Author’s response to reviews

Title: A comparative study of job satisfaction among nurses, psychologists/psychotherapists and social workers working in Quebec mental health teams

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Author’s response to reviews:

Dr. Dr Georgios Efstathiou

Associate editor
BMC Nursing

Thank you for considering our paper for publication in your journal. The revisions suggested have been addressed.

We hope that these changes meet your approval, and remain entirely at your disposal should you require further information.

Thanks again and best regards,

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Reviewer reports:

Mick McKeown, PhD (Reviewer 1):
I enjoyed reading this well-written paper that presents interesting findings supportive of the positive impact of various factors, notably team cohesion and involvement in decision making, for the job satisfaction of various groups. Whilst not being a statistical expert, the presentation of statistical analyses appears thorough and competently undertaken. Discussion is succinct and relevant to the findings and conclusions are well made, with study limitations acknowledged.

Response: Thank you very much for your remarks!

I would not object to publication of the article without revision, but do have a couple of points to raise that the author(s) may wish to address briefly at their own discretion:

1. Given the emphasis upon team cohesion factors and involvement in decision making, I wonder if the authors may care to contemplate more radical conclusions - that more participatory or democratic organisational forms might be a logical extension of the findings here? Some references from a more general sociology of work, specifically critical authors such as Bauman (perhaps for inclusion at reference point 13), make a case for considering an overall degradation of work/working climate and organisation under neoliberalism (with newer forms of public management) that exacerbate the uncertainties and insecurities commented upon as threats to job satisfaction. Mental health nursing commentators like myself have argued that a democratisation of the workplace presents one possible solution to some of this 'liquid modernity' (see Randall, D. & McKeown, M. (2013) Failure to care: nursing in a state of liquid modernity? Journal of Clinical Nursing, 23: 766-767 and other commentary papers). Such a focus also raises possibilities about service user involvement/co-production that also might be played into more sophisticated democratic forms of work organization.

Response: This is an interesting suggestion, thank you! In the introduction (P. 6, first paragraph) we have discussed the overall deterioration in working climate resulting from the conditions associated with “liquid modernity” under neoliberalism, and its consequences, uncertainties and insecurities among mental health professionals, as well as changes in roles, practices, relationships to work, etc.

Furthermore, in the discussion section (P. 18, lines 1-6), we have indicated that participation in the decision-making process was more valued in some organizational cultures than others, such as in the clan culture (as explained in the article).

2. There is little mention of the possibilities for different views amongst team members on the ontological nature of their work - how is mental health/ill-health understood - socially or medically, for instance. In some of my experience in the UK, this can be a source of interdisciplinary and intra-disciplinary conflict. In this regard, again, I would be interested in the author(s)' view, even if not figuring in the findings.

Response: Since our data were strictly quantitative, we do not have any information on the ontological nature of work as experienced by different types of mental health professionals. This point could however be the subject of a future study.
Thank you again for your great comments and suggestions.

Rebecca Edwards (Reviewer 2):

A few comments from my review are below.

* P. 4 Line 23—would elaborate in terms of comparison in burnout rates with other specialty areas (palliative care, oncology, for instance)

Response: We have included the results of an Iranian study comparing prevalence of burnout among nurses working in psychiatry, burn units, surgery and internal medicine.

* P. 4 Line 35—same thing. Would compare to other specialty areas.

Response: we did not find specific percentage results comparing levels of stress, burnout or suicide rates among psychiatrists versus other specialists. We have therefore changed this line, indicating that psychiatrists “would have higher” rather than “had the highest”. Sorry!

* P. 13 line 15 This is the first mention of "other mental health professionals" and "physicians"

Response: Our sample (n=315) included nurses, social workers, and psychologists/psychotherapists, but also physicians and pharmacists as well as “others”. However, as the last two categories of professionals were not numerous enough and constituted of diverse professionals, job satisfaction was not assessed for these two categories. We have included this point in the methods section (Study Design and Sample. P. 10, lines 1-5).

* P. 13 line 55 (ranging from 1….). Does "1" made a team? Be sure to describe how this was addressed.

Response: You are right. As indicated in the Methods Section (P.9, first paragraph: Study Design and Sample), professionals had to be members of a team with at least 3 members, representing at least two distinct disciplines. We have change “1” to “3”. Thank you for your remark!

I feel this is very well-written overall and the methodologies and conclusions are sound.

Response: Thank you very much for your great comments!