Author's response to reviews

Title: Part-time and full-time medical specialists, are there differences in allocation of time?

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Author's response to reviews: see over
Dear Editors,

We have read the comments of the reviewers and revised the manuscript in response to their comments. When revising the manuscript we discovered some typing errors in one of the tables. Instead of reporting that part-time radiologists spend proportionally less time on literature we should have reported that they spend less time on structural communication. We want to apologize for our negligence. To make sure that there are no further typing errors in the manuscript we repeated the analyses and carefully checked the results.

A compare documents version will be added to the new version of the manuscript. We will now discuss each of the comments.

Reviewer's report (1):
1 While an interesting concept, the paper is quite difficult to read as written. First, the background section is wordy and redundant. I would stick to the question being asked and focus the entire paper on that.
Authors' response: we understand that we concentrated on many questions besides our central question and that this complicates the article. Therefore, we have, as suggested by the reviewer, focussed more on that question and left out other questions (and answers).

2 Second, the methods leave out important details – although the authors state that they defined full time as 1.0 ftee and part time as anything else, they don’t tell me how they determined the 1.0 ftee. Is it self-report, from an administrative dataset, etc? In addition, this methodology offers a very important limitation that they bring up in the discussion – that being that there might be differences between, say ¼ time physicians and 0.9 time part time physicians’ time allocation. Better methods would be to examine some extremes – say full time (1.0) vs. <3 day a week (0.6 or less) physicians. From their data, it looks like the average of the comparison group is still a 4 day workweek, so I guess I’m not surprised by their negative results.
Authors' response: the respondents were asked how many ftee’s they worked, it is therefore based on self-report. We added this information to the methods' section. The other point is addressed in the discussion were we also explain why we did not perform an analysis in which we compare physicians working full-time to those having small part-time jobs: “In this article our definition of part-time work is working less than 1 FTE. However, there might be a difference between small (say less than 0.5 FTE) and large (say more than 0.9 FTE) part-time jobs. We considered it unnecessary to make a distinction in the size of the part-time job for two reasons. First, amongst medical specialists small part-time jobs are rare; in our data only 10 surgeons, 11 internists, and 8 radiologists worked 0.5 FTE or less. Most part-time medical specialists work between 0.5 and 0.9 FTE. Second, analyses in which part-time surgeons were divided into three different groups did not lead to different conclusions from the ones presented in this article. “

The part-time working medical specialist in our study indeed still work on average 40 hours a week, which would be considered normal working hours in other occupations. The analyses are still important, because full-time working medical specialists are working on average 10 hours a week more and those who work part-time are on a regular basis not around. This has implications for the organization.

3 Third, the results are hard to follow and interpret. I would suggest focusing on what appears to be the focus of the paper - % allocation of time, not actual time spent. I’m not clear how to interpret the comparison of hours – of course they’d be different. Since the focus in on % allocation, that would be the preferable outcome of interest, and shouldn’t be distracted from with the additional data. Also, there are far too many tables: narrow the focus and present the results in a more succinct and meaningfully interpretable way.
Authors’ response: we changed the manuscript and focussed on the general question. We left out a lot of other information that was not necessary for answering this question. The number of tables has decreased and we think that they are more easy to understand now.

4 Revise so that the manuscript is easier to read. Ensure that elements of the paper are contained within the correct heading (introduction, methods, etc).
Authors’ response: All elements of the paper are contained within the correct heading.

5 Define how 1.0 FTEE was determined
Authors’ response: respondents were asked in the questionnaire how many hours and FTEs they worked. It was therefore based on self-report. We added this information to the methods: “In this article we compared part-time and full-time physicians. We used the following definition of full-time and part-time work, based on self-report by the physicians: 1 Fulltime equivalent (FTE) is full-time, everything below 1 FTE is part-time. So, 29% of the internists, 18% of the surgeons, and 31% of the radiologists included in our analyses is working part-time. We analysed the allocation of their working hours over several tasks.”

6 Consolidate the tables into a meaningful and interpretable few.
Authors’ response: We left out some tables, left out some information that is not necessary for answering the central question and combined some other tables.

7 Discretionary Revisions (which the author can choose to ignore) Perform an analysis of the subset of physicians who are part-part timers (ie, <50%, or some other definition).
Authors’ response: We explain in the discussion why we did not perform the suggested analysis: “In this article our definition of part-time work is working less than 1 FTE. However, there might be a difference between small (say less than 0.5 FTE) and large (say more than 0.9 FTE) part-time jobs. We considered it unnecessary to make a distinction in the size of the part-time job for two reasons. First, amongst medical specialists small part-time jobs are rare; in our data only 10 surgeons, 11 internists, and 8 radiologists worked 0.5 FTE or less. Most part-time medical specialists work between 0.5 and 0.9 FTE. Second, analyses in which part-time surgeons were divided into three different groups did not lead to different conclusions from the ones presented in this article.”

Reviewer’s report (2):
Major Compulsory Revisions
1. Almost no information is given about the measures. It is not at all clear how time use was measured and whether or not there is good evidence of the quality of the measurement. For example, the proportions of time allocated to specific tasks far exceed 100%, suggesting either that there are substantial errors in reports or that respondents were permitted to report doing multiple tasks at once. How were work hours reported?
Authors’ response: We have made typing errors in one of the tables. These typing errors explain why it seemed that the sum of the proportions exceeded 100%. We have corrected this and want to apologize for our negligence.
The measures were all derived from the questionnaire and therefore based on self-report. We added this information to the methods: “Our dependent variables were all based on self-report: the respondents were asked how many hours they spend on several tasks. With this information proportions of total hours spend on those tasks were computed”.

