Author’s response to reviews

Title: Burnout among after-hours home visit doctors in Australia.

Authors:

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Version: 1 Date: 16 Nov 2015

Author’s response to reviews:

Title:

This paper is more about Burnout than Stress. In the Background section, the author should explain more thoroughly why the term "Stress" was included, both in the title and the aims - and in which way Stress is distinguished from Burnout, even though "both words are used interchangeably in this work" (p.3 2nd paragraph).

Response: The work is indeed about Burnout, and the paper has been amended to reflect this. “Stress” has been removed from the work.

Background:

In line with the instructions for authors, the title of this section should be "Background", and not "Introduction/Background".

Response: “Introduction” has been removed.

In the first paragraph, the author states that GPs are particularly prone to burnout as they have frontline roles, large turnover rates and lack of buffer. These peculiarities are similar for after-hours work in primary care. This should have been mentioned in the Background, and discussed in the Discussion sections.

Response: This has been addressed. Kindly see the tracking comments in the relevant section.
The author states that there is a growing popularity of AHHC (p. 4, 2nd paragraph). Possible reasons for this should be described. Is it increasingly popular in the government, among the patients, among the doctors?

Response: Comments have been added to address this. Kindly see the tracking comments in the relevant section.

A higher proportion of AHHC doctors (71%) than the entire doctors (56%) are overseas-trained. What could be possible explanations of this?

Response: The reason for this is not very clear, and comments have been added to reflect this. Kindly see the tracking comments in the relevant section.

Methods:

The 1st paragraph states that it can be safely assumed that NHDS doctors represent the Australian after-hours doctor-community. We know there are 300 doctors in NHDS, how many doctors in Australia are involved in after-hours in total? This number was not available to the researcher, and it is unlikely that such information exists because of the nature of the industry.

Response: A comment has been added to address this. Kindly see the tracking comments in the relevant section.

Regarding the questionnaire, it should be described in the paper what the remaining part (pages 6-8, 11 in the questionnaire) was about.

Response: This has been done. Kindly see the tracking comments in the relevant section.

The author states that the 22-item Maslach Burnout Inventory (MBI) is validated - but has it been validated for the Australian after-hours primary care setting? If it has, the reference should be given - and if not, it should be discussed whether or not that might be a problem.

Response: A discussion has been included to address this concern. Kindly see the tracking comments in the relevant section.
Some places in the manuscript and in the tables, "PA" is explained as "Personal Accomplishment", other places as "Personal Achievement". Why? The same term should be used to avoid confusion.

Response: Thanks for observing this. All concerned areas have been changed to “Achievement”.

It is a major concern that this paper did not include analysis with differences in MBI scores across subgroups - like gender, age group, family situation, site of training and organisation of after-hours work. Details regarding these variables are given in Table 5, however, the author does not present any results of MBI scores based on analyses of subgroups. Doing that would have made this paper a lot more interesting.

Response: I have added comments to address why this did not happen. Kindly see the tracking comments in the relevant section.

The fact is that associations between the variables and burnout were sought for using regression methods, but when the manuscript was being written, the paper became too large. The work has to be split. Initially, the two parts were submitted to Family Practice (FAMPRA) along with another Paper on Satisfaction (which was given to them first). At the time, I was not aware of your Journal, the BMC Family Practice was out there. FAMPRA was already reviewing the paper on Satisfaction when I submitted the Burnout ones, but they returned the work on Burnout (without review), telling me it is wrong to submit related papers to the same Journal (they have since published the work on Satisfaction, and you will find it cited on this work). I was now forced to send the 2 papers on Burnout to different Journals. The one on “Associations” has been accepted and will be published by the Australasian medical journal (AMJ) on November 30 (this paper is equally cited on this work). It took me a while to find a suitable Journal for this one on “Burnout Levels”, but a colleague told me about your Journal. I have been told by your Journal Editors that you would have reviewed both papers on Burnout. I didn’t know this beforehand, and was discouraged because of the response from FAMPRA. In any case, I have learnt my lesson, and will consider using the same Journal like yours which can accept related papers for publishing. It may interest you to know that we are currently conducting a new study on Patients that utilize AHHC services in Australia, and I expect 2 or 3 papers to come from there (ethical approval has already been granted, and we are recruiting participants at the moment). With your Journal policy of accepting such papers, it will surely be a major consideration when the paper(s) are ready by mid-2016.
Results/Discussion:

The author states that "most online surveys generally have poor response rates" (p.7). Still, he did not use postal or directly administered questionnaires - as in most of the surveys referred to. The reasons for still choosing the online option should be explained.

