

# **UNIVERSITI PUTRA MALAYSIA**

PRIVACY-PRESERVING FRACTAL HEALTHCARE INFORMATION SYSTEM MODEL BASED ON K-ANONYMIZATION TO IMPROVE COLLABORATION AMONG PHYSICIANS

LUMA FAWAZ JARALLAH

**FSKTM 2018 6** 



## PRIVACY-PRESERVING FRACTAL HEALTHCARE INFORMATION SYSTEM MODEL BASED ON K-ANONYMIZATION TO IMPROVE COLLABORATION AMONG PHYSICIANS



Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in Fulfilment of the Requirements for the Degree of Master of Science

October 2017

## COPYRIGHT

All material contained within the thesis, including without limitation text, logos, icons, photographs and all other artwork, is copyright material of Universiti Putra Malaysia unless otherwise states. Use may be made of material contained within the thesis for non-commercial purposes from the copyright holder. Commercial use of material may only be made with the express, prior, written permission of Universiti Putra Malaysia.

Copyright © Universiti Putra Malaysia



### DEDICATION

## This thesis is dedicated to my beloved *Parents*

## (Prof. Fawaz Jarallah & Mrs. Hanaa Ismail)

For their endless love, encouragement and unconditional support in all my life

And

# Especially to my awesome Husband, (Dr. Azher)

Anything good that has come to my life has been because of your example

And

## My lovely Children (Rand, Banan, Ibrahim)

Love you always and forever

Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the Degree of Master of Science

## PRIVACY- PRESERVING FRACTAL HEALTHCARE INFORMATION SYSTEM MODEL BASED ON K-ANONYMIZATION TO IMPROVE COLLABORATION AMONG PHYSICIANS

By

#### LUMA FAWAZ JARALLAH NAIF

October 2017

# Chairman: Associate Professor Masrah Azrifah Azmi Murad, PhDFaculty: Computer Science and Information Technology

Transformers are considered as a key in the transmission and distribution of electrical energy. The healthcare sector is a very important industry to serve high-quality services and healthcare treatment to citizens in every country in the world. In the field of healthcare, organizations include individual centres supported by the separate healthcare information systems (HISs), such as in hospitals. Health information systems (HISs) help to ensure that patients immediately receive appropriate treatment. In addition, the healthcare information system (HIS) can be employed as a tool to communicate between skills of members. The collaboration model has become an important requirement in the healthcare environments (Hospitals) to exchange information among physicians that can inform on critical decisions related to healthcare services. In the recent literature review, many studies mentioned that there is a lack of collaboration among hospitals in most developing countries. Such a lack of collaborative effort among physicians based on HIS can affect the medical research services due to the manual and stand-alone systems where these systems do not have real-time technology. Hence, there is a need for an integrated HIS to ensure a collaborative healthcare environment. The fractal approach has been successfully used in designing integrated collaborative HISs which provide an open, autonomic, flexible and collaborative method for linking system units. The term "collaboration" in the field of healthcare is defined as the communication that occurs among healthcare practitioners when sharing information and skills regarding patient care. Sharing this healthcare information among different organizations can significantly benefit both medical treatment and scientific research in relevant sectors. However, sharing this data would directly pose a threat to patients' privacy. Data sharing in healthcare remains a challenge due to widespread privacy concerns. The privacy preservation of the sharing of information is a crucial impediment to achieve collaboration through health research using HISs. This study has focused on protecting the privacy of sharing information based on fractal



healthcare information systems using the K-anonymization model. This study aims: i) To determine the current level of collaboration among physicians; with the factors that affect this collaboration in selected Malaysian hospitals based on privacy preservation; ii) To develop and evaluate a Privacy Preserving Fractal Healthcare Information System (PPFHIS) model to enhance sharing of information in the distributed HIS based on privacy preservation.

