Exploring the Social Dynamics of Implementing Self-Managed Web-Based Wellness Tools: A Structuration Analysis

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ABSTRACT

According to proponents of consumer-driven healthcare, the Web continues to offer huge opportunities to empower consumers to take individual ownership over their healthcare. Consequently, many healthcare insurance service providers are integrating elements of Wellness into their product and service design and are making these available through Web-based portals. Based on a longitudinal case study of an e-Wellness implementation at a multinational consumer-driven healthcare insurance firm, key concepts from structuration theory are used to explore and analyse the social dynamics involved in the implementation of these contemporary forms of healthcare service encounters. This case study reports that in this particular context, face-to-face consultations continue to prevail over the use of virtual diagnosis and treatment by a computer-mediated virtual stress therapist and dietician practitioner. The author proposes the use of social frameworks to analyse and better understand the intricacies involved in implementing Wellness innovations.

Keywords: Consumer Driven Healthcare, Health Information System Implementation (HIS Implementation), Self-Management, Structuration Analysis, Web

INTRODUCTION

“Whether one is engaging in a health promoting activity such as exercise or is living with a chronic disease such as asthma, he or she is responsible for day-to-day management... The issue of self management is especially important for those with chronic disease, where only the patient can be responsible for his or her day-to-day care over the length of the illness.” (Lorig & Holman, 2003)

Many healthcare insurance firms model their business on the so-called consumer-driven healthcare concept. Healthcare insurance firms frame this emerging concept as one in which their clients are empowered to play a greater

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role in decisions about their healthcare; have better access to information to make informed decisions; and share more in the costs (Scheffler & Felton, 2006; Cannon & Tanner, 2005; Abbott & Feltman, 2002).

Web 2.0 technologies represent a ground-breaking way of more effectively repurposing healthcare information to facilitate such a relationship as compared to the traditional Web 1.0 model. In the near future, proponents of the Web suggest that software based on Web 3.0 (the Semantic Web) will produce an even more definitive ‘architecture of participation’ between healthcare service providers and their customers (O’Reilly, 2003; Agha, 2006). Many consumer driven healthcare organizations are also looking to draw on the ‘social Web’ to foster deeper, more meaningful conversations and interactions with their customers through greater levels of personalization (Netmesh, 2006; Skiba, 2006). Healthcare services are also increasingly using multi-interface information systems which are raising new challenges in the area of Information Systems (IS) implementation and use. According to Rayport and Jaworski (2005), these service channels, can be defined as “any place at which a company seeks to manage a relationship with a customer; whether through people, technology, or some combination of both.”

One potentially important innovation in consumer-driven healthcare (CDH) is the use of self-managed Web-based Wellness tools. Customers are encouraged to use recent advances in preventative tools and content, related to health and lifestyle combined with reward schemes, to improve and enhance their health and reduce the cost of healthcare. A dominant view among proponents of CDH is that Web-based online applications provide an inexpensive platform for sharing information (Laing, Hogg, & Winkleman, 2004). This view also proposes that computerisation would make it possible to provide real-time clinical decisions and support patient care via the Internet. Many healthcare insurance firms globally are actively experimenting and adapting their strategies and business practices to take advantage of these potential opportunities. Yet, despite the overall optimism on using the Internet, healthcare users have generally lagged in the adoption and use of online self-help health resources (Gummerus, Liljander, Pura, & Van Riel, 2004).

Healthcare firms moving to Internet-enabled customer service should also be aware that online customers have higher expectations and are more informed, and as a result they expect to be serviced by more knowledgeable Wellness practitioners (Schultze, 2002). Therefore, instead of replacing traditional channels, Wellness tools may be encouraging more advanced human support. Furthermore, customers may perceive barriers to interaction with technology-enabled service systems (Uzzi, 1999). Advocates of this view argue that the electronic service delivery process often does not address the various needs, capabilities and concerns of the user, as they are designed mainly with the aim of achieving operating efficiencies for the organisation. Furthermore, firms appear to be paying little attention to existing relationships which the technology wishes to replace (Barrett, 1999; Uzzi, 1999). In addition, a number of investigations reveal that customers are unwilling to replace face-to-face contact with electronic alternatives. It is not surprising that another stream of research indicates that face-to-face relationships may be more cost effective than virtual relationships (Granovetter, 1985).

There is the inherent confusion about what implementation is in the context of IS research and practice, and it is not surprising that it is described in the literature in a variety of ways. While characteristics of fulfillment and performance remain useful connotations in IS implementation, the definition of implementation needs further conceptual elaboration (Arling, Doebbling, & Fox, 2011). Generally some IS researchers focusing on the delivery of technical components refer to the conversion and installation process in a systems development lifecycle. Others focus on the point at which the new system is put to use (Rogers, 1995; Davis, 1989; Venkatesh, Morris, & Davis, 2003). A popular definition of IS implementa-
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