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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Responses to Reviewer 2:

Statement of research objectives/research question. We appreciate your concern regarding the clarity of our study’s research objectives and research question. With respect, we addressed these concerns in our first re-submission, and direct you to the passages on pages 5 (now with a minor edit and an additional passage shown in track changes here, and in the manuscript) that read:
“The overarching objective 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?” This question has relevance to these workers, their clients/residents, and to managers and policy decision makers engaged in LTC. To the best of our knowledge, a holistic examination of the concepts such as that on which we report here has not been undertaken in long term care, nor as it relates to HSWs.

As we explain in our paper and in our first response to reviews, ours is an exploratory approach, albeit predicated on extant theory and research. It is novel, and exploratory, in two regards: first, the concepts that we delineate in our framework have never all been examined together/simultaneously and second, the research that we reviewed and relied upon to construct our conceptual framework is necessarily predicated on work completed in work settings other than health care, and in situations where work has been done in healthcare the care settings it tends to be situated predominantly in acute care and focussed on regulated professions like nursing.

Intended audience of the paper. We appreciate that the audience for Human Resources for Health is international, and are puzzled by your reference to our article being “only interesting to a limited audience”. We wonder if your comment relates to the fact that our paper focusses on workers in elder care? While, as we note in our paper and in our response here, there are an admittedly limited number of studies to draw from that are situated at the intersection of health human resources and elder care in the community or LTC homes, we do reference several. Further, we respectfully suggest that the elder care workforce is a worthy focus for research: we cite the 2015 WHO report that identifies the linkage between supports and training for the elder care workforce, and the quality and sustainability of elder care – where the latter is identified as a global concern (WHO 2016). Certainly, those for whom our findings might be most immediately meaningful – and who to our knowledge are included in Human Resources for Health’s readership – are other researchers interested in health human resources relating to health services and aging, people like our Collaborators who operate long term care services organizations and manage care workers in them, and policy decision makers in health and long term care systems. We speak to each of these types of stakeholders in our Discussion. Care for our (global) aging population is something that touches most of us personally and something that, as health services researchers with a “systems perspective” concerns us all.

What parts of the paper represent original work? Beyond, of course, the articles reviewed in the literature review section, and the use of established measures in the survey, the entire paper represents original work. We developed the guiding conceptual framework based on our review of the work psychology and health workforce psychology literatures. We have inserted a statement to this effect on page 6, which introduces Figure 1. As stated above, the empirical
studies that we reviewed focussed predominantly on “relationship dyads” that we “cobbled together” in Figure 1 to make a comprehensive conceptual framework; however none of these studies came close to considering the entire constellation of relationships empirically in one paper. Further, most of these studies were set in environments other than long term care and of those that were situated in healthcare settings, most focussed on regulated professions in acute care settings. In this version of our paper, we have tried not only to ensure that the reader understands very clearly the novelty/originality of our study but its importance to improving our understanding the health workforce psychology amongst health support workers (HSWs) in institutional long term care settings - where both these workers and this setting are understudied in the field of health workforce psychology, and these workers are vital to the delivery and sustainability of elder care in Canada (and elsewhere).

Is the survey tool original? While the survey that we developed for data collection is original, many of the measures and scales comprising the survey pre-existed, and we chose to include them because they were established with good psychometric properties. This is explained in the Methods section, and Table 1 overtly states the origins of each of the measures used in the HSW Worklife Survey.

Further, and as explained in the same section, because many of these measures had not been used either in healthcare settings or in long-term care settings with these workers specifically, we did undertake psychometrics work as part of survey development and we referenced this work in our original manuscript, and both this and the prior revision (Ginsburg et al., 2016). This also addresses a concern that you express later regarding the existence of “any previous publications…on the survey tool”

“Generic” Abstract, Results & Conclusions. We appreciate these comments as they pertain to the Abstract and have re-worded it accordingly to more clearly relate to the Results and Discussion sections.

However, we disagree with the comment that “the Results & Conclusions are so generic that they seemingly could have been written based on the literature review alone, without any quantitative analysis”. Perhaps your comment is based on the misperception that the entirety of the relationships depicted in the conceptual framework/Figure 1 have already been demonstrated simultaneously and empirically? This is not the case: we “cobbled” together, or synthesized, the literature that we reviewed to develop the conceptual framework: the studies that we reviewed in order to do so chiefly subsets of the entire constellation of relationships included in Figure 1, and few of these focussed on HSWs in elder care settings. Hence, to our knowledge, no one else is in the position that we now are, as a consequence of our analysis, to refer to the relational complexities and to suggest actions on the part of managers and human resource personnel that
might be taken to change those elements that are modifiable (like the demonstration of leadership support) in the interests of altering work attitudes and outcomes.

With respect to your reference to “generic” content, it strikes us that discussion that is even more esoteric to the long term care context may indeed render our findings “interesting to a limited audience”, which is a contrasting concern that you also express. Your advice as to how to address this “tension” would be most appreciated. Further, since many of these concepts and their relationships have been examined (albeit piecemeal, as we’ve reiterated in this response, and said in our manuscript) in other work settings, even some healthcare settings, it is not inconceivable that the more holistic, complex array of relationships may pertain “generically” beyond health support workers in long term and home and community care settings.

Methods – “Generic” Table 1. This comment confuses us, since Table 1 is a summary of the measures that we used in the HSW Worklife Survey including their origins and we are unsure how it would be revised to be “useful from either a research or a policy perspective.”

Link between Recommendations & Analysis. As we say above, to our knowledge, no one else has undertaken a comprehensive analysis of the relationships amongst the concepts captured in our original conceptual framework. The recommendations that we make are directly aligned with the relationships that we observe which are reported in the Results section, summarized in Figure 2, and discussed in the Discussion section.

What is the Paper’s “Take-Away”? We appreciate this comment, and have added the following phrase in the Conclusion section intended to underscore the “take-aways” discussed at length in the immediately-prior Discussion section:

Our study offers several novel and timely insights into the nature of HSWs’ work psychology. Arguably, all aspects of the work environment that we examined (perceptions of Organizational Support-Supervisor, Perceptions of Workplace Safety, and QWL) are within the power of management to modify, however our analysis suggests that those that we highlight above – QWL, perceptions of Supervisor Support, and Perceptions of Workplace Safety – offer particularly promising means by which to influence HSWs’ work attitudes and work outcomes. Even modest modifications to some aspects of the work environment could precipitate a cascade of positive effects.
Other Details.

You make an excellent point: we have changed the reference from Summer 2015 to July-August 2015.

Indeed, the workers participating in our Survey cared exclusively for older Ontarians, and we have made this clear in this revision.

The ‘work experience’ and ‘years with employer’ categories were adopted such that we could compare our sample to that of Lum et al. (2010). That said, we appreciate your point, and have collapsed the categories as best we can, and made the order similar, in this revision such that the breakdowns are not as discrepant. It is possible that the level of detail provided in Table 2 is distracting, and unnecessary – in which case we could remove the table and instead insert a succinct paragraph describing the survey participants.

Finally, we appreciate your point around respondent differences: demographics the results do appear similar amongst LTC and HCC respondents, hence they are presented together in our paper.