The data collection has been carried out at two public hospitals in Selangor, as a sample study. The quantitative approach used is the questionnaire survey. The questionnaires were distributed among one hundred and fifty physicians; however, only one hundred and ten questionnaires were completed and considered for analysis. The result showed the lack of collaboration among physicians. This lack of collaboration occurred due to significant factors, such as the privacy issue during information sharing between different hospitals; the system units maintaining autonomy; large amounts of data being difficult to manage and control according to the mixed system (paper and computerized system) used in the hospitals; the new knowledge is not being acquired in a timely manner. Three experts validated the system model and the system prototype before users' evaluation. The PPFHIS was implemented by the fifty respondents from the two hospitals to evaluate the system usability and the effect of this system in improving collaboration among physicians. Results indicated that the PPFHIS is satisfactory (system usability scores = 76.05). In addition, the privacy concerns significantly affect the sharing of information among physicians. Nonetheless, privacy preservation for the sharing of information improves the collaboration in medical research. These results demonstrate that the combination of Fractal features in sharing information and the K-anonymization model to protect the privacy through HIS improve the collaboration among physicians and enhance healthcare services as well as research activities.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk Ijazah Master Sains

## MODEL PENJAGAAN KESIHATAN PEMELIHARAAN PRIVASI FRAKTAL DALAM SISTEM MAKLUMAT BERDASARKAN K-ANONIMISASI UNTUK MEMPERBAIKI KOLABORASI DI KALANGAN PAKAR PERUBATAN

Oleh

## LUMA FAWAZ JARALLAH NAIF

Oktober 2017

### Pengerusi : Profesor Madya Masrah Azrifah Azmi Murad, PhD Fakulti : Komputer Sains dan Teknologi Maklumat

Pengubah Sektor penjagaan kesihatan merupakan industri yang sangat penting untuk menyediakan perkhidmatan yang berkualiti tinggi dan rawatan jagaan kesihatan kepada rakyat di setiap negara di dunia. Dalam bidang penjagaan kesihatan, organisasi termasuk pusat-pusat individu disokong oleh sistem maklumat penjagaan kesihatan (HIS) yang berasingan, seperti di hospital. Sistem maklumat penjagaan kesihatan (HIS) membantu memastikan pesakit menerima rawatan serta-merta yang sesuai. Di samping itu, sistem maklumat penjagaan kesihatan (HIS) boleh digunakan sebagai alat untuk berkomunikasi di antara kemahiran anggota-anggota. Sistem kolaborasi telah menjadi satu keperluan yang penting di dalam persekitaran penjagaan kesihatan (Hospital) untuk bertukar-tukar maklumat di kalangan pakar perubatan untuk memaklumkan mengenai keputusan penting yang berkaitan dengan perkhidmatan penjagaan kesihatan. Dalam kajian kepustakaan baru-baru ini, banyak kajian menyebut bahawa terdapat kekurangan kolaborasi antara hospital di kebanyakan negara membangun. Kekurangan usaha kolaborasi di kalangan pakar perubatan berdasarkan HIS seperti ini boleh menjejaskan perkhidmatan penyelidikan perubatan oleh kerana sistem manual dan berdikari di mana sistem-sistem ini tidak mempunyai teknologi masa nyata. Justeru itu, ada keperluan untuk kolaborasi HIS yang disepadukan untuk memastikan persekitaran jagaan kesihatan yang bekolaborasi. Pendekatan fraktal telah digunakan dengan jayanya untuk mereka bentuk HIS bekolaborasi bersepadu yang menyediakan kaedah terbuka, autonomik, fleksibel dan bekerjasama untuk memautkan unit-unit sistem. Istilah "bekerjasama" di bidang penjagaan kesihatan didefinisikan sebagai komunikasi yang berlaku di kalangan pengamal penjagaan kesihatan apabila berkongsi maklumat dan kemahiran mengenai jagaan pesakit. Perkongsian maklumat penjagaan kesihatan ini di kalangan organisasi yang berlainan boleh dengan ketaranya memanfaatkan kedua-duanya rawatan perubatan dan penyelidikan saintifik di sektor-sektor yang terlibat. Walau