Response: This has been addressed. Kindly see the tracking comments in the relevant section.

P.7 bottom line: The actual response rates in these countries should be included in the paper.

Response: This has been done. Kindly see the tracking comments in the relevant section.

The author starts presenting the results referring to Table 5 (p. 8, 2nd paragraph), then to Table 4 (p. 8 3rd paragraph) and Table 3 (p. 9, 1st paragraph). This is quite confusing, as it is common to present the results in the same order as the tables are arranged. I suggest renumbering the tables.

Response: Thanks for observing this. It has all been amended.

Similarly, the order of the outcomes in Table 4 is not followed when the results are described in the manuscript. The author starts with describing outcome no. 2 in Table 4 "Frequencies of Emotional Exhaustion" (p. 8), followed by outcome no. 3 in the table "Frequencies of depersonalization" (p. 9), and finally outcome no. 1 "Frequencies of personal Accomplishment" (p. 10). Again, I would suggest following the same order in the manuscript as in the tables.

Response: These has been done.

In Tables 1-3, the responses were recoded (not "re-corded" (p. 7)) [Amended] from seven into three groups, indicating low-level, moderate-level and high-level burnout. In the corresponding text, however, referring to these tables, the author presents results from the original 7-point Likert Scale ("never" to "everyday") rather than the three groups described in the tables. This means that the results given on p. 9 1st paragraph (describing the proportion of "never" related to different variables) cannot be found in Table 1, as in the tables, "never" and "few times per year" are combined in the same group. The same problem is found in Tables 2 and 3. The author has to choose: either to present the results with 3 groups (which I think is a good idea - referring to the different levels of burnout), or as 7 groups. The Result/Discussion section in the manuscript has
to reflect the information given in the tables. Thanks. Response: These have all been amended. Kindly see the tracking comments in the relevant section.

The high proportion of the respondents (44.9%) who had never experienced "being stressed working with people" (p. 9) is quite surprising (being the after-hours setting) - this finding should definitely have been discussed more thoroughly.

Response: The entire section has been reworded and discussed in greater detail.

The clinical setting in the Canadian study referred to on p. 9, 2nd paragraph should have been described in the manuscript (is it after-hours? day-time general practice?) Response: This has been done. Kindly see the tracking comments in the relevant section.

On p. 10 first line, the author states: "Contrary to EE and DP dimensions, the respondents recorded a very high percentage of low-level burnout...on the PA dimension (86.4%)." The equivalent proportion of low-level burnout for DP was in fact 87.6% (Table 2). This is more like "In accordance with DP..." rather than "Contrary to DP...".

Response: This has been amended. Kindly see the tracking comments in the relevant section.

Possible reasons for the surprising finding of relatively low level of burnout among after-hours doctors in Australia should have been discussed in this paper. "Further surveys" are definitely needed, but more reflections about this issue should have been included. What characterizes the after-hours setting that could explain this finding? What characterizes the after-hours doctors? Gender? Age? Speciality? Total workload? Did the results vary across subgroups of responders?

Response: Explanations have been added to the concerned areas. Kindly see the tracking comments in the relevant sections.

Although the results in this study are interesting, I would advice avoiding statements like "...the groundbreaking nature of this study..." (p. 12).

Response: Thanks. The phrase has been removed. Kindly see the tracking comments in the relevant section.
Table 1:

In the table it says that 23.5% and 19.7% of the respondents reported medium and high level burnout, while the corresponding proportions in the Abstract are 23.4% and 19.8%.

Response: This has been amended.

Table 2:

In the title of the table it says "Personal Accomplishment items" while in the first column it says "Personal Achievement items".

Response: As noted above, this has all been amended.

Table 4:

Follow the same order in the table as in the manuscript. Use the same term regarding Personal Accomplishment/Achievement in the table and its footnotes. Response: As above.

Table 5:

Subgroup analysis (of PA, EE and DP) should have been included.

Response: Reason for not including them has been explained above. But the manuscript now makes reference to the related paper bearing them.

Conclusion:

This is an interesting paper focusing on burnout among doctors in after-hours house calls in Australia. However, it is not acceptable for publication in its current version. Major revisions are needed, including further subgroup analysis and more thorough discussion of the main findings. In addition, there is a need for minor revisions in line with the suggestions above.

Response: All observations have been noted with great thanks. They have all been addressed as outlined above.