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| **RESEARCH ARTICLE**

# Sociology of E-Health Initiatives in Sierra Leone's Communal Health Zone

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| **ABSTRACT**

The Sierra Leonean government has promoted diverse programs and approaches as a segment of civic automation ambitions to hand associates of the communal with a reachable path to health social data and services. Accomplishments have been made to grasp Datalogies in Sierra Leone's communal health zone. The conduct of social health establishments in Sierra Leone nonetheless persists in degenerating at a moment when the exploit of Datalogies in social health is attaining motivation in the Mano River Basin. This sociological inquiry, therefore, urges to evaluate the execution of the social E-health system disclosing the ongoing state of social e-health or electronic device networks in Sierra Leone's communal clinics.The sociological inquiry embraced an exploratory social inquiry design. Respondents in this inquiry preferred purposive sampling. Social data were amassed via respondents' social observations, in-depth dialogues, and documentary inquiry. The inquiry determined that despite social e-health being an essential instrument in enhancing standard, swift, and productive social health care, its achievement in Sierra Leone has not been smooth, and it is still in its immaturity platforms. The inquiry wrapped up with the fact that social e-health is a dependable instrument for forwarding prosperous and efficient communal social health service supply in Sierra Leone. The sociological inquiry, therefore, mirrors and offers aspects imperative for the thriving application of social E-health in Sierra Leone's communal social health zone.

| **KEYWORDS**

Social E-health; Datalogies; Communal, Health Zone; Sierra Leone.

## 1. Introduction

The World Health Organization (W.H.O) has been leading the growth of social health ambitions in the Mano River basin and has explored the significant growing function and splitting impact of Datalogies with respect  to  all  manners of communal  life. In this detail, the utilization of datalogies in social health is perceived as fundamental to achieving a global social health compass by 2030, as specified in Sustainable Development Goal Figure Three. The utilization of cybernetics Datalogies in social health care assistance transmission is termed digital social health. Datalogies can accordingly convert how social health management is released and how social health structures are conducted. The utilization of Datalogies in social health management service distribution has accompanied the embracing and performance of social E-health or cybernetic networks. Indeed, the launch of social E-health, as reasoned by Kassam et al. (2023), has been perceived as a turnaround with the objective of giving patients advanced contact and credit over their social health by stressing patient consent, clarity, and freedom. Several leading stakeholders in the social health zone have accordingly come to believe social E-health is the answer to the threatening shortage of health management funds or holdings. In relation to the African continent, Musa et al. (2023) premise that social E-health recreates a special and crucial involvement in accomplishing global social health scope and also as an instrument to tackle a pattern of social health problems that the African continent is undergoing. These social problems involve the deficiency of a competent social health workforce, which is further problematic by the absence of social health infrastructure, constrained resources, and graft as

the gains on social health grants of e x t e r n a l   m o n e t a r y   establishments, social health bodies, and benefactors are misused owing to dysfunctional systems of social health management structures. Remarkably, Byaro et al. (2023) observe that there is a shortage of Datalogies and collection ARPANET linkage, integrated by a deficiency of cybernetic associated understanding and expertise restricting competencies of communal social health oversight Data structures (ODS) to produce, examine, and circulate social data for utilize in decision-making and social data swap or interchange in a regularized track between social health management establishments.

Nearly all Mano River Basin nations, Sierra Leone, absolutely conform to the pattern of social health difficulties observed in the sub-region. Bangura (2024) observes that the Sierra Leonean social health zone is struggling primarily owing to the economic conditions predominant in the nation. Besides, the Government of Sierra Leone (Chukwu, 2022) indicates that the evolving want for social health associated data by sponsors, program executives, non-governmental cooperatives, policy makers, the communal at large, and other stakeholders required a consolidated, comprehensible structure of social data gathering and publicizing which primary clinics at the peak of the social data superstructure in Sierra Leone shortage. Consequently, the introduction of social E-health structures was therefore obtained as a significant social feature in social health management networks (Cheng and Wang, 2023). This sociological inquiry debates that social E-health can be the response to provide an exceptional doorway to social health management services for patients  and enhance policy conception in social health networks. Notwithstanding, emerging nations such as Sierra Leone should be conversant in the reality that social E-health unlocks equally interesting chances and authentic risks to the primary elements of contemporary social health oversight in the Mano River Basin (Jerwanska et al. 2022).The sociological inquiry will investigate communal socialhealth management in Sierra Leone, the recent threshold of social E-health as well as the directions of adoption and administering of social E-health in Sierra Leone's communal health zone.

