ABSTRACT

Today, the interaction between patients and Interactive Health Portals (IHPs) is one of the hot topics of e-health domains. Online Health Organisations (OHOs) try to improve the quality of their online services to increase patients’ demand. However, Malaysian OHOs are far from achieving from this trend. Lack of enthusiasm, trust and loyalty are the major obstacles for successfully deploying IHPs in developing countries. Therefore, IHPs need to focus more on user-centric web portals in which patient demands are considered. IHPs are positioned in a very complex network where social and technical actors are equally important. Prior research on dimensions of electronic service quality (e-SQ) have only focused on technical issues. However, based on socio-technical reasons today IHPs positions in a heterogeneous network, social and technical are equally important in the network. This research is a conceptual paper therefore; the main aim of this research is to demonstrate the ability of integrating Actor-network Theory (ANT) into current e-SQ model and dividing dimensions of e-SQ into two categories: namely, human and non-human (social and technical).

Keywords: Actor-Network Theory, Attraction, Electronic Service Quality, Loyalty, Online Health Organisation, Trust

INTRODUCTION

Online Health Organisations (OHOs) involve the use of virtual healthcare and medical services across distances (Poropatch et al., 2013). OHOs extend healthcare services to a more geographically dispersed population than is possible with traditional care (Arief et al., 2013). In fact, OHOs can be defined as the use of existing and emerging e-technologies to provide and support healthcare delivery that transcends physical, temporal, social, political, cultural,
and geographical boundaries (Tan, 2005). In other words, according to Eng (2001), OHOs define as use of communication and Information Technology (IT), and especially the Internet, for developing health care. Riteaid.com and Walgreens.com are some vivid example of OHOs that provide online services to patients.

Interactive health portals (IHPs) are portals that help OHOs to offer online services to their patients. Online services refer to Internet-based services that link various participants in the healthcare marketplace (Meyers et al., 2002). IHPs provide vast opportunities for both health organisations and patients. Health organisations are able to provide their conventional services 24 hours 7 days a week via the Internet (Jaganath et al., 2012). IHPs can transfer some of their services to the Internet and improve their quality to reduce overall costs (Bilsel et al., 2006). Most health organisations receive no governmental financial aids and are in a close competition with each other (inside investor, 2012). Enhance, online services can help them to provide more effective and more perfect services for their patients to remain more sustainable in today competitive marketplace (Smith et al., 2009). Patients can use online health services more easily and without any extra cost (Huang et al., 2012). IHPs allow patients to consult with their doctors online. The IHP directs e-patients to use encrypted e-mail, chat, and video conferencing to interact with their doctors regarding symptoms and medications, or to set up appointments or refill prescriptions (Tan, 2008; Maarop et al., 2011).

IHPs in developed countries such as the United States (US) and the United Kingdom (UK), have been developed for decades. For example, American IHPs try to encourage their citizens to use IHPs. San Francisco-based Medem provides a service called “Online Consultation”, which is a clear example of a US IHP (Tan, 2008). However, in developing countries such as Malaysia, IHPs are in the very early stages (PEMANDU, 2009). For instance, in Malaysia, very few IHPs use the Internet to conduct basic two-way interactions between IHPs and patients (PEMANDU, 2009). In other words, patients can only engage in simple interaction such as sending email, requesting an appointment and checking their appointment with their doctors. The Performance Management & Delivery Unit of Malaysia (PEMANDU), as an economic transformation programme and the government transformation programme council, states that Malaysian health organisations must gain a strong position in new technologies and move towards IHPs by 2020. Therefore, there exists a fundamental need for Malaysian health organisations to move towards using IHPs and gain better opportunities from their use.

Dimensions of electronic service quality (e-SQ) initially developed by Zeithaml, Parasuraman, and Malhotra (2001) and include efficiency, availability, fulfilment, privacy, responsiveness, compensation and contact. Zeithaml et al (2001) state that e-SQ can be defined as the extent to which a website facilitates efficient and effective shopping, and delivering of products or services. Zeithaml et al. (2001) believe that e-SQ is “the consumer’s evaluation of process and outcome quality of the interaction with a service provider’s electronic channels”. e-SQ provides a mechanism for organisations to differentiate the quality of their services compared with others and offers a competitive advantage (Herington & Weaven, 2009). In addition, e-SQ is a key factor for the success or failure of any online portal (De Oliveira, 2007). By providing an efficient e-SQ, online users become more attracted to the organisation (Saedi & Iahad, 2012), they more easily trust the web portal (Kassim & Abdullah, 2010) and they are more loyal to the online services (Cotirlea, 2011). Online businesses should develop strategies to discover dimensions of e-SQ that boost user satisfaction. Providing a high level of e-SQ through online businesses’ web portals will lead to greater user satisfaction (Saedi & Iahad, 2012). Therefore, most online businesses try hard to uncover the dimension of e-SQ based on users demand. This research is aimed at reviewing previous research on dimensions of e-SQ and providing a guideline for future research on dimensions of e-SQ in OHOs.
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