bagaimanapun, berkongsi data ini akan secara langsung merupakan ancaman kepada privasi pesakit. Perkongsian data di bidang penjagaan kesihatan masih merupakan cabaran kerana kebimbangan yang meluas mengenai privasi. Pengekalan privasi bagi perkongsian maklumat ialah halangan terpenting terhadap pencapaian kerjasama melalui penyelidikan kesihatan menggunakan HIS. Kajian ini bertujuan untuk: 1) menentukan paras kolaborasi semasa di kalangan pakar perubatan, dengan faktor-faktor yang mempengaruhi kolaborasi di hospital-hospital Malaysia yang terpilih berasaskan pemeliharaan privasi; ii) Untuk membangunkan dan menilai suatu model Sistem Maklumat Pemeliharaan Penjagaan Kesihatan Fraktal (PPFHIS) untuk mempertingkatkan perkongsian maklumat di HIS yang diagihkan berasaskan pemeliharaan privasi.

Pengumpulan data telah dijalankan di dua hospital awam di Selangor, sebagai kajian sampel. Pendekatan kuantitatif yang digunakan ialah tinjauan soal selidik. Soal selidik diedarkan di kalangan seratus lima puluh pakar perubatan; walau bagaimanapun, hanya seratus sepuluh soal selidik telah diselesaikan dan dipertimbangkan untuk dianalisis. Hasilnya menunjukkan kurangnya kolaborasi di kalangan pakar perubatan. Kurangnya kolaborasi ini berlaku disebabkan oleh faktorfaktor penting, seperti isu privasi semasa perkongsian maklumat di antara hospital yang berbeza, unit-unit sistem berkenaan mengekalkan autonomi; jumlah data yang besar yang sukar untuk diurus dan dikawal mengikut sistem campuran (kertas dan sistem berkomputer) yang digunakan di hospital, serta pengetahuan baru tidak diambil alih dengan cara yang tepat pada masanya. Tiga orang pakar telah mengesahkan model sistem dan prototaip sistem itu sebelum penilaian pengguna. PPFHIS tersebut dilaksanakan oleh lima puluh responden dari dua hospital tersebut untuk menilai kebolehgunaan sistem itu dan kesan sistem tersebut dalam meningkatkan kolaborasi di kalangan pakar perubatan. Keputusan menunjukkan bahawa PPFHIS adalah memuaskan (skor kebolehgunaan sistem = 76.05). Di samping itu, kebimbangan privasi dengan ketaranya memberi kesan kepada perkongsian maklumat di kalangan pakar perubatan. Namun begitu, pemeliharaan privasi untuk perkongsian maklumat meningkatkan kolaborasi di dalam penyelidikan perubatan. Keputusan ini menunjukkan bahawa gabungan ciri Fraktal dalam berkongsi maklumat dan model K-anonimisasi untuk melindungi privasi melalui HIS memperbaiki kolaborasi di kalangan pakar perubatan dan meningkatkan perkhidmatan penjagaan kesihatan serta aktiviti penyelidikan.

#### ACKNOWLEDGEMENTS

First and foremost, great thanks, glories and praises devoted to God (Allah), the Supreme Ruler of the universe who created us, for giving us ability to think and power to perform our duties.

Profound and sincere gratitude is extended to my supervisor Assoc.Prof. Dr. Masrah Azrifah Azmi Murad for her great advice, encouragement, valuable guidance, and foresight throughout the years. This thesis would have never been completed without her assistance. She has helped me in providing all facilities required to do this work. It is my pleasure also to thank the active members of my supervisory committee, Assoc. Prof. Marzanah A. Jabar, and Dr. Salfarina Abdullah, for their suggestions, assistance and support during my research.

I would like also to express my deepest appreciation and thanks to Iraqi Government represented by Ministry of Higher Education and Scientific Research, Scholarship and Cultural Relations Directorate, Iraqi Embassy and Cultural Attaché in Kuala Lumpur, for the opportunity to given in pursuing the Master degree at Universiti Putra Malaysia.

Last but not least, I acknowledgment my family (my parents, my husband, my children, and my brothers) and my friends and special thanks to my dear friend Dr.Asmaa Hatim for her support, help and encouragement.

