

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]

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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.

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