Review

The impact of top management support and e-health policies on the success of e-health practices in developing countries

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For the success of e-health in developing countries, top management support and the government e-policies are critical. This support has been found indispensable for the successful completion of e-projects. Likewise, government e-policy is a significant factor in making the e-health projects a success because proper e-policies are required to enable the authorities to develop tailor-made e-health system. This paper assesses the effects of top management support and government e-policies on e-health theory and practices in the background of developing countries. The current research asserts that top management support and government e-policies are the primary determinants of the success or otherwise failure of the e-health initiatives. The health organizations supported by top management and effective e-policies can materialize successful e-health services anywhere including developing states.

Key words: Top management support (TMS), e-policies and e-health success.

INTRODUCTION

E-Health is gradually becoming norm of the day across the world. This is common-place in the developed world however, developing states are yet starting to adopt digital mode of handling health issues (Sarkar, 2008). The emergence of digital technologies have opened new vistas for the nations to address their issues therefore even the developing states are making all out efforts to go online instead of sticking to the conventional means. However, there are several hurdles to be addressed before taking full advantage of these opportunities (Chanda and Shaw, 2010).

E-Health is the application of ICTs including the Internet for improving or enabling the healthcare facilities and services (Eng, 2004). Pagliari et al. (2005) states that e-Health is an emerging field of medical informatics, referring to the organization and delivery of health services and information using the Internet and related technologies. It is also notable that most of the studies about e-Health and its success have been undertaken in both developed (Eysenbach, 2001; Pagliari et al., 2005; Alvarez, 2002) and the developing states (Chanda and Shaw, 2010; Kimaro and Titlestad, 2008; Lucas, 2008; Sahay and Walsham, 2006).

Several factors have been unearthed as the critical factors in making or breaking the role of e-Health system. However, the research signifies that ‘top-management support’ and ‘government-ePolicies’ play significant role in all the matters relating to the design, construction, implementation and continuous maintenance of the new system (Scott et al., 2002). This becomes excessively important in the perspectives of the developing states like Pakistan. The developing states have additional issues of ‘digital-literacy’ of all the government authorities, developers of the systems and definitely the prospected users (Lang and Mertes, 2011).

It is not the acceptability of the organizational users
which determines the success and failure of the e-Health initiatives rather it also includes the attitudes of government (external authority) as well as top management of the organization i.e. internal executives (Koen and Roger, 2002). Given the decisive role of top management, it is not surprising that top management support has been one of the most widely discussed organizational factors for the success of e-health projects (Hussein et al., 2007; Jeremy and Sylvia, 2003). Many studies on the role of top management support for the success of e-health systems have been conducted (Kundi et al., 2012; Qaisar and Khan, 2010 and Sajjad et al., 2009).

E-Health policy is anchored on the availability of resources plus the professionalism required using resources, implementing plans and getting the results. Lack of professional mindset is obviously the bigger issue for those developing states which have the resources (Scott and Lee, 2005; Bremer, 2003). Government e-health policies generate an environment where the possibility of using resources adequately is increased, the professionals find their proper places and exert genuinely and the future of E-Systems become visible (Shaqrah, 2010; Bower et al., 2005). This paper is an effort to juxtapose the power-points of a successful e-Health system into the form of ‘top-management-support’ in collaboration with the ‘e-Policies of government’ as the predictor of the digital interventions to improve health services.

TOP MANAGEMENT SUPPORT

TMS is the interest of executives about the use of ICTs for better health care services for general public (Ang et al., 2001). It persuades all the functional managers for their willingness and interest about ICTs related activities and influences the attitudes of all users for acceptance of ICTs in the organization (Koen and Roger, 2002).

While introducing ICTs in health organizations, e-projects must be evaluated by the top management as it is reported that TMS determines the success of such projects (Sarkar, 2008; Jeremy and Sylvia, 2003). The digital literacy of the TMS is also critical in the sense they will initiate eProjects with understanding and confidence which definitely influences the organizational training programs for computer literacy of the users at large (Sajjad et al., 2009). The research has highlighted this relationship between the computer knowledge of executives and the users as an indispensable link for the success of eHealth digital initiatives (Ramirez et al., 2010; Qaisar and Khan, 2010).

GOVERNMENT E-POLICIES

E-Health policy is a set of instructions, rules, and legal explanations for managing the e-Health systems (Scott et al., 2002). It sets rules and legal framework for implementation of e-projects through well developed structures (Bremer, 2003). To develop sustainable structure and avoid the failure of e-health applications, e-health policy must include and ensure the support of telecommunications, mobile companies, Internet service providers, ISDN providers, satellite traders and continuous flow of electric power (Kundi, 2010; Scott and Lee, 2005).

The e-policies must contain directives to assess new technologies according to the needs of native environments and ensure training and support to all users (Kundi, 2010; Bower et al., 2005) thereby building the human resource capacity through training of the health professionals in the use of e-Health applications (WHO, 2006). The skilled ICTs work force is an essential ingredient for the effective use of ICTs and the success of e-health projects (Kundi, 2010). It is however notable that the availability of proper infrastructure (internet, connectivity, hardware and software and human resource capacity) development differs from country to country thereby demanding customized execution of technologies and training the users (Qaisar and Khan, 2010; Kundi, 2010).

DISCUSSION

The aforementioned data reveals that management support creates the users’ personal interest and the acceptance of ICT projects in health sector (Koen and Roger, 2002). For the successful implementation of ICTs, top management must evaluate the e-Health projects in all the possible terms which define the success and failure of any project (Kundi et al., 2012; Jeremy and Sylvia, 2003). The interest and acceptability of ICTs by top management has to be there before convincing the organizational users and this is possible only if the management is well aware of the benefits that they can achieve by adopting new technologies (Sajjad et al., 2009). However, besides top management awareness and support, the ICT-professionals are the fundamental ingredient for the successful use of ICT in healthcare (Qaisar and Khan, 2010; Kundi, 2010).

The e-policies must made all out efforts to accommodate and take advantage of all the available digital gadgets and utilities including telecommunications, mobile companies, Internet service providers, ISDN providers, and satellite traders (Scott and Lee, 2005). The e-policies must contain instructions to evaluate new technologies according to the requirements of local environments before implementation to avoid difficulties and failure (Bower et al., 2005). At the same time, the security and standards are major concerns for the patients thus patients’ data security must be maintained as it influences the e-health success (Shaqrah, 2010). It is also notable that the governments with well-structured and documented e-Health policies are more likely to
adopt the technology than those who do not (Lang, 2011).

The core theme of this paper can be presented graphically showing all the variables and their inter-relationships thereby expressing the contents and intents of the current article.

Figure 1 demonstrates that the predictors (top management support and government e-policies) explain the variation in the criterion variable. This model is the conceptual framework of the questions addressed in the current paper.

CONCLUSIONS

E-health is a contemporary opportunity to resolve the long standing health problems through such alternatives that are unprecedented. Digital technologies have created such gadgets which are equally usable by both the advanced and developing countries. ICTs are now cheap and universally available, however computerization is not automatic neither purely technical rather a social process where the willingness of authorities (government and top management) plus the acceptability of the prospected user is indispensable.

To enhance user acceptability, the government policies must first be favorable with a devotion and support of the top management. Government e-policies determine the national in-take of the technologies. The top management creates the environment wherein the organizational workforce is motivated to change according to the digital requirements.

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