity [14]. In different controlled experiments it has been shown that efforts to improve decision latitude for
employees are associated with improvements in morning serum cortisol [15], decreased staff turnover and decreased sick leave [16].”

“Health outcomes could be predicted, as there is a correlation between positive self-rated health and a lower risk of future sickness and death [17]. Research has also found that satisfaction with one’s place of work and professions are important predictors for positive good health [18].”

“In another extensive longitudinal study in a health-care setting it was found that workmates or managers freezing out employees, and employees’ experiences of negative and threatening changes at the workplace are of importance for long-term sick leave [20].”

Reviewer's report:
“In the section about Leadership and personal health (employees health would be a better term).”

Authors’ response:
The term “personal health” has been changed to “employee’s health”.

Reviewer’s report:
“they do not give a definition of the transformational style and also not of the transactional leadership style”

Authors’ response:
Bass’ (1998) description of leadership is suitable as leadership theories are integrated. The following understanding is given in accordance with Bass: “Transformational leadership contains elements of charismatic leadership, inspirational motivation, intellectual stimulation and individual consideration,” and “Transactional leadership includes management-by-expectation, and contingent reinforcement and rewards.”

Reviewer's report:
“The authors conclude that there are divergent opinions concerning leadership style and its impact on employees health. Instead of opinions it might be better to say there are different and inconclusive findings.”

Authors’ response:
The text is changed to “different and inconclusive findings”.

Reviewer's report:
“The authors point out that their interview study can acquire knowledge in this area and I think they mean acquiring specific knowledge to help clarify if a transactional leadership style might have positive effects on employees health - but this is not stated clear enough. I recommend stating this goal very clear, as I think that the study provides much material in this respect. Especially the finding that transformational leadership was found to be most efficient when management by team is a reality and the organization is development oriented, fits very well with the findings in this interview study and should be taken up again in more detail in the discussion part.”

Authors’ response:
The section the reviewer refers to has been changed in the following way: “From the review of research in the field of management, there are studies supporting the view that leadership is one factor that influences job
satisfaction. However, there are different and inconclusive findings concerning leadership style and its impact on employees’ health.

In the present study the purpose was to understand how employees succeeded in retaining their health and going beyond the stable (positive) health trends in the two selected departments in a period of turbulence [5]. By focusing on experienced health determinants in management at department levels, we expect to acquire knowledge about health-promotive factors for employees working in health care organisations. In this study we identify management as a phenomenon where both managers and co-workers participate.”

The discussion section mentioned above has been further developed. See changes in discussion below.

Comments about the study design

Reviewer's report:
“The authors clearly state that open-ended interviews were used, however it is not explained why and what exactly they mean by open-ended interviews. Although some themes for the interviews are named, some more details of the interview procedure should be given. (Did the interviews always start with the same question, did they follow a certain order of topics etc.)”

Authors’ response:
Changes have been made in the following text in accordance with the reviewer’s comments:
“The thematic interviews were unstructured, in accordance with Silverman [34]. This implies that each theme was discussed in every interview, but in different sequences depending on how the interview developed.”

Reviewer's report:
“To provide the reader with more insight into this area the authors should reveal how and why the 17 interview partners were selected for the interviews.” “However it is not clear what is meant by different experience. Number of years in the department? Although it is shortly described that the respondents were managers and key persons, it is not clear if it was mostly managers and if also more regular employees have been asked.” “Was the goal of the sampling to reach maximum variation in perspectives and views? Or was there a different goal? Was the sampling done until redundancy in data was reached? Or were all 17 interview partners chosen at one time?”

Authors’ response:
The selection of departments and respondents are further described in the following texts:
“These particular departments were selected as they had all-round health care, such as nursing wards, assessment units, as well as care and treatment wards for outpatients. One of the departments specialised in neurological care with the district as catchment area, and the other in gynaecological ontological care with an extended region as its catchment area. The respondents were managers and selected key persons among the co-workers, including all managers, both on department and ward level, and co-workers including physicians with medical responsibility, staff with special care responsibility and a trade union representative (see table
1). Twelve of the interview persons were women and five were men. All of them were middle-aged, and all had experience from the same department during the whole study period (1994-2001).

Table 1 – Participants

<table>
<thead>
<tr>
<th>Participants’ function (profession)</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of department (physician)</td>
<td>2</td>
</tr>
<tr>
<td>Ward sister (nurse)</td>
<td>4</td>
</tr>
<tr>
<td>Assistant ward sister (nurse)</td>
<td>2</td>
</tr>
<tr>
<td>Medically responsible (physician)</td>
<td>3</td>
</tr>
<tr>
<td>Responsible for medical secretariat (medical secretary)</td>
<td>2</td>
</tr>
<tr>
<td>Responsible for occupational therapy (occupational therapist)</td>
<td>1</td>
</tr>
<tr>
<td>Responsible for cancer nursing (nurse)</td>
<td>2</td>
</tr>
<tr>
<td>Trade union representatives (assistant nurse)</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17</strong></td>
</tr>
</tbody>
</table>

“The heads of the departments, in agreement with the research team, selected the interviewees, who were chosen to reflect varied experiences of working conditions, the leadership in the organisation and professional tasks.”

