Reviewer's report

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

Version: 2 Date: 15 May 2013

Reviewer: Dag Hofoss

Reviewer's report:

Interesting topic, main message is important and clearly stated:
different groups of hospital employees reported different levels of job satisfaction
= probably need to have job satisfaction maintained and improved by
  group-specific personnel policies.

If the BMC accepts that the paper suits its profile and is interesting and important
  enough to be published, all comments below should be considered by the
  authors as “Discretionary revisions which the authors may choose to ignore” –
  either because they are really minor details, or because they are problems which
  the authors cannot do much about now, like the low response rate and the
  indicator of health care quality they used.

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”).

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

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?

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.

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.

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.
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.

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?”

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.

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.

1. Is the question posed by the authors well defined?
   Yes, it is

2. Are the methods appropriate and well described?
   Yes, they are

3. Are the data sound?
   Yes – if one is willing to accept that quality of health care can be measured by asking health care staff how they would score it on a 4-0 scale

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Yes

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   Yes

6. Are limitations of the work clearly stated?
Well, the most important one (the 33 & response rate) is stated. But it may not be taken seriously enough.

And in my opinion there are other limitations which the authors do not consider limitations, e.g. the way they measure health care quality. But

1) That may be an honest disagreement - we do not see eye to eye, but that does not necessarily mean that they are wrong. And 2) The measurement of health care quality is not a major point in their reasoning

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?

Yes

8. Do the title and abstract accurately convey what has been found?

Yes

9. Is the writing acceptable?

No, needs to some rewriting, didactically as well as language-wise