

RESPONSE TO LETTER

Home-Based Medical Care Service Motivation Among Medical Staff in Beijing, China: The Role of Institutional Support [Response to Letter]

Yutong Yang 101, Junjun Guo 102, Xingming Li²

Correspondence: Xingming Li, Email xingmingli@ccmu.edu.cn

Dear editor

We would like to thank you for your interest in our published paper entitled "Home-Based Medical Care Service Motivation Among Medical Staff in Beijing, China: The Role of Institutional Support" and the editor for the opportunity to respond. In the above study, we attempted to highlight the significant role of institutional support for medical staff in the provision of home-based medical care services. The important finding is that the establishment of a clear service pathway significantly influenced the motivation to provide services. The research could provide worthy strategies for policymakers to enhance service delivery. However, there were some limitations in the study that should be considered. We are glad that Triwiyanto et al pointed out these limitations and offered valuable suggestions.²

Firstly, data collection in the study relied on self-reporting by medical staff, which may have introduced recall bias in reporting the frequency and type of their services.³ Furthermore, the relationship between institutional support and service motivation lacked a confirmatory temporal relationship, thus the study was unable to make causal inferences. We greatly appreciate these comments. These limitations might be addressed through prospective longitudinal studies.⁴ However, we do recognize the challenge of obtaining longitudinal observational data in practice. Collecting institutional-level and individual-level service provision tracking data requires researchers to establish strong partnerships with community health centers. This will be a future direction for our group, aimed at refining the study design to provide more robust evidence for the positive effect of institutional support on the motivation for home-based medical care services. Secondly, you mentioned that the study focused only on Beijing, China, which could affect the generalizability of the results to other regions. We appreciate your insight. While the results of this study can provide a practical reference for mega-aging cities in similar situations to Beijing, the healthcare resource status in less-developed and rural regions may be quite different, requiring further consideration.^{5,6} Afterwards, we plan to conduct a multi-region, multi-center study to explore regional and urban-rural differences, enhancing the study's generalizability and application.

Finally, you provided us with broad research suggestions for our work, and we deeply resonate with your comment about the importance of the patient's perspective in improving the quality and effectiveness of home-based medical care services. We have recently been conducting a survey on the care service demands of elderly people aging in place to explore the gap between supply and demand. Additionally, we plan to design discrete choice experiments to analyze their preferences for receiving services, which can help in improving policies to better align supply and demand.

In conclusion, we are very thankful to the editors for giving us this opportunity, and we sincerely thank the authors for their acknowledgement and valuable comments and suggestions for improvement.

Disclosure

The authors report no conflicts of interest in this communication.

Department of Epidemiology and Health Statistics, School of Public Health, Capital Medical University, Beijing, People's Republic of China;

²Department of Health Management and Policy, School of Public Health, Capital Medical University, Beijing, People's Republic of China

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