## 2. Literature Review
### 2.1 Social E-health Conceptualization
Social E-health, as recognized by Lowton and Henwood (2023), is likely the unmatched swell of transformation in social health management following the Current Communal Oversight tide between 1990 and 2000. As a concept, social E-health solidifies curative social data science and communal social health. Murray et al.'s interpretation (2023) conceptualizes social E-health in global perception. Therefore, social E-health is comprehended as an occurring ground at the crossroads of curative information system, communal social health, and pursuit, alluding to social health mercies and social data conveyed or improved via the internet and associated automation. In an overall sense, the expression represents not only a specialized growth but also a perspective, a direction of reasoning, social conduct, and an obligation for socialized, universal reasoning to enhance health management provincially, regionally, and globally by utilizing social data and cybernetic.

Comparably, the World Health Organization (Cano et al., 2024) portrays social E-health as the usage of telecommunications and computer automation to convey and furnish curative social data and mercies to the community. Thus, Liu, Zheng, and Zhao (2023) contend that social E-health is the utilization of telecommunications and computer automation to convey and present curative social data and mercies. These mercies involve social health promotion, prevention, education, inquiry, community social data gathering, and health oversight.

Relying on diverse pundits, E-health hence comprises a vast diversity of sub-spaces of digital social health such as:

> Virtual Social Health Accounts (VSHA);
> Tele-management or Telehealth;
> Heath Social Data Automation Structures;
> Internet Medicine;
> Mobile Medical (M-medical); and
> Immense social data blocks utilized in electronic health

The health communal zone has always relied on automation to operate efficiently and effectively; in line with this, the World Health Organization (2024) observed that social E-health is critical for the mass of social data utilized to diagnose and treat diseases. E-health is an extremely vital feature in social health delivery networks, considering that it has become the social pillar of social health-management delivery. Entrusted with the privilege programs, cooperatives, funds, and institutions, social E-health can be a potent instrument in the social authority of those engaged in enhancing communal health in African communities (Asah and Kasboll, 2023). To this outcome, Hidig (2024) specifies that the significance of utilizing Datalogies in social health is currently being acknowledged by developing nations to activate sustainable social health management structures. Furthermore, Jamal (2022) theorizes that the emergence of social E-health mercies is intended to decrease social health management expenses and broaden the productiveness of social health service delivery in many low and middle income nations (LMINs), where rotten leadership, meager financing, and continual social health labor force emergencies, among others, have been substantial social health structure difficulties. Klaner et al. (2023) recognize that the emergence of social E-health also pursues to handle existing

social inequalities in health management accouterment across numerous low and middle income nations, connecting the 'social urban versus social rural' and 'social rich versus social poor' voids, subsequently. The importance of social E-health is hence displayed in its capability to tailor the supply of s o c i a l E - health d a t a o r p a r t i c u l a r s to patients and policy makers at the a d e q u a t e l o c a t i o n and m o m e n t u t i l i z i n g safe digital instruments that inspire communal health research and transfer of knowledge.

### 2.2 Postulating the Espousal of Social E-health

Turmaine, Dumas and Chevreul (2022) mention that multiple contending speculative models have been proposed andutilized to inquire the causations of receptiveness and significance of current Datalogies. Additionally, the c o n c e p t o f s o c i a l E - h e a l t h , D i f f u s i o n o f I n n o v a t i o n ( D O I ) , has been widely utilized to theorize automation embracement in social health networks. This sociological inquiry consequently recruits the Diffusion of Innovation (DOI) concept as it has been considerably or extensively utilized to conceptualize automation embracement in social health networks. The concept seeks to comprehend the direction in which current automations disseminate and spread within and between cultural societies, consequently bringing to light the e l e m e n t s t h a t g u a r a n t e e t h e a t t a i n m e n t o f s o c i a l E-health n e t w o r k s . It also pursues to analyze how, why, and at what level current notions and automation broadcast. According to Satalkina and Steiner (2022), the invention is sensed as a notion, procedure, or automation that is current or unaccustomed to folks within a particular location or relation, while diffusion is the procedure by which social data about the invention shifts from one person to another overtime within the social network. The key to embracement is that the community should sense the notion of conduct as current or inventive. It is via this that diffusion is instant. The embracement of a current notion or social conduct nonetheless does not occur concurrently in a social network, but rather, it is a procedure by which some folks are further suitable to embrace the invention than others owing to a number of factors. Consequently, there are five key social constructs that control the embracement of an invention, which are: comparative merit, attempt competence, collaboration, complicacy, and appreciability (Spitzer and Twikirize, 2023).

