Author’s response to reviews

Title: Factors influencing turnover intention among primary care doctors: a cross-sectional study in Chongqing, China

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Author’s response to reviews:

Dear Dr. Dieleman,

We thank you and the two reviewers for these insightful comments on our manuscript entitled “Factors influencing turnover intention among primary care doctors: a cross-sectional study in Chongqing, China”. We had rewritten this manuscript according to the reviewers’ comments. The language of this manuscript also had been edited by native English speakers. We believe this revision of our manuscript is more readable and hope that it could be published on Human Resources for Health. We have made a point-by-point response to the reviewers’ comments below.

Reviewer 1#

Reviewer’s comment

This is an interesting manuscript, especially for researchers as well as HRM practitioners who are looking for ideas and good practices to improve rural retention of physicians.

Author’s response

We thank the reviewer for this positive comment on the paper.

Reviewer’s comment

However, the sample size is too small to make the findings of the study generalizable, even in the complex Chinese context.
Author’s response

Thanks for the reviewer’s comments. The small sample size is indeed a flaw in this paper, which has been included in the limitation. However, from the view of sampling, the structure of the present sample is good. According to the regional stratification, a total of 32 township-level medical institutions and 64 village-level medical institutions were selected. In each township-level medical institution, 10 township-level doctors were randomly selected, and village-level doctors from 64 village-level medical institution were all investigated. Therefore, the participants in this study were almost uniformly distributed in Chongqing, which can guarantee the representativeness of the present sample.

Limitations paragraph (Page:20;Lines: 1-4) :

“The first limitation of this study is the representativeness of the sample. Our research sample was relatively small, which may have an impact on statistical reference and test power. However, we collected the sample using a strict sampling method, and the participants were well-distributed throughout Chongqing, which can guarantee the representativeness of the present sample.”

Reviewer’s comment

The use of self-administered questionnaires to conduct such a study also introduces major risks associated with social or psychological influences in the way respondents answer the questions. These include selective bias, or even social proof or "correctness" - in other words, the tendency to respond in similar ways to those like us. All the same, for the most part, the findings are fairly consistent with evidence in the broader literature on factors fueling turnover intentions for health workers in similar settings.

Author’s response

We appreciate this comment and agree with the reviewer that self-administered questionnaire indeed has some shortcomings, but the questionnaire used in this study was well designed. We have visited each selected primary care institution and carried out face-to-face communication with primary care doctors during the research. We informed the participating doctors of the aim of this study and make sure that the questionnaire was anonymous, which should be truthfully filled in. Considering the educational level of primary care doctors, the questionnaire was completed by themselves, and if there are any questions, they could ask for us timely in order to reduce these possible biases and guarantee the reliability of doctors’ answers in general.

Limitations paragraph (Page:20;Lines: 4-8) :

“Second, there may be information bias resulting from social proof or ‘correctness’ since we used a questionnaire in this quantitative research; however, the bias has been greatly reduced
through the anonymous study, the well-designed questionnaire, and a good communication between investigator and participating doctors before filling in the questionnaire.”

Reviewer’s comment

While the analysis of the data is fairly robust, the presentation and discussion of the analysis is confusing and hard to follow. For example, there are many sentences in the manuscript that are phrased like this one: "No matter fighting for resources or discourse power, primary care facilities are in the bare tree [36]." As such, that whole discussion section and indeed the entire manuscript needs to be rewritten using clearer and comprehensible language.

Author’s response

Thank you and we have rewritten the entire manuscript, especially the discussion, and made a careful revision of the full text. Please take a look at the paper. We are sorry for making the reviewer confused due to the unclear language.

Reviewer 2#

Reviewer’s comment

I believe that a graph addressing regional/urban and rural comparisons clearer.

Author’s response

Thanks for the reviewer's comments. We had replaced the table2 with three radar maps to make the result clearer. Please see figure2~figure4 in the results.

Reviewer’s comment

In many countries doctors use primary care as a step to specialty practice. Depending on the model of medical education in some countries new doctors have an obligation to work in primary care Can more be said about this?

Author’s response

We thank the reviewer for this insightful point to enrich this paper. As we known, in order to attract medical students to devote themselves to primary health care, governments around the world have introduced various interventions (e.g. educational, financial, regulatory or support strategies) to achieve this goal [1]. For example, the government provide free medical education or other economic incentives for rural students, and these students have an obligation to work at primary care facilities for a certain time after graduation. However, few well-designed researches had been done on the effectiveness of these interventions, especially in developing countries.
Although some observational studies reported these interventions could provide timely solution for the shortage of health workforce in primary care facilities, whether it can solve the problems in the long run is unknown. Therefore, studies are still needed to confirm or refute findings of these interventions that might influence healthcare professionals' decisions to practice in underserved areas [1]. Besides, before the implementation of these interventions, we need to have a better understanding of series of social and environmental factors like policy, economy and culture in specific areas in order to get the key problem, and then propose a solution [2].

In 2010, the Chinese government launched a rural oriented medical student training program, serving general medical students (mainly recruited rural students) with free tuition nationwide. Directional medical students would sign a pre-school employment agreement with school and local health administration, and after finishing school, these students have an obligation to work in primary care facilities at least for 6 years [3]. However, the effect of this policy intervention is not ideal. Several studies had shown that after the expiration of the agreement, less than 5% of the directional students were willing to deliver PHC services [4-6]. The main reasons included "income", "working conditions and working environment" and "occupation development opportunities"[6]. Thus, due to the immaturity of the orientation policy and the imperfect incentive mechanism, the willingness of the directional medical students to serve at primary care level is not high, and there is a higher turnover intention between these students after the expiry of the service period.

References:

1. Grobler L, Marais BJ, Mabunda S. Interventions for increasing the proportion of health professionals practising in rural and other underserved areas. The Cochrane database of systematic reviews. 2015; (6): Cd005314.


Considering the length of paper and word limit, we have added this part in our discussion (Page 19, Lines:5-10):

“The Chinese government has taken actions to address the shortage of health care workers at the grassroots level, especially in rural areas. For example, in 2010, the Chinese government launched a rural oriented medical student training programme [55]. However, the effect of this policy intervention has not been ideal. Several studies have shown that 35.28% of directional students wanted to break their contracts after graduation, and less than 5% of directional students were willing to continue to deliver PHC services after the expiration of the agreement [56-58].”

Reviewer’s comment

Editing will make the paper more readable.

Author’s response

Thank you and we have made a careful editing for this manuscript. Please see the paper.

Finally, we hope that these responses are satisfactory and thank you again for your consideration.

Best wishes.

Yours sincerely,

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