Comments about the data collection

Reviewer’s report:
“In my view the description of the selection of the departments for this study should be moved to the method part since it is a part of the description of the study population and the sampling. Also it should be explained why only two out of four possible departments were selected for this interview study and what the selection criteria to choose these two were. Furthermore, at least the two chosen departments differ from the other 20 departments in some aspects: they are smaller than (all or most?) of the other 20 departments and they are highly specialized. Although this information is discussed later in the text, the authors should state these special features of the chosen departments right away (in the method section) and they should also give the reader some more background information. For example: How big are the other departments on average? How much more specialized are the two chosen departments compared to the other 20 departments?”

Authors’ response:
The selection of the departments is described in the inserted text:
“These particular departments were selected as they had all-round health care, such as nursing wards, assessment units, as well as care and treatment wards for outpatients. One of the departments specialised in neurological care with the district as catchment area, and the other in gynaecological ontological care with an extended region as its catchment area.”

The descriptions of the departments in the result emerge from the analysis of the interviews. This is the reason why it is not presented in the method section.
Comments about the data collection

Reviewer's report:
“Also the participants could be described in more detail. How old were they (on average, range), how long had they worked in the departments/hospital and maybe some other background demographic data should be provided.”

Authors’ response:
Please see the authors’ answer above under section study design.

Reviewer's report:
“Qualitative research involves the researcher as instrument, in this case for conducting the interviews. A documentation of the researchers credentials and previous experience in interviewing should be provided. The researchers role, level of participation and relationship with participants also needs to be described, as they can influence the findings. In my view this applies particularly to this study, since some of the authors have been studying this hospital for many years and a large amount of background information were probably available before the interviews started. Therefore it also seems important to declare the assumptions the authors might already have had about the two special departments.”

Authors’ response:
The interviewer doesn’t have personal experiences from neither the departments nor the hospital, but has participated as co-analyser and co-author in three of the earlier studies at the hospital. The inserted text gives information about the interviewer:
“The interviewer represented the field of nursing research, had many years of experience as a teacher in nursing education, and was trained in interviewing.”

Reviewer's report:
“The authors do describe how the data was recorded and transcribed. However, to give the reader an impression of the amount of the collected data it should also be described how long these interviews usually lasted, how many hours of interviews were recorded and how many pages of transcription were written.”

Authors’ response:
All transcribed interviews “included about 170 pages in all of single-spaced text”. That means that each of the interviews lasted about one hour.

Comment about the data analysis

Reviewer's report:
“Although the authors describe the data analyzing process some open questions remain.” “Also the rational for the development of the themes should be described. These steps provide evidence that the findings are representative of the data as a whole.”

Authors’ response:
Inserted text in the data analysis section clarifies the process of analysis:
“Interviews with respondents from the two departments were analysed together, as the phenomenon of interest was to identify potential contributing factors to stable health.”,
“These groups were given preliminary names.”
During this comparative procedure the groups were reduced in number and expanded in content to finally form three themes with accompanying sub-themes.

We have inserted one section about methodological considerations, where we discuss the interviewers’ experience, the research teams’ preconceptions, problems inherent in the role of co-analyser, limitations in interviewing and respondent validity:

“Prerequisites for attaining the respondents’ descriptions were supported by the interviewers having no previous experience of these departments. Openness and a friendly atmosphere characterised the interview situation, which made it easier for the interviewees to say what they wanted to say in the present situation [34].

In the analysis phase there is always a risk that preconceptions about the studied field of research could influence the process. Preconceptions can be an advantage, as an intimate knowledge of the field facilitates discovery of nuances in the interviewees’ statements. But, on the other hand, there is a risk that a field that is too well-known can blind the researcher, who may thereby miss new angles of incidences on the studied phenomenon. To minimise these methodological pitfalls we reflected on this problem together and tried to be aware of our preconceptions in all research phases [34].

In this study we used a co-analyser, which also demands awareness during the analyses. Having a co-analyser could be an advantage, as two people are always able to discover more than one. But it is necessary to point out that there is a risk that the analysers strive for consensus, which in its turn could reduce variation in the content of the themes [34].

In order to validate our tentative findings we gave feedback to the respondents, to receive their reactions [34]. Hence, the findings were discussed in managerial group meetings, resulting in minor modifications. Good agreement supported high face validity.”