Takahashi et al. (2024) express that the five social constructs of Diffusion of Innovation deeply control the attitude in which social health specialists and patients admit the current automation. It has been viewed that the social health staff affirm automation that is united with their day-to-day activity and procedures, for instance, the utilize of Tele-health and m-medical automations to transmit mercies to patients and to know ordeals in actual life with their fellows. Conversely, patients accept a u t o m a t i o n that is less difficult to u t i l i z e and c o m p r e h e n d . Current automation should also a c c o m p a n y current merits over the new practice of customary document based social health networks that are considered vigorous and susceptible to blunder. Besides, pilot inquiries should be conducted before utilizing current automations to spot their impact before utilize, and above all, these automations should be easy to utilize and have an easily operated interconnection. The concept has been selected because social E-health is current and unaccustomed to multiple health specialists and patients in Sierra Leone. For these arguments, this concept was utilized to inquire about the changes or privileges and difficulties emerging with the embracement and implementation of social e-health in communal clinics in Sierra Leone.

### 3. Methodology

An exploratory case i n q u i r y s o c i o l o g i c a l research design was c o n s c i o u s l y adopted and utilized to a c c o m p l i s h the a i m s of this inquiry. With the utilize of descriptive subject discourse, sociological articles were chosen from peer-reviewed international scientific journals, books, Government publications, conference papers, and dissertations based on the matter under inquiry. The sociological articles were scrutinized to determine the social E-health situation in Sierra Leone's communal clinics. This involved interpreting the social codes to be utilized, and the social data to be obtained by each code via means of auto-coding that permits hunting on all textual sociological articles either via text, vocable, articulation, and frequent articulation. The target social community is constituted of social health specialists such as doctors, nurses, health social data officers, bureaucrats, and patients from three major communal clinics in Freetown (Connaught Hospital, Cottage Hospital, Satellites Hospitals, and Emergency Hospital) anda member of the Ministry of Information and Civic Communication. These central communal hospitals were a p p r o p r i a t e for c h o o s i n g in this sociological inquiry because they manage a g r e a t e r n u m b e r of citizens in S i e r r a L e o n e , and theyare among the major referral hospitals in the nation. Patients were drawn from the Antenatal Department, Out Patients Departments, and Laboratory Departments, which are key units in utilizing Datalogies at thesehospitals. Freetown was selected for this specific sociological inquiry since it is normally the main takeoff zone of any social health matrix or course determined by the government. Therefore, it furnished a critical social space of insight into any sociological research inquiry on social health affairs in Sierra Leone. Via purposive sampling, the sociological inquiry identified the respondents who could feed elaborate and pertinent social data for the sociological research. In this respect, the sociological researcher targeted social data rich respondents who were effortlessly accessible at the three central hospitals in Freetown.

For the intent of this sociological inquiry, primary sources of social data involved in-depth social dialogues with key informants

who comprised Social Health Mercies Bureaucrats, health specialists, nurses, social Health Data Officers, and patients. A total of fifteen respondents were utilized for this sociological research. The researcher asked questions orally utilizing a social dialogue lead and recorded respondents' comments or responses. These social dialogues were intended to provide an in-depth comprehension of the implementation of social E-health in Sierra Leone, thereby judging the state of social E- health networks. The sociological researcher also oversaw direct observations on the three public hospitals' visibleand observable activities, systems, and processes to determine the current condition of social health establishments, social E- health networks, and infrastructure. Moral estimations such as anonymity of answers, right to engage and right to withdraw, assurance against hurt, recounting of authentic answers or replies, and other meaningful norms were suitably observed throughout the sociological inquiry. Social data was diagnosed utilizing subject and pedagogical sociological reasoning approaches.

