Author’s response to reviews

Title: Understanding nurses' dual practice: a scoping review of what we know and what we still need to ask on nurses holding multiple jobs

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Version: 1 Date: 28 Dec 2017

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HRHE-D-17-00198

Understanding nurses' dual practice: a scoping review of what we know and what we still need to ask on nurses holding multiple jobs

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Reviewer #1:

The authors have identified an important gap in the literature, so this study is much needed. The multi-language approach was novel. The comments provided below are mainly to improve clarity.

Abstract

P2L130-1 Consider "several ways exist for nurses to engage …".

TEXT HAS BEEN CHANGED NOW.

P2L1 42-5 If "unclear impact" really means negative impact, then say so.
WE CANNOT BE SURE DUAL PRACTICE IMPACT IS TOTALLY NEGATIVE, AS WE DO NOT SEEM TO KNOW ENOUGH ABOUT IT SO FAR. THIS IS WHY WE WOULD LIKE TO KEEP THE WORD ‘UNCLEAR’.

P2L138-40 consider re-wording. The agenda does not mitigate pervasive effects.

THIS HAS BEEN REWORDED IN P3 (INTRODUCTION, LAST PARAGRAPH).

Background

P3L1 15 change to "Is, in comparison, less explored .."

TEXT HAS BEEN CHANGED NOW.

P3L126-7 change to " As the nursing workforce is predominately female, policy options to address nurses' participation in the public and private labour market will need to take gender into account"

TEXT HAS BEEN CHANGED NOW.

Methods

P3L1 46-7 rephrase e.g "the extent and key themes within the literature .."

TEXT HAS BEEN CHANGED NOW.

P3L157 "through PubMed"

TEXT HAS BEEN CHANGED NOW.

P4 l122 "fewer working hours .."

TEXT HAS BEEN CHANGED NOW.
P4 l128-8 meaning unclear
TEXT HAS BEEN CHANGED NOW.

P4 l160 clarify whose perceptions are being investigated - managers, health workers, patients, etc
TEXT HAS BEEN CLARIFIED NOW.

Results

P6 l134 - missing information
REFERENCE TO TABLE 1 HAS BEEN INCLUDED NOW.

P6 l148 "full time job"
TEXT HAS BEEN CHANGED NOW.

P7 l125-29 the characteristics of 'part-time' and 'flexible' should be treated differently. The latter may link to 'casualisation', but the former does not.
SENTENCE HAS BEEN CLARIFIED NOW.

P7 l134-5 Sentence unclear: why is the private sector a key driver and what 'phenomenon' is being referred to?
SENTENCE HAS BEEN CLARIFIED NOW.

P8 l131 "in this respect, …"
THIS HAS BEEN CORRECTED NOW.
A strong point of this study was the multi-language approach, and yet it is unclear if any studies in languages other than English were found. This is worthy of comment either in this section or the Discussion section.

THE VAST MAJORITY OF THE STUDIES WERE IN ENGLISH, WITH ONLY 4 PUBLISHED IN PORTUGUESE AND ONE IN SPANISH. THIS INFORMATION HAS NOW BEEN ADDED IN THE RESULTS SECTION (1ST PARAGRAPH).

Discussion and conclusions

P9 112 "Consistent with what is observed for other professions …"  
THIS HAS BEEN CHANGED NOW.

P9l21 Is there any difference regarding the importance of economic considerations between higher and lower income countries? If there is evidence, this is worthy of comment. If not, this may be an important area for research.

WE DID NOT FIND EVIDENCE OF SUCH DIFFERENCE, AND WE CAN ONLY SPECULATE ON ITS IMPORTANCE. WE HAVE NOW ADDED A SENTENCE IN THE DISCUSSION HIGHLIGHTING THIS POTENTIAL AREA OF RESEARCH (DISCUSSION, PAR.6).

P10 ll12-24 some comment about what could be done in the absence of usable quantitative data sets would be useful here.

WE HAVE NOW ADDED A SENTENCE OF HOW THE TOPIC SHOULD BE RESEARCHED IN ABSENCE OF USABLE DATA SETS (DISCUSSION, PARAGRAPH 2).

More discussion about what research is needed to mitigate the impact of dual practice is needed to address objective number 3.

WE THINK THAT BEFORE MITIGATING ITS EFFECTS, IT IS KEY TO UNDERSTAND THE PATHWAYS THROUGH WHICH THE PRACTICE IMPACT PROVISION OF
SERVICES. WE HAVE NOW ADDED A SENTENCE OF HOW THE TOPIC SHOULD BE RESEARCHED IN ABSENCE OF USABLE DATA SETS (DISCUSSION, LAST PARAGRAPH).

References

The correct format for this journal should be used for references - both in text and for the reference list-

REFERENCING STYLE HAS NOW BEEN CHANGED TO THE BIOMED CENTRAL ONE.

Supplementary material

Appendix 1 - details of experts missing

DETAILS OF EXPERTS HAVE BEEN ADDED NOW IN THE APPENDIX.

Appendix 2: some authors missing

LIST OF AUTHORS HAS NOW BEEN UPDATED (SEE SHEET: LIST OF ARTICLES INCLUDED IN FILE: APPENDIX 2)

Reviewer #2:

This is a topic of international interest. The method is mostly well done. The findings are fairly good but there are some important gaps and inconsistencies. The extractions are categorized fairly well but the description in the text is not always accurate. Given the issues with conceptualization, the extractions may need to be reconsidered. The conceptualization needs considerable attention in order for the logical flow of the manuscript to have the coherence it merits. That is, some assumptions about the phenomena that perhaps stem from the workforce/employment environments need to be reconsidered and articulated. The terms used for
the search and manuscript need to be confirmed or reconsidered in light of the assumptions, and perhaps expanded. With attention to these two issues, the findings would be more substantive and credible.

