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# Sociotechnical Changing in Healthcare

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4<sup>th</sup> International Conference on Information Technology in Healthcare:  
Sociotechnical Approaches, June 2010, Aalborg, Denmark

## Motivation & Research Questions

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- Large studies of NHS systems
    - Care records service
    - Electronic transmission of prescriptions
  - Quality in Qualitative research in healthcare? (Pope & May, 2009)
    - Lack of in-depth analysis
    - Insufficient synthesis
  - - > RQ:
    - What is 'IT-enabled change' in HIS?
    - How can we account for 'change'?
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## Assumptions about 'IT-enabled Change' in HIS

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- ❑ Driven by a *Vision* for particular *Outcomes* (disembedded abstraction; vision is differentiated; misses the **process** by emphasizing on the 'what' but now on the 'how')
  - ❑ Design-driven (technological determinism that misses the **social**)
  - ❑ Project management (top-down approach that misses the **practice** level)
  - ❑ Performance measures (success and failure outcome of a **political** process)
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## Proposing 'Changing'

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- Change as a process – *changing*
  - Change as a temporal journey – *becoming*
  - Changing in healthcare as an entanglement of organisational, technical, social, professional and therapeutic aspects
    - *Sociotechnical changing*
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# A Language for Sociotechnical Changing in HIS

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- People and Technology are co-constituting (always, at all time)
    - Distributed & Collective agency
  - Technology as an ongoing context-bound (or context constrained) effect
    - Translation; Configuration & Appropriation
  - Technology conditions possibilities for action
    - Neither solely malleable nor solely rigid
    - Reconciling context of origin & context of use
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## A Language for Sociotechnical Changing in HIS

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- Verbs rather than nouns
    - Things 'in the making' (how) rather than 'before-after' situations (what)
  - Continuities and Discontinuities
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## A Methodology for Investigating 'Changing' in HIS

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- Follow actors (HCPs, IT specialists, managers) as they enact technology
    - What they say and what they do
    - Reconciling states of being and practices of doing
  - Capture use, non-use, mis-use as different enactments
  - Capture acts of Projection (learning) & Remembrance (not forgetting)
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## Concluding remarks

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- Socio-technical Changing in Healthcare advocates for:
    - Nomination (language) versus essentialism (vision, technological & managerial determinism)
    - Temporalities entwined; processes and *becoming* versus before->after)
    - Practices in motion; technologies-in-use rather than functionalism
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