Making Mobile Health about the User: Understanding Primary Healthcare Workers’ Attitudes towards mHealth Adoption

TREO Talk Paper

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Abstract

Mobile Health (mHealth) has been lauded as a ‘silver bullet’ which can transform the delivery of healthcare services in developing countries such as Malawi, Nigeria, and Burkina Faso. Despite this heightened focus on mHealth, the number of fully operational mHealth solutions implemented in these locations remains surprisingly low. To extend mHealth projects beyond pilot stage, it is imperative that the primary end user is positively predisposed to engaging with the mHealth solution. Through exploring initial perceptions, we can inform later stages of mHealth projects or develop interventions to convert attitudes into commitment or motivation to use mHealth. This study aims to understand end users’, namely Primary Healthcare (PHC) workers, initial attitudes towards an mHealth project called IMPACT (using Mobile Phones for Assessing, Classifying and Treating sick children). Based on the WHO Community Case Management Guidelines, the ‘IMPACT app’ was developed as part of a funded research project to support PHC workers in their assessment of young children with chronic diseases in a rural community in Enugu State, Nigeria. During Phase 1, the project team conducted a qualitative field study in Nsukka, Enugu to determine how end users’ perceptions of the relevance, benefits, threats and understanding of the IMPACT app influenced their attitudes towards technology adoption.

PHC workers expressed positive perceptions regarding the relevance of and the benefits associated with the IMPACT app. They focused on how the technology could support them to become more efficient and effective in their roles. It seems that the introduction of the IMPACT app could improve PHC workers’ motivation in their roles. PHC workers identified existing challenges associated with the availability of payment, electricity, internet and technical resources as potential threats to mHealth adoption. The rural community health clinics are challenged by negative reputational perceptions amongst the local people. PHC workers were confident in their ability to use the mHealth application provided they receive adequate training and support to do so. However, they advocated the need for community wide education and training to eradicate negative perceptions or misgivings about the potential use of mHealth as part of a patient’s assessment. These initial findings prompt us to ask three further research questions: 1) to what extent does each of the hypotheses impact end users’ attitude toward adoption, 2) pursuing a community-up approach, how do PHC workers influence the outcome of an mHealth project and subsequent wide scale rollout of the solution, and finally 3) as IS researchers, how can we actively promote the successful scalability of mHealth in developing countries. We look forward to further outlining the findings of this early stage exploratory study in greater detail at our TREO session and engaging in a lively discussion on the future of mHealth in developing countries from an IS perspective.