

Student name- Maria Samis

Student number- 2311234

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Lecture- Janet Howells-Johnson

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Introduction

Technology is changing very fast how health and social care works in the UK. Now, many organisations use things like electronic patient records, telehealth, apps on the phone, and artificial intelligence to help give better care. These digital systems are changing how staff talk to each other, how patients get services, and how all information is managed (NHS England, 2025).

Because there are more old people, more patients, and not enough staff, technology is seen as a good solution to make things work better and help patients more. But using new technology is not always easy it costs money, some staff don't like change, and people need training. There are also worries about keeping patient data safe. So, organisations need to understand not just the technology, but also how people feel and how to help them with change.

This essay will look at real examples of digital tools in UK health, talk about what is good and what is difficult with these technologies, and show how change management models can help. I will also write about digital inequality, health inequalities, and how UK and Welsh policies are involved.

Real-World Examples of Technology in UK Health and Care

One big change is using Electronic Patient Records (EPRs). These are computer systems that replace paper files and let doctors and nurses find information about patients very fast and safe. SystmOne is an example used in many GP practices and community services (NHS England, 2025). NHS wants all trusts to use digital records to make things quicker and safer.

The NHS App is also very important. It lets patients book appointments, order medicine, and see their health records online. This gives people more control and helps GPs because less people ring for small things.

Telehealth is used a lot more now, especially after COVID-19. Many GP appointments are now by phone or video, which is good for people who find it hard to travel (NHS England Digital Guidance, 2025). Virtual wards mean patients are watched at home with digital devices, so they don't always have to stay in hospital (NHS Providers, 2025).

AI is starting to help in some NHS places. AI can check lots of data, help with decisions, and even write notes for doctors. This can make work faster and let staff spend more time with patients (Buntin et al., 2011). Also, wearables like fitness trackers or special watches are used more for people with long-term health problems. These tools help doctors check patients from far and help quicker if something is wrong (Greenhalgh et al., 2017).

Benefits of Technology in Practice

Digital technology in health has many positives. First, it makes things faster and easier. Electronic records mean less paperwork and staff can find information quick. This helps doctors make decisions and not repeat tests (NHS Confederation, 2025).

Technology also helps people get care easier. Telehealth means you don't have to travel, which is great for people in the countryside or who cannot move easy. This can make waiting times smaller and patients more happy.

Digital systems can also make care safer. Computers can warn staff about allergies or wrong medicines (Buntin et al., 2011). Data from these systems helps to plan services and see problems early. Technology can also help staff do less boring jobs and focus more on patients. But, technology only works good if staff are trained and want to use it. If not, it does not help much.

Impact of Technology on Staff Roles and Professional Practice

The use of digital technology in health and social care is changing a lot how staff work and what is expected from them. Now, with things like Electronic Patient Records and other computer systems, healthcare workers must have good digital skills to handle patient information in the right way (Cresswell & Sheikh, 2013). This means digital literacy is now very important for everyone working in this field.

Before, doctors and nurses mostly needed to give clinical care, but today they also have to use digital tools with confidence. Health Education England says that learning digital skills is needed for giving safe and modern care. If staff do not get enough training, they can feel stressed, lose confidence, or maybe not want to use new technology at all.

Technology also changes how staff talk with patients. For example, with telehealth, doctors and nurses need to know how to make patients feel comfortable and trust them even when talking by video call, which is not always easy (Greenhalgh et al., 2017). But there are good things too. Digital tools help staff make better decisions because they can see patient data and guidelines quickly, which means less mistakes and safer care (Buntin et al., 2011). Technology can also help staff save time and focus more on patients.

Overall, technology brings many new chances to improve healthcare but also challenges. Staff need continuous training, support, and time to get used to new ways of working, so they can keep giving high-quality care to everyone.

Challenges of Technology in Practice

But, there are problems too. Many staff don't know how to use new digital systems or find them difficult. This can make them upset or slow down their work (Cresswell & Sheikh, 2013). Also, it costs a lot to buy, set up, and keep technology working. Not all NHS places have enough money. Keeping patient data safe is very important. If people don't trust that their health data is private, they might not use digital tools. Not all patients have access to internet or digital skills. This is called digital inequality and makes it harder for some people to get care.

Digital Literacy and Digital Inequality

Digital literacy means knowing how to use digital tools well. Not everyone, patients or staff, has these skills. Older people or people with less education may find online health services hard to use. Digital inequality is linked to social problems. People with less money may not have internet or smart devices, so they miss benefits from digital health (Greenhalgh et al., 2017). This can make health inequalities even bigger. If we don't fix this, digital health can make health inequalities worse, not better.

Digital Transformation, Policy and Equity in UK Health and Care

Digital transformation in health and social care depends a lot on government policy. In the UK, NHS England wants more digital tools like online appointments and electronic records to make care better and faster (NHS England, 2022). In Wales, the Well-being of Future Generations Act says digital health must help everyone and not leave out vulnerable people (Welsh Government, 2015).

But even with these policies, not everyone has the same access. Some people, like those with low income or older adults, might not have internet or devices, so they can't use online health services. This is a problem called digital exclusion, and it keeps the cycle of poverty and poor health going, as seen in the Black Report (1980) and Marmot Review (2010).

Technology alone can't fix these problems. We need to help people get internet, train them, and make digital health easy to use. Organisations should always think about digital inclusion and give other options for people who can't use digital services. So, even if UK and Wales support digital healthcare, we must make sure it is fair and helps reduce inequalities, not make them worse.

