Reviewer's report

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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Reviewer: Martha MacLeod

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

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 guestworkers, 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.

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. 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.

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.
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