## 4. Results and Discussion

### 4.1 Communal Social Health Management in Sierra Leone

Sociological accounts from dialogues are generated to illuminate that Sierra Leone has a hybrid health-management facility network that is managed by a mixed scope of players. According to respondent two (Social Health Data Officer), the communal social health network is the unrivalled provider of social health management mercies, complemented by Islamic and Christian Mission hospitals and health management conveyed by Non-Governmental Organizations (NGOs). This respondent further expressed that communal social health management is conveyed at four stages (reception stage facilities such as urban clinics, District hospitals, Provincial or General Hospitals, and Central or Special hospitals), which are intended to operate as a referral enclosure. Mindful of this, the sociological researcher observed that the neglected condition of hospital buildings and equipment could be an outcome of economic difficulties, and this illustrates the imperfect standard of health management delivery in communal health management establishments. This is backed by Bangura (2024), who says that owing to diminishing funds necessitated by a contracting economy, the standard and quantity of health management delivery have decreased extensively in Sierra Leone. This circumstance has primarily impacted the nation's disadvantaged or destitute citizens whose stage of access to social health management establishments has declined considerably to forty percent. Notwithstanding, the sociological inquiry disclosed that though there are difficulties, such as insufficient hospital equipment and inexperienced health staff, among others, in social health management delivery at these hospitals, there are multiple routes that have been established to reduce these voids. These involve partnerships with the donor or sponsor community such World Health Organization (WHO), Islamic Development Bank, Partners in Health, Concern Worldwide, Clinton Health Access Initiative, Swedish International Development Cooperation Agency, Americares, Fleming Fund, United Nations Population Fund (UNFPA) United States Agency for International Development (USAID), United Nations Development Program(UNDP), and Global Fund, as well as accepting the utilize of modern automation so as to minimize the inefficiency and poor standard health management transmit.

According to respondent one from the Ministry of Communication and Civic Education, in terms of cellular network coverage, there have been some massive enhancements to cover ninety four percent of all communal social health establishments. The respondent further expressed that the cellular network coverage permits both voice and data, and this has enabled communal hospitals to adopt and execute social E-health programs in reaction to Sierra Leone's E-Health Approach (2012-2017). Nonetheless, the sociological researcher observed that despite multiple technological introductions in Sierra Leone, each of the hospitals utilized for this sociological research has embraced and converted social E-health initiatives that best suit their funds, infrastructure, and networks. These converted networks still do not correspond with each other, and there is no interface between these networks. This is impeding the complete application and the regularization of social E-health in Sierra Leone's communal social health sphere as social data such as patient health diary, prescriptions, and other social health data such as laboratory results cannot be automatedly transmitted within or to various communal hospitals.

The Contemporary State of Social E-health in Sierra Leone Communal Health Zone A report by the United Nations Development Program (2014) states that a working group consisting of Sierra Leone's Ministry of Health and Sanitation (UNDP), the World Health Organization (WHO), the Sierra Leone National AIDS Secretariat, and E-Health Africa associates explored options being utilized in other Mano River Basin nations such as Liberia and Guinea to conduct an appraisal of Sierra Leone's social E-health demands. This led to the judgment to develop a number of social E-health based networks that s upervise or handle ordinary patient registrations, population social statistics, previous health history, patient follow-up meetings, laboratory examinations, and Human Capital Oversight. The table below depicts the significant automations accessible and that is in utilize at central hospitals in Sierra Leone.

*Table 1: Social E-Health Automations*

| Network | Human Resource Data Management Networks (HRDMN) | Laboratory Data Medical Network (LDMN) | Tripatite Medical Network (TRIM) | Picture Archiving and Communication Network (PACN) |
|---|---|---|---|---|
| 5.  Network Utilize | The HRDMN is a software program that assists hospitals supervise their Human Resources, Wage, and accounting mercies. | LDMN is a health management network utilized to keep clinical social data. It is utilized to process, manage, and store social data from all levels of medical trials. | TRIM is an integrated management network that facilitates digital medical document administration of patients | PACN is a health management automation for short and long term depot, recovery, supervision, handling, and offering of medical copies |

Source: Author's Social Health Construction.

The table above depicts the current social health automations that are utilized at the Central Hospitals. The above expressed social health digital platforms have changed social health data oversight and health mercy delivery. These platforms are allowing social health specialists at these hospitals to directly share, access, and store electronic images such as Resonance Imaging scan (MRIs), ultrasounds, X-rays, Magnetic and Computed Tomography (CT) scans across units. These networks facilitate knowledge transferring and improve examinations as the advisory procedure is substantially progressed, with authorized specialists at these hospitals having instant access to patient's images specifically from the antenatal and laboratory departments. Respondents four (General Practitioner) affirms that "...social E-health networks are mostly being utilized for in-house objectives to oversee the bureaucratic and functioning demands of health management facilities or hubs." In this indication, the Human Resource Data Management network system is permitting these hospitals to oversee their master employee social data, trace practice growth arrangement and training engagements, and also to establish and follow performance evaluation. Nonetheless, Respondent five (Social Health Data Officer) stated that, "The utilize of Datalogies to engage with patients is still in its beginning, but the staff are toiling tough to produce networks that will unfold lines of communication between patients and their general practitioners thereupon upgrading health management provision in Sierra Leone." This also discloses that social E-health is still in its thriving and initial phases, and that there is an evident or noticeable obligation towards the execution of social E-health in the communal health management centers in Sierra Leone.

