Reviewer's report

Title: A qualitative study of patient (dis)trust in public and private hospitals: the importance of choice and pragmatic acceptance for trust considerations in South Australia.

Version: 2 Date: 19 June 2015

Reviewer: Lorelei Jones

Reviewer's report:

Thank you for inviting me to review this manuscript. The findings from this empirical research are interesting, and credible and I would like to see them published. To my mind there are some major compulsory revisions required before publication.

Major compulsory revisions

My main concern regards the way the findings are located in the broader literature. The introduction currently seeks to do a number of things: review the theoretical literature, review existing empirical studies and present the background of this study (the Australian context) so as to provide a rationale for why this research needed to be done and where it fits. I feel this section needs a lot more work to make all these aspects clearer to the reader. Sometimes I felt that the authors may have felt constrained by the word length? The authors either need to spend more time unpacking these separate elements of the introduction or restrict their scope in a way that is tailored to the purpose and audience of this journal.

For example, on previous empirical research, the authors state that:

Low SES groups generally have lower levels of trust in a range of government institutions, linked to their vulnerabilities, disempowerment and perceived broken promises by government. It therefore becomes critically important to both understand their (dis)trust in public hospitals and develop strategies to build trust which is grounded in experiences of quality care and trustworthy services.

These two sentences are insufficient to provide the reader with an overview of the findings of previous empirical studies. I would want to know, for example, what you mean by 'lower levels of trust'. Lower than previously? Lower than people from higher SES also treated in public hospitals?

Similarly you state that:

In contrast, US literature finds the opposite - private healthcare is generally less trusted than public healthcare which may reflect the much larger PHI business in the US and the sub-optimal government funding of public healthcare.

However it isn't clear how suboptimal funding is linked to greater public trust.
My inclination is that this section just need more work to improve clarity.

The analysis also feels a bit muddled at present. The authors at times use the terms 'service', 'hospital' and 'doctor' interchangeably, but these are different levels, i.e. they relate to the macro/meso and micro respectively. It is also unclear whether what they have captured relates to differences between planned/emergency treatment, or public/private hospitals, or having choice/not having choice, or having/not having PHI. I would recommend putting to oneside, at least during the analysis, the having/not having PHI distinction, because, as the authors note, participants often had experience of both public and private hospitals, and instead to concentrate on the accounts of experiences in public and private hospitals, but trying to unpack this in relation to planned/emergency care. Then perhaps in the discussion the implications/relationship to variation in SES can be drawn out.

I also caution comparison with the NHS in England, as two of the authors will be aware, 'choice' of planned care can exist in an entirely publicly funded and provided system.

My third concern relates to the interviews themselves. It is unclear whether interviewees were asked about their experiences, with the concept of 'trust' used as an interpretive category, or whether participants were asked directly to reflect on 'trust' which generates very different data.

Finally, on page 15 you use the term 'beauty contest' which I don't think captures the way the role of reputation in important in markets, whether in private markets or in public quasi markets.

I hope these comments are helpful

**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 I have no competing interests.