Author’s response to reviews

Title: Turnover intention of hospital staff in Ontario, Canada – Exploring the role of frontline supervisors, teamwork and mindful organizing

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Reviewer #1:

Q1. Excellent article and very important to today’s healthcare environment and workforce planning/management. Just one comment: readers of the research may not be as familiar with SPSS analysis details as the authors are. They may get lost in the detailed analysis - you may want to consider removing some details and/or simplifying the analysis section.

A. Thank you for your feedback.

The key findings of the study are discussed in non-technical terms both in the abstract as well as in the discussion section. We have simplified our analyses by removing some of the non-essential and/or redundant information. More specifically, we have removed most of the discussion on multicollinearity as it is not directly related to the findings of the study. We also now only mention ΔR² and β within table 4 and not in the text. Both of these decisions will make it easier for non-SPSS experts to read through the analyses section. For researcher readers, we have tried to maintain transparency and leave in enough detail for integrity of the analysis section.

Reviewer #2:

Thank you for your feedback, please see our responses below to your comments.
Q1. The title is acceptable however; the name of the community hospital could have been mentioned in the methodology for authenticity even if it is not mentioned in the title.

A. We have added a small section, “setting” at the start of the methods section. Although it is of course very easy to see the hospital from author affiliations, we have elected not to name the organization in the manuscript (at the organization’s request and because we don’t see how this would enrich the paper and it may even weaken or detract from a generalizability argument). The new “Setting” section provides more information about the hospital where the study was conducted – see page 6, line 20-23, of the manuscript.

Q2. The topic is of interest especially with the current emerging trends of employee behaviour. If the supervisors understand the intentions and mindful organizations, then its cost effective to plan and counteract turnover before it happens. This is an article of interest.

A. Thank you. We agree that our article addresses important literature gaps and will further the debate on issues surrounding turnover in healthcare settings.

Q3. Line 10 page 11.... check the spelling 7.8 were clerks/clerical staff not clerics.

A. This has now been corrected.

Q4. On Table two, page 11 line 58, Kindly use the SEX not gender.

A. The survey respondents were asked about their gender and not sex. In research, gender and sex are often erroneously used interchangeably. There are important differences between the two concepts. Sex refers to biological differences between men and women. On the other hand, gender refers to non-biological socially constructed roles and perceptions associated with being a man or a woman (1). This implies that some people can identify their gender as women/men even though their biological sex is different. Given this and what we actually asked on the survey itself, it would be inappropriate to switch the term gender with sex.

Q5. Restructure your conclusion to summarize every important idea you have discussed in your work and draw conclusions based upon the evidence presented in brief clear way. This will directly relate to the topic.

A. As suggested, we have now added a bit more relevant information in the conclusion section. However, key finds of the study were already summarised in the conclusion and we are of the view that large scale restructuring of this section will introduce too much redundancy. Having said that, kindly let us know if you believe any specific point still needs to be mentioned in the conclusion section.
Q1. I think the paper needs more detail of the measure of turnover intent adding. For example, making explicit the three items and detailing the provenance of the measure in terms of development, previous test of validity and reliability. Does the turnover intention measure used differentiate between expected job change for personal reasons - such as planned career break, maternity leave, moving area due to partner job change, retirement etc. - as opposed to intending to leave due to work related reasons? If not, what are the implications of this, in terms of interpreting the findings and implications for practice?

A. Thank you for your feedback and question. Turnover intention measures do not typically differentiate between the reason for turnover (2). Instead, personal (e.g., maternity leave) and work-related reasons (e.g., burnout, job satisfaction, workload) are generally treated as predictors/antecedents of turnover intention rather than components of turnover intention itself. Indeed, predictors and/or outcomes are sometimes erroneously included in the measurement/conceptualization of a construct in healthcare research and there is a growing realization to avoid this pitfall (3,4,5). To highlight this point, we have now added a few sentences on page 6 (lines 6-10) of the manuscript in the ‘justification for the current study’ section.

Based on your recommendation, we have also added a definition of turnover intention on p.4 (lines 1-3) and a more fulsome description of the turnover intention measure in the methods section and have listed the three survey items – see page 9 (lines 3-10) of the manuscript.

To your question concerning the implications of personal vs work-related reasons for turnover, our sense is that personal reasons for turnover (which an organization has little control over) are unlikely to be related to the explanatory variables we examined. However, personal reasons for turnover intention would presumably be part of the variance in turnover intention not explained by our model and would be of interest in future research. We have added a comment to this effect on p.16 (lines 19-23).

References


survey': Using the Canadian patient safety climate survey (Can-PSCS) to measure provider

5. Singer SJ, Vogus TJ. Safety climate research: Taking stock and looking forward. Quality and