I certify that a Thesis Examination Committee has met on 17 October 2017 to conduct the final examination of Luma Fawaz Jarallah on her thesis entitled "Privacy-Preserving Fractal Healthcare Information System Model Based on K-Anonymization to Improve Collaboration among Physicians" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Master of Science.

Members of the Thesis Examination Committee were as follows:

## Rusli bin Hj. Abdullah, PhD

Professor Faculty of Computer Science and Information Technology Universiti Putra Malaysia (Chairman)

#### Yusmadi Yah binti Jusoh, PhD

Associate Professor Faculty of Computer Science and Information Technology Universiti Putra Malaysia (Internal Examiner)

#### Maslin Masrom, PhD Associate Professor

Universiti Teknologi Malaysia Malaysia (External Examiner)

NOR AINI AB. SHUKOR, PhD Professor and Deputy Dean School of Graduate Studies Universiti Putra Malaysia

Date: 28 December 2017

This thesis was submitted to the Senate of the Universiti Putra Malaysia and has been accepted as fulfillment of the requirement for the degree of Doctor of Philosophy. The members of the Supervisory Committee were as follows:

#### Masrah Azrifah Azmi Murad, PhD

Associate Professor Faculty of Computer Science and Information Technology Universiti Putra Malaysia (Chairman)

## Marzanah A. Jabar, PhD

Associate Professor Faculty of Computer Science and Information Technology Universiti Putra Malaysia (Member)

## Salfarina Abdullah, PhD

Senior Lecturer Faculty of Computer Science and Information Technology Universiti Putra Malaysia (Member)

#### **ROBIAH BINTI YUNUS, PhD**

Professor and Dean School of Graduate Studies Universiti Putra Malaysia

Date:

## **Declaration by graduate student**

I hereby confirm that:

- this thesis is my original work;
- quotations, illustrations and citations have been duly referenced;
- this thesis has not been submitted previously or concurrently for any other degree at any institutions;
- intellectual property from the thesis and copyright of thesis are fully-owned by Universiti Putra Malaysia, as according to the Universiti Putra Malaysia (Research) Rules 2012;
- written permission must be obtained from supervisor and the office of Deputy Vice-Chancellor (Research and innovation) before thesis is published (in the form of written, printed or in electronic form) including books, journals, modules, proceedings, popular writings, seminar papers, manuscripts, posters, reports, lecture notes, learning modules or any other materials as stated in the Universiti Putra Malaysia (Research) Rules 2012;
- there is no plagiarism or data falsification/fabrication in the thesis, and scholarly integrity is upheld as according to the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (Revision 2012-2013) and the Universiti Putra Malaysia (Research) Rules 2012. The thesis has undergone plagiarism detection software

Signature:

Date:

Name and Matric No.: Luma Fawaz Jarallah Naif (GS42586)

## **Declaration by Members of Supervisory Committee**

This is to confirm that:

- the research conducted and the writing of this thesis was under our supervision;
- supervision responsibilities as stated in the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (Revision 2012-2013) were adhered to.

Signature: Name of Chairman of Supervisory Committee:	Assoc. Professor. Dr.Masrah Azrifah Azmi Murad
Signature: Name of Member of Supervisory Committee:	Assoc. Professor Dr. Marzanah A. Jabar
Signature: Name of Member of Supervisory Committee:	Dr. Salfarina Abdullah

