Reviewer’s report

Title: Predictors of job satisfaction among doctors, nurses, and auxiliaries in Norwegian hospitals. Relevance for microunit culture.

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Reviewer: Paul Batalden

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General

Predictors of job satisfaction among doctors, nurses, and auxiliaries in Norwegian hospitals. Relevance for microunit culture.

This cross-sectional survey research explores the work satisfaction of the doctors, nurses and health care auxiliary workers in eleven Norwegian hospitals, with attention to the implications for the small micro-units of work and workers at the front lines of health care. Using regression models, factors predictive of satisfaction are suggested for each group of workers. The implications of the findings and analysis for the functioning of the front line work units are discussed.

1. The authors explore the questions: “What is the level of satisfaction of doctors, nurses and health care auxiliary workers in Norwegian hospitals and what seems important as drivers of their satisfaction?—particularly with the culture and functioning of the micro-unit in mind.” There are very few empirical studies of the satisfaction of front line health care workforce and the relation of that satisfaction to the culture and structure of those small units of daily work. That makes this research important.

Like many general satisfaction studies, this study has not tried to hold the viewpoints of respondents within the same small work unit together. Working on the culture of a micro-unit in the real world will probably require knowledge of the terms, concepts that the authors have suggested, but change in the micro-unit will require identification of a common path forward—across professional disciplines. Common views—that cross professional boundaries—of what is meant by “leadership,” for example, will be needed.

The authors have made an important connection between their work and that of Nelson, et al on “clinical Microsystems.” The clinical microsystem includes both professionals and patients. The authors’ work focuses on the professionals who are part of the microsystem. Further, the authors refer to the “smallest permanent organizational unit” whereas the clinical microsystem is purposely inclusive of both existing organizationally bounded entities (such as hospital wards or existing sub-units thereof) and ad hoc functional collections that come together to meet a specific patient or group of patients’ need(s). Some mention of the differences may help the reader understand the differences and similarities in the concepts of “micro-unit” that the authors use and the term clinical microsystem as used by Nelson, et al.

2. The authors have used a mail survey with a single mailed reminder. They offer the survey items and the method they used to contact the respondents. They indicate the demographic variables they collected and the steps they took to ensure privacy of the respondents. The methods of analysis are described, including their rationale for constructing their regression analyses on the data. From the information provided it seems possible to replicate their study.
3. The response rate (67%) is substantial. Some possibly important issues not discussed very completely include:
   a. Information about the non-respondents;
   b. Information about the length (years) of required professional formal education, which may influence the way in which “professional development” is considered;
   c. Information about other surveys or survey items considered, but not used and why;
   d. How gender might play into the major conclusions about “professional” development;
   e. “Localness” of the work of each of the three subgroups of workers, i.e., Is the actual work of the three groups equally ‘customized’ locally;
   f. What the term “professional development” means to nurses and to doctors

4. The authors have followed commonly used standards for reporting data.

5. The discussion and conclusions seem to highlight the data that the authors found in their research.
   a. Of interest in the discussion is the reference to the work of Schein about organizational culture. He is not fond of using surveys to understand culture. The authors describe the levels of organizational inquiry recommended by Schein. I believe the paper could be strengthened if the authors could make connections between Schein’s three levels of cultural analysis, their own inquiry and what it might take to change a clinical care process and actually improve quality.
   b. Of interest is the limited discussion about the limits of not including patient’s views. I believe that the paper could be strengthened by more discussion of how a focus on patients might allow integration of the needs of the three different professional groups.
   c. More discussion about options for proceeding at the local level, taking into account the findings would be helpful, if possible. For example, the suggestion is that doctors have values, nurses have skills and auxiliaries have experience—how these might be woven together by a local leader who realizes that all three types of workers have all three—values, skills, and experience.
   d. Common to nearly all quality improvement is the need to change processes of work to create measurably improved patient outcomes. How do the differences observed in the three groups suggest this work be done, facilitated and the energies of each group be attracted to the work of change?
   e. Recognition that “micro” units exist in “meso” and “macro” units may be helpful in addressing some of these cultural issues. The discussion is silent about the cultural context of these larger level systems and could be strengthened by some discussion. This may be helped by Paul Bate’s view about “thinking culturally” which reveals the interconnectedness of structure, strategy and organization.
   f. Using Frederick Herzberg’s classic typology of motivation and satisfaction with work, how might all these be the same, different? —but this is clearly optional.

6. The title and abstract accurately convey the content of the article.

7. I think the writing is clear. One more check on English grammar may reveal an occasional word or form of a word that might change.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

**What next?:** Accept after minor essential revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.