### 4.3 Dynamics and Operationalization
In further inquiring the extent of implementation as well as the current status of social E-health in Sierra Leone the sociological inquiry also examined the multiple arrangements and objectifications of social E-health in Sierra Leone's communal health zone. The sociological inquiry examined mobile health, telemedicine, and virtual health records.

### 4.3.1 Mobile Social Health
Mobile Social Health is an element of E-health, and it is interpreted by the Global Observatory for social E-Health (2024) as a curative and communal health practice promoted by mobile gadgets, such as cellular phones, patient observation gadgets, individual digital aides (IDAs), and other portable or wireless gadgets. Moreover, mobile health includes the utilize of and capitalization on a mobile phone's base use of voice and short messaging services (SMSs) as well as further complicate conveniences and applications involving third and fourth generation mobile telecommunications (3G and 4G systems), global positioning system (GPS), general packet radio service (GPRS), and Bluetooth technology. The nation's social e-health approach was premised on the National Datalogy approach, which pursues to guarantee that correct social health data is

delivered tothe correct individual at the correct location and moment in a safe, digital electronic fashion via mobile automations (Guidutti, 2022). According to respondent one (from the Ministry of Communication and Civic Education, their ministry is on a search to 'broaden Sierra Leone's mobile density by ten percent every year while encouraging innovative domestically evolved applications and automation solutions to expand growth. In line with this, respondent five (Social Health Data Officer) had this to express, "The key to mobile health's accomplishment in Sierra Leone is a partnership between the Ministry of Health and Sanitation and domestic digital specialists or software scientists; nevertheless, it has confirmed to be absolutely an ordeal getting a proficient or accomplished software scientist who can prefer to spare time to work on a notion that will persuade altruist cooperatives who are the topmost venture capitalists in health management in Africa. By and large, persuading them to embrace a current new innovation in health demands an illustration by way of a working sample which most domestic cybernetic specialists are failing to construct or devise." This thus directs the demand for concerted energies between the government and the economic zone in evolving initiatives that can capture the focus of the potential capitalist of social E-health drives.

Within this framework, the sociological inquiry observed that, though the implementation of mobile health, some gradual growth has been recorded in Sierra Leone. This discloses that the Ministry of Communication and Civic Education is failing to completely take merit of the gains of the empirical mobile automation such as GPRS, GPS, SMS, 3G, and 4G networks to spread social data. Respondent six (Nurse) was asked why there were no free mobile health mercies for patients at thesecommunal hospitals; the respondent referenced the lack of funds at both human and automation thresholds as the factor why they could not explore it. Consequently, the researcher demonstrated that the Ministry of Health and Sanitation via SMS platforms has been educating communities on deadly diseases such as Ebola, Covid-19, Lassa fever, and Cholera, primarily when there are outbreaks of such communicable diseases. In respect of mobile health improving knowledge sharing amonggeneral practitioners. Respondent ten (Medical Doctor) expressed that "Mobile gadgets are improving the interconnectedness of medical specialists as they are able to swap social data in the actual moment, specifically for complex and crucial health situations." Respondent nine and thirteen (Health Mercies Bureaucrat and Nurse) coincided with the idea that there is a demand to shift beyond the culture of concentrating on internal social data swap only towards an outward attention on the patient. Their perceptions are a reflection of Sierra Leone's social E-Health Approach, which stresses much emphasis on enhancing the circulate of social data across health management facilities across the nation and between health specialist and patients.

### *4.3.2 Social Telemedicine*
Etymologically, the vocable telemedicine was carved in the nineteen seventies, which literally mean curing remotely. Gerard(2021) subsequently embraces the ensuing broad interpretation that the convey of social health management mercies, a spot distance is a crucial element by all social health management specialists utilizing social data and communication automations for the interface of reasonable social data for examinations, medication and deterrence of ailment and abrasions, inquiry and appraisal, and for the u n i n t e r r u p t e d training of social health management givers, all in the concerns of developing the health of persons and their cultural communities.