## **TABLE OF CONTENTS**

i
iii
V
vi
viii
xiii
xiv
xvi

# CHAPTER

 $\overline{\mathbb{G}}$ 

1	INTI	RODUCTION	1
	1.1	Research Background	1
	1.2	Problem Statement	2
	1.3	Research Questions	3
	1.4	Research Objectives	4
	1.5	Research Scope	4
	1.6	Research Contributions	4
	1.7	Organization of the Thesis	5
2	LITE	CRATURE REVIEW	6
	2.1	Introduction	6
	2.2	Healthcare Information System (HIS) Within Healthcare	6
	23	Collaboration of HISs within Healthcare Environment	8
	2.5	2.3.1 Integrated Collaboration HISs	12
	24	The Fractal Approach	14
	2.4	2.4.1 The Fractal Concept	14
		2.4.1 Fractal Features	18
		2.4.2 1 Self-Similarity	18
		2.4.2.7 Self-Organization	18
		2.4.2.3 Dynamics and Vitality	19
		2.4.2.4 Navigation	19
		2.4.2.5 Goal-Orientation	19
		2.4.3 Fractal Approach in Collaboration Information	20
		Systems	
	2.5	Privacy Preserving Technology	22
		2.5.1 Privacy Healthcare Information	23
		2.5.2 K-Anonymization Model	25
	2.6	Research Gaps	27
	2.7	The Conceptual Model	30
	2.8	Summary	32
		-	

2	DECE		22
3		ARCH METHODOLOGY	33
	3.1		22
	3.2	Research Strategies	33
	3.3	Research Methodology	34
		3.3.1 Phase 1: Proposed The Conceptual Model	36
		3.3.1.1 Determination Elements of the Conceptual	2.0
		Model	36
		3.3.1.2 Validation the Conceptual Model	36
		3.3.2 Phase 2: Development and Evaluation the Propose Model PPFHIS	40
		3.3.2.1 Validate the Proposed Model	40
		3.3.2.2 Develop and Evaluate the Prototype	
		System Model	41
	3.4	System Implementation	42
	3.5	Process Diagram	43
	3.6	Summary	43
4	PREI	IMINARY SURVEY ANALYSIS AND FINDINGS	45
	4.1	Introduction	45
	4.2	Preliminary Survey Results and Analysis	45
	4.3	Current level of physicians' collaboration in the selected hospital environment in Selangor, Malaysia	48
	4.4	Factors Affecting the Physicians Collaboration in Relation	51
		to Share Information within Selected Malaysian Hospitals	
		4.4.1 The Privacy Preserving Healthcare Information	53
		Factor in the Hospital Environment	
	4.5	Privacy Preserving Fractal HIS Based on K-anonymization	58
		Model	
		4.5.1 Functional Requirements of the Participants for the	62
		PPFHIS	
		4.5.2 Discussion of Findings	64
	4.6	Summary	66
5	SYST	EM DEVELOPMENT AND EVALUATION	67
	5.1	Introduction	67
	5.2	Software Requirement Specification (SRS) Documentation	67
	5.3	Development Platform of the PPFHIS	67
	5.4	Design of PPFHIS	68
		5.4.1 Component of the PPFHIS	68
		5.4.2 PPFHIS Interface Modules	72
		5.4.3 Interface	73
	5.5	Testing of the PPFHIS	77
	5.6	Evaluation of the PPFHIS	78
		5.6.1 Result and Analysis of the Post Survey	79
		5.6.2 Results of the Evaluation of PPFHIS: Section A	79
		5.6.3 System Usability Scale of the PPFHIS: Section B	80
		5.6.4 Privacy Preserving Importance in The System	82
		5.6.5 Collaboration Among Physicians with the	83

