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Investigating technology-induced transitions in healthcare: Work practice adaptations within their overall context [☆]



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KEYWORDS

Multi-level perspective;
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e-Prescription;
e-Reimbursement

Abstract

Objectives: To demonstrate the usefulness of combining the “multi-level perspective” with the concept of “institutional work” for studying the relations between new technology introduction, socioeconomic pressures, policy and work practices. To this purpose, we examine the introduction of e-prescription and e-reimbursement in Greece by applying a combination of the two theoretical constructs.

Methods: Theoretically informed interpretive study. Data have been collected using qualitative data collection techniques including documents’ review, observations, and interviews.

Results: We illustrate how changes at the macro level (a public debt crisis which resulted in commitments to external funding bodies) created pressure on the established regime of weak governance within Greek healthcare. This pressure facilitated the introduction of new information systems that support coordination and governance. The new systems aim to change the pre-existing institutional relations and to orient practitioners towards new modes of acting. Practitioners adjust their work practices by trying to accommodate the two newly introduced systems. In doing so, they manage the boundaries between ways of acting that they deem as amenable to alterations and norms that they think that have to be preserved.

Conclusion: Combining a focus to the micro level of work practices with a global framework that maps transition processes can produce valuable insights. Positioning e-prescription and e-reimbursement within the “bigger picture” helps us to appreciate the conditions that facilitated their fast-paced implementation.

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Introduction

Re-arranging and coordinating activities within healthcare to confront continuity-of-care and efficiency problems has been an ongoing endeavour for governments during the past two decades. Novel information systems have a significant role in many healthcare reform initiatives. The potential of computerised information systems for enhancing coordination has been acknowledged but their introduction within healthcare has proved to be far from straightforward [1-3]. In an attempt to analyse and understand the dynamics of the socio-technical transformations entailed in such initiatives, a number of theoretical frameworks and concepts have been proposed. In the present paper, we combine two of them, namely the “multi-level perspective” [4] and “institutional work” [5], seeking to demonstrate their analytical usefulness.

Specifically, we examine the introduction of two systems that aim to transform coordination within healthcare in Greece. In our analysis we study the challenging relations between socioeconomic pressures, technology, policy and everyday work practices and we conceptualize the on-going healthcare transformation as a sociotechnical transition applying the multi-level perspective (MLP) [4] to map overall dynamics. We then focus to the micro level of the healthcare practices affected by the introduction of the two new systems. For the micro level analysis we use the concept of “institutional work” [5]. The combination of the two theoretical constructs allows us to explore the role of context in new technology introduction by analysing both local use settings and greater economic, social, technological and organisational concurrences. By adopting this dual focus (local use settings and more general sociotechnical concurrence) we aim to unpack experiences and gain insight that can be valuable for policy makers, technology providers, health professionals and the academia.

The paper is structured as follows. First, we lay out the theoretical background and our method; then we present our analysis which includes the positioning of the two new systems within a multi-level perspective of Greek healthcare and the identification of institutional work types that came into play during systems’ appropriation. Finally, we conclude by discussing our findings, pointing to limitations of our work and to directions for further research.

Sociotechnical transitions and institutional work

In the last decade, a strand of literature that seeks to understand and analyse the dynamics of socio-technical transitions has been developed using as a lens the “multi-level perspective” (MLP) [4,6-8]. Transitions studied under MLP are major technologically induced transformations in the way societal functions are fulfilled. They refer to persistent, complex problems faced by society (e.g. in energy management or healthcare). These transitions do not only involve technological change, but also changes in work arrangements, regulation, industrial networks, infrastructures and symbolic meaning [4]. MLP conceptualizes the dynamics of sociotechnical change at micro, meso and macro levels, and emphasizes how the alignment of parallel

events within the three levels, as well as between them, produces transitions (see Figure 1). In our analysis, we use MLP to position two novel systems (for prescribing medications and reimbursing healthcare expenses) within the overall Greek healthcare transformation dynamics.

Dynamics at the micro level refer to the unfolding of events within specific practices. In our case the micro level refers to developments and immediate actors’ actions related specifically to the two new systems’ domains, namely, medication prescriptions and healthcare expenses reimbursement. The dynamics at the micro level are not standing in isolation; they are interrelated with a wider arrangement. This wider arrangement is labelled “meso level” and in our case includes the specifics of healthcare in Greece (e.g. the distribution of roles among healthcare providers) and the features of the technological situation in the country (e.g. the level of digital literacy and the maturity of the overall information infrastructure). The ongoing developments at this meso level are influenced both by various parallel micro level initiatives and by the global or macro level dynamics. The latter, go far beyond the specifics of healthcare and technology, and relate to overall developments in economy and society. Rapid changes in Greek economy financing are part of these global, macro level dynamics.

To explore the dynamics within the micro-level, where actors need to put a lot of work to develop and uphold novel ways of doing things, we employ the concept of “institutional work”. By focusing to institutional work we aim to provide insight on the effort it takes to establish locally new rules, norms and routines and on the unavoidable trade-offs between novelty and pre-existing institutional, infrastructural, and material arrangements [9,10]. The concept of institutional work was proposed by Lawrence and Suddaby [5] to describe purposeful actors’ activities that aim to affect (preserve or change) institutions. The concept of institutional work proposes a shift towards everyday action and extends work on institutional entrepreneurship [11] by bringing into focus not only activities of powerful actors who leverage resources to create new institutions or to transform existing ones, but also, mindful choices of those involved in mundane everyday activities. The additional lens of “institutional work” allows us to investigate the ongoing reconfigurations at the healthcare practitioners’ work activity level. For this purpose we leverage the types of institutional work that Lawrence and Suddaby identified for the creation of institutions: (a) enacting rules via vesting, defining, advocating, (b) reconfiguring beliefs via constructing identities, changing norms, constructing networks, and (c) altering abstract categorisations via mimicry, theorizing, educating [5].

Both theoretical conceptualisations used in our research are rooted in institutional theory [12] which examines phenomena of stabilisation and change: processes for the formation of institutions, institutional development, deinstitutionalization, and re-institutionalization. The adopted theoretical framework is relevant to our study of the two new systems’ introduction because both new systems enter healthcare settings with an explicit agenda to destabilise unrestrained professional practices related to drugs and diagnostics and to establish new ones that would improve the overall performance of healthcare in Greece. The systems can be viewed as

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