

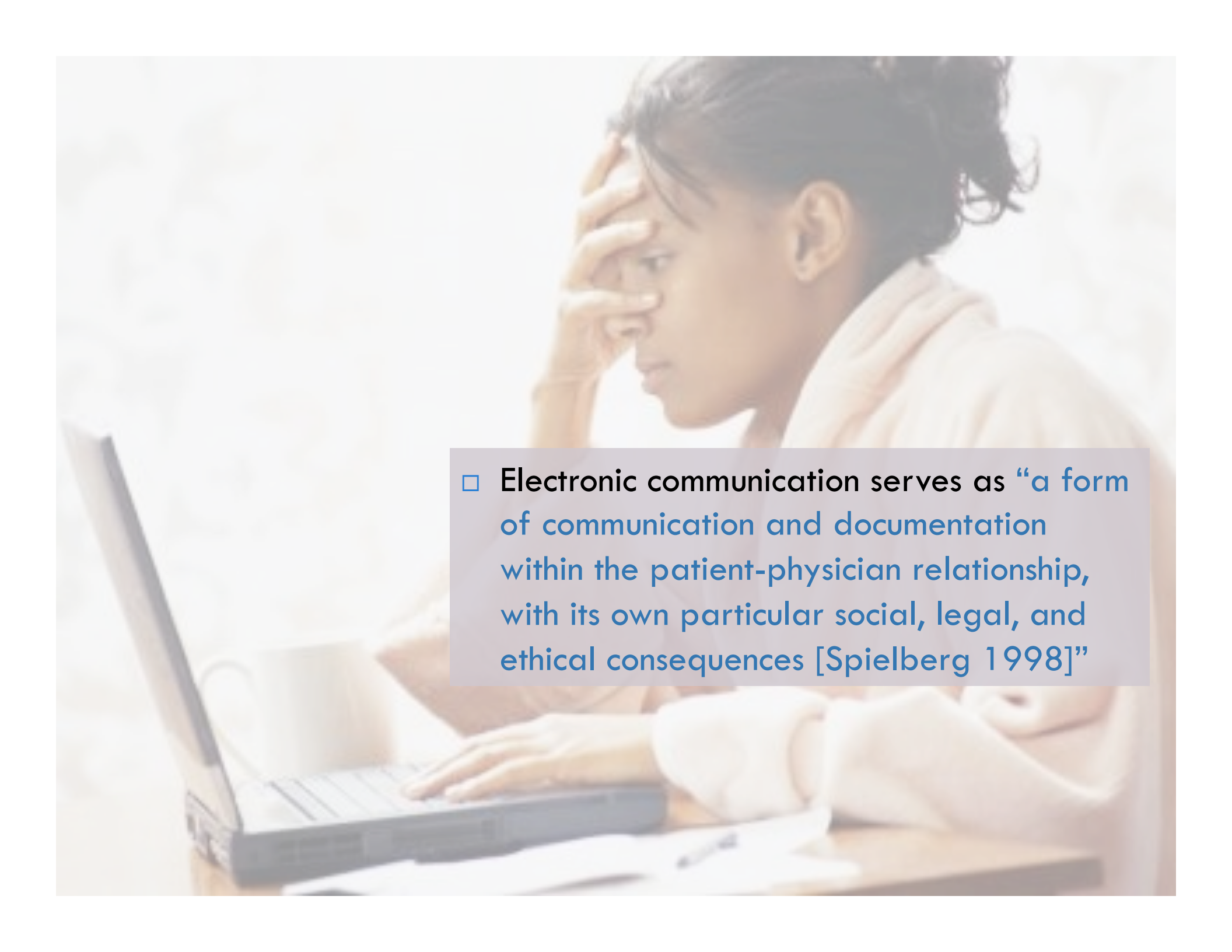
How would you communicate with your doctors?

Communication Preferences and Technology Design

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- A woman with dark hair tied back is sitting at a desk, looking at a laptop. She has a distressed expression, with her right hand pressed against her forehead. The scene is brightly lit, possibly from a window, creating a soft, slightly overexposed atmosphere. The woman is wearing a light-colored, possibly white, long-sleeved top. The laptop is open in front of her, and a white mug is visible on the desk to the left. The overall mood is one of frustration or stress related to technology or work.
- Electronic communication serves as “a form of communication and documentation within the patient-physician relationship, with its own particular social, legal, and ethical consequences [Spielberg 1998]”

Research Gap

- Previous studies in this area often focus on
 - Clinicians' perceptions about the technology
 - Patients' willingness to adopt the technology
 - Policy and guideline that regulate the communication process
- In this work, we study patients' communication preferences from a *situated* and *interactional* perspective.

