


# Computer says



NO

The healthcare community's current relationship with computerisation may be the biggest challenge in the future of e-health

**T**HE POLITICAL, TECHNICAL and economic 'challenges' facing the federal government's e-health plans might be mere speedbumps compared to the more deeply ingrained workplace culture issues that any future e-health or personally controlled electronic health record (PCEHR) will have to contend with. Put bluntly, is it possible that hospitals and health services just don't like computers?

The relationship between health professionals, patients and computerisation is infinitely more complex than convincing people that an electronic version of something is better than a paper one and there are some treacherous fallacies abound<sup>1</sup>. E-health is not primarily a technical or electronic issue – it is a human and meaning issue and the trail of costly and failed e-health and health informatics projects over the last few decades testifies to this<sup>2</sup>.

Some years ago I conducted a national project interviewing nurses and midwives about their experiences and perceptions of using computerised information systems. Hearing these clinicians describe the place and purpose of computers in their everyday practice was a revelation. Predictably, given the IT world's historical aversion to partnering with and learning from clinicians, there were the numerous technical problems experienced; different 'systems' that couldn't communicate or speak to each other (even within the same hospital), unrealistically steep learning curves, user interfaces that bore no resemblance to anything the clinicians already used, inability of the systems to do 'simple' things such as copy and paste or print out, difficulty in getting technical support when it was immediately needed and more<sup>3</sup>.

The human or meaning dimensions were as keenly felt and go to the heart of any proposed e-health initiatives. Many clinicians actively distrusted the 'new technology', seeing it as some kind of managerial ploy or 'trojan horse' for more sinister clinical or organisational changes that they knew nothing of<sup>4</sup>. Other clinicians saw technology as being antagonistic and oppositional to their essential professional orientation of caring for patients. On an imagined sliding scale, you could be a caring, human, health

professional or you could be sitting at a computer all day – what one participant called the 'checkout chick nurses'<sup>5</sup>.


It would be a mistake to dismiss such clinicians as simple technophobes or Luddites as these same clinicians were working in ICUs, ERs and many other 'high-tech' environments where complex machinery is a welcome and omnipresent part of their job. Somehow, for them, computers, e-health and computerised records were different. Perhaps they had been jaundiced in their views by the everyday 'computer says no' culture of IT use and service in their hospitals.

One of my main concerns about e-health is that the average hospital IT Department might be involved in it. This is not a slight on individuals but on an organisational IT culture driven by risk aversion rather than creativity, fixated on standardisation rather than flexibility and operating from the default position that they are the bulwark between essentially 'dangerous' staff and disaster, or 'some idiot doing something stupid'. Regardless of how tightly a system is 'locked', restricted and regulated, at some point, someone will do something wrong or inappropriate. The question for any future e-health or informatics strategy is, do you dumb your entire system downwards to try to prevent that one event happening?

Health IT blogs are replete with IT staff explaining how they are the professionals in this area and not the clinicians who wonder why their workplace IT experiences cannot be even half as smooth, coordinated, user-friendly and accessible as that of even their mobile phone. Staff will be compelled to buy aging \$3000 computer systems and wait months for their delivery and 'installation' when infinitely better equipment could be had from the major retailers for half the price and delivered the next day. Staff are essentially locked out from doing the simplest of IT tasks and yet IT departments complain that the workload on the 'helpdesk' is unmanageable. I wonder why? This year alone I have met staff who were 'forbidden' from buying or using an iPad, were not allowed to install Skype or Dropbox on their computers and who had the Survey Monkey website blocked. These are the very staff that will be expected to 'embrace' the promises of the brave new world of e-health and the PCEHR.

Over the last decade, people's personal computing experiences have changed and improved dramatically. Social media sites show possibilities for communication and connection that hospitals often try to outlaw rather than

learn from. Mobile devices are fast replacing the 'standard desktop' yet some hospitals still try to ban mobile phones and users no longer require, nor should they have to rely on an 'IT person' in the building to meet their support needs.

If Nicola Roxon is looking for a system that is beautifully designed, obsessive about confidentiality and privacy, has minimal problems with security and viruses, is so user-friendly that everyone from nippers to nanas can use it, is so popular that people will be queuing round the block to become part of it and that integrates seamlessly between mobile and fixed applications, maybe she should forget about NEHTA and just make a phone call. I don't know the number but ask for a Mr Steve Jobs, Cupertino, California. 

## References

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- <sup>5</sup> Darbyshire, P., 'Rage against the machine?: nurses' and midwives' experiences of using Computerised Patient Information Systems for clinical information'. *Journal of Clinical Nursing*, 2004. 13(1): p. 17-25



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