Author’s response to reviews

Title: Organizational Role Stress among Medical School Faculty Members in Iran: Dealing with Role Conflict

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Author’s response to reviews: see over
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Version: 2
Date: 8 February 2007
Author’s response to reviews: see over
Dear Dr Lolu da-Silva,

RE: Organizational Role Stress among Medical School Faculty Members in Iran: Dealing with Role Conflict. Revision of Manuscript # 1426049693119055

Thank you for offering us the opportunity to revise the above manuscript. We appreciate the thorough and constructive comments by the reviewers. We have revised the manuscript in response to the reviewers’ comments. So, we provide an itemized summary of the changes made to the paper (below). Reviewer comments are shown in bold, followed by our responses.

Reference list is generated by "Reference Manager", but field codes have been removed. The original version and its RM database will be available upon request. Thank you for your consideration of this revised manuscript. Please send any correspondence to Dr Soleiman Ahmady, soleiman.ahmady@lime.ki.se

Yours sincerely,

Mats Brommels MD, PhD
Tahereh Changiz MD, PhD
Italo Masiello PhD
Soleiman Ahmady MD
Reviewer: Kristi Ferguson
Thank you very much for the time spent reviewing our paper.

Referring to the comments from Reviewer 1(Kristi Ferguson):

Discretionary Revisions (which the author can choose to ignore)

1- Would suggest definition of the scales earlier in the manuscript. Reference to an article for details may not be helpful if readers do not have access to the article. The definitions used in the discussion section could be included earlier, in the discussion of the variables. An example of each would also be helpful.

Besides of the conceptual background of the scale in the introduction section, as it is expected in a research article, we added a paragraph with the sub-title of “brief definition of each dimension” in page number 6.

Although definition of scales could be mentioned earlier in the manuscript but in order to have more understandable interpretation of results we prefer to explain different dimensions of the scale, in other words, in the discussion section.

2- Need a few more sentences in the introduction about how the medical education system functioned before this major reform.

We agree with the reviewer’s comment. So we added the following sentences to the second paragraph of the “Introduction”.

“Initially, there were few comprehensive universities in Iran, which included medical schools as well as art, science, and technical schools. The limited health workforce graduated from Iranian schools did not meet community needs, so that many partially qualified foreign professionals were employed by the government. The problem of quality in health care and medical education was the next concern which resulted in with a very large organizational change which involved all managerial and provisional levels of medical education and health services”.

3- For Table 1, write out the names of the dimensions at least, and preferably include a brief definition of each.

We revised Table 1 with the names of the dimensions as the reviewer pointed out.

4- It is difficult to pick out the significant findings in Table 2. Would suggest putting “ns” for the p values for the non-significant findings, which would then make the significant ones stand out more. Would replace the degrees of freedom and F values with the mean of the scale for each category. This would allow comparison to Table 1.

We changed the Tables 2 considering the reviewer’s suggestions.

In table 2, non significant p values were replaced by NS. Also additional columns added to the table to demonstrate mean of the scales for each category.
Reviewer's report
Reviewer: Mark Linzer
Thank you very much for the time spent reviewing our paper.

Referring to the comments from Reviewer 2 (Mark Linzer):
Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. Gender assessment is a bit modest. There were relatively few women. Might the absence of a gender effect be a type II error? The regressions seem to suggest a gender effect for some outcome variables.

The comment was acknowledged, so we took out gender differences. We do not know if there are equal number of women that responded to the questionnaire in each university and each department or academic rank. They may all come from the same place and that may influence negatively the outcomes of the results. We would not mention the gender differences at all and erase everything in the manuscript that refers to sex or gender or just say there were not evident differences.

2. The regressions in table 4 do not specify any significance for any of the betas. And I could not locate the percent of variance explained by each model. Perhaps the table could provide additional footnoting?

Additional foot note was added to the table. The F values and percent of variance were not mentioned in the table to make it less complex.

3. The discussion is rather long and the conclusions restate much of the discussion. I would trim the discussion by half and omit the conclusions or shorten to one paragraph of a few sentences only. I might target the discussion for the implications of the findings and how administrative teams might try to address role difficulties in their medical schools to improve stress and minimize burnout and intent to leave. These are important outcomes and thus I believe your work will be of interest to them if you are able to point the discussion in a practical direction.

We acknowledged the reviewer’s comment. So we modified and trim the discussion and conclusion sections. We took out all that we thought was unnecessary, like long comments to negative results, repetitions and so on, so that appropriate use and implications of the findings is assured.

Minor Essential Revisions:
1- I often use p < .001 instead of p = .000.
There was one case of p = .000 in table 2 which was replaced by < .001