Author’s response to reviews

Title: Relationships between Work Outcomes, Work Attitudes and Work Environments of Health Support Workers in Long Term Care and Home & Community Care Settings

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Author’s response to reviews:

June 5, 2017

Attn: Dr. James Buchan

Editor, Human Resources for Health

Re: Revision to HRHE-D-17-00013
Dear Dr. Buchan,

Our sincere thanks to you and your reviewers for the thoughtful and constructive comments regarding our original submission Invisible No More: Relationships between Work Outcomes, Work Attitudes and Work Environments of Health Support Workers in Long Term Care and Home & Community Care Settings.

We have prepared a point-by-point response to the reviewers’ comments, offered below.

We appreciate that addressing these comments has led to considerable improvements to the clarity of our paper, and has also likely served to underscore the relevance of our findings to Human Resources for Health’s international audience.

With our sincere thanks,

Whitney Berta
Associate Professor, Health Services Organization and Management
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Responses to Reviewer 1:

First, our thanks for your encouraging remarks. We too feel strongly that an understanding of the work psychology of health support workers (HSWs) is an essential piece to addressing issues of relevance internationally, and arguably globally, to elder care in terms of care quality, general worker productivity, worker recruitment and worker retention.

Objectives, as stated, are overly broad. We appreciate your concern, and there is some overlap with your comment and one made by Reviewer #2 regarding the way in which we originally framed our objectives statement. To be frank, our overarching study aim is broad in that we wish to contribute generally to an understanding of the work psychology of HSWs where no prior comprehensive understanding exists. However we do focus our study on a set of concepts that
our literature review suggests figure prominently in other studies that examine – albeit piecemeal, and predominantly in work settings other than elder care, or health care – the relationships amongst aspects of a worker’s work environment, their work attitudes, and their work outcomes.

In response to your comment, in this revision we have altered the wording of our objectives (in both the Abstract and the Background) in an effort to make our aims, and our exploratory approach and its rationale, clearer. Further, with respect to your comment regarding articulating a research question, we have inserted the following passage at the end of the Background Section:

“The overarching aim of our study is broad in that we wish to contribute to an understanding of the work psychology of HSWs where no prior comprehensive understanding exists. More specifically, the research question that we address here is: What are the relationships amongst perceptions of the work environment, work attitudes, and work outcomes of HSWs engaged in providing care to older Canadians in long term care and home & community care settings in Ontario, Canada?”

Is the Sample Representative? We cannot be confident that ours is a representative sample of the Ontario HSW population for the following reasons, which we now refer to more clearly in our Study Limitations section.

The first relates to the context behind our reliance on industry collaborators to distribute the HSW Worklife Survey to HSWs through their member organizations. This explanation also goes some way toward addressing Reviewer 2’s comments regarding our omission of details regarding the Ontario and Canadian context.

• HSWs are unregulated in Ontario. There is no standardized approach to their preparation and no mandatory “registry” of HSWs. Indeed, amongst all Canadian Provinces and Territories, registries exist – in different forms - in only a few: in the Province of British Columbia, for example, HSWs seeking employment with publicly funded employers are required to register while in the Province of Nova Scotia, HSWs are encouraged to register in order to benefit from “information related to their occupation” where a condition of registration is to enter into a continuing care assistant program (with no seeming means by which to ensure program completion).

• In Ontario, decisions regarding a registry of these workers has highly politicized. The feeling is that, were these workers organized into an association or an entity that gave them voice, economic and social implications would ensue including the escalation of issues that have been raised over the past few years by the media that range from a lack of standardized preparation (and related concerns for the quality of care provided), to a lack of rigour and
consistency on the part of employers in their hiring practices, to the precarious nature of their work.

• Indeed, a recent effort to develop a registry on the part of an association founded to represent these workers - the Ontario Community Support Association - failed after the provincial Ministry of Health and Long-Term Care (the main funder of the registry initiative) withdrew its funding coincident with the installation of a new provincial government.