Methods

- System & setting:
 - Secure message system
 - An outpatient clinic affiliated with a large healthcare organization

- Qualitative field study
 - ~180 hours of field observation
 - 16 semi-structured patient interviews

Findings

Patients' communication preferences

- Patients communicate with health care providers through either **telephone** or **secure messages**
- Communication preferences
 - ▣ Telephone: appointments & refills
 - ▣ Secure messages: specific questions & refills

	Appointments	Refills	Contact Doctors
Phone	11	4	5
Secure msg	5	6	9

Note: 1)2 participants have no preferences over any communication channel; 2) 10 out of 16 patients were over 50 years old.

Patients' communication preferences

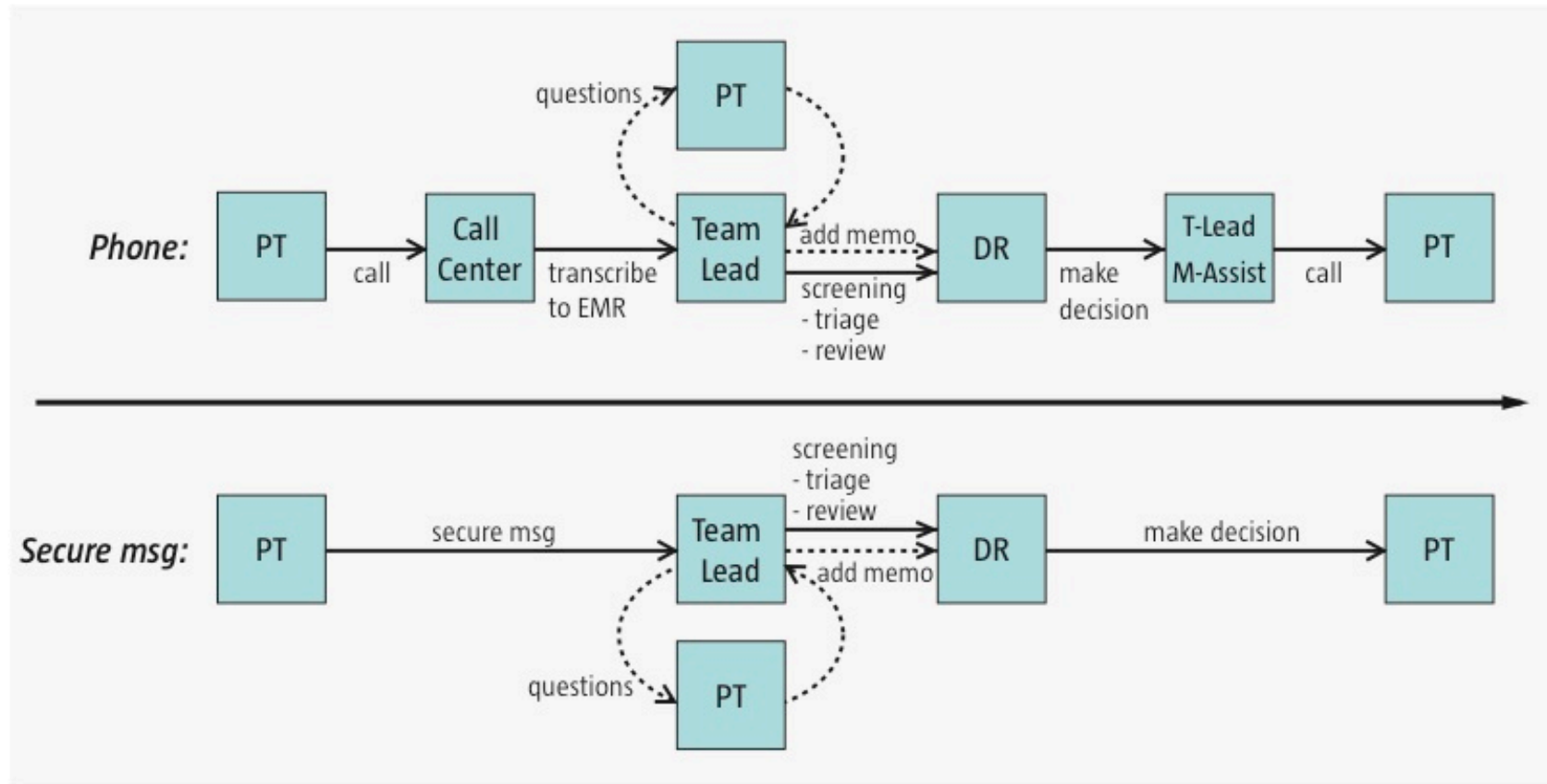
- P2: *if it's by phone, to call the 888 number, leave a message, talk to somebody, they give the message to him (the doctor) then you should get a call back and whatever. Or now it's just the email where you could get on that, email him and send it to him and get a response the next day or something...Before I was always a phone person, but I get tired of being on the phone.*

Patients' communication preferences

- P7: *I get on the phone very often it's the nurses, so that's why I don't bother with the phone.*
- P11: *when I call, I never talk to the doctor. I talk to the appointment desk and maybe someone who can give me some advice. When I email... I get an email directly from him [the doctor]... it just seems like it's a little more personal when you email the doctor, cuz I don't ever talk to the doctor when I call.*