# xi

5.6.6 General Comments of the PPFHIS system: Section E865.7 Summary876CONCLUSION AND FUTURE WORK886.1 Introduction886.2 Research Findings886.3 Contribution886.3 Contribution886.3.1 Theoretical Contribution896.3.2 Practical Contribution896.4 Research Strengths and Limitations906.4.1 Strengths of the Research Study906.5 Recommendation for Future Research916.6 Conclusion916.7 Summary92REFERENCESAPPENDICES106BIODATA OF STUDENT132LIST OF PUBLICATIONS133			Implementation of PPFHIS: Section D	
5.7Summary876CONCLUSION AND FUTURE WORK886.1Introduction886.2Research Findings886.2.1Proposed Model886.3Contribution896.3Contribution896.3.1Theoretical Contribution896.3.2Practical Contribution896.4Research Strengths and Limitations906.4.1Strengths of the Research Study906.5Recommendation for Future Research916.6Conclusion916.7Summary92REFERENCESAPPENDICES93BIODATA OF STUDENT132LIST OF PUBLICATIONS133			5.6.6 General Comments of the PPFHIS system: Section E	86
6CONCLUSION AND FUTURE WORK886.1Introduction886.2Research Findings886.2.1Proposed Model886.3Contribution896.3.1Theoretical Contribution896.3.2Practical Contribution896.4Research Strengths and Limitations906.4.1Strengths of the Research Study906.5Recommendation for Future Research916.6Conclusion916.7Summary92REFERENCES93APPENDICES106BIODATA OF STUDENT132LIST OF PUBLICATIONS133		5.7	Summary	87
6.1Introduction886.2Research Findings886.2.1Proposed Model886.3Contribution896.3.1Theoretical Contribution896.3.2Practical Contribution896.4Research Strengths and Limitations906.4.1Strengths of the Research Study906.5Recommendation for Future Research916.6Conclusion916.7Summary92REFERENCESAPPENDICES106BIODATA OF STUDENT132LIST OF PUBLICATIONS133	6		CONCLUSION AND FUTURE WORK	88
6.2Research Findings886.2.1Proposed Model886.3Contribution886.3.1Theoretical Contribution896.3.2Practical Contribution896.4Research Strengths and Limitations906.4.1Strengths of the Research Study906.4.2Research Limitations906.5Recommendation for Future Research916.6Conclusion916.7Summary92REFERENCES8106BIODATA OF STUDENT132LIST OF PUBLICATIONS133		6.1	Introduction	88
6.2.1Proposed Model886.3Contribution886.3.1Theoretical Contribution896.3.2Practical Contribution896.4Research Strengths and Limitations906.4.1Strengths of the Research Study906.4.2Research Limitations906.5Recommendation for Future Research916.6Conclusion916.7Summary92REFERENCES93APPENDICES106BIODATA OF STUDENT132LIST OF PUBLICATIONS133		6.2	Research Findings	88
6.3Contribution886.3.1Theoretical Contribution896.3.2Practical Contribution896.4Research Strengths and Limitations906.4.1Strengths of the Research Study906.4.2Research Limitations906.5Recommendation for Future Research916.6Conclusion916.7Summary92REFERENCES893APPENDICES106BIODATA OF STUDENT132LIST OF PUBLICATIONS133			6.2.1 Proposed Model	88
6.3.1Theoretical Contribution896.3.2Practical Contribution896.4Research Strengths and Limitations906.4.1Strengths of the Research Study906.4.2Research Limitations906.5Recommendation for Future Research916.6Conclusion916.7Summary92REFERENCESAPPENDICES106BIODATA OF STUDENT132LIST OF PUBLICATIONS133		6.3	Contribution	88
6.3.2Practical Contribution896.4Research Strengths and Limitations906.4.1Strengths of the Research Study906.4.2Research Limitations906.5Recommendation for Future Research916.6Conclusion916.7Summary92REFERENCESAPPENDICES106BIODATA OF STUDENT132LIST OF PUBLICATIONS133			6.3.1 Theoretical Contribution	89
6.4Research Strengths and Limitations906.4.1Strengths of the Research Study906.4.2Research Limitations906.5Recommendation for Future Research916.6Conclusion916.7Summary92REFERENCES893APPENDICES106BIODATA OF STUDENT132LIST OF PUBLICATIONS133			6.3.2 Practical Contribution	89
6.4.1Strengths of the Research Study906.4.2Research Limitations906.5Recommendation for Future Research916.6Conclusion916.7Summary92REFERENCESAPPENDICES106BIODATA OF STUDENT132LIST OF PUBLICATIONS133		6.4	Research Strengths and Limitations	90
6.4.2Research Limitations906.5Recommendation for Future Research916.6Conclusion916.7Summary92REFERENCESAPPENDICES106BIODATA OF STUDENT132LIST OF PUBLICATIONS133			6.4.1 Strengths of the Research Study	90
6.5Recommendation for Future Research916.6Conclusion916.7Summary92REFERENCESAPPENDICES93BIODATA OF STUDENT132LIST OF PUBLICATIONS133			6.4.2 Research Limitations	90
6.6Conclusion916.7Summary92REFERENCESAPPENDICES93BIODATA OF STUDENT132LIST OF PUBLICATIONS133		6.5	Recommendation for Future Research	91
6.7Summary92REFERENCES93APPENDICES106BIODATA OF STUDENT132LIST OF PUBLICATIONS133		6.6	Conclusion	91
REFERENCES93APPENDICES106BIODATA OF STUDENT132LIST OF PUBLICATIONS133		6.7	Summary	92
REFERENCES93APPENDICES106BIODATA OF STUDENT132LIST OF PUBLICATIONS133				
APPENDICES106BIODATA OF STUDENT132LIST OF PUBLICATIONS133	REFER	ENCE	S	93
BIODATA OF STUDENT132LIST OF PUBLICATIONS133	APPEN	DICES		106
LIST OF PUBLICATIONS 133	BIODA	TA OF	STUDENT	132
	LIST O	F PUB	LICATIONS	133

