Reviewer's report

Title: Patients' Dissatisfaction with the Public and Private Laboratory Services in conducting HIV related testing in Tanzania

Version: 3 Date: 28 June 2008

Reviewer: Wilson Pace

Reviewer's report:

Title: Patients' Dissatisfaction with the Public and Private Laboratory Services in Tanzania

Third review COMMENTS FROM SECOND REVIEW IN ALL CAPS

Major/mandatory revisions or responses-

ALL MAJOR REVISIONS HAVE BEEN ADDRESSED. THE SAMPLE SIZE ISSUE IS STILL NOT PERFECTLY ADDRESSED BUT AT THIS TIME WOULD DROP TO A MINOR NON-ESSENTIAL CHANGE THAT IS NOT WORTH A FOURTH REVISION.

Information concerning response rate: While the authors have responded that the study had a 100% response rate it has not be included in the body of the paper. The response rate should be included in the Methods section of the paper so it is available for readers.

DONE

Number of subjects per site: The body of the paper still indicates that 12 people were interviewed at each of 24 sites – this would give a sample size of 288 but there are 295 people in the sample. Thus, 13 people or more must have been interviewed at some locations. The range of interviews per location should be specified along with the response rate so that readers can evaluate any potential effects from nesting of this sample. Also, table 1 indicates a fair degree of variability in individuals’ answering selected questions- from 295 to 224 – the reason(s) for missing data should be included in the Methods section as well.

DONE

Rationale for sampling approach and sample size: The resultant sample size between public and private laboratories is highly skewed- even though this appears to be the primary analytical framework- why a block randomization method was not employed to create the study sample should be explained given the analytical framework.

DONE

The small sample size- particularly for public laboratories would seem to lead to a wide estimate of variance. Justification – in the form of a statement concerning
the power of the study to detect meaningful differences - should be included in
the methods section. At the population level a sample size of 300 gives a roughly
+/- 6% estimate while the 70 people sampled from public laboratories results in
an approx. +/- 12% estimate. How this may have affected the results
interpretation should be mentioned in a limitations section as well as some
mention made in the Methods section.

ADDRESS MINIMALLY- NO MENTION OF A TYPE 2 IS INCLUDED IN THE
DISCUSSION SECTION- READERS ARE LIKELY TO BE ABLE TO
DETERMINE THIS GIVEN THE SMALL SAMPLE SIZE- NO FURTHER
CHANGES ARE CONSIDERED MANDATORY.

Satisfaction and efficiency: The results section concerns involving satisfaction
levels (is 70-85% satisfaction good or bad?) had not been addressed in the body
of the paper. Given that many satisfaction surveys tend to have ceiling effects
problems – with overall satisfaction with health providers/services being in the
90%+ range – ratings in the 15-25%+ dissatisfaction levels are actually quite
high. This is the issue that was asked to be addressed in the discussion section
but no new comments concerning this could be found.

DONE

The statement concerning greater efficiency of public laboratories has not been
changed in the body of the manuscript and the response letter does not address
this issue.

REMOVED

Level of interest: An article whose findings are important to those with closely
related research interests

Quality of written English: Acceptable

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

Declaration of competing interests:

'I declare that I have no competing interests'