

# Rethinking resistance to 'big IT': a sociological study of why and when healthcare staff do not use nationally mandated information and communication technologies

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**Declared competing interests of authors:** none

**Disclaimer:** this report contains transcripts of interviews conducted in the course of the research and  
includes language that may offend some readers.

Published November 2014

DOI: 10.3310/hsdr02390

## Plain English summary

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Health Services and Delivery Research 2014; Vol. 2: No. 39

DOI: 10.3310/hsdr02390

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## Plain English summary

The failure rate of information technology (IT) projects in health care is embarrassingly high. Failure is more likely if the system is imposed at national level with little local ownership or scope for local flexibility. Traditional analyses have tended to frame this as a problem of 'resistance'; stubborn clinicians and administrators fail to engage with the innovation and persist illogically with their legacy systems and familiar old-fashioned routines. The solution appears to be a behaviourist one: rewards and punishments to 'overcome resistance'.

In this study, we applied the concept of the 'expert system', defined by Giddens as '[a] system of technical accomplishment or professional expertise that organize[s] large areas of the material and social environments in which we live today' and consisting of a bureaucratic infrastructure, a set of rules and a technology that is capable of storing, coding, classifying and aggregating large numbers of data. A defining characteristic of expert systems is that they can produce 'action at a distance'; decision rules and classification systems developed in one place can be made to apply in another place so long as people use the technology as intended. Expert systems tend to 'empty out' social situations by imposing rules and categories that are insensitive to local contingencies or the unfolding detail of social situations.

We applied this theory to the use and non-use of three nationally mandated IT systems in the English NHS and found much evidence that what clinicians resist is the disruptive influence of expert systems on professional roles, relationships and practices.

# Health Services and Delivery Research

ISSN 2050-4349 (Print)

ISSN 2050-4357 (Online)

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The research reported in this issue of the journal was funded by the HS&DR programme or one of its proceeding programmes as project number 10/1011/01. The contractual start date was in September 2011. The final report began editorial review in June 2013 and was accepted for publication in April 2014. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

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