Author's response to reviews

Title: An Empirical Study to Determine Factors That Motivate and Limit The Implementation Of ICT In Healthcare Environments

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Version:6**Date:**24 May 2014

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Title: An Empirical Study to Determine Factors That Motivate and Limit The Implementation Of ICT In Healthcare Environments

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Paper ID: MS: 4806621651054105
Research article
BMC Medical Informatics and Decision Making (Section: Healthcare Information Systems)

Author's Response to Reviews:

1. The first reviewer commented on the efficacy of methodology employed in selection process of samples. The reviewer queried 'Which methodology was employed in the selection process?'.

Response: We responded to this query by elaborating the selection process in the Research Design as well as case study aspects. For example, statements such as 'The selection was based on size of the organisations, and involved healthcare organisations having at least 1000 beds. The group consisted of senior healthcare academics, clinical staff, health IT managers and management practitioners. These individuals were chosen because they were involved, either directly or indirectly, with the ICT implementation in their organisations.' Have been added to make clarity.

2. The second reviewer suggested that some statements need referencing to justidy claims.

Response: We have thoroughly reviewed the paper, and added additional references where needed to justify claims made.

3. The second reviewer suggested that more details on the ICT implementations already deployed be provided.

Response: We have added additional statement sin the introduction section to this effect. The following is extracted from our refined paper to provide an idea: 'However, in comparison with other countries such as Finland, Canada, USA, and Sweden, Australian healthcare service providers have been extremely slow to implement ICT technological developments such as wireless technology. Various contributing factors have been identified to explain the slow adoption of ICT technologies by researchers in this area, including a lack of management support, training and policies (Thompson, 2005, Leung et al., 2003, Lapinsky et al., 2001, Schneider, 2001); the perceived lack of complexity and cost (Hafeez-Baig and Gururajan, 2010, Gururajan et al., 2007, Hu et al., 2002, Williams, 2001); sensitive nature of information and the logistics involved in healthcare facilities (McAlearney et al., 2004, Lee, 2004, Guadagno et al., 2004, Bent et al., 2002); the nature and type of risk involved(Williams, 2001); pressure for high quality of care, high litigation costs and a lack of infrastructure and other resources (McAlearney et al., 2004).'.

4. he same reviewer asked to strengthen the discussion section.

Response: This has been improved with a detailed discussion and arriving at a model as shown in the diagram, with additional clarity in statements.

Others: The same reviewer suggested refinement to table numbering, and styles.

Response: The table numbering and styles have been verified and refined where needed.

We thank the reviewers for a positive and encouraging review.

Raj Gururajan and Abdul Hafeez Baig.