Reviewer's report

Title: Coping with uncertainty during healthcare-seeking. A qualitative study in Lao PDR.

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Reviewer: Lisa Welch

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This manuscript addresses an important topic of how people navigate the increasingly overlapping array of options for healthcare (e.g., allopathic, complementary, traditional, self care). This topic is of interest across contexts and may be particularly relevant to resource-poor areas in which access to allopathic care can be limited. Upon reading the manuscript, questions about how the authors frame the topic and interpret results in relation to the concept of uncertainty dampen my enthusiasm for publication in its current form.

Major Compulsory Revisions

1. Background- The authors frame the paper in terms of uncertainty, which is an interesting and important concept for understanding care seeking patterns. At the end of the background section, the authors mention the importance of care seekers as “drivers” of healthcare systems. From the perspective of this reviewer, the paper would be more effectively framed by first establishing the importance of the outcome (i.e., healthcare seeking). I recommend revising the background section accordingly for two reasons: (i) Uncertainty is one aspect of the care seeking process (i.e., one explanatory “variable”); uncertainty itself is not what the authors ultimately are trying to explain (i.e., the “outcome” of care seeking patterns). By framing the paper around uncertainty, the relationship between aspects of the overall process of care seeking in the particular setting the authors report on is lost. For example, the paper could be framed as follows: Importance of care seeking as a “driver” of the healthcare system --> Care seekers increasingly have multiple care options (allopathic, complementary, traditional, self care) --> Various factors influence care seeking choices (uncertainty is one of these) --> Focus on maternal/child health --> In resource poor settings. This framing would allow the authors to narrow the broad topic of care seeking to their specific focus while highlighting uncertainty. (ii) A second reason to revise the current framing is that at least this reviewer is not convinced that the concept of uncertainty is an overriding explanation of the care seeking patterns demonstrated by the data (see comment #6 below).

2. Can the authors explain more clearly how this analysis fits within the larger dataset and study? It is not clear that the stated research question/aim reflects the specific focus of this manuscript. For example, the background section (paragraph 3) states that the manuscript reports on care seeking for both child and maternal health. Yet, the results section appears to focus on care seeking for seriously ill children (see Results: Healthcare delivery…; Results, The preference
Similarly, the methods section describes data collection for 12 focus groups with caregivers, 11 in-depth interviewers with caregivers of severely sick children, plus interviews and focus groups with various types of providers (Methods, Data collection, paragraphs 1 & 2). Are the results of all of this data reported in this manuscript, or does this manuscript focus more heavily on a subset of the data--e.g., regarding care seeking for seriously ill children, as is referenced more than once in the results section? If the focus is on care seeking for seriously ill children specifically, does the analysis for this manuscript focus mainly on the 11 in-depth interviews with caregivers of seriously-ill children, and the other data then serve as a backdrop about the context?

3. Methods, Setting – For this reviewer, the general description of the social/health setting being examined should be part of the background rather than the methods section. The authors are examining care seeking for a particular type of need (maternal/child health) in a particular context (resource poor setting). As suggested in comment #1, my view is that this is part of framing the focus of the analysis for the reader.

4. Methods, Data analysis- Clarify the process of data analysis, including steps that were taken to ensure it was systematic and rigorous. What does it mean that the analysis was “inspired” by interpretative description? For example, were the data coded? If so, how many coders were involved, and how did they resolve discrepancies? Were all transcripts used for the analysis presented in this manuscript? The current description suggests that patient perspectives of providers were compared with provider views of patients' challenges, but the process by which these perspectives/views emerged from the transcript data is not documented. Further, what criteria were used to narrow the number of themes and condense the dimensions of the themes into what is presented in the paper?

5. Results- Provide the reader with a sense of how broadly the themes applied across respondents. Did all respondents speak to all themes, or were some themes more common than others? One way to do this is to provide frequencies more consistently throughout the methods section (X of Y caregiver respondents) or in a table.

6. Results and Background- The background section explains the findings mainly in light of uncertainty and how it is engendered by other factors (e.g., multiple providers, cost). However, the data presented in the results section does not consistently address uncertainty directly. Rather, the data presented identify other factors that were important for choices related to healthcare seeking—including anticipated cost, trust in providers (which is related to uncertainty but not the same concept), informal networks, cultural homophily, and provider communication (which, if done poorly, could engender uncertainty). In the discussion, the authors link these factors to uncertainty, and the presence of uncertainty/apprehension among caregivers of a seriously ill child is not surprising. However, if most/all concepts are interpreted as indicators or causes of uncertainty, the concept itself loses some explanatory meaning. Moreover, if uncertainty were the overriding explanatory factor for care seeking decisions (and if all/most other factors contribute to uncertainty in some way), we would
expect respondents to address it more directly. Without establishing the role of uncertainty from the data (rather than the interpretation of the data), the reader is left wondering if the data are over-interpreted. Can the authors more clearly articulate the importance of uncertainty from the data, whether this importance is limited to caregiving for seriously ill children or applies more broadly (which is related to comment #2 above), and how uncertainty interrelates with other factors that are at play in care seeking patterns?

Minor Essential Revisions

7. Background, paragraph 1 - Clarify the meaning of the phrase “vital implications”? Vital in what way, specifically?

8. Background, paragraph 1 - Expand on the implication of the last sentence—i.e., “that uncertainty captures the intersecting aspects of subjective and objective risk perceptions.” How does this apply to your research question?

9. Background, paragraph 3 - Clarify the second to last sentence: “An additional aspect is how experiences of uncertainty are reflected in the description of the healthcare providers.” Does this sentence refer to the uncertainty of the healthcare providers or to the perspective of providers on the uncertainty of care seekers?

10. Methods, Setting, paragraph 1 - A citation is needed for the last sentence: “The disease burden of children under five is high and communicable diseases are responsible for the largest proportion.”

11. Methods, Setting, paragraph 5 - The authors use significant space to explain religious/cultural differences; yet in the last sentence, they say that family relationships are very important across groups. It isn’t clear to this reader whether the important issue for care seeking is the diversity or the underlying similarity among groups in this regard.

12. Methods, Data analysis, paragraph 1 - What does “condensed transcripts” mean? How were they condensed, and how could this have affected the analysis/results?

13. Results, Healthcare delivery..., paragraph 1 - The last sentence cites other studies. Reference to other studies typically is reserved for the introduction or discussion rather than the study results section.

14. Results, Healthcare delivery..., paragraph 2 - In the first sentence of the paragraph, the authors report that “travel time” to providers was important. How does travel time relate to staff changes and fluidity of healthcare discussed in the remainder of the paragraph?

Discretionary Revisions

15. Methods, Setting, paragraph 4 - The authors state that the distinction between public/private health organizations and biomedical/traditional medicines are “too simple.” The authors could consider explaining their view. For example, these distinctions are useful analytically but should be conceptualized on a continuum (which allows overlap) rather than as dichotomies.
16. Table 2. Provide the reader with a sense of the accessibility or frequency of use of each type of provider relative to the others. This could be done by adding a column to indicate the frequency with which caregivers reported using each type (e.g., frequently, occasionally, rarely, never) and/or the frequency with which each type of provider was mentioned.

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

**Quality of written English:** Needs some language corrections before being published

**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.