Technology, Social Inequality and Health Outcomes

Health inequalities have been a problem in UK for a long time. The Black Report showed that poorer people have worse health. Acheson Report said things like bad housing and low pay make people more sick.

Marmot Review also said education, money, and where you live are very important for health. Even today, these things matter. Technology can make things better, like with telehealth for remote areas. But if people can't use digital tools, they are left behind. So, technology must be for everybody, not just some.

In Wales, the Well-being of Future Generations Act wants to make sure everyone can get care and have good health for a long time.

Change Management Models and Technology Adoption

To use new technology well, change needs to be managed good. Lewin's Model says you need to unfreeze old ways, change, and then refreeze the new way. This helps staff get ready and support them. Kotter's Eight-Step Model gives more detail, like making a team, having a plan, and making change part of how things are done.

Kubler-Ross Change Curve is about feelings. Staff can be worried or not like change, so managers must talk and support them. Appreciative Inquiry is looking at what is already good and using it to help bring in new technology, so people feel more positive

Conclusion

So, technology is now a big part of health and social care in the UK. Electronic records, telehealth, and AI help make care better, safer, and faster. But there are challenges like cost, training, privacy, and digital inequality. Health inequalities are linked to social things, and technology alone can't fix everything. We must make sure digital health is for everyone, not just a few.

Therefore, successful digital transformation requires not only investment in technology but also effective leadership, staff support, and inclusive policies to ensure that all individuals can benefit from these advancements.

Reference List

Acheson, D. (1998) *Independent Inquiry into Inequalities in Health*. London: The Stationery Office.

Buntin, M.B., Burke, M.F., Hoaglin, M.C. and Blumenthal, D. (2011) 'The benefits of health information technology: a review of the recent literature shows predominantly positive results', *Health Affairs*, 30(3), pp. 464–471.

Cooperrider, D.L. and Whitney, D. (2015) *Appreciative Inquiry: A Positive Revolution in Change*. 2nd edn. San Francisco: Berrett-Koehler.

Cresswell, K.M. and Sheikh, A. (2013) 'Organisational issues in the implementation and adoption of health information technology innovations: an interpretative review', *International Journal of Medical Informatics*, 82(5), pp. e73–e86.

Department of Health and Social Security (1980) *Inequalities in Health: Report of a Research Working Group (The Black Report)*. London: DHSS.

Edmondson, A. (2019) *The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation and Growth*. Hoboken: Wiley.

Health Education England (2019) The Topol Review: Preparing the healthcare workforce to deliver the digital future. Available at: <https://www.hee.nhs.uk/> (Accessed: 16 March 2026).

Greenhalgh, T. et al. (2017) 'Beyond Adoption: A new framework for theorizing and evaluating non-adoption, abandonment, and challenges to the scale-up, spread, and sustainability of health and care technologies', *Journal of Medical Internet Research*, 19(11), p. e367.

Hartley, J. and Benington, J. (2010) *Leadership for Healthcare*. Bristol: Policy Press.

Kotter, J.P. (1996) *Leading Change*. Boston, MA: Harvard Business School Press.

Lewin, K. (1951) *Field Theory in Social Science*. London: Tavistock.

Maccoby, M., Norman, C., Norman, C.J. and Margolies, R. (2013) *Transforming Health Care Leadership: A Systems Guide to Improve Patient Care, Decrease Costs, and Improve Population Health*. San Francisco: Jossey-Bass.

Marmot, M. (2010) *Fair Society, Healthy Lives: The Marmot Review*. London: The Marmot Review.

Martin, J. and Fellenz, M. (2010) *Organisational Behaviour and Management*. 5th edn. London: Cengage Learning.

Mullins, L.J. and Christy, G. (2016) *Management and Organisational Behaviour*. 11th edn. Harlow: Pearson.

NHS Confederation (2025) *Digital Health in the NHS*. London: NHS Confederation.

NHS England (2022) *NHS Long Term Plan*. London: NHS England.

NHS England (2025) *NHS Digital Strategy*. London: NHS England.

NHS England Digital Guidance (2025) *Telehealth and Digital Consultation Services*. London: NHS England.

NHS Providers (2025) *Virtual Wards and Remote Monitoring in the NHS*. London: NHS Providers.

Office for National Statistics (ONS) (2023) *Internet access and digital inclusion in the UK*. Available at: <https://www.ons.gov.uk/> (Accessed: 26 March 2026).

Schein, E.H. (2017) *Organizational Culture and Leadership*. 5th edn. Hoboken: Wiley.

Storey, J. (1995) *Human Resource Management: A Critical Text*. London: Routledge.

Taylor, S. and Woodhams, C. (2016) *Human Resource Management: People and Organisations*. London: CIPD.

Welsh Government (2023) *Digital strategy for Wales*. Available at: <https://www.gov.wales/digital-strategy-wales> (Accessed: 20 March 2026).

Welsh Government (2015) *Well-being of Future Generations (Wales) Act 2015*. Cardiff: Welsh Government.

West, M., Eckert, R., Steward, K. and Pasmore, B. (2015) *Developing Collective Leadership for Healthcare*. London: The King's Fund.

Wright, K.B., Sparks, L. and O'Hair, H.D. (2013) *Health Communication in the 21st Century*. 2nd edn. Chichester: Wiley-Blackwell.