



Adoption of New Technology Systems

Name:

Course:

Institution:

PRIME
NURSING
PAPERS

Question

Topic: Adoption of New Technology Systems

As a nurse, you can have a great impact on the success or failure of the adoption of EHRs.

It is important to understand their role as change agents and the ways they can influence others when addressing the challenges of changing to a drastically different way of doing things.

Everett Rogers, a pioneer in the field of the diffusion of innovations, identified 5 qualities that determine individual attitudes towards adopting new technology (2003).

He theorized that individuals are connected with:

Relative advantage: The individuals adopting the new innovation must see how it will be an improvement over the old way of doing things.

Compatibility with existing values and practices: The adopter must understand how the new innovation aligns with current practices.

Simplicity: The adopter must believe he or she can easily master the new technology; the more difficult learning the system appears, the greater the resistance that will occur.

Trialability: The adopter should have the opportunity to 'play around' with the new technology and explore its capabilities.

Observable results: The adopter must have evidence that the proposed innovation has been successful in other situations.

Note: You are not required to purchase Rogers' book or pursue further information regarding his list of 5 qualities. The information provided here is sufficient to complete this assignment.

The full reference for Roger's work is provided below the due date on this page. For this Assignment, you assume the role of a nurse facilitator in a small hospital in upstate New York. You have been part of a team preparing for the implementation of a new electronic health records system.

Decisions as to the program that will be used have been finalized, and you are now tasked with preparing the nurses for the new system. There has been an undercurrent of resistance expressed by nurses, and you must respond to their concerns.

You have a meeting scheduled with the nurses 1 week prior to the training on the new EHR system. Consider how you can use the 5 qualities outlined by Rogers (2003) to assist in preparing the nurses for the upcoming implementation.



Solution

Like any other change process, the implementation of new technology will be faced with resistance. It is inevitable across the work environments that any intention to implement or introduce a change will have to be subjected to scrutiny and criticism which if not well managed will lead to poor results and losses will be incurred especially if the new systems are not utilized to meet the optimal expectations (Cresswell & Sheikh, 2013). The common practice across the work environments is that such resistance to change is generated by the feeling that the change

process will significantly alter the status quo and those who have been part of the system be rendered irrelevant or less useful within the work environment (Rogers, 2003).

Everyone is therefore seeking to protect their power and authority as well as their job and that means doing everything within their power to scuttle this change that may ultimately render them jobless or less influential within their work environment (Ajami & Bagheri-Tadi, 2013). This aspect is very common amongst those that have been in the work place for a long duration and those who feel that there cannot be any change that can actually improve the outcomes beyond what they are achieving at present. As a change agent and a nurse facilitator within this small hospital in Upstate New York, I feel that there is the fear as we head towards the adoption of the electronic health records. I consider this to be a normal reaction which if not managed appropriately can render the new EHR system a loss having accomplished the designing and now pending implementation and adoption (Cresswell & Sheikh, 2013).

The nurses within the facility are crucial to how well the EHR will ultimately perform and in this case, it is important that the systems be presented in a manner that appreciates their role and their scope of work. The critical point in this case is to ensure that even as far as the nurses are supposed to learn and use the systems as they may be presented, as long as they have been deemed effective, the nurses are the vital human resource through which these systems can achieve the goals. It is therefore impossible to subject them to new systems and allow them to navigate their way towards utilizing the system. There should be consensus and in my view, that

is exactly where the key to a successful implementation and adoption phase lies (Lin, Lin & Roan, 2012).

Relative advantage

One of the first steps towards garnering the support of these nurses is to work with them through focus groups and make them understand the relative advantage of the new EHR system (Rogers, 2003). When the nurses are allowed to discuss the benefits and overheads of the new system other by observing or interaction with a simulated model of the same, they are more likely to internalize the benefits of the new systems over the old one (Ajami & Bagheri-Tadi, 2013). Once these benefits are internalized, then the threshold for resistance is significantly minimized. Utilizing a simulated model of the EHR as well as simple Power Point flow charts and diagrams would help provide less technical aspects of the system. The target is to shed off the technical and mechanical descriptions of the new system so that we can only have a nurse-oriented learning platform and internalization of the system (Buntin, Burke, Hoaglin & Blumenthal, 2011).