Comments about the results

Reviewer’s report:
“The result section starts out with the main result presented in table 1. But because it is not explained by which process the authors got to these categories (see comments above) the reader can not find out how these results were developed out of the interviews.”

Authors’ response:
The above clarification will hopefully help the reader understand the process of analyses.

Reviewer’s report:
“However, the authors always use just one interview excerpt to back up their themes. In some cases it would have been interesting to read comments from different perspectives (i.e. managers and employees). That request includes that the position of the interview partners should be declared when excerpts are presented.”
**Authors’ response:**

There is an interesting discussion as to whether quotations that strengthen results should show a corresponding relation to all interviews or not. In this study we have focused on the phenomenon of what could contribute to stable health. Showing to what extent the quotation corresponds to all interviews is therefore not of interest. Instead our intention is to show a dynamic and holistic picture of aspects that are found of the phenomenon, whether these aspects are expressed by one individual or all.

**Reviewer's report:**

“As mentioned already above, in my view the authors should have tried to find themes in their material that refer back to already more or less established health-promoting aspects.”

**Authors’ response:**

In this qualitative study our intention is to expand predetermined concepts related to work environment research. Therefore, we use an inductive approach. The inductive analyses of the interviews showed the described themes. The respondents’ descriptions of management in the two departments could be interpreted as transformational, and this is one of several possible important factors influencing the stable trends, both in mental health and long-term sick leave rates, during the period 1994-2001.

**Reviewer's report:**

“the authors mention all of these activities in their themes, they focus more on the softer sides of these aspects (for example team-spirit instead of team-work).”

**Authors’ response:**

Team spirit is a result of the inductive analyses of the interview text and illustrates the favourable work climate. The identified organisational conditions are the basis for the possibility to develop the approaches and attitudes in the organisation, which are expressed in terms of favourable work climate. The two core dimensions are a result of conditions, approaches and climate.

**Reviewer's report:**

“It seems surprising that almost no differences seem to exist between the two departments. Are they really so similar?”

**Authors’ response:**

In this study we are interested in experienced descriptions of conditions in working life, which from the respondents’ perspective promote employees’ health. Therefore, a comparison of experiences between respondents from different departments is not of interest here. The focus is on the phenomenon.

**Reviewer's report:**

“Also some more critical voices would have been interesting to hear, because they could have shown that even in these departments some problems remain.”

**Authors’ response:**

The following sentences in beginning of the discussion section describe existing problems in the departments: “In the results the picture of the departments might be considered too positive. Actually booth departments
have gone through several difficulties such as mergers, and never-ending cuts in resources. Other difficulties have been conflicts about the philosophy of caring, as well as ongoing problems with organisational structural reconstruction. Consequently, these departments faced problems in the same way as others did.”

*Comments about the discussion and conclusion of the manuscript*

**Reviewer's report:**
“I think this discussion needs a clearer structure, which could be developed out of a clearer definition of the specific goals of the study.”

**Authors’ response:**
Clarifications have been added in the background section (see answers above). The discussion section has further been developed with the following text segments:

“A recently published study of long-term sick leave among women found that there was a greater risk of women tumbling out of the system in big and hierarchically organised workplaces [44]. From that perspective the small departments studied might be seen as protectors from long-term sick leave.”,

“The managers seem to empower the co-workers to take responsibility for their work. Such an empowering leadership style [23] makes it easier for the employees to experience their competence and power to fulfil common goals [25]. The employees are given a more active role from their managers and thereby an opportunity to expand their decision latitude [13-14]. An empowering leadership style contributes to a more equal manager – employee relation.”,

“Intellectual stimulation as one aspect of transformational leadership deals with motivating employees to tax their resources to be innovative and creative, both in developing work tasks and solving problems [23]. The leadership style used in the departments leads in turn to the important components active problem-solving, support for coping, good communication and learning organisation.”

and “In this respect the small size of the studied department could be an advantage, as managers and co-workers have many opportunities to communicate. By applying ‘management by walking around’ they could more easily pay attention to the individual employee [23].

**Reviewer's report:**
“A number of concepts and important aspects are discussed but it is not really clear what the authors consider as being the most important or central element(s).”

**Authors’ response:**
The conclusion section has been expanded in the following way: “Our core determinants augment the well-established concepts manageable, comprehensive and meaningful. The core determinants interpreted in the themes organisational conditions, approaches and climate seem to be favourable conditions, functioning as a buffer against general negative effects of downsizing observed elsewhere in the hospital, and in the literature.”
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published.

Authors’ response:
Corrections have been made by a professional British reviewer/translator with extensive experience in translation of research texts.

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests.

We hope you will find these alterations satisfactory and that the manuscript can now be accepted in BMC Public Health.

Sincerely yours
Kerstin Nilsson on behalf of the authors