Author's response to reviews

Title: Reviewing The Benefits of Health Workforce Stability

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Author's response to reviews:

Dear editor, please find attached revised version of the paper.

It takes account of the helpful comments made by the two reviewers- see below for specific information on how each comment has been considered. Response is in italics. Text changes ar shown in track change on the document, as requested.

Reviewer's report 1

All minor essential revisions

1. Issue of work overload and its impact on service delivery and patients' health outcomes could be addressed in the background of the document

workload/ service delivery now highlighted

2. On page three reference is made to a US study, perhaps more information on why there were lower turn over rates vs higher turn over rates in this specific context should be indicated.

This study did not focus on why there was variation in turnover

3. On page 5 the discussion on the limitation of the standard measure of turnover is not explained properly.

This section re written

4. On page 6 -7 an assumption is made why there is much more stability among doctors. If this is a literature review, can this be verified?. Furthermore the discussion here is misleading as it could be implied that nurses are support staff. This is not correct. The sentence making reference to support staff should be reworded to avoid giving this impression.

The “assumption” that doctors and nurses have qualifications and careers that are health specific, and are better paid than admin staff in NHS Scotland is a
fact. Text does not imply that nurses are support staff- differentiates between doctors/ nurses and support staff in admin/ clerical roles, but text reworded.

5. The authors indicate that the benefits of some level of turn over can "include freeing up of posts......". This issue could potentially be problematic in countries experiencing human resources crisis. It is obvious that this is not one suggestion to be considered, but if maintained here, it still requires caution in the way it is stated.

The text clearly states that these are possible benefits from a management perspective. Word “potential” added.

6. One issue in cost calculation in that the cost of training of the health worker in not included and yet it is an important one. In some countries most health worker training is sponsored by the government. Should this not be captured in the cost calculation? It may be good to explore other areas that could be included in the cost analysis

Text added to clarify this point

7. Lastly Table 2 the first bullet may indicate that practice health workers have old knowledge. This is not totally correct especially where continuous educational programmes exist. Please clarify this issue. It is also important to mention that the benefits could be temporary if measures to maintain then are not in place.

Sentence added to clarify

8. Overall the paper should reflect on the global context of human resources for health. I suggest to include a brief reference to this in the back ground information.

Sentence added on global issues

9. Some typos noted which I am sure will be taken care of.

Reviewer’s report 2

Major Compulsory Revisions:
NONE

Minor Essential Revisions:
1. Introduction, paragraph 1: The author introduces the issue of ‘organisational performance and costs’. The theme of organisational performance (OP) continues throughout the paper. Given the complexity of OP, encompassing elements of quality, productivity, staff performance, financial management etc
this may be better expressed as ‘the multiple dimensions of organisational performance, including costs’ or similar. A consistent approach throughout the paper in the subsequent use of ‘OP’ or ‘performance’ making clear which element(s) are being discussed is also encouraged, i.e. ‘organisational performance, [especially] quality of care’ or similar (Results, para 1).

Text revised as suggested

2. Background, paragraph 1: ‘Turnover...can add to organisational costs, through diverting funds to covering for staff who leave.’ The author could perhaps clarify what is meant by diverting and whether the argument is about potentially more expensive temporary hires and/or overtime payments at multiples of standard hourly rates? Diversion in itself does not necessarily incur added cost.

Text added to clarify that not all diversion may cost more

3. Results and Discussion, paragraph 3: see earlier comment on OP/performance.

Word added

4. Results and Discussion, paragraph 6: ‘It also found that resignation...whilst ...was retirement.’. The selection of evidence appears to reinforce (to this reader) the ‘voluntary’ and ‘involuntary’ classifications introduced earlier in the paragraph, with “resignation” implied to be a ‘voluntary’ act in contrast to “retirement” which was earlier classified as ‘involuntary’. However, resignation can also be an involuntary response to power and hierarchical influences. A slight change of wording may assist.

Wording added for clarification

5. Results and Discussion, paragraph 8: ‘As data is collected over a longer period of time...’ The author’s approach suggests a longitudinal series of data points to develop and construct a Stability Index (SI). Subject to the initial data set (i.e. if it includes start and end dates in post) it is feasible that the use of survival analysis and the Kaplan–Meier estimator could produce present and retrospective measures of survival and subsequently the SI in greater detail. Can the author expand on the rationale for a SI being applicable over Kaplan-Meier, i.e. when data sets may not be sufficiently robust; more simple formulation?

This section reworded to take note that the approach is reliant on simpler data
6. Results and Discussion, paragraph 9: ‘the Table presents the one and two year stability rates for all staff nationally’. It would be helpful to inform the reader of the number of FTE posts to give a sense of scale. Similar with the next sentence on nurses and doctors.