- Nevertheless, phone message and secure messages were handled in a similar manner in the health organization:
 - ▣ read and reviewed in text format
 - ▣ screened and managed by a team of health providers

Unpacking Communication Process

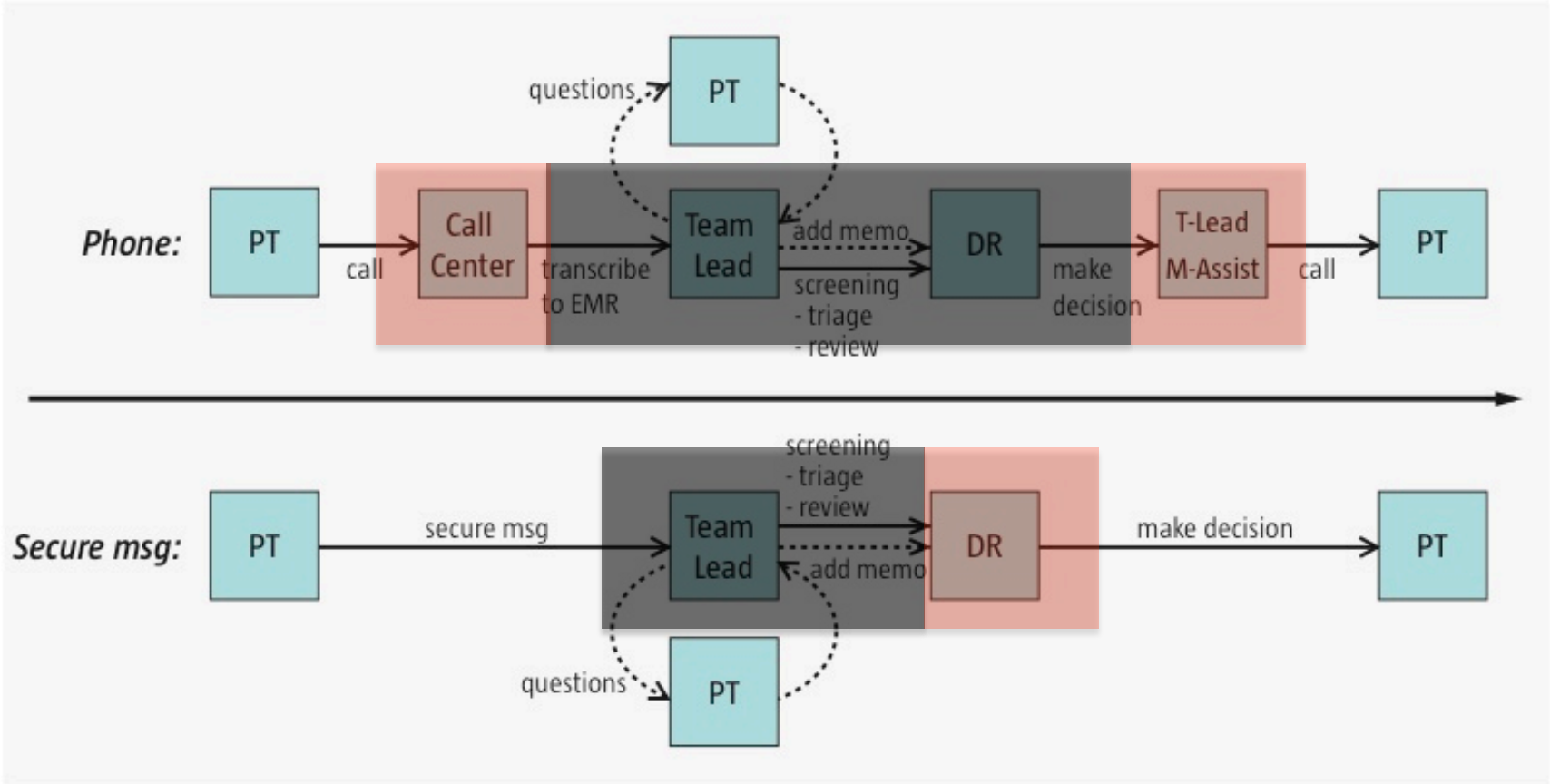


Discussion

Balancing Visible & Invisible Work

- Collaboration in workplace:
 - ▣ making work visible [Suchman 1995, Nardi 1998]
 - ▣ balancing visible and invisible work [Star 1999]
- These studies mostly examined the collaboration among working professionals, instead of between consumers and professionals.

Visible & Invisible work



Implication

- visible and invisible work may significantly:
 - affect consumers' perceptions about the technology in use, and,
 - impact their interaction and relationship with health providers.

Open Questions...

- How to balance visible & invisible work?
 - ▣ What is considered as “backstage work”?
 - ▣ What process should be visible to patients, without leading any misperception?

- How to manage the knowledge gap?
 - ▣ What it means by “urgency”?
 - ▣ Whether patients understand the “communication rules”?

Questions?

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