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REMOTE WORKING: A MIXED METHOD STUDY OF ATTITUDES TO eHEALTH OF DOCTORS AND NURSES IN SCOTTISH REMOTE GENERAL PRACTICES.

Overcoming geographical barriers to access is one of the principal challenges for providing health services in remote and rural areas. eHealth has the potential to improve access to care and access to educational opportunities for professionals.

Practitioners in remote and rural primary care stand to gain more from eHealth initiatives than their urban counterparts in terms of clinical usefulness and cost benefits, yet little is known about eHealth in geographically isolated areas. We therefore carried out a survey and a qualitative interview study of current use of and attitudes towards eHealth of doctors and nurses working in some of the remotest practices in Scotland.

Aim: To elicit current use of and attitudes toward eHealth of doctors and nurses; and to ascertain the ways in which eHealth has been successfully integrated into primary care.

How was the study done?

This comprised a survey and a qualitative interview study, carried out in 2002-2003. Questionnaires were sent to all general practitioners (N=154) and 1 nurse from each of Scotland's Inducement Practice (N=67). Survey outcome measures included reported access to and experience of eHealth; views of the

potential usefulness of eHealth; and perceived barriers to the uptake of eHealth. Interviews were then carried out with 19 GPs and 10 nurses to provide a greater depth of understanding of the issues, taking into account the remote and rural context.

Results

What was the current level of use of eHealth?

Despite respondents reporting their actual experiences of eHealth as good and viewing the hypothetical eHealth scenarios as beneficial, reported levels of access to eHealth equipment and use of eHealth was low, especially among nurses. Our interview data suggest that the lower use of eHealth amongst nurses may reflect their lack of involvement in decisions about the acquisition of IT and eHealth; their relative lack of need to communicate with secondary care, and the greater perceived importance, in nursing, of face to face contact with patients.

What were the main perceived opportunities for eHealth?

Improved access to education was seen as potentially the most positive application of eHealth. Of the wide

range of possible clinical applications, those considered potentially the most useful were: video-consulting for outpatient appointments (especially for dermatology and A&E) ; e-mail communication with consultants; and obtaining laboratory results via the Internet’.

What were the main barriers to the uptake of eHealth?

A number of resisting forces to the widespread adoption of health were cited, including: concerns that videoconferencing could diminish communication in educational and clinical settings, by changing the dynamics of communication; concerns about the adequacy of training and technical support; concerns that eHealth would not integrate easily with the organisational routines of the practices or improve their links with secondary care; and the threat to professional autonomy. Respondents believed that each of those barriers would be particularly significant in remote and rural settings.

What are the implications of these findings?

This study is unusual in combining methods to give a quantitative overview of attitudes, as well as an in-depth insight into the views and behaviours of individual practitioners.

The study suggest that uptake of eHealth depends on a balance between driving forces and resisting forces. Efforts should be concentrated on reducing the resisting forces rather than on increasing the driving forces.

In practice this means: improving the reliability of external links (by improving basic communications



infrastructure and by facilitating dialogue between primary and secondary care); improving training and technical support (by funding outreach technical and training personnel); striving to strengthen the evidence base for eHealth; and ensuring compatibility with existing organisational routines.

Policy Relevance of this Study

New initiatives should be introduced in practices where there is enthusiasm for eHealth. Successful sites can then become ‘exemplars’ to others.

The introduction of eHealth as an educational tool is likely to meet less resistance than if it is promoted for clinical purposes.

The introduction eHealth into primary care should take into account the views of nurses (as well as doctors) at the planning stages.

In order to maximise any benefits of eHealth, policy makers should take into account the special organisational challenges of remote and rural primary care.

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