Professional Identity and Electronic Health Record Systems Resistance

Abdulrahman Saleh Aldogiher
Lancaster University
a.aldogiher@lancaster.ac.uk

Monideepa Tarafdar
University of Massachusetts Amherst
mtarafdar@isenberg.umass.edu

Richard Williams
Lancaster University
r.williams4@lancaster.ac.uk

Abstract: The adoption of electronic health records (EHR), which is an application to capture patients' information is facing resistance from physicians in the developing countries of the Gulf Corporation Council (GCC), despite its potential to improve healthcare services. Resistance is the misuse, lack of use, or insistence not to use an installed system, and can be attributed to cultural factors within the GCC that resulted in physicians’ resistance to EHR. The GCC is a unique society due to its Arabian culture, which is a set of values and behaviours common to all Arabs. Arabic culture has been strongly influenced by the Islamic religion, and it shaped their thinking, values, and behaviour as Arab people. It has been noted that Arabic culture and values are a very strong predictor of resistance to Information Systems. For instance, Arabic culture is a personal interaction driven culture, where patient prefers physicians to spend the consulting time personally interacting with them rather than looking at the computer screen. Hence, using the system could affect patient satisfaction, and as a result, physicians might avoid using the system. Furthermore, physicians consider themselves a member of a professional group, that is associated with a high level of power, values, and requested skills, which have been developed during their medical education. Thus, when a physician's identity faces challenges, they tend to resist as their professional identity is highly resistant to change. To illustrate, the culture of professionals' superiority in the GCC means that people who are highly educated or have a professional role tend to be more respected, resulting in having a high prestigious status among the GCC society. Any threat to their position will cause resistance behaviour from physicians. Therefore, driven by the lack of understanding of EHR resistance in developing countries, this research is suggesting that resistance to EHR in the GCC is the result of cultural and professional identity factors, which guide physicians’ behaviour. Aim: Motivated thus, this research aims to investigate how the professional identity of physicians can explain their resistance to the use of EHR applications. Context of Study: We selected Saudi Arabia (SA) as an example of a developing country within the GCC region. Saudi government increased spending on healthcare from 8% in 2018 to more than 14% in 2022 to improve healthcare services, yet the EHR adoption is low, and the system failure is high, which could be related to physicians’ resistance to using the EHR. Methods: The study used in-depth qualitative interviews, with 42 participants. Thematic coding analyses were used and followed the suggested strategy by Braun & Clarke. Additionally, a hybrid inductive and deductive approach was used to connect theory to reality. Two large hospitals in Riyadh, SA formed our empirical site, and participants were asked questions about their use of EHR, and how this use might affect their role and identity as professionals. Initial Findings: Our initial analysis reveals that there are three professional identity threats that physicians perceived from EHR implementation that leads them to resist the use of the system. Those are threats to the professional role, professional reputation, and the multi-identity conflict threat. Conclusion: Our study answers the call to understand physicians' resistance to EHR in developing GCC countries, and particularly, SA as it provides a unique context due to the lack of studies in this region. At the theoretical level, we are seeking to understand the role of identity in EHR use in a place where professionals with a strong professional and cultural identity are the main users of the system. At the practical level, we hope that our findings will help hospital managers in addressing, understanding, and solving the challenges facing physicians as they use the EHR system. Future analysis plans include an extension to data from the second site to further unpack the influence of EHR systems on physicians’ professional identity.

Keywords: Professional identity, resistance to EHR change, Arabic culture, identity theory