
CONFERENCE ABSTRACT

Implementation of welfare technology in home care services – a qualitative study of health personnel's experiences

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Introduction

Health care reforms have been implemented based on the assumption that elderly patients should live at home longer. In order to accommodate their needs for home care services, digital technology have been suggested as a supplement to traditional care arrangements, which include frequent interaction between users and health care providers. Through digital welfare technology, care can be managed from a distance. But purchasing new technology does not mean that all users will follow its intended scripts. Health personnel are key to the implementation of welfare technology. The aim of this study was to explore implementation processes for a digital medication dispenser in home care services in Norway.

Theory/Methods

A strong push towards using certain technologies is evident when a work place is implementing technology based on a top-down decision, but users of the technology might resist implementation. To successfully implement technology, it must go through a process of domestication: construction of practices related to a technological device, construction of meaning, and learning of practices and meaning. In this study, a digital medication dispenser was being implemented in municipal home care services. Five municipalities which had implemented the dispenser in service users' homes participated in the study. We conducted qualitative interviews with 26 health personnel.

Results

The new technology changed the care arrangement from assisting and helping the patient, to planning and training of patients. Experiences with the device resulted in a change of focus from technology to care arrangements. Stories of patient empowerment convinced professionals about the usefulness of the digital medication dispenser. Introducing new technology interfered with busy work schedules, which were an impediment to training staff in its use. Focusing on high-tech devices contributed to uncertainty and worries, and project leaders had to demystify technology. Professionals had to work in networks to solve technological needs and negotiate new care arrangements. When care arrangements proved able to improve the quality of care for patients, health personnel could accept and embrace the implementation of the digital medication dispenser. But efficiency demands, professional practices, and technology symbolizing cold technology as opposed to warm care, were all subject to negotiations and resistance.

Discussions

Care arrangements change following the implementation of digital technology, but not by solely following the script of the technology. Rather, health personnel negotiate new practices including the dispenser, and contribute to the shaping of new care arrangements. Digital technologies fit neoliberal policies, leading to individualization of the responsibility for health.

Conclusions

Implementation of digital welfare technology do not follow simple technological scripts, but imply the negotiation of symbolic and practical elements within health services care arrangements

Lessons learned

It is necessary to take into account symbolic, practical, and learning issues when implementing digital technology into care arrangements.

Limitations

Only five municipalities which all had been in the forefront of implementing welfare technology contributed to the study.

Suggestions for future research

More research is warranted on how digital technology may contribute to better care arrangements within integrated care pathways.