Author's response to reviews

Title: The mental health of nurses in acute teaching hospital settings: a cross-sectional survey

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Version: 4 Date: 10 January 2015

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Response to reviewers of: The mental health of nurses in acute teaching hospital settings: a cross-sectional survey

Dear reviewers,

Thank you for your considered comments. Our responses are set out below.

Date: 24 November 2014
Reviewer: Peter Nolan
Reviewer's report:

This is a most interesting study and one designed to explore an important aspect of nursing, namely the mental health of nurses themselves. The authors are a strong team, holding different posts with both clinical and academic orientations. The paper is well written, logical and succinct. It is highly relevant to and useful for the nursing workforce, as well as alerting healthcare managers to possible deficits in their organisations.

Thank you

Discretionary Revisions

There are a few considerations that may assist readers if the authors were to address them:

1. The paper assumes that mental health problems in nursing staff have their origins in the workplace, whereas such problems may manifest in the workplace, but have their origins elsewhere. The authors may wish to discuss evidence relating to nurses' mental welfare prior to their entering the profession.

This is a salient point. However, I'm not aware of any reports of mental health screening of either students as they enter nurse education or organisational screening on appointment. I think there would be major difficulties with this – it is
recognised that the stigmatised nature of mental health means there is a reluctance to disclose. I can recall a number of publicised cases where nurses who were found to have harmed patients were revealed to have mental health histories they had not disclosed. However, I agree the point is worth making, so have added the lack of information about prior history and circumstances outside of the workplace as study limitations.

p.14: Finally, no information was sought about respondents’ pre-employment history or circumstances outside of the workplace. Findings are presented as description of the workforce rather than causally attributed to this employment.

2. It would assist the reader if the differences between RNs and ENs were explained, and a discussion outlined regarding whether or not the nature of the work each group carries out affects their psychological functioning.

This is not as straightforward as it may seem. Whilst there are clear distinctions in the training and role descriptors of RNs and ENs, in practice the lines can blur somewhat. My personal experience is that this blurring of the boundaries of the EN role can be a source of stress but the extent that this happens tends to be unpredictable and situation-specific. A brief check of the literature has not revealed any studies that reported comparisons between RNs and ENs. One reason for this may be the much lower numbers of ENs – they make up only about 16% of the Australian nursing workforce. However, I acknowledge that the term may not be familiar to all readers so have added additional explanation of the role.

p. 6: (ENs; second level nurses who work in an associate role alongside Registered Nurses).

3. There is an danger in assuming that persons who misuse alcohol, have disordered eating and experience poor sleep have a mental health problem. Rather than identifying their problems, it may be more helpful to identify their coping strategies.

I don’t think that we do assume a mental health problem in this situation. I have carefully checked the paper and note that alcohol misuse is referred to a ‘poor health practice’; it is not one of the ‘symptoms that could potentially indicate a mental health issue… (Table 2)’ and we specifically note that it was ‘not shown as predictive of poorer mental health’.

However, where nurses misuse alcohol, even if this is a coping strategy or whatever else their coping strategies may be, on a sustained basis this is not a healthy choice. This paper does not aim to do other than describe the workforce and identify potential health issues. It is not part of the remit of this paper to examine staff’s coping strategies.

4. It may be preferable to allocate nursing personnel to teams and services on the basis of their personality traits, resilience and social skills as opposed to their clinical expertise and experience.

I agree, and we refer to this in the ‘Implications’ section. However, it is not my experience that this occurs, or that the infrastructure generally exists to support
5. Finally, a brief discussion of what direction future research could take would be helpful to both nurses and academics.

As the potentially skewed nature of this sample is acknowledged in the ‘Limitations’ section, as a next step a larger representative study is clearly warranted. We are very happy to include this point.

p.14: a larger representative study is clearly warranted

Date:22 December 2014
Reviewer:Pei-Chen Lin
Reviewer's report:

Major Compulsory Revisions:
1. abstract: this "paper" describes ...." It is not usually to use in the manuscript. I am unsure what the problem is. I have rephrased this as an aim and hope this addresses the problem.

2. abstract: "the survey tool comprised a complication of validated tools and questions." it is redundant and writer should tell us what should we to know about the tool.

