Author’s response to reviews

Title: The role of controllable lifestyle in the choice of specialisation among Hungarian medical doctors

Authors:

Edmond Girasek (girasek@emk.sote.hu)

Miklós Szócska (szocska@emk.sote.hu)

Eszter Kovacs (kovacs.eszter@emk.sote.hu)

Péter Gaál (gaal@emk.sote.hu)

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Cover letter

Dear Editor,

Thank you very much for the valuable comments on our paper, according to which we have revised it using "track changes". Hereby we summarize our responses to the comments and the changes we made in the paper.

- The questionnaire right now is only available in Hungarian language. It is a long questionnaire, and most of it was not used in this paper. If it is a must to translate it into English, we will do it, but we believe that the part of the questionnaire included in the paper is sufficient to understand the analysis. Further, it would have no added value, nor appropriate place to insert the whole questionnaire in the paper.

- We are aware of the limitation of our study that the data were collected in 2008. The study has been part of a PhD research, whose theses were successfully defended in 2013, and a number of publications were prepared around that time regarding different parts of the survey. We submitted the first version of this paper to your journal in 2014, and due to a misunderstanding (we did not receive the letter regarding the first version of the paper and thought that the paper was rejected, but later it turned out that it was not) the publication process has been unexpectedly delayed. Nevertheless we were encouraged to submit a revised version and we did so. Although we cannot change the fact that 3 years have been passed since the first submission, we strongly believe that the findings of our study are still relevant and provides a basis of further research in this very important area.

- According to one reviewer comment, the controllable lifestyle framework has questionable validity in the 21st century. We do not agree with this opinion. According to our literature
search, which we have conducted as part of this review process, the work-life balance is still a central theme of specialisation choice, the research in this area is scarce and there are very few alternative conceptualisations have been published so far. Despite its policy significance, the topic rather seems to be underresearched, which underlines also the need to explore this topic further. On a more general level, the development trends of health systems do not indicate anything, which would eliminate the emergency part of medicine, which is by definition difficult to plan for, and therefore will always interfere with the personal life of health workers.

To address the rest of the comments and suggestions, we have made the following revisions of the paper:

- We shortened the introductory part of the paper, from 899 to 719 words.
- The spelling mistakes were corrected.
- The description of the sampling method was corrected from purposive total sampling to convenience sampling.
- The numerical figures of ML factors (Table 4) were checked and revised.
- More information about the pilot testing of the questionnaire was provided in the methods part of the paper.
- The apparent contradiction in the text was resolved.
- We have carried out a literature search from 2012, using keywords of the research, to identify new publications, which are relevant to our study. We have identified one such paper from Smith, Lambert and Goldacre (2015), and inserted it into the introductory section.
- The statistical analysis of the 5-point Likert scale variables employed in the study was confirmed with previous publications and a methodological paper about Likert-scale analysis.
- A native speaker has revised the English of the paper.

We think that these revisions address all the comments and suggestions that could have been and addressed, and hope that the revised paper is acceptable for publication.

Yours sincerely,

Edmond Girasek