• Since cancelling the registry effort, representatives of our Ontario Ministry of Health and Long-Term Care has referred to its plan to “transform home and community care in Ontario”, formalized in a document called Patients First: A Roadmap to Strengthen Home and Community Care, which supports workforce stabilization of “approximately 100,000 HSWs…more than 34,000 of whom work in HCC”, and an increase in the hourly wage of publicly funded HSWs in the HCC sector.

Second, some researchers have expressed concerns (Lum et al., 2010) about the population estimates of HSWs developed by Health Canada - a federal entity that undertakes or contracts scientific research intended to inform health and healthcare decision making - and based on a report generated by the Health Professionals Regulatory Advisory Council (2006). Health Canada does not offer a separate classification of HSWs, instead grouping them with occupations whose scope of practice is considerably narrower, including Patient Service Associates, Attendant Care Workers and Visiting Homemakers. In addition, the estimates provided by employers of numbers of workers may be inaccurate since the tendency has been to add up the hours of part-time or casual workers – of which there is a preponderance in both the LTC and HCC sectors – in preparing estimates of the number of full-time equivalent positions.

Third, because no registry exists and we were reliant on our industry collaborators for survey distribution, we cannot say that the sample was random. Our industry collaborators represent all employers of HSWs providing care to older Ontarians in the LTC and HCC sectors, however in relying upon their electronic mailing lists to their members, and in turn their members’ mailing lists to distribute the link to the e-survey and/or distribute paper surveys, we cannot assume that the owners/operators and agencies who made survey distribution decisions were concerned with randomization.

In summary, there remains no direct means by which to engage these workers in research in Ontario, or in communications generally. Of necessity, we relied upon a convenience sample.
Further, because of uncertainty around population estimates, we are unable to ascertain whether our sample is a representative one.

Sample Characteristics. We have included the proportions of LTC and HCC survey respondents in Table 2, and refer in general terms to the similarities of HSW characteristics in our sample compared to those observed by other researchers (Lum et al., 2010; Keefe et al., 2011) and to estimates provided by the Health Professionals Regulatory Advisory Council (2006) and cited by Health Canada. All said, given the low level of general knowledge regarding this worker population generally - see our response immediately above to your comments above relating to sample representativeness - we are unsure what significance to ascribe to these similarities.

In response to your question regarding the appropriateness of grouping these workers together we point to the reasoning offered by other researchers who have grouped these workers. HSWs in the LTC and HCC in Ontario, and Canada, offer the majority of direct care to older Canadians and their responsibilities are largely the same - to assist with daily living activities – with the exception of light housekeeping duties performed by some HCC workers. While their job mobility is limited, HSWs in these sectors do move from one of these sectors to the other, and so their roles appear to be similar and their skills transferable.

Figures 1, 2, and 3. We appreciate your comment regarding the accessibility of the figures.

With respect to Figure 2, we concur: the graphic generated by the analytic software is of poor quality and we have been able to generate only a slightly clearer image. This is a known issue with LISREL. Since our original Figure 3 developed in Power Point incorporated the same information as our original Figure 2, we have elected to remove Figure 2 and simply speak to Figure 3 (now renamed Figure 2) in this version of our manuscript. If, however, you prefer that we include the LISREL “output”, we will happily generate a Power Point version of it – we see that this has been done by other authors using LISREL in articles published in Human Resources for Health (e.g., Vermeeren et al., 2014).

With respect to your comments relating to the amount of information contained in Figures 1 and (now) 2, we are reluctant to alter the content dramatically since it does depict the realities of the complex relationships amongst these concepts. On many levels, we feel strongly that this complexity is important to acknowledge. First, the motivations for and manifestations of human behaviour are often complex, and we would expect them to be in a complex care environment like long term care. Second, there has been a tendency in the aging and gerontology literature,
frankly, to offer simplified depictions of workers at this level, and we think that it is important to underscore that their work psychology – how they experience their workplaces and work lives, and how these influence their work behaviours and performance – is just as complex as other workers in this sector and in health care writ large…in addition to being important to understanding and improving elder care. In further defense of the complexity of the Figures, we are able to highlight a number of specific relationships that suggest several concrete levers/points upon which managers and human resource professionals might focus in the interests of enhancing the work attitudes and work outcomes of HSWs in LTC and HCC care settings.