Social telemedicine automations involve live mutual video-conferencing, with the patient seeing the general practitioner physically at a distance, with distinct gadgets utilized to support clinical examination (Restrepo, 2024). Social Telemedicine also accelerates access to scarce general practitioners in enormous centers and tertiary institutions hence improved mercy delivery. It can also furnish rural health management in the most remote areas; all that is required is a satellite or cellular communication link. The Sierra Leone Telemedicine Network was established in 2009, and one of its goals being to school the communal on current automations in social health. Nonetheless, the Sierra Leone Telemedicine Network was also established as a response to the absence of general practitioners and other key social health staff in rural and remote locations. To date, the Telemedicine Network based at Connaught hospital is set to expand to all provincial district and rural health centers and clinics in order to enhance access and delivery of health mercies to the community in hard to reach or rural terrains. According to respondent eleven (Health Mercies Bureaucrat), "The government in 2014 recognized fifteen  locations in Freetown to be linked to specialist doctors stationed at Kenema district hospitals, utilizing advanced Datalogy platform via a pilot project facilitated by the Global Ebola Response, World Health Organization, World Food Program, International Organization for Migration, United Nations Population Fund, Office for the Coordination of Humanitarian Affairs, Medicins sans frontiers, the International Federation of the Red Cross and the National Ebola Response Center." The project was launched in May 2014, and since then, Kenema district has been under surveillance from the said project which saw the first-ever United Nations Mission for Ebola Response (UNMEER).

On being questioned if patients were conscious of telemedicine and how it operates, respondent twelve (Patient), who had a complicated pregnancy that was referred to one of the central hospitals in Freetown from Kamabai, a rural location in Bombali, was very astonished to understand that such facilities are available in Sierra Leone. She had this to express: "Being at a distance from my husband and kids is extremely tough and expensive; hoping that these mercies become accessible in our own communities so that we do not have to travel all the way to Freetown to get medical treatment)." Moreover, this sociological inquiry discovered that the generality of the patients was uneducated or uninformed about what telemedicine is all about.

Nonetheless, reinforcing the demand for telemedicine establishments to be decentralized and embraced in diverse adopted sections of the nation in order to become famous among community cultural associates.

On the other hand, general practitioners at these central and satellite hospitals applauded the telemedicine facility for assisting education privileges in communal social health. This is so because telemedicine permit conversations between health specialists on how best they can handle certain ailments in actual moment utilizing medical video conferences with desktop or mobile based software. Nevertheless, from the observation made by the researcher at these hospitals there is still a lack of sufficient and advanced Datalogy infrastructure to effortlessly carry out E-health. Equally, respondent fifteen (General Practitioner) emphasized that, "There is no sufficient infrastructure to nurture E-health's complete social space and appropriate practice at this hospital. A lot of automations such as mobile, computers, and observation gadgets are essential to implement social E-health. This is one of the tremendous challenges being encountered by health management facilities where the infrastructure to enhance E-health networks are absent."

In order to offset the insufficient E-health infrastructure at these central hospitals, these general practitioners pointed out that they are directly utilizing individual gadgets such as laptops, IPads, mobile phones. Although, the researcher observed that health management provision at these communal hospitals still hinge on key automation, pen and paper, simple database networks, and mortal recollection.

### 4.3.3 Virtual Social Health Transcript

Kim and Dicker (2023) interprets a digital health account (DHA) as a continuing detailed health account under the leadership of a health management provider that presents a personal account detailinga patient's health record over time. It is individual particular nature empowers health management specialists across diverse fields to appropriately examine a patient at any moment. The significance and gains of social E-Health accounts in health management provision can, therefore, not be restrained because they have changed health management provision by improving the standard of judgment, transfer of knowledge among specialists, and enhanced access to actual moment health management social data. Following the inauguration of HIV avoidance initiatives in Sierra Leone in the late 1990s, all patient associated social data was gathered utilizing manual, paper based networks. By 2008 the network in the nation was not operating appropriately owing to the multiply in the level of patients demanding healing, which by 2014 had multiplied to over 100,000 patients (Kangbai et al, 2020). This increase had impacted the accurate evaluation and recording of patients accessing HIV mercies, as the paper based patient social data networks could longer cope with the patient levels. This also interpreted as an immense task, stretching the already overcharged social health employee. To handle this void, the Ministry of Health and Sanitation, in concert with its partners, determined to embrace and carve a digital network to gather and oversee HIV and B data at the patient threshold, with the paramount objective of closing paper registers throughout the nation (Baldeh, 2024).

