Reviewer’s report

Title: Swiss resident's speciality choices - impact of gender, personality traits, career motivation and life goals

Version: 1 Date: 7 August 2006
Reviewer: Trevor W Lambert

Reviewer’s report:

Major compulsory revisions

1. Specialty groupings

The groupings of specialties are rather puzzling to an English reader.

It is unusual to see internal medicine aggregated for analysis with primary care (which I would think of as general practice, although I accept the term is not widely used outside the UK), because research shows that there are differences in career choices and motivations between those who wish to work in a hospital setting compared with those who wish to work in primary care.

The grouping “high technology medicine specialties” is also rather odd, given that other areas such as surgery and ophthalmology can be very dependent on high technology.

Unless I have missed it, the methods section does not make it clear whether the doctors were presented with a list of specialties named in this way (i.e. using a fixed number of categories) or whether the researchers interpreted the responses written by the doctors and assigned each doctor to a category based on his or her response.

Some additional details should be provided to explain the process and the logic behind the high technology group in particular.

2. Table 3

The overall chi-square with 5 degrees of freedom should be the starting point for analysis, with adjusted standardised residuals (available in SPSS crosstabs) used to assess which specialties have a different gender profile.

3. Table 4 significances

Table 4 illustrates the variability in the mean scores on the various instruments across the 6 groups defined by specialty choice. However the data are hard to interpret because no analysis of significance has been reported. A one-way univariate analysis of variance F test could be given for each line in the table, with a post-hoc analysis showing which of the six groups differed from the overall mean or a selected group e.g. the internal medicine group.

A statistician should be consulted if the authors are unsure how to address points 2 and 3.

4. Timing

It is unclear from the text when the personality assessments were made; since the paper reports the 2005 results on specialty choice, were the personality traits as recorded in 2005, or the original scores in 2001?

Minor essential revisions

P2 last sentence Modify to read “The effect of gender remained significant after controlling for personality traits, career motivation and life goals as covariates.”
P3 conclusions 2nd sentence Those mentoring motivations of the mentees before career motivation.

P3 conclusions 3rd sentence Replace motivating by motivational. Delete redundant word the before career motivation.

P3 Background 5th sentence Replace As far as we know there are by There appear to be.

P4 2nd line Replace avocational by non-vocational.

P4 line 5 Replace the specialty initially aspired to by the specialty to which they initially aspired to improve the English.

P4 line 16 Replace Most of the studies mentioned by Most studies.

P6 line 5 Replace Full-time worked 96.1% by 96.1% worked full-time.

P6 3rd line from bottom What does the word agentic mean? Please use a familiar English word.

P7 Statistical analyses last sentence Replace Hypotheses were proofed by Hypotheses were tested.

P7 Results 1st two sentences Replace In a first step and In a second step by In the first step and In the second step respectively.

Discretionary

1. Tables 4 and 5

Table 5 is mentioned in the text before Table 4, perhaps they should be renumbered.

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: Needs some language corrections before being published.

Statistical review: Yes.

Declaration of competing interests:

I declare that I have no competing interests.