Reviewer's report

Title: Job Satisfaction and Motivation of Health Workers in Different Settings in India

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Reviewer: Freddie Ssengooba

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The study provides useful insights into the interventions that should guide the workforce satisfaction in the two Indian states. The study also provides a several dimensions for assessment inclusive of 1) public and private sectors; 2) rich and poor districts; 3) small, medium and big health providers; 4) doctors and nurses; and 5) two states. Below are the minor but essential revisions I suggest to the authors:

1. Minor Essential Revisions

1). Methods used:

In general the research methods used are relevant to the study question. However there are issues that need to be addressed or clarified:

a) There is discordance between the sampling approach for the study units and the results reported in this work. In particular the analysis only presents findings on two dimensions ie by states (AP and UP) and public/private dimension. The implication of aggregating the findings need to be clarified especially since the sampling logic indicate that the research process anticipated differences related among these categorization.

b) The facility sample for UP was very large (>3x) relative to AP but the actual response show that UP is only about twice as much. Authors should clarify this disparity and consider the option of weighted analysis or similar measures to correct this problem in the comparison.

c) The use of a job description index (JDI) in this study may be justified due to its psychometric properties that are well documented. It is not clear how the adaptations made on the tool may have affected its documented properties. The research team may need to address the limitations related to tool modification.

d) The ordinal scales used in the tools indicate a major overlap of response scales. For instance response categories such as “to a little extent” and “to some extent” may not be different to a native English speaker. Likewise, response category “to a large extent” and “fully present” may not be distinguishable. Although a “neutral” response category is mentioned on top of page 10, there was no evidence of such a category in the description on page 9. This may not affect the results since these similar categories are aggregated but it illustrates the weakness in the measurement instrument that need to be acknowledged.

e) Theoretic consistence will be required. For instance two items were added to
the questionnaire to measure “corruption”. In table 2 these two items load on a factor that is referred to as “transparency”, the conclusion section the same factor is called corruption (page 21). Likewise the authors may need to make a distinction between job satisfaction and motivation since these are distinct in the theory upon which this work is grounded.

2. Conclusion section:

The conclusion especially about the need for the public sector to copy strategies of the private sector will need revisiting given the findings and background information about the roles played by the different sectors. The authors need to reconcile the information provided about the inadequacy of regulation and week quality in the private sector with this recommendation. It would be useful to state what each state can learn from each other. If the findings were disaggregated by small and big providers or doctor/nurses additional lessons would probably be unmasked. I wish to advise the authors to reflect on the fundamental roles for the public sector as they craft recommendations from this study. Would the public sector wish to copy wholesale the autonomy of private health workers to decide where they whant to work? such recommendations require the authors to fully appreciate the feasible implications of their findings.

FS

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 interesrs