Reviewer's report

Title: Health worker preferences for working in rural clinics in Uganda: a discrete choice experiment

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Reviewer: ALEKSANDRA TORBICA

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The article represents an interesting investigation on future health worker preferences for job opportunities in rural areas in a low-income country. The study employs a method rooted in random utility theory and extensively used in health economics to explore different issues, discrete choice experiment (DCE). The idea is very interesting although not original since there are several studies in the literature that previously investigated a similar issue using the same methodological approach. The article is very well written, with a good structure and easy to follow. In certain parts, however, I had the feeling that it was too schematic and short so could benefit from further explanations to enhance clarity.

The following are a few areas in which improvements should be made before final publication:

1) Background
There are two issues that should be included in the introductory part of the paper. The first concerns the bulk of DCE literature on health workers’ preferences that focuses on “developed” countries. Although this is not a main focus of the paper, it could benefit from briefly mentioning the existing evidence also in other parts of the world.

The second issue refers to the use and design of DCE method in developing countries. The issue has been largely debated (see for example Mangham et al. How to do (or not to do) . . . Designing a discrete choice experiment for application in a low-income country, Health Policy Planning 2009). The introduction (and discussion) section should include a few author’s reflections on the topic.

2) Methods
The method section is very clear and rather complete. There are, however, few important information missing that should be included in the paper:

- Sampling: it appears that no attempt was performed to calculate the sample size needed for estimating the main effects in the final model. There is great heterogeneity in the DCE literature regarding the sample size calculations, but recent methodological guidelines (e.g. Lancsar and Louviere, Pharmacoeconomics 2008) require authors to be more explicit on this point.

- Instrument: I think that some parts provided only in technical appendix should
be reported in the main text. More specifically, more details should be provided on the focus groups and pilot testing (how many students from each group participated?) . In addition, the use of fixed choice task should be explained in the main text. Finally, more information on validity test included in the instrument would be appropriate in the main text for completeness and clarity.

- DCE attributes: while all 6 attributes appear rather immediate, a bit more explanation should be given for “support from manager”. They way it is presented leaves a lot of room for interpretation also by the respondents, so more details on how this was defined would be welcome.

3) Results

Demographic sample characteristics reveal rather heterogeneous group of respondents in regards to, for example, life experience in rural areas (the portion of sample that lived in rural areas ranges from 62 for pharmacy to 91% laboratory students). This particular attribute could be important in explaining heterogeneity of preferences within and across sample groups. Would it be possible to further investigate this aspect, i.e. by including interaction effects in the final model?

Authors show that large majority of the sample in all 4 groups would consider working in rural area, but from the previous question it appears that % of students likely/very likely to work in the rural area after graduation is very different across groups. Please explain better.

The way the results are presented (by group) doesn’t really allow the reader to compare preferences across groups.

The result section should include some details provided in the technical appendix (validity checks).

4) Discussion

This section should be expanded by including some of the issues mentioned in the introduction (i.e. DCE literature on health workers preferences and risk/challenges of using this method in developing countries).

Among study limitations, the sample size issues should be mentioned and further explained.

While hypothetical nature is known limitation of stated preference techniques, a DCE study could inform policy making in real world, as suggested by authors. A bit more reflections on generalizability of these findings in other settings should be provided.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.