Magnitude of Path Coefficients. This is an excellent point, and we have added some additional observations in the Results and Discussion sections where we remark on the relative magnitudes of the standardized path coefficients generated by our analysis.

Failure to discuss Intent to Stay. Thank you for pointing this out. Upon review, we did see a few places in our original manuscript where we mentioned Intent to Stay, however we completely appreciate that we failed to adequately highlight these findings and discuss them in a fulsome way. We have updated our Discussion to include specific observations regarding Intent to Stay.

References. We have revisited our reference list and are confident that all papers included in the list are cited in the manuscript, and vice versa.

Responses to Reviewer 2:

Linkage to Health Workforce Psychology Literature. We appreciate this point. In the original version of our paper, we drew from both the work psychology literature and the health workforce psychology literature but did not distinguish the latter from the former. Arguably, the latter is predicated on the former where studies in work psychology began in the fledgling field of industrial/organizational psychology as early as the late 1800’s (see Landy 1997), in work settings other than health care. That said, we appreciate the desirability of making explicit the origins of those references drawn from the health workforce psychology literature and we do so in this revision.

With respect to your comment regarding highlighting the relevance of our findings for the target audience, we have reviewed the original Discussion section and addressed it more pointedly to managers and health human resource experts.

Research Objectives & Research Question are not clearly articulated. We appreciate your concern, and there is some overlap with this comment and one made by Reviewer #1 regarding the way in which we originally framed our objectives statement.

Frankly, our study aims are broad in that we wish to contribute to an understanding of the work psychology of HSWs where no prior understanding exists. However we do focus our study on a
set of concepts that our literature review suggests figure prominently in other studies that
examine – albeit piecemeal, and predominantly in work settings other than elder care, or health
care – the relationships amongst aspects of a worker’s work environment, their work attitudes,
and their work outcomes.

In this revision, we have altered the wording our objectives (in both the Abstract and the
Background) in an effort to make our exploratory approach, and its rationale, clearer. Further,
with respect to your comment regarding articulating a research question, we now follow the
objectives statement with:

“The overarching aim of our study is broad in that we wish to contribute to an understanding of
the work psychology of HSWs where no prior comprehensive understanding exists. More
specifically, the research question that we address here is: What are the relationships amongst
perceptions of the work environment, work attitudes, and work outcomes of HSWs engaged in
providing care to older Canadians in long term care and home & community care settings in
Ontario, Canada?”

Additionally, you suggest that we “failed to clearly demonstrate how this paper advances
evidence-informed healthcare policy and planning through the present original research
findings.” Reviewer #1 noted that our findings have clear implications for the management of
HSWs’ performance, but appreciating that these could be even clearer, we have revisited the
Discussion section and attempted to do better work of highlighting the modifiable aspects of
work environments that our findings suggest are significantly linked to worker attitudes and –
directly and indirectly through work attitudes – to work outcomes including individual-level
performance. Essentially, we hope that we have demonstrated that our work presents managers
and policy makers with key considerations for improving the work environment that stand to
influence HSWs’ work attitudes and enhance their productivity, and address concerns relating to
retention.

Omission of Ontario & Canadian Context. We overzealously deleted much of our original
description of context, which we appreciate is important for the journal’s international audience,
when editing our manuscript to adhere to the word limit. In this revision, we included more detail
regarding the Ontario and Canadian context, primarily in the Background and Discussion
sections of this revision.

We understand your comment regarding the “unsubstantiated title qualifier” ‘invisible no more’.
We intended this to convey the absence of voice and visibility of these workers in Ontario, and
Canada generally. Inclusion of additional contextual information now likely addresses this point,
however we have removed the qualifier from our title.
We appreciate your reference with respect to esoteric certification and variable names in Table 2 and have removed these from the Table.

Transparent Identification of Industry Collaborators, i.e., “acceptance of the results from a scientific perspective means the "industry collaborators" and any other potential sources of bias need to be transparently identified”. We appreciate this comment. We are in no way financially or morally obligated to our “industry collaborators”; they are research-interested entities that represent providers of LTC and HCC in Ontario, and their interests stem from a genuine desire to improve the quality of care of older Ontarians and the quality of life of workers providing their care. As they were originally, our Collaborators are named in the Acknowledgements section of our submission, and those who assisted directly with the distribution of our survey are now highlighted in the revised Methods section.

