Reviewer's report

Title: Working conditions and Work-Family Conflict in German hospital doctors: psychosocial and organisational predictors and consequences

Version: 2 Date: 20 January 2008

Reviewer: Robert R Sinclair

Reviewer's report:

General comments

Thank you for the opportunity to review your work. The study of work family conflict among medical care professionals certainly is an interesting and important topic that bears future attention. The data set seems appropriate for that purpose and I believe that with some important revisions, this manuscript will make a contribution to the existing literature.

Major Compulsory Revisions

1. The most important issue I see with this paper is that there is no clearly articulated statement of what gap this study fills in the literature along with a corresponding statement of what specific hypotheses are being tested and the corresponding rationale for those hypotheses. That is, the paper establishes the importance of studying work-family conflict in physicians (which I definitely agree with), but needs to do a better job of clearly indicating how this study contributes to prior literature in this area. For example, there are dozens of studies of WFC now, it seems important to address what yours adds to this large literature. The best place to address this is on page 4 where there is an abrupt shift from discussing gender differences to the aim of the study. At this point, it seems framed as a largely exploratory study where there is not really an in-depth rationale presented for the specific sets of relationships you investigated. As just one example, the method refers to a relational justice measure, yet relational justice is never defined, the content of the measure is never explained, nor is a rationale for a WFC relational justice measure presented. One way to think about this issue is that a cross-sectional self-report study raises several methodological concerns, which you have identified. In that context, a strong theoretical rationale is more important for justifying a study.

2. I found the wording/discussion of the work-family-privacy conflict to be a bit awkward. Perhaps it is a by-product of the translation, but privacy might not be the best term to capture what you are talking about. For example, many people seem to talk about work-non-work to connote something broader than work-family. Similarly, the term WFC is used throughout the paper with a seemingly broad conceptual referent to refer to the multiple kinds of WFC you discuss in the introduction. However, the measure appears to specifically measure of work to non-work conflict. That is fine, of course, but it seems
important for conceptual/hypothesis development and for interpreting the findings, to make sure that is explicitly recognized in the introduction and throughout the paper. For example, work-to-family conflict and family-to-work conflict often have different correlates. What, if anything, does that past literature suggest about the likely psychosocial predictors of the measure used in the current study?

3. The statistical analysis section can be omitted. Rather, it would be helpful to simply describe which tests you used for each section in the results as they appear, and organized around key questions identified in the introduction.

4. The added value of transforming the 5-point response scale to a 100 point scale was not clear to me. It was not clear how you did it and it made it harder (in my opinion) to interpret the results. I also was concerned about whether some of the findings could be attributed to something idiosyncratic in the transformation. As one example, it is difficult for me to understand how a difference of 52 vs. 57 on the gender difference for job satisfaction described in Table 5 could be significant if those values are from a transformed scale that was originally on 5 scale points, unless the transformation changed some fundamental property of the scale. This gets even more complicated in the figures that cut the 0-100 scale into four 25-point groups, as it is difficult to know how the 4 groups correspond to the original scale values. I would recommend simply reporting the findings in their original scale. However, if you want to transform them for some reason, the analyses should be at least be checked to make sure that the findings are identical.

5. The discussion section includes several analyses that are not discussed in the introduction or results sections. I thought it was interesting and valuable to make the comparisons that you made, but that a rationale for them should be presented in the introduction (e.g., as one of your research questions) and a clarification of how you tested the differences should be explained. For example, each mean is reported with a plus/minus value. Is that a standard error or a standard deviation? That would have important implications for interpreting the results. I also note that the 0-100 transformation might be helpful for making these comparisons, and could be defended for that purpose perhaps, but I still would like to see some evidence showing that the results are similar for the transformed and non-transformed scales.

Minor Essential Revisions

1. I suspect this may be an issue with the translation, but item #3 in the WFC scale refers to “stay laying” due to demands at work “the meaning of that is unclear in English. Perhaps there is an alternate translation?

2. For each scale used in the study, please include (a) the response scale, (b) reliability information (i.e., the internal consistency estimates), and (c) perhaps a sample item.

3. The multiple regression table should report at least the cumulative multiple R
squared for the predictors, if not the change in R2 at each step.

Discretionary revisions

1. It would be helpful to other researchers to consider including the specific measures you used to capture issues specific to hospitals.

2. Figure 1, 2, and 3 seemed unnecessary to me. Figure 1 reports item level data when the scale is probably of most interest. In place of Figure 2 (which frankly, does not add much beyond simply reporting the correlation), I would recommend including the full correlation matrix of the study variables. This is fairly standard practice in the literature and it would be helpful for readers to be able to interpret your results and for subsequent studies that might want to use your findings as part of a meta-analysis. The contribution of Figure 3 also seemed unclear to me.

3. These may be a judgment call or a reflection of different practices across fields, but in psychology at least, the 0 to the left of the decimal point is unnecessary when it cannot take on any other value, such as in reporting the correlations and the p values. For example, r = .32 is a more economical presentation than r = 0.32. Similarly, it has become customary practice in psychology to report 2 â##pâ## values through out the paper, such as p < .01 and p < .05. The others do not really contribute any new information. For example, it is hard to imagine drawing a different conclusion from knowing that p < .001 as opposed to p < .01.

4. This could be a difference across fields, but e.g. and i.e. are typically followed by commas â## i.e., meaning â## that isâ## and e.g., meaning â## such asâ##

5. Throughout the paper there are several what appear to be language issues. I have tried to make some suggestions in places as to how some of the language might be cleaned up. These are just suggestions though and you might be able to come up with something better!

Abstract â##
The term â##genuine predictorsâ## doesnâ##t really have any specific meaning

Page 2
- possible supporting factorsâ##include (i.e., rather than can be.
- the term â##predestinedâ## doesnâ##t seem to be the best term, how about simply â##the assertion that women have higher WFC than menâ##

Page 3
- top line â## how about â##identified as an important stressorâ##
- Line 2&3 â## the effects of WFC on their personal lifeâ##
- The term â##doctors lackâ## seemed a bit awkward to me â## is that a recognized term?
- cut â## described to beâ##
- physicians working in non-medical occupations, rather than physicians without medical occupation
- change â##accounting for the risenâ## to â##because of the risingâ##

Page 4
- is it â##In a study by REIMERâ##?â##?
- cut â##actualâ## before prevalence of Work Family Conflict
- the terms â##effects or correlationâ## are redundant, as correlations are one type of effect measure

Page 5
- Do you mean something like â##comprisedâ## rather than â##enclosedâ## in the demographic section?

Page 10
- line 6 â## change â##inquiringâ## to â##assessingâ##
- the term â##demonstrated the scalesâ## is unclear
- the term â##self-developed itemsâ## is a bit awkward

Page 13
- The first line of the discussion is a bit awkward - would it be better to say that it is growing in frequency or awareness rather than a growing phenomenon due to its effects on job satisfaction. That is, those effects donâ##t make the phenomenon grow, they help illustrate the importance of the phenomenon.
- the term â##less likely to be liableâ## is not really clear.
- the term â##restricted private contactsâ## is not really clear.

Page 15
- by â##postponing the curing of illnessâ## do you mean something like â##postponing the recovery from illnessâ##
- by â##this finding is conformâ## do you mean â##this finding is consistentâ##

Page 16
- technically obsolete means something like â##out of dateâ## â## which doesnâ##t seem like the best way to characterize the problems with drawing causal inferences from cross sectional studies
- is it worth mentioning why you had such a negative response from department heads and discussing specifically how that might have affected your results?

**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:** Not suitable for publication unless extensively edited

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests.