

Response to “Willingness to Receive mHealth Services Among Patients with Diabetes on Chronic Follow-up in Public Hospitals in Eastern Ethiopia: Multicenter Mixed-Method Study” [Letter]

Achmad Jaelani Rusdi¹ , Avid Wijaya² 

¹Medical Record and Health Information Department, ITS RS DR Soepraoen Malang, Kota Malang, Jawa Timur, Indonesia; ²Medical Record and Health Information Department, Poltekkes Kemenkes Malang, Kota Malang, Jawa Timur, Indonesia

Correspondence: Avid Wijaya, Poltekkes Kemenkes Malang, Jl. Besar Ijen 77C, Kota Malang, Indonesia, Email avidwijaya@poltekkes-malang.ac.id

Dear editor

The article entitled “Willingness to Receive mHealth Services Among Patients with Diabetes on Chronic Follow-up in Public Hospitals in Eastern Ethiopia: Multicenter Mixed-Method Study” addresses a critical aspect of diabetes management by exploring patients’ willingness to receive mobile health (mHealth) services.¹ The study combines quantitative and qualitative methods to provide a comprehensive understanding of the factors influencing patients’ willingness and the barriers to adopting mHealth services in the context of diabetes care in eastern Ethiopia.

The merit of the research lies in its thorough investigation, utilizing a mixed-method approach that enhances the depth of understanding. The quantitative component, involving 365 patients, provides valuable statistical insights into demographics, mobile phone access, and willingness to adopt mHealth services. The inclusion of qualitative interviews with key informants and patients adds a qualitative richness to the study, allowing for a nuanced exploration of barriers to mHealth adoption, such as infrastructure challenges, socioeconomic factors, and patient behavior.

However, some aspects of the methodology and content could be subject to criticism. Firstly, the study’s generalizability might be limited due to its institution-based nature and the potential bias introduced by interviewing only patients who came for follow-up services during the data collection period. The reliance on self-reported data, especially regarding mobile phone access and willingness, may introduce social desirability bias and affect the accuracy of responses.² Additionally, the study does not explicitly discuss potential limitations of the qualitative analysis, such as the potential influence of interviewer biases or the generalizability of findings from a limited number of interviews.

To address these concerns, future research could consider a more diverse and representative sample to enhance the external validity of the findings.³ Researchers should acknowledge and address potential biases in self-reporting by implementing validation measures or triangulating data from multiple sources.⁴ A more comprehensive discussion of the limitations of both quantitative and qualitative components would contribute to the transparency of the study.

In conclusion, the study makes a significant contribution to understanding the willingness of patients with diabetes to adopt mHealth services in eastern Ethiopia. The mixed-method design strengthens the research by providing a holistic view of the factors influencing patients’ attitudes and the barriers to mHealth adoption. Acknowledging and addressing the limitations identified could further enhance the robustness and applicability of the study’s findings.

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Firdisa D, Abera A, Dereje J, Asefa F. Willingness to receive mhealth services among patients with diabetes on chronic follow-up in public hospitals in eastern Ethiopia: multicenter mixed-method study. *Diabet Metabo Synd Obes*. 2023;16:4081–4099.
2. Sturges JE, Hanrahan KJ. Comparing telephone and face-to-face qualitative interviewing: a research note. *Qual Res*. 2004;4(1):107–118. doi:10.1177/1468794104041110
3. Rylance RT, Wagner P, Omerovic E, et al. Assessing the external validity of the validate-swedeheart trial. *Clin Trial*. 2021;18(4):427–435. doi:10.1177/17407745211012438
4. Strauss ME, Smith GT. Construct Validity: advances in theory and methodology. *Annu Rev Clin Psychol*. 2009;5(1):1–25. doi:10.1146/annurev.clinpsy.032408.153639

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Diabetes, Metabolic Syndrome and Obesity 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Diabetes, Metabolic Syndrome and Obesity editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

Diabetes, Metabolic Syndrome and Obesity

Dovepress

Publish your work in this journal

Diabetes, Metabolic Syndrome and Obesity is an international, peer-reviewed open-access journal committed to the rapid publication of the latest laboratory and clinical findings in the fields of diabetes, metabolic syndrome and obesity research. Original research, review, case reports, hypothesis formation, expert opinion and commentaries are all considered for publication. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/diabetes-metabolic-syndrome-and-obesity-journal>

<https://doi.org/10.2147/DMSO.S460567>