Reviewer’s report

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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Reviewer: Neeru Gupta

Reviewer's report:

Better understanding retention and productivity of the healthcare support workforce is an issue of global health workforce research interest. The experience in a context of universal health coverage, in this case the largest Canadian province of Ontario, could offer valuable lessons learnt for countries of different income levels striving to enhance sustainability of the healthcare system.

As presented, however, this paper does not offer such lessons from research. A number of structural, methodological and narrative issues need to be addressed before publication consideration.

In particular (and not necessarily in order of importance):

* The paper draws heavily on the work psychology literature, but fails to draw any linkage to health workforce psychology - arguably the main area of interest for the audience of the "Human Resources for Health" journal. The literature review reads like a generic listing of constructs, lacking critical synthesis. There is little drawing of relevance for the target audience, e.g. how health worker psychology can lead to better patient care experiences and population health outcomes.

* The research objectives of the paper and key research questions/hypotheses of the analysis are not clearly articulated. The authors acknowledge "a good stock of knowledge exists" but fail to clearly demonstrate how this paper advances evidence-informed healthcare policy and planning through the present original research findings.

* The paper fails to provide any meaningful context of the organization and delivery of health support services in Ontario for this journal's international audience. The title qualifier "Invisible no more" is unsubstantiated by the content of the paper. The inclusion of Ontario's long-term care setting among "resource-constrained environments" is unexpected from an international perspective. There should be some sociodemographic background contextualizing the relevance for care of older adults, when health support workers can
potentially provide care to a wide range of patient and population groups. Also, Table 2 includes some unexplained context-specific variable names ("HCA Certification"? "ESL"?).

* There is insufficient detail on the measurement of the explanatory and outcome variables to help guide "practical" influence levers, as promoted by the authors. Simply saying there was a "context-specific self-reported measure" is not an adequate methodological description.

* Acceptance of the results from a scientific perspective means the "industry collaborators" and any other potential sources of bias need to be transparently identified.

* The structure is disjointed; a more clear delineation between the Methods and Results sections is needed. For example, some measures of data quality are included under Methods (question-specific response/missing data rates), whereas others are under the Results (overall survey response rate). Some descriptions of the analytical approach that should be included under Methods were instead found under Results (e.g. "we undertook…” or "we did not complete…”). In any case, the fact that the survey drew on a convenience sample rather than a random sample needs to be clearly identified from the beginning of the Methods section (both in the main text and in the abstract).

* Overuse of acronyms and upper case detracts from the paper's readability.

* A number of statements across the text need to be backed by evidence/references - for example, in the Background ("They are an increasingly significant component of the healthcare labour force" and "resource-constrained environments such as LTC and HCC settings") and in the Methods ("...default estimation method used by LISREL").

* The paper needs to provide much more detail on the characteristics of the survey respondents in relation to the target population, i.e. all healthcare support workers in Ontario. Simply reporting the numbers are "more than sufficient for our analysis" does not imply confidence that the results are unbiased. What were the characteristics of those who did not respond to the survey compared to those who did? Measures of "reliability" and "fit" are essentially statistically arbitrary and do not signal validity of results. The authors need to transparently detail any issues that might have yielded systematic distortion into the data collection and response processes. How do we know the normality assumption has been met for a non-random sample?

* What was the breakdown of workers in non-profit versus for-profit organizations, and how could this impact the results? Were any data collected (or available from other sources as contextual background) on remuneration and non-financial benefits? Although I understand
these confounding factors might not have been the main focus here, their potential influence on worker performance do need to be discussed somehow.

* It is not entirely clear whether Figure 1 is an original framework, or drawn/adapted from the literature (if the latter, the source/sources need to be identified). The confusion may be attributable in part to the figure's unclear/unconventional title. Likewise, the "title" for Figure 3 includes background narrative that does not belong in a display of original data. The value-add of Figure 1 at all is suspect, given its overlap with the more detailed Table 1 and Figure 3.

* Figure 2 - with its obscure acronyms, illegible numbers and imprecise title - is incomprehensible.

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