Author’s response to reviews

Title: Do Finnish hospital staff groups evaluate job satisfaction differently?

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Author’s response to reviews: see over
Answer to reviewers’ reports

We thank you for the valuable reviewer comments. Please, our revisions to the comments are below and we have marked them by the yellow color in text:

Reviewer: P N Roopalekta Jathanna

1. Discussion and conclusions are not supported by data.

   We have tried to rewrite the discussion and conclusions parts more clear and wake up the support for them from the results. Please, look p.13-15. In addition, the conclusions should be in a higher level and they are based on our data, which has been our goal.

2. In Back ground section - However, few previous studies have assessed the job satisfaction of all staff in the hospitals - reference needed

   We have added the references like “However, few previous studies have assessed the job satisfaction of all staff in the hospitals [5, 11].” (p. 4)

3. In Study design, participants and data collection - Methods section
   Proportion of all staffs (category) working in the study setting & their response rate (of each category) should be clearly stated

   We have explained very detailed, p.7:

   “Data were collected by a cross-sectional survey of all staff in one university hospital in the autumn of 2010, using the Kuopio University Hospital Job Satisfaction Scale (KUHJSS) instrument, developed as part of the At Safe project [23]. The university hospital has 770 beds. A web-based questionnaire was sent by e-mail to all staff (N=4357) of the hospital. In total, 1494 members of the staff responded to the questionnaire, but 70 respondents did not provide their job title. Therefore, data from only 1424 respondents were included in the analysis (response rate, 33%). The response rates varied by group: 779/2641 (33%) nurses, 147/619 (24%) physicians, 65/210 (31%) research staff, 237/606 (39%) maintenance staff and 196/281 (70%) office and administrative staff answered the survey. No reminders were sent. Fifty five percent of the respondents (n=1424) were nursing staff,
10% were physicians, 4% were research staff, 17% were maintenance staff and 14% were office and administrative staff. “

4. Author is using the instrument for the first time in accessing the job satisfaction of all staffs of selected study setting. It is advisable to show Reliability of the used instrument KUHJSS for the current group and to document the inter sub-scale reliability of scale

We have described the reliability of KUHJSS of this study in previous version and here, too. Unfortunately we have not been clear enough. Please see p. 8:

“Based on the results of the above mentioned exploratory factor analysis the KUHJSS used in the present study (Additional file 1) included 37 items divided into seven subscales. The subscales (number of items, an example of the items and Cronbach’s α in this study) were as follows: 1. Leadership (7 items, e.g. *My manager/director is genuinely interested in the well-being of the staff*, α=0.914); 2. Requiring factors of the work (8 items, e.g. *My work load is appropriate*, α=0.802); 3. Motivating factors of the work (6 items, e.g. *My work is interesting*, α=0.772); 4. Working environment (4 items, e.g. *My work unit is safe and secure*, α=0.794); 5. Working welfare (4 items, e.g. *I look after my personal well-being*, α=0.641); 6. Participation in decision-making (4 items, e.g. *I have opportunities to make independent decisions in my work*, α=0.741); 7. Sense of community (4 items, e.g. *I trust the expertise of my colleagues*, α=0.732). **Cronbach’s α for the entire scale was 0.930.** Mean scores of responses, ranging from 1 = *strongly disagree* to 5 = *strongly agree*, were computed for all items in each subscale and an overall scale score was computed from the mean scores of the subscales. [23]”

5. Results are not presented in a reader friendly manner, with data put in between without a table for reference – reference table to be created

We have added reference tables 1 and 2, p. 11-12.
6. FIGURE 1 job satisfaction of the hospital staff is not clear; lines are overlapping & messed up. Result can be shown in the form of table clearly showing the mean, SD & significance for all subscales.

We have removed the figure and now we have a table 2, where we have the results.

Reviewer Dag Hofoss:

1) Results (in “Abstract”), last sentence: Maybe make direction of relationship explicit (X up or down by Y? – the answer is withheld until page 2 of “Background”).

We have formulated the sentence like this p. 3:” Staff who rated the quality of work in their units as high usually also considered their job satisfaction to be excellent.”

2) “Background”, line 5: The concept “Magnet hospitals” should be defined.

Magnet hospitals are defined (p. 4):” The Magnet hospital concept and program was developed in the United States over 20 years ago. The American Nurses Credentialing Center (ANCC) grants the Magnet designation to hospitals, that have proved e.g. an excellent patient safety record, patient satisfaction, job satisfaction, transformational leadership and patient outcomes. Since its introduction, the Magnet designation has been extended worldwide [1-4].”

3) “Background”, paragraph 2, line 1: The definition of “job satisfaction” (“the extent to which employees like their jobs”) might be expanded: are we talking about their tasks, their place of work, their employer or what?

