A Qualitative Study on Physician Resistance to Implement EHRs in Taiwan Hospital

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Abstract

To develop a comprehensive electronic healthcare record system (EHRs) is a future trend for healthcare institutions to cope with the big data development. However, physician resistance behavior that exists in the hospitals hinders the EHRs adoption work. The study tends to discuss the EHRs implementation situation of Taiwanese hospitals by applying the multilevel resistance to IT implementation model, and the concept of Anxiety Uncertainty Management (AUM) theory to elaborate the causation of resistance to implement EHRs. Based upon qualitative approach, this study conducted twelve in-depth interviews with senior physicians who had experience in the change of electronic medical record system in current working hospital. The study found that most physicians did have cognition of discrepancy between what they initially perceived and what the hospital actually practiced in the obligation interaction of the system implementation and management justice. The discrepancy cognition drove physicians’ perception of reneging, incongruence, and contract violence toward the hospitals, consequently, increased perceived uncertainty and anxiety at work, and led to resistance to implement EHRs. The study also found that increases in health technology management (HTM) competency of physicians can improve physicians’ IT capability to mitigate their perceived uncertainty and anxiety at work. The hospitals are suggested to develop a two-way communication platform to receive and respond to physicians’ feedback on time to reduce misunderstanding. More seminars and IT related courses should be conducted for physicians to develop IT capability, which can shorten the adaption time of the change, and ultimately improve the EHRs implementation performance.

Key Words: Obligation Interaction, Perceived Contract Violence, Uncertainty and Anxiety, Physician Resistance Behaviors  
JEL Classification: C 19, G13, G 14