2. Why were work hours categorized instead of using the actual fte value? Given that level of fte was offered on p. 12 as a possible explanation for findings, it seems desirable to conduct analyses with the original scaling.
Authors’ response: There was no information on which part of the fte’s physicians spend on their tasks. Information was provided on the number of working hours spend on several tasks. FTE is only used to determine whether a specialist is working part-time or full-time.

3. I don’t understand the logic of the chi-squared tests in the tables. The variables being compared appear to be continuous which suggests a different test might be appropriate. What are the degrees of freedom for the tests? What are the significance levels? If these are multi-level models, how were they structured? What equations were tested? If these are chi-squared tests of nested models, what models were being compared?
Authors’ response: The chi-square is the result of the Wald-test which was used to compare means estimated in our model (based on Snijders TAB, Bosker RJ. Multilevel Analysis. An introduction to basic
and advanced multilevel modelling. London: Sage Publications Ltd; 1999). We understand that this raises questions and therefore computed p-values which are now presented in the tables. The model is explained in the methods section.

Minor Essential Revisions
4. When referring to time use, the authors should be more clear about whether they are referring to amount of time or proportion of time. It is often difficult to tell which they mean. This is particularly evident in the expression of the expectations on p. 6. In general, comparisons of raw hours don’t seem to make much sense – given differences in fte, wouldn’t we expect part-time folks to spend fewer raw hours on all tasks? If not, perhaps a discussion of tasks that have fixed vs. variable time requirements is warranted.

Authors’ response: The focus of the paper is the allocation of time. We gave additional information by providing the actual number of hours spent. This seems to be confusing and therefore we excluded it from the current version.

5. Clarify use of the word ‘shifts’ by adding the modifier ‘evening or weekend’ or ‘nonstandard.’

Authors’ response: We did as the reviewer suggested and clarified whenever necessary.

6. I don’t understand the basis for the statement ‘we can assume that our study population is representative of [sic] the total population’ on p. 7.

Authors’ response: There is no up-to-date information and we therefore compared to the information available. We had information on age and gender from several years ago. For radiologists and surgeons we had information on the gender of those we sent a questionnaire. We used this information in addition. In the article we wrote:” The internists, surgeons and radiologists included in our sample were compared to all medical specialists in their specialty with respect to age and gender. We did not have all of this information for the same year in which we collected the data, consequently there is lack of up to date information. Only for surgeons and radiologists we have data on gender for all of those we sent a questionnaire. We compared the internists to the population in 1996 and found that the mean age of male internists is about one year higher in our sample. For female internists the mean age is the same in the population of 1996 and our sample. In 1996 83% of the internists was male, while 17% was female, in our sample this is 77% and 23% respectively. For male surgeons the difference in age is just below two years, and female surgeons are about one year older in our sample than in the population of 2001. In that year 94% were male and 6% female, in our sample 90% are male and 10% female. Of the surgeons we sent the questionnaire 92% were male and 8% female. For radiologists we compared our sample to the population of 1997. There is no difference in age for men, for women the difference in age is almost one and a half years. In 1997 93% were male and 7% female; in our sample 79% are male and 21% female. Of the radiologists we sent the questionnaire 85% were male and 15% were female. These differences can be due to demographic shifts. However, based on the non-response analysis, there might have been a slight overrepresentation of female medical specialists in our sample, primarily for the radiologists.”

7. Give more descriptive information about the range and average of ftes at the outset.

Authors’ response: We can give this information, but since this is only used to define whether a physician is working full-time or part-time and all the analyses are based on the hours worked, we do not think that this information is necessary. Because we tried to limit the information given in the manuscript to what is necessary for answering the central question, we have not added information about the range and average of ftes.

8. How many hospitals and partnerships are represented in the data?

Authors’ response: Hospitals and partnerships are the same in our data, since there is only one partnership of physicians with the same specialty in one hospital. We included information about the number of hospitals in the manuscript. “The remaining 367 internists, 316 surgeons, and 71 radiologists worked in 113, 99, and 51 hospitals respectively.”
Discretionary Revisions

10. It’s not clear to me whether it makes sense to analyze the data separately by specialty as opposed to including an analysis variable for this purpose. I would appreciate a rationale and justification for this decision.
Authors’ response: We decided to analyze the data separately by specialty because the specialties differ in the tasks they perform. Consequently the dependent variables differ between specialties and therefore it would not make sense to have all specialties in the same analysis.

11. Many of the tables could be combined instead of showing separate tables for each specialty.
Authors’ response: We combined tables whenever possible, thus limiting the number of tables in the manuscript.

12. It is notable that full-timers don’t have to spend more time on paperwork when there are more part-timers, and that part-timers work proportionally more evening and weekend shifts – both of these could be benefits of part-time workers for full-timers.
Authors’ response: These could be considered unintentional effect from part-time work. But these effects are probably only interesting when a change in working without and working with part-timers is examined. In this article we compared full-time working specialists to part-time working specialists and we can not conclude that part-time medical specialist take over some of the tasks of full-time medical specialists.

13. I note that part-time radiologists report spending less time keeping up with the field – is this a concern?
Authors’ response: This was reported due to the typing errors we mentioned before. Part-time radiologists spend proportionally less time on structural communication.

14. I’m not sure there is much basis for suggesting that part-time work is a ‘uniquely Dutch phenomenon.’
Authors’ response: Since part-time working is much more common in the Netherlands than it is in other countries it is in general concluded that it is a typically (we did not use the word uniquely) Dutch phenomenon. We, however, agree that it exists in other countries as well and that it will gain more importance in the future. That’s what makes the manuscript internationally relevant.