The survey tool was COMPILED of a number of validated instruments which are described in detail in the paper. They are too numerous to list in the Abstract. I have simplified the language in the Abstract and the text to:

Abstract: The survey tool was compiled of validated tools and questions.

p.6: The survey tool was compiled of validated tools and questions.

3. about back ground: It is not very clearly to describe what do you want to convey, especially the "but" (P4, line4-5)

I have rearranged the opening paragraph of the Background and hope the flow is easier to follow.

P4: Internationally, increasing demands for healthcare combine with workforce shortages to make it imperative to identify strategies to promote staff retention and productivity in the health workforce. Nurses comprise the largest single professional group in the health workforce [1] but the average age of nurses in developed countries is increasing. Nursing is an emotionally and physically demanding occupation and with research indicating that nursing work entails high risks of experiencing stress, anxiety and depression [2, 3], ensuring the health of nurses is important to safeguard workforce supply.

4. about study design: it is not clearly about " survey design". is it cross-sectional survey or longitudinal survey.

The Abstract states that it is cross-sectional; this has been added to the text.

p.5: This study used a cross sectional survey design.
5. about ethical considerations, some kind of description on the study population should not be In this paragraph.

This is not ‘some kind of description on the study population’. This section explains how an important ethical consideration was addressed in relation to study participants.

No change.

6. about data analyses, what is "critical level"?

This is a common expression for level of significance; I have rephrased it as such.

7. about results, the 1,215 surveys is not equal to the sample size (1,270+230)

P6: All Registered Nurses (RNs) and Enrolled Nurses (ENs; second level nurses who work in an associate role alongside Registered Nurses) employed on any form of contract at the two study sites were invited to participate; a total of 1,270 and 232 nurses, respectively.

We ‘invited’ everyone by fliers and by announcements at meetings. However some staff were on leave and absent from the wards over the study period. So the number of nurses who were available to complete the survey is reflected in the numbers of survey packs distributed and returned.

P8: A total of 1,215 surveys were distributed with a usable response rate of 381 (31.4%).

To clarify, I have added:

P6: The workforce totalled 1,270 and 232 nurses, respectively, but some nurses were on leave and unavailable during the study period.

8. about mental health, some kind of description is too colloquially and it not usually in the study research, like n70 meaning... (line 14); "with group mean (SD) 1.6 (1.6) symptoms meaning...(line 16)

I have added a few words which I hope clarify this.

P9: However, other symptoms that could potentially indicate a mental health issue were common, with 248 (65.1%) reporting they had experienced at least one of the seven listed symptoms sometimes or often in the last 12 months (Table 2), most commonly headaches and severe tiredness. Of the potential maximum of seven symptoms, respondents reported a mean (SD) of 1.6 (1.6) symptoms. In total n70 (18.2%) had sought help for these symptoms. The majority (71.5%) also reported at least one current sleep problem, most commonly waking in the early hours (n=212, 57.3%).

9. about predictors of mental health and vitality, please more clearly description on the result of linear regression, like" compare single, the nurses who lived with a spouse or partner had better mental health .... "

At all points, where we refer to those who ‘lived with a spouse or partner’, we
have added to this ‘rather than alone’. I hope this addresses this point.

Minor Essential Revisions

1. about Aim: It is confused when the first sentence is "Part of a larger study of nurses' health". I could not find any reasons to support this in this manuscript.

This paper has a companion paper which is also under review by this journal. This statement is needed to explain the context of this paper, and that the results reported in this paper are not the only findings of this study.

No change.

2. about data analyses, It should be clearly described in frequency or level if it is a category variable. It should be better to describe on 2 or more sentences.

I think the reviewer is suggesting we should identify the level of data for every variable. I don’t think this is necessary.

No change.

3. the spoke English as their primary language (75.3%) (Table 1) (line 22 on p.8) it can not find in table 1.

I have moved (Table 1) so that it occurs mid-sentence and follows only those data points that appear in Table 1.

Quality of written English: Needs some language corrections before being published.

I have carefully reviewed the manuscript and adjusted it where this has appeared helpful. Some long list-wise sentences remain, but are necessary.