Data on FTE workforce size added to the text

7. Results and Discussion, paragraph 9: ‘in each of the fourteen Boards’. Again for a sense of scale, what is the range and mean number of FTE posts across the 14 Boards?

Details added in text

8. Results and Discussion, TABLE 1: Could the author please consider including information on variation in range for all columns and add an additional column to show net difference between All Staff and All Staff 2007-8? As a result of the additional column is there a discussion point on the reductions between the 1 year and 2 year stability rates for All Staff that highlights the value of longitudinal data points and the construction of the Stability Index?

This is a sensible suggestion; however would require additional data collation from sources.

9. Results and Discussion, paragraph 10: ‘For example it is evident that there is marked variation...’ Without a sense of the FTE numbers involved these percentages may mask total numbers and underlying factors. For instance, is there a difference between smaller/ larger Boards (i.e. low stability in a small Board may be less FTE leaving than higher stability in a large Board) or those covering urban/rural areas? Can the author provide more insight without jeopardising the anonymity?

Helpful comment. Difficult to give details without revealing which each Board is but have added text related to this point

10. Results and Discussion, paragraph 10: ‘The two-year stability rate for doctors and nurses are higher than the average for all staff and varies less between Boards.’. The author may wish to check the latter part of this sentence. Table 1 shows a dispersion of 20.4% between the Boards for doctors, higher than the 13.5% for all staff.

Text corrected by removing second part of sentence
11. Results and Discussion, paragraph 11: ‘As such it can point to “problem” areas...’. In some systems/organisations low stability in certain cadres could reflect an intentional government policy on compulsory service agreements; especially for shorter-term deployment in rural areas. Conversely, high stability could indicate staff unwilling to be deployed in priority catchment areas. The author may wish to rephrase this sentence and use of the word “problem”.

Text amended to correct possible misinterpretation of this issue

12. Results and Discussion, paragraph 20: ‘Table 3 gives examples’ – change to ‘Table 3 gives an example using % of paybill’. Similarly, correct single/plural in the rest of this para and in para 21.

Corrections made as requested

13. Results and Discussion, paragraph 21: ‘A ‘bottom-up’ approach...’. Could the author consider a slight change in this sentence to explain this line of argument?

Text changed to clarify the point

14. Results and Discussion, paragraph 21: ‘Improving workforce stability...' suggest change to ‘carries with it a benefit to the organisation in reduced cost’ or similar.

Text amended as requested

15. Results and Discussion, paragraph 22: ‘Another study..’. Could the author please provide information on the setting and number of staff to inform the reader?

Additional information added to clarify this was not an organisational focus

Discretionary Revisions
"Minor issues not for publication"

16. Background, paragraph 1: ‘.Retaining...a major HR objective for any organisation’. The author may wish to highlight that this has given rise to a rapid growth in the discourse of Talent Management, including definition by the Chartered Institute of Personnel and Development.

Text added

17. Results and Discussion, paragraph 2: ‘Other detailed research studies...’. May be useful to provide the reader with a sense of the settings/countries and
which element of performance these studies are considering.

Text added

18. Results and Discussion, paragraph 3: ‘...,and assess its cost and impact implications’. May be a better phrase ‘...and assess its impact, particularly on costs [and xx]’ or similar.

Text amended

19. Results and Discussion, paragraph 6: insert ‘or system’ after the first use of ‘organisation’.

Text added

20. Results and Discussion, paragraph 7: typo – its, not is.
Amended

21. Results and Discussion, paragraph 12: ‘Where new HR information systems...’ may wish to rephrase to ‘consideration should be given to automating the calculation of the stability rate’ or similar.

Text amended

22. Results and Discussion, paragraph 16: ‘Costs per staff....usually examined....four components..’. Are deployment/relocation costs an additional component that require consideration? Australia for instance pays considerable sums in ‘signing’ and relocation fees for rural doctors.

Text added

23. Results and Discussion, paragraph 18: Insert ‘and geographical’ after ‘clinical’

Text added

24. Results and Discussion, paragraph 20 + TABLE 3: Is it feasible to provide an example in Table 3 and the discussion which relates to the nurse figures from Scotland in Table 1? The 7% turnover assumption, reduced to 5%, appears out of sync with the stability rates in Scotland and left this reader wondering if the 7% assumption is a general rate of turnover to be anticipated?

The stability rate in Table 1 is over two years- a 7% turnover in one year is not very different from one year turnover of nurses in NHS Scotland- therefore no change made