1. The health system workplace and employment assumptions that underpin the concepts of "dual practice" or "holding multiple jobs" need to be more explicitly examined and more consistently used throughout the manuscript. That is, in different countries, with different healthcare systems, nurses who hold more than one job do not always work in a public and a private system. The notion of dual practice is not equivalent to holding multiple jobs, and therefore there is confusion that needs to be addressed. For example, in Canada, all nurses need to identify their employers during their registration process, and identify which is their primary employer. Multiple employers may or may not be in the public sector. As well, working for more than one employer would not be considered "moonlighting" or "dual practice" in Canada. Are the assumptions underpinning this review the same as the ones in Kiwanuka et al. (2011) 'Dual practice regulatory mechanisms in the health sector: A systematic review of approaches and implementation'?

   THIS IS A VALID POINT, AS OUR DEFINITION OF WHAT REPRESENTS DUAL PRACTICE IN THE HEALTH WAS PROBABLY NOT SUFFICIENTLY SPELLED OUT IN THE INTRODUCTION. WE HAVE NOW REVIEWED THE DEFINITIONS IN THE INTRODUCTION (PAR.2).

   The background is 'thin' and would benefit from a more substantial examination of the assumptive base of the review.

   THIS BASE FOR THE REVIEW HAS EXPANDED NOW (INTRODUCTION, PAR. 2-5).

2. The terms that have been reviewed need to be reconsidered and potentially expanded. Given the current focus, some terms used in some countries, such as 'multiple employers' have not been addressed and need to be, and through that term the research work of Baumann et al. would be identified. In the manuscript, there is some discussion of casualization of the workforce, and the part-time workforce. These concepts need to be clarified, and then included more explicitly in the search as appropriate. Other terms such as guest workers, temporary migrants, temporary employment, etc., may merit consideration. Or they should be explicitly excluded with rationale, so that the readers can follow the line of argument.

   WE HAVE NOW EXPANDED THE SEARCH TERMS TO INCLUDE “TEMPORARY EMPLOYMENT” AND “MULTIPLE EMPLOYERS” (SEE METHODS SECTION, 2ND

Some important research on the topic as described has been overlooked, perhaps because of the specificity of the search terms that are not consistent with the extractions, findings and discussion. In the grey literature, the Canadian Institutes of Health Information (www.cihi.ca), has produced yearly reports on the regulated nursing workforce, that would be important to include in the discussion of the magnitude of the problem if the concern includes nurses holding casual or part time jobs. Baumann et al. and the Registered Nurses Association of Ontario have been key in identifying the casualization of nursing and the effects, and then in shaping nursing health human resource policy in Ontario, Canada. Having said this - the central issue is not necessarily to expand the search, but to make sure that the extractions and claims follow well from a clear focus, the health system assumptions re dual practice, and around full time, part-time and casual work.

TWO ADDITIONAL PAPERS BY BAUMAN ET AL HAVE NOW BEEN ADDED, REVIEWING THE SPECIFIC SITUATION OF FULL-TIME STAFF VS CASUAL NURSES IN ONTARIO (SEE TABLE 1 AND 3.4 CONSEQUENCES OF NURSES…, PAR.2).

That nurses work in casual or part-time positions does not mean that they work in "multiple-job holding" or "dual practice". There needs to be more clarity, consistency and precision in phrasing throughout the manuscript. Once there is further clarity about the central concept (dual practice in a specifically defined way used in particular countries??), the magnitude of the phenomenon, the drivers and motivation, the consequences and policy options can be more coherently described. Gaining clarity about what concepts are included is critical.

WE THINK THIS IS THE CENTRAL ISSUE OF THIS REVIEW, AND HAVE NOW CLEARED UP THE DEFINITIONS, AND PARTICULARLY DISTINGUISHED BETWEEN DUAL PRACTICE AND CASUALIZATION OF WORK (SEE METHODS, PAR.3; AND 3.1 FORMS OF DUAL PRACTICE, PAR.2). ALTHOUGH WE AGREE THAT THIS CLARIFICATION WAS NEEDED, AND IS NOW PROVIDED, OUR POSITION IS THAT THERE ARE SEVERAL FORMS OF DUAL PRACTICE OBSERVED IN HIGH- AND LOW-
INCOME SETTINGS, AND THAT ‘CAUSALIZATION’ CAN BE CONSIDERED AS ONE OF THEM WHEN A PUBLIC SECTOR NURSE IS ALSO REGISTERED WITH A NURSING BANK, AS IT HAPPENS FOR EXAMPLE IN PORTUGAL OR IN SOUTH AFRICA. THEREFORE, OUR OPTION WAS TO CONSIDER PAPERS ADDRESSING THE CASUALIZATION OF WORK WHEN RELATED TO ISSUES OF NURSES’ DUAL PRACTICE ADDRESSED BY THIS REVIEW (THAT OPTION IS NOW EXPLICIT IN THE METHODS, END OF THE 3RD PARAGRAPH).

3. The Discussion section needs to be reworked with greater coherence, clarity and precision in the terms used.


4. Please review all of the descriptions in the text with the articles and their extractions. For example, the statements about MacLeod et al. (2017) are not wholly accurate in the text. The study was conducted with rural and remote nurses only. In Canada, the provinces are not 'rural', rather there are rural parts of the provinces. They are not named states. While small points, their inaccuracy detracts from the credibility of the manuscript.

DESCRIPTION OF SELECTED PAPERS HAS BEEN REVIEWED IN TEXT AND TABLE (SEE MACLEOD ET AL, 2017 IN TABLE 1 AND SECTION 3.2 MAGNITUDE OF THE PHENOMENON, PAR.4).