Simplicity

Apart from internalizing the relative advantage of the system, the simulated model will also act as the initial point of interaction between the nurses and the new system. This can be recognized as a training session as it will involve having the nurses take part in testing the

various aspects of the EHR and noting or addressing those areas that a majority of them feel need be modified or explained in detail (Rogers, 2003). Within this setting where there is discussion of various modules of the systems through the simulated model, the nurses will have a chance to share openly and recognize that the new EHR could indeed be a new challenge for each of them to pursue as opposed to a subjective toll meant to outdo their experience or skills. This new perception of the systems as a challenge as opposed to a subjection will once more help eliminate the resistance that is driven by the fear for the unknown. The idea here is to help eliminate the perception that the system is a new invention. It should be understood that the new system is an improvement of the existing system and in that case, a comparison simulation model of the existing systems will be provided or depicted as a diagram (Cresswell & Sheikh, 2013).

Compatibility

On the other hand, the discussion forums and the focus groups will be the platform along which the nurses can discuss how the systems aligns or conforms to the current setting values and practices. They will be in a position to determine how the system limits or protects their powers and authority and in that case pull down the fear that such a system has been designed to challenge their professional performance (Rogers, 2003). In this case, the simulated model and the Power Point notes and diagrams will address the connection between their roles and the authentication processes of the EHR as it has been designed. Once the nurses understand how the access to the system has been protected and the rights that they have been allocated based on their role and scope of work, then they can easily test the same across the simulated model and further

discuss any misgivings on the accessibility using the diagrams and flow charts designed using the power point slides.

Triability

Further, in the process of change, it is important to understand that the intended users would initially want to make a trial of the new system. That involves having that chance to inspect every module of the system without the fear that it will affect the outcomes (Rogers, 2003). It is this intention that has informed the need to have a simulated model as opposed to trials at the exact work setting. In this case, the idea is to help the nurses understand that the systems affords them recovery options as well as support systems and that any process that is accomplished can be retrieved and modified without necessarily worrying about the consequences in instance. I would want to make the nurses understand that while the system is real time, it does allow the nurse as the user to make errors, correct them and proceed without impacting on the expected outcomes in the long run. Such an understanding of the system as one that utilizes feedback and appreciates automated dialogue will gradually eliminate the conception of the system as an alien that will require the nurses to refresh their skills and experiences. The target is to enable the nurses consider the system as an improved tool that only requires them to take up the same challenge within an improved platform (Ajami & Bagheri-Tadi, 2013).

Observable results

Once it is clear that the nurses are willing to take up the new challenge and play the role of ownership of the new system, they will normally require or demand to see how well the new system produces results because in any case this is the ultimate goal (Rogers, 2003). In this case, the strategy is to utilize the simulated model and the past clinical data to make sample results. This will be practical and the nurses will assume different roles within the system and ultimately check the results against the actual results of the sample data that is being used. Once the nurses recognize that the results of the simulated model agree with the actual results, then the fear will be replaced by a passion to become the educators to their colleagues who may have issues with the systems and ultimately, the majority will have recognized the need to support the adoption of the new system (Lin, Lin & Roan, 2012).

Nurses as change agent

Nurses are the most valuable human resource within the healthcare setting and their involvement in the change process is a necessity that cannot be ignored. The nurses are responsible for the day to day running of a healthcare facility and it is them who are more likely to feel the impacts of an impending change. Therefore as the owner of a project, it is important to ensure that you have the support of the nurses so that they advance the justification for the new program to those who may be opposed to the initiative (Lin, Lin & Roan, 2012). Their experience at the ground and their recognition of the factors that affect the healthcare facility at each level or at the level where the change is being implemented is useful in educating those other stakeholder's in the change process. When the nurses are the change agents and the

educators to the other stakeholders, their numbers and influence would be important in ensuring the ultimate support of the project by all the involved parties. Nurses should take change of the program implementation and should not be regarded as subjects of the intended change (Ajami & Bagheri-Tadi, 2013).

Conclusion

In any work environment, change is inevitable and when change occurs, the likelihood for resistance from some of the stakeholders is high. Essentially, the change process needs planning as it seeks to impose a new system or methodology for performing some tasks. This implies that at some point, the roles and responsibilities of some of the individuals within the work setting will be affected. However, with appropriate consultation and negotiation, such resistance should not hinder implementation (Lin, Lin & Roan, 2012). There are key things that the owners of a project must inform the various stakeholders. Such include the benefits of the project, the possible cases of losses, the impact on the roles and responsibilities, the ability of the new program to align to the workplace culture, the usability of the program and need for training as well as the observable results or the expected actual and tangible results as at adoption. Once these are described and explained in detail to the stakeholders, then the process of implementation is assured of less hurdles and swift transformation (Cresswell & Sheikh, 2013).

References

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