Reviewer’s report

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

Version: 1 Date: 13 June 2005

Reviewer: Birgit Aust

Reviewer’s report:

General
In the context of a larger longitudinal research project that studied the health effects of downsizing in a large University hospital, it became apparent that a few departments did not show the adverse health effects found in the other departments. This interesting finding motivated the authors of this study to take a closer look into some of these extraordinary departments and try to identify specific conditions and circumstances that contributed to the stable health status of the employees. 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.

Qualitative studies are still not very common in occupational health, although more and more acknowledge that they are important. To review qualitative studies a whole different set of review criteria need to be applied as qualitative studies have their own rational, theories, methods etc. Just like in quantitative studies, these criteria can be used to assess the validity of qualitative studies.

Review criteria for qualitative studies
Several lists of review criteria for qualitative studies exist. For this review I used the guidelines developed by a group of researchers at the McMaster University in Canada, which I found very helpful (http://www-fhs.mcmaster.ca/rehab/ebp/). Although these guidelines have a special focus on studies in the field of occupational therapy, almost all of them can be applied to qualitative studies in general. In my review I followed their Critical review form for qualitative studies and used their accompanying guidelines for further comments and explanations. Since I did not address all aspects, I recommend that the authors also take a look at these review criteria.

Although this is an intersting 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).

Comment to the background chapter of the manuscript
The authors give a short summary of the previous studies conducted by them in this hospital. Referring to their own as well as other findings they review what is known about negative health effects due to specific aspects in the psychosocial work environment as well as negative health effects of downsizing.

In a preceding paragraph on health promotion at the workplace they review which positive aspects in the psychosocial work environment have been identified as having a favorable influence on employees health. They refer for example to the importance of having control about work, social support and a meaningful job. In one sentence they refer to work support and it is not clear if this is the same as social support at work.

In the section about Leadership and personal health (maybe employees health would be a better
term) the authors review some studies showing that a transformational leadership style seems to be empowering and through this, positively influences work satisfaction, but they do not give a definition of the transformational style and also not of the transactional leadership style, which they report does not have these beneficial effects. Finally they point out that others - among them one of the authors of this study were not able to confirm any impact of (any?) leadership style on subordinates health. 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.

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.

The goal of a literature review should be to identify gaps in the current knowledge and thus justify the need for the study being reported. While this was somewhat done with regard to the leadership style issue, no gaps were identified in the first part about the health promoting aspects at work. Rather, the authors give the impression that much is known about health promoting aspects at work and there is no discussion of conflicting findings. However, to my knowledge the picture is not quite as clear and 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. The same can be asked for social support and many of the other aspects mentioned. A clearer identification of the gaps and the specific interests of the authors would give the study a clearer structure. For example it would help to understand why certain aspects were discussed in the interviews and why the authors thought that these were interesting themes.

Comments about the study design
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.)

A central element in qualitative studies is the purposeful sampling method and procedure. 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. It is stated that the head of the department (but there were two departments and the heads of the departments could also have been interviewed) in agreement with the research team, selected the interview persons and they were chosen with regard to different experiences of the work environment and the management organization. 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. In fact there seems to be a specific focus on managers, leading back to the impression that the role of a specific management style should be investigated. There is, however, quite a difference in what a manager says about his leadership style and what employees think about it. 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?

Comments about the data collection
There is a clear description of the study site, the University Hospital in which the authors already conducted a number of other studies. However a clearer description of the departments is missing. In the background section of their manuscript the authors describe that they found deteriorating
health due to increasing demands in 20 of the originally 24 studied departments, but no information is given about the scale of these health effects.

In four departments they found stable trends both in mental health and in short- and long-term sick leave. The authors report that two of these departments were selected for this current interview study. 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?

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. A more detailed description of the unique characteristics of key informants helps to explain why they were selected.

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.

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.

Comment about the data analysis
Although the authors describe the data analyzing process some open questions remain. The reasoning process of the researchers during the analysis phase should be described more clearly. For example, it is not revealed how many and which themes the authors originally found and how they grouped them together. One idea could be to use a decision trail, which tracks decisions made during the development process of rules for transforming data into categories or codes. 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.

Comments about the results
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.

In the remaining result section the authors follow their structure presented in table 1 and give explanations and examples to each of the sub-themes. Many distinguished aspects of the two departments are described accompanied by interview excerpts and one gets the impression that these are indeed very special departments with extremely high motivated employees and thoughtful and supporting leaders.
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.

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. Instead a number of rather new themes are presented and it seems that these can only be found in these two departments (for example the theme The benefit of the character of care). However, I am not convinced that the fact that these are highly specialized departments in itself leads to this high level of satisfaction and motivation among the employees. The interviews reveal a number of activities that these departments incorporate in their daily routines. For example, the departments have regular meetings between managers at different levels in order to draw up guidelines and to discuss solutions to any problems that might arise, planning rounds with all professional groups are held to discuss each patient case and employees have access to professional counseling if needed. Thus it seems the success of the two departments is actually - at least partly - based on a number of very concrete procedures that lead to active problem solving strategies, good communication and coping support. Although 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). This however makes it harder for others to find out what can to be done in creating a supportive and well functioning work environment. If the findings should be used for intervention studies it is important to point out what can be tried elsewhere.

I also have some more general comments to the result section: It seems surprising that almost no differences seem to exist between the two departments. Are they really so similar? Was that the reason they were chosen? Would the authors have found the same in the other two departments that also showed stable health of their employees? Pointing out some differences between the departments would maybe show that different aspects can be important in different work settings. Also some more critical voices would have been interesting to hear, because they could have shown that even in these departments some problems remain (for example maybe not all employees go along with the high work motivation and willingness to work extra hours).

Comments about the discussion and conclusion of the manuscript
As mentioned above I do not agree with the authors when they write that the results cannot provide certain answers concerning what are generally seen as determining factors for a healthy workplace, since there are certain given conditions for the two departments being studied with regard to the cooperation-oriented nature of their care and their small scale. The departments might have special conditions, nevertheless did the authors find the positive influence of well known aspects of a healthy work environment such as social support, meaning of work, reward (in form of respect), control and learning possibilities. And despite the sentence just cited, in the remaining discussion section the authors link their findings to a number of established concepts in the area of health promoting psychosocial factors at work.

Several remarks can be made about this section: As mentioned above I think this discussion needs a clearer structure, which could be developed out of a clearer definition of the specific goals of the study. For example the authors write that the style of management at the departments can be described as transformational which should be related back to discussion in the beginning of the article.

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). For example, the discussion section ends with the sentence The support, which the co-worker perceives, help him/her to gain control over the work, and this may have contributed to the health trend being stable at the departments. which seems as if control is seen as the central element. The first sentence of the conclusion
section however reads Taken together the core determinants seem to be work-pride and confidence, which with associated strategies appear to contribute to making the work situation manageable, which shifts the focus to work-pride and confidence. Since the last mentioned aspects are also used in the title of the manuscript, it should be noted that the authors themselves did not chose them as themes in their analyses. Also control is not among the identified themes.

Finally, I think the authors should discuss the positive as well as negative aspects of their study. As positive aspects I see that this explorative qualitative study revealed a number of interesting workplace conditions, that confirm and go beyond already existing concepts of health promoting factors at work. As negative aspects they should discuss the limitation of their study. For example it should be explained why they chose only healthy departments and did not compare them with some of the departments that had the most negative health outcomes. Maybe it was not possible? It would have been interesting to see if one could find a kind of negative mirror of the positive elements found in the healthy departments. For further research the authors should consider to use their quantitative data and compare it with their qualitative findings. There seems to be great potential for more studies using triangulation.

**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

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests