Author’s response to reviews

Title: Job satisfaction of public and private primary care physicians in Malaysia: analysis of findings from QUALICO-PC

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1. Lines 95-96 on Page 4: the per capita density of primary care providers in Malaysia is provided as evidence of the lack of health workers in the country. It would be helpful to provide the figures for some other countries with similar socio-economic contexts and/or in the same region so that the reader can make comparisons and the importance of the issue highlighted.

Response: We thank the review for the suggestion. Unfortunately, we couldn’t find the information on per capita density of primary care providers in other countries for comparison. However, we have added numbers for density of doctors (overall) per population for comparison between Malaysia and other countries.

Page 4, Line 95-99:
“Currently, Malaysia has 1.5 doctors per 1000 population; although higher than neighbouring Southeast Asian countries like Thailand (0.8) and Vietnam (0.8), the number is lower than the levels observed in its closest neighbour Singapore (2.3) and countries such as Japan (2.4) and Australia (3.5) [7]. For primary care, per capita density of primary care physicians in Malaysia is 1.5 per 1000 population in the urban areas and 1.1 per 1000 population in the rural areas [9].”

2. Lines 295-296 on Page 12: The text states, "private clinics function in a competitive environment and thus are often perceived to provide better conditions for both patients and workers." References are required to support the statement. If there is no reference, it may be necessary to provide a little more insightful (and careful) explanation of the differences in job satisfaction between public and private
healthcare providers as a result of the difference in work conditions. (The paragraph later discusses issues such as the administrative work requirements in the public sector and the age of public sector healthcare providers as factors contributing low job satisfaction among the public sector healthcare providers however, it is not clear whether competition among healthcare facilities and job conditions for healthcare providers are linked in the context of Malaysia.)

Response: “...sectors in Malaysia. Private clinics consist of small practices with single practitioner or few with group practice (Table 1). As such, doctors can have more control and flexibility in the daily running of the clinics and work freedom [13, 45]. Considering that public healthcare are funded and centrally managed by the government, doctors in public clinics are saddled with more responsibility but at no extra remuneration. On top of attending to patients, they are often delegated many additional functions such as preparing paperwork, performance measures and reporting, documentation requirements or attending meetings [5, 23]. Although these tasks may seem minor, doctors could perceive it as overwhelming and burdensome which resulted in unfavourable responses. This is reflected in the current study where public doctors were more likely to feel dissatisfied with clerical work and irrelevant tasks assigned. Other possible explanation for the differences in satisfaction level between public and private doctors could be due to the...”

3. The revised introduction states that there is inequitable distribution of the health workforce between the private and public sectors. It would be of benefit if the paper could provide some policy implications, based on the study, on how to address this issue, either in the discussion section or the conclusion (I think the policy implications of the study are currently summarized in the conclusion section and so the authors may want to revise the section to specifically mention the policy implications in that section. Alternatively, the authors could create a paragraph in the discussion section to discuss the policy implications, including the issue of human resource distribution between the public and private sectors).

Response: Based on this comment, we have added one paragraph in discussion section to discuss about policy implications:

Page 15-16, line 369-380
“The findings of this study present several opportunities for policy makers and healthcare institutions to work towards addressing the needs of primary care doctors in the country. Enhancement of job satisfaction at the primary care level can build up employee motivation and efficiency, which may encourage them to stay and improve the retention rate of public primary care physician. By improving workplace systems, processes, and environment, it could increase the attractiveness of working in the public sector and curb the migration from public to private sector. Currently, at least in rhetoric, there is a government initiative for public-private partnership (PPP) in the health sector to address service delivery and workforce challenges [4, 52]. Hence, the findings obtained from this study will be useful for identification of enabling factors for successful and sustainable implementation of PPP in the country as we progress towards meeting the health system goals and sustaining UHC.”