Disjointed structure/Need to Clarify Delineation between Methods & Results Sections. Thank you for these suggestions; we have executed them in this revision (please refer to attached track changed version).

Overuse of Acronyms & Upper Case Detracts from the Paper's Readability. Use of acronyms was primarily in an effort to honour the word limits of the journal. Beyond LTC and HCC, the acronyms that we use with respect to the work psychology concepts are fairly common to the work psychology and the health workforce psychology literatures that are drawn upon by authors of this journal and so we felt comfortable relying upon these.

Citing of Evidence/References. We have included references and/or changed the position of the references in the sentence to make their import clear in this version of our manuscript and to more clearly support our contentions/main arguments.

Detailed Survey Respondent Characteristics & Survey Distribution. We refer you to our response to Reviewer 1’s concern around sample representativeness; answering this question, we think, goes some way toward addressing your comment here. In this revision, we have also provided more detail regarding survey distribution/data collection.

Potential Influence of Other Factors on Worker Performance. We appreciate your comments regarding employer profit status and wage differentials, and this is absolutely an area that we intend to explore in future studies, particularly given the effects of profit status on a number of outcomes, including quality of resident care, detected in other jurisdictions. We do wonder if we are likely to observe these patterns in Ontario given the stringency of regulation: while there are both for-profit and not-for-profit LTC homes in Ontario, all are regulated by the Ontario Ministry of Health and Long Term Care and apply the Long Term Care Homes Act 2007 (Berta
et al., 2007). In terms of adherence to regulations, and government subsidies, no differentiation is made between homes on the basis of profit status, or indeed any other basis. Publicly funded HCC agencies are similarly regulated provincially, by the Ontario Ministry of Health and Long Term Care, through 14 health regions which sub-contract HCC services from the agencies on behalf of clients in need of care services (Steele Grey et al., 2014). Agencies bid for and enter into time-limited service agreements and their operations are subject to stringent government legislation and regulations where the same level of stringency is applied to all agencies.

Clarity relating to presentation of Figures 1 & 3; (literal) Clarity of Figure 2. We appreciate your comments regarding the figures. These were shared with Reviewer #1.

We offered Figure 1 in our original manuscript as a means of organizing for the reader what we feared might be experienced as an overwhelming number of disparate and seemingly disjointed observations about relationships amongst the work psychology concepts. Figure 1 is a conceptual map that we developed based on our literature review: as were observe in the Background section, the research upon which Figure 1 is predicated has been “piecemeal” – in that only one or a few of the relationships shown in Figure 1 are examined in any given study. To your point regarding Figure 1, we have revised the prose relating to this figure in our re-submitted manuscript in order to make the figure’s origins clear, and have offered an alternate title as per your suggestion.

With respect to Figure 2, we concur: the graphic generated by the analytic software is of poor quality and we have been able to generate only a slightly clearer image. This is a known issue with LISREL. Since our original Figure 3 developed in Power Point incorporated the same information as our original Figure 2, we have elected to remove Figure 2 and simply speak to Figure 3 (now renamed Figure 2) in this version of our manuscript. If, however, you prefer that we include the LISREL “output”, we will happily generate a Power Point version of it – we see that this has been done by other authors using LISREL in articles published in Human Resources for Health (e.g., Vermeeren et al., 2014).

Figure 2 (originally Figure 3) is a graphic representation of the results of our analysis; as we observe in the Results section, it is intended as a more accessible summary of the results of our path analysis than the LISREL output (original Figure 2). The exploratory path analysis for our study sample revealed a number of relationships that have been found in the literature, hence Figures 1 and (now) Figure 2 are similar. However, our path analysis also reveals a few novel relationships heretofore unobserved in extant research; we highlight these in (now) Figure 2/Results, and discuss these in the Discussion section. In response to your comments, we have removed the background narrative attached to (now) Figure 2, and offer a revised title for this Figure.