Author’s response to reviews

Title: High rates of burnout among maternal health staff at a referral hospital in Malawi: A cross-sectional study

Authors:

Viva Combs Thorsen (v.c.thorsen@medisin.uio.no)
Andra L Teten Tharp (teten@bcm.tmc.edu)
Tarek Meguid (tarekmeguid@gmail.com)

Version: 2 Date: 14 April 2011

Author’s response to reviews: see over
Date: Thursday, April 14, 2011
To: BMC Nursing
Re: Manuscript re-submission for consideration
Dear: Deesha Majithia, Executive Editor

After considering the reviewers’ comments, we would like to resubmit the attached manuscript, “High rates of burnout among maternal health staff at a referral hospital in Malawi: A cross-sectional study” for consideration for publication in BMC Nursing.

In response to the excellent comments, we have made several changes as itemized below.

We hope that the comments were addressed adequately and that the manuscript will be considered for publication.

As stated earlier, this manuscript has not been previously published. Nor is it currently under review elsewhere. The research herein adheres to basic ethical considerations for the protection of human participants in research. There are no real or potential conflicts of interest related to the manuscript.

Lastly, all of the authors listed in the byline have consented to the byline order, and have agreed to the submission of the manuscript in its current form.

Sincerely,

Viva C. Thorsen, MPhil
Andra Teten Tharp, PhD
Tarek Meguid, MD
The comments were addressed in the following manner:

Reviewer: Stacey M Donofrio

1. Minor Essential Revisions: Why are Cronbach’s alphas for the MBI in this study not presented? Only information from other studies is provided.

Response: They have now been added and can be found at the end of paragraph two on page 6. Because they are relatively low we added this to the limitations and added a possible explanation in the discussion which can be found on page 14.

2. Minor Essential Revisions: explain how many nurses meet the MBI criteria for burnout. Currently, only separate percentages for each subscale are presented. This is interesting, but it would be relevant to know how many nurses experience clinical levels of burnout.

Response: Table 2 includes frequencies (both number and percentage) by subscale and classification (ie low, moderate and high). However these numbers may overlap (e.g. someone with EE and DP is counted twice), so a paragraph describing those who are categorized with high in one, two and all three subscales has been added to the MBI scores section and can be found on page 9.

3. In the second paragraph of the discussion, a reference to Hayter is missing.

Response: It has now been added and can be found on page 11.

Reviewer: Maralyn Foureur

1. Minor Essential Revision: This information (the aims of the study) needs to be added to the abstract of the study.

Response: They have now been added to the abstract, second paragraph, and can be found on page 1.

2. Major Compulsory Revision: The research method is appropriate and the study is well designed. Inferences can be made from the findings of a cross sectional survey about the whole population of maternal health workers in Malawi. However a potential major limitation lies with the choice of measurement instruments: the Maslach Burnout Inventory (MBI) and the Maslach Human Services Development Data Sheet. Apart from discussion that some terms were clarified, there is no comment about the cultural appropriateness of the Maslach Burnout Inventory for this particular population. The authors do not appear to have considered whether the MBI is culturally specific or whether it is directly transferable to different cultures from the one in which it was originally developed and where it has been tested for validity and reliability. The paper would therefore be strengthened by some comment on the use of the MBI in cross-cultural research.
Response: This is an excellent observation. In fact it is one of our hypotheses about why the alphas may have been low. As a first step towards examining burnout, the MBI was used in our study but seeing the psychometrics, future studies should use instruments that take the culture-appropriateness of the instrument into account. The MBI use in cross-cultural research has been discussed in a paragraph that can be found on pages 6 and 7. It has also been added as a limitation on page 14.

3. Minor Essential Revision: Results of the study are accurately presented. Since the major finding was related to the number of children- it would be interesting to read the actual questions that led to this finding. Were there several or only one question- how does this issue relate to childcare which is discussed in the paper? Were there questions about childcare?

Response: There was only one question related to this finding and it was:
If you have had children, how many
_____were still births (SBs),
_____were neonatal deaths (NNDs)
_____are still alive
_____have passed away (not including SBs or NNDs)

It was assumed that the majority of the children who were alive were living in the same household as the participant and that they were providing for them in some kind of way, (e.g. roof over their heads, food, etc.), as to say they (the participants) were incurring some extra cost. Anecdotally, regardless of age of one’s child, parents still worry about and want to assist their children in one way or another. So just having children alive, the existence of one’s child (and the actual number of them alive) may influence the level of burnout participants experience.

The use of the term ‘childcare’ in the study referred to the larger sense of the term, meaning simply to care for one’s child, providing for them, paying for schooling, etc., and not the Western idea of childcare in a narrow sense of an activity where one takes her child to someone’s home or facility, etc. So the wording has been modified to reflect the former idea and can be found at the top of page 12.

4. Minor Discretionary Revision: The conclusion is appropriate but it focuses only on the idea that burnout detracts from quality of care and may contribute to poor patient outcomes. While these are of course extremely important issues, the health and wellbeing of the workforce is of equal importance so the paper would be strengthened by a comment on the issue of burnout for the workers themselves.

Response: Thank you very much for this important insight. We completely agree. To convey this sentiment a sentence has been added on the last paragraph of page 2 and at the end of the conclusion on page 14.
We took this opportunity to correct one additional item that resulted from a miscalculation on the Personal Accomplishment score. Corrections related to this error have been made (pp 1 in the abstract, 9 in the MBI scores section, and 10 & 11 in the Discussion section).