

Chapter II

Factors Motivating the Acceptance of New Information and Communication Technologies in UK Healthcare: A Test of Three Models

Janice A. Osbourne, Brunel University, UK

Malcolm Clarke, Brunel University, UK

Abstract

This paper discusses the use of three published models, the technology acceptance model (TAM), Rogers diffusion of innovation theory (IDT), and the Triandis theory of interpersonal behaviour (TIB), and attempts to bring them together in an integrated model to better predict the adoption of new information and communication tech-

nologies by a cohort of health professionals within UK primary care in an attempt to aid implementers in bringing technology in at an organizational level.

Introduction

Over the last 25 years, public healthcare delivery has been undergoing continuing changes. This has included the use of new information and communication technologies in a bid to improve services to patients, speed up waiting times, and addressing structural problems in the National Health Service (NHS). These changes have been largely driven by technical competence on the medical side but not matched sufficiently in technical organizational improvements. This chapter discusses the use of three published models, the technology acceptance model (TAM), Rogers diffusion of innovation theory (IDT), and the Triandis Theory of Interpersonal behaviour (TIB), and attempts to bring them together to assist in the political decision to bring technology in at the organization level too.

Public Healthcare in the UK: An Overview

Within the United Kingdom, there exists a plethora of organizations and bodies providing the majority of healthcare in the UK including general practitioners to accidents and emergency departments, and dentistry. These organizations all fall under the National Health Service (NHS), the publicly funded healthcare system of each part of the UK, which in theory is managed by the Department of Health. Services provided under this organization are characterised by free service to all citizens and is divided into two levels of care, primary and secondary.

In the United Kingdom, a patient must first see their own doctor (referred to as the GP) located in close proximity to the patient's home. GP's are the first point of contact for users in the UK. This level of service provided is known as primary care. At present, 90% of all health and social care contacts with the NHS are through primary healthcare (NHS, 2001). Primary healthcare is provided through a combination of general practitioners and community medical workers. Services such as district nursing and child health monitoring are provided by community medical workers. If specialist help is required by a patient, he or she will be referred to a hospital or a consultant by their GPs. This is referred to as secondary care, as self-referral is not allowed and the clinical condition presenting normally cannot be dealt with by a primary care specialist and so is dealt with at this level.

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