Whole chapter is describing the definition of job satisfaction (p. 4-5):

“Job satisfaction can be defined as the extent to which employees like their jobs [10, 11, 13]. It is an emotional state of individuals that is enhanced by achieving desired results at work [14] and the feeling of belonging to an efficiently functioning work community [15-19]. Job satisfaction is also influenced by working conditions [19,20], internal factors in the workplace, as well as employee
attitudes and behaviour [10,21]. Interactions between nurses and nursing leaders also play important roles in nurses’ job satisfaction [13,22,23].”

4) “Background”, last paragraph: I worry about the authors’ use of the concept “quality of work” – in “Data analysis” the reader learns that “The staff evaluated the quality of work in their working unit using Finnish school grades”, and the “Staff demographics” paragraph states that “The mean value of the quality of operations in the work units was 7,92”. I do not believe that a number on a 4-10 scale is a good measure of quality of operations, nor that the quality of health care should be scored by staff perceptions of it - it's not uncommon among nurses, but most health care evaluators prefer much more solid end points.

We thank you for this valuable comment, but we have stayed in our scale 4-10, because it is generally used in Finland and we would like to have our original scale here.

5) The meaning of the concept “Requiring factors of work” – introduced in “Instrument and its reliability” as one of the seven dimensions of job satisfaction – might need to be spelled out.

It was difficult to add the explanation of the requiring factors in instrument part, but we have shortly described in results p. 11, “Requiring factors of work (like enough staff, appropriate work load and salary)”

6) The reader may need to know more about the reliability of the KUHJSS (Kuopio University Hospital Job Satisfaction Scale) than the Cronbach alpha values of its subscales.

We have described the development work of the instrument and how we have studied the reliability of KUHJSS p. 8. We write in discussion part this instrument seemed to reliable for the all staff. p. 14: “Our results also indicate that the KUHJSS is a reliable instrument for evaluating the job satisfaction of all the staff working in a hospital. It clearly showed that all staff groups identified the same strong and weak areas of job satisfaction, suggesting that they all understood and evaluated job satisfaction in a similar manner, as Etchegaray et al. [8] reported. “

7) I'm not sure "Staff demographics" (respondents mean age, per cent female etc) belongs under "Results". And I do not consider "quality of operations (7,92)" to be a staff demographic.
We still would like to have the staff demographics in results, we would like to say it is a question of a choice and our choice would be this. We have added the next sentence, p. 9: “However, the self-evaluated quality of work in the working unit was asked as a background variable.”

8) The presentation is often less than crystal clear. Sometimes the problem is just that the English is not good, sometimes it's the clearness of the reasoning. Generally, the manuscript needs some rewriting. Sentences like “The staff groups’ evaluation of leadership differed from each other … as the requiring factors differed from each other”, “The office and administrative staff was the personnel group that was most satisfied with them” and “Nursing staff comprise the least satisfied group” do not read well. And maybe the title: “Do Finnish hospital staff groups evaluate job satisfaction differently?” should be rewritten as “Do Finnish hospital staff job satisfaction vary across occupational groups?”

The manuscript has gone through the English language revision by professional and original English speaking editor, who has PhD-degree in nursing science. We have answered to all reviewer comments here and the rest yellow marked sentences or words are the language revisions in whole manuscript, they are not mentioned in this list. The title has been changed as the reviewer suggest (thank you for excellent title): Do Finnish hospital staff job satisfaction vary across occupational groups?”

9) The authors may wish to consider whether the averages and standard deviations listed in the final half page of “Differences in job satisfaction between the staff groups” should be presented in a short table.

We have made the table 2, removed the figure 1.

10) The “Limitations” chapter correctly identifies the low response rate (33 %) as a limitation. It may not take the problem seriously enough. I do not agree that “it is high enough to generalise the results (…)” – a response rate that low is, in my opinion, an unmitigated disaster. At the very least I would have liked to see discussed the question of which biases may have been introduced by the fact that two thirds of the invited responders did not respond.

We understand really well your concern about the low response and we have tried to discuss more carefully it in limitations. p. 14-15:
“The response rate (33%) of the present study was moderate but lower than for our study conducted in 2008 (47%, both web based and mailed methods) [23] and much more lower than in our earlier study [29], in which the rate was 63% after reminders. The response rate was substantially lower than expected considering that this was the first time that data have been collected electronically from all staff. The staff receive numerous research surveys, and therefore their motivation to respond to them may have been low. We need to be cautious in generalising the results for all staff at the university hospital. However, the results give a good indication of the overall job satisfaction in the study hospital. It was impossible to draw any conclusions about the staff that did not respond, because the survey was conducted anonymously.”