Thus far, the Ministry of Health and Sanitation has been implementing the Systems Applications Products (SAP) Healthcare applications for itscentral hospitals. These central hospitals have since incorporated digital health account records in their antenatal and laboratory units instead of paper based, manual record storing. Respondent fourteen (Nurse) from the Outpatient Department expressed that "Digital Power Monitoring Networks have come a long way in advancing access to patient health social data, directing them to construct knowledgeable clinical judgments." Nonetheless, the researcher also observed that though the fact that government health management establishments have made several avenues in embracing digital health accounts, they have not fully phased out the paper based network as it is considerably functioning together with the digital records. This consequently depicts that there are some features of duplicity as the same records are created to emerge physically and digitally. Respondent nine (Patient) from the Out Patient Department, who was dialogued, expressed that the utilize of Datalogies against manual networks would enhance mercy delivery as it decreases the workload among health employees, hence motivating them to be specialists with the patients. It was further mentioned that hospital employees are commonly very disrespectful owing to their workload of paper based recording; consequently, they transmit their wrath and frustrations to clients. Respondent seven (Patient) from the antenatal unit also stipulated that "Our antenatal social data is put in at least three or four health manual records whereby expending more than twenty to thirty minutes per patient." Equivalently, from the observations made by the researcher at hospitals the maternity departments were much occupied with more than twenty patients queuing for health mercies. Such long queues and the time spent with each patient disclose that physical networks are time involving and inefficient. One can consequently conclude that customary health management delivery techniques are ineffective and can produce toxic nurse-patient interactions, while social e-health enabled networks can direct lead to enhance health management delivery. Moreover, Respondent Five (Health Social Data Officer) mentioned that "Digital Health Records (DHRs) have assisted in refining digital calculations, overseeing and examining patient social data. Moreover, detailed patient social data is assisting them to establish further strong program evaluations and removing numerous entries of patient social data across divergent paper rosters." Equally, respondent three (Social Health Services Bureaucrat) credited Digital Health Records for creating inventory oversight, a much simpler duty that is free from human social errors. This respondent further mentioned that "...in critical departments such as the pharmacy

unit, Datalogy networks facilitated by social e-health reserve drug stocks on record as it is easier and faster to audit the available drugs and those that need to be purchased than manually accounting for drug stocks hence reducing corrupt activities." It is consequently obvious that Datalogies make auditing simpler compared to going via a large mass of documents physically, consequently decreasing fraudulent engagement. Moreover, confirms that regulation should be located in a position to guard confidentiality and independence when utilizing E-social Health Records. This is of vital significance as social E-Health Records can threaten independence if appropriate protections are not placed in the regulation to deter individual health social data from being utilized in secondary ways in communal health inquiry or by concerned actualities, such as insurance brokers.

## 5. Conclusion

The sociological inquiry findings disclose that social E-health grabs considerable guarantees for the communal health zone in Sierra Leone. Nonetheless, the status of communal hospitals in Sierra Leone regarding the implementation of social E-health initiatives and approaches is a concern that is quite **a** trail down. Although the embracement and operationalization of mechanisms to enhance health mercy delivery via utilize of Datalogies, social E-health is sparse and extremely deficient in most communal health management establishments. Findings signified that social E-health networks are primarily concentrated on chosen central hospitals, thereby neglecting other hospitals, hence digital disconnect or split among communities. Patients were also undivided in their admission that there was restricted utilize of Datalogies in the nation's health management facilities to promote user experience. There is still a dependency on customary forms of health mercies such as paper documenting and physical diaries despite most central hospitals have embraced Datalogies owing to the absence of funds, and this has made social E-health implementation challenging. The factor behind the failure to implement social E-health in developing nations such as Sierra Leone is that it is done without foremost estimating the preparedness of the environment: health management employees meant to utilize the automation, the facilities in which such automations will be utilized, and the cultural communities or patients to gain from the automations. Consequently, the demand for developers in Africa to take into consideration actualities that control professional achievements owing due to dormancy, bottleneck, and the immense diversity of automations, instruments, platforms, and applications that are applicable to the continent and the Mano River Basin.

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