Reviewer’s report

Title: Psychological wellbeing in a resource-limited work environment: Examining levels and determinants among health workers in rural Malawi.

Version: 1 Date: 28 Jun 2019

Reviewer: 2012 Tweheyo

Reviewer's report:

Comment 1. General comments: The authors address an important issue: "the psychological wellbeing of healthcare workers in LLMICs", which they correctly justify as overlooked, yet significantly important. Also, a critique of the few, existing small sized studies on this matter are rightfully cited.

To address this research gap, the current study attempts to provide a wider geographical scope (33 PHC and secondary-level health facilities in 4 districts). However, the authors need to acknowledge that with a sample of 174 healthcare workers, this too is a small quantitative study - which limits the degree to which inferences can be made.

Comment 2. General comment/ methods

In interpretation of the findings on psychological wellbeing, the authors might want to acknowledge the subtle reality that maternity care (labour ward and newborn care settings) in LLMICs are high-burdened, high-workload, representing more of settings that are under-resourced (staffing and supplies) yet providing emergency care services. The setting is therefore not entirely representative of all healthcare worker settings in PHC / secondary level facilities - as majority of the work environments are non-emergency. Expound on this within page 14, lines 15 to 23.

Comment 3. Abstract: Make changes to the modelling used to analyse the data (from random effect models to linear/logistic regression models) which is not reflected yet in your abstract. Please correct this.

Comment 4. Background: This is generally well written. However, in its current state, it appears to insinuate that psychological wellbeing is the same as physical and mental ill-health. It would be helpful to define psychological wellbeing earlier in the background. Is psychological health conceptually the same as psychological wellbeing? A lot of these terms seem to be used inter-
changeably, which could be improved to keep the article focussed. Page 5, lines 23 to 43 provide conceptual definitions, although a lay reader needs a working definition early in the background. Similarly, in your discussion, Page 14, lines 26 to 59, you depict this lack of conceptual clarity, which would have benefited from an earlier working definition.

Comment 5. Methods:

Page 8, line 32 - referring the previous application of WHO-5 in Zimbabwe. It would be useful to comment on its validity in that study, or the lack of this information (thus acknowledging this in study limitations) - rather than make assumptions about its validity.

Comment 6. Findings: Table 5 - In the statistical models used, it appears that only the variables (1) "Satisfaction with interpersonal relationships at work" is positively associated with WHO-5 (For both the continuous and dichotomous outcomes), while (2) "Any professional training" and (3) "Clinical knowledge" are negatively associated. It is therefore confusing why the other variables such as "perceived competence" are highlighted and discussed.

It would be useful to highlight within the table for the reader what factors are associated and might constitute your discussion.

Comment 7. Results: Page 10, line 58. "……. And ( ) below the 60%. There is missing information in this sentence.

Comment 8. Results Page 11, line 11. "…….in that health facility in-charges (and clinical officers compared to nurses) indicated poorer wellbeing. A contextually relevant discussion of this finding would be useful.

Comment 9. Results Page 11, lines 48 to 58 etc. It would be useful if you discussed mainly the results that are statistically significant - as assessed using more than one statistical model (see my comment 6).

Comment 10. Discussion Page 15, lines 1 to 24 "health facility in-charges is associated with poor PW". Have you considered the explanation that HF in-charges in such settings are burdened by both administrative roles (supervision, stock-management, planning meetings, reporting etc, in
addition to clinical roles), with little or no job descriptions for the managerial roles? See links below:

Hybrid clinical-managers in Kenyan hospitals.

Service delivery in Kenyan district hospitals - what can we learn from literature on mid-level managers?

https://www.tandfonline.com/doi/abs/10.1080/17441692.2010.489905

A similar discussion argument could be made of "clinical officers having poor PW compared to nurses" - regarding higher managerial responsibility, amidst other responsibility.

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Quality of written English
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