C

# LIST OF TABLES

Table		Page
2.1	The Fractal and Hierarchical System Differences In Structure (Ryu et al., 2003a)	17
3.1	The Scale Reliability and Consistency	39
3.2	Number of Distributed and Completed Questionnaires	41
3.3	The Profile of The Academic Experts	42
4.1	Frequency Distribution of Respondent's Demographic Characteristics	45
4.2	Collaboration Level of Physicians As A Descriptive Results (N=110)	49
4.3	Descriptive Result of The Information Background Section of Questionnaire (N=110)	52
4.4	Descriptive Analysis of Questions on The Privacy Concern During Sharing Data	54
4.5	Standard Regression Model Summary	57
4.6	ANOVA With Regression Significant	57
4.7	Regression Coefficients of Standard Regression Model (N=110; P<0.05)	58
4.8	Descriptive Results of The Remainder Questions In The Background Information Section of Questionnaire (N=110)	63
5.1	Functions of PPFHIS Interface Modules	73
5.2	Demographic Characteristic of The Respondents	79
5.3	SUS Scores By The Participants (N=50)	81
5.4	Standard Regression Summary For Post-Survey	85
5.5	ANOVA, Regression Significance (N=50)	85
5.6	Regression Coefficients of Standard Regression Model	86

# LIST OF FIGURES

	Figure		Page
	2.1	Collaboration Types of Working Model (Abdullah et al., 2008)	9
	2.2	The Fractal Manufacturing System of Conceptual Structure (Ryu et al., 2003a)	16
	2.3	The Fractal Entities Operation (Tharumarajah et al., 1998)	18
	2.4	The Information Transmission Method Between Fractal Units (Zhao et al., 2008)	21
	2.5	Job, Sex, and Age Taxonomy Trees (Fung et al., 2007)	29
	2.6	Conceptual Model of Integrated Collaborative PPFHISs	32
	3.1	The Interconnection of Worldviews, Strategies of Inquiry, and Research Methods (Creswell, 2012)	34
	3.2	Research Methodology Flowchart	36
	4.1	Classification of Respondents Based on their Education	46
	4.2	Classification of Respondents Based on Occupation	47
	4.3	Mean Level of Collaboration Among Physicians	50
2	4.4	Mean Level of Privacy Preserving Importance as Respondents Opinion	57
	4.5	The Proposed PPFHIS Model	60
	5.1	The Main Components of the PPFHIS	69
	5.2	The ERD of the Database Schema for the DB	71
	5.3	PPFHIS System Network Diagram of Functional Modules	72
	5.4	The Main Interface Layout	74
	5.5	Interface for Admin Login Page	74
	5.6	Interface Layout of the Admin Main Menu Page	75
	5.7	Interface Layout of the Researcher Login Page	76

5.8	Interface Layout of the Researcher Main Menu Page	76	
5.9	Interface Layout of the Researcher Filter Module		
5.10	Process Flow of System Testing	78	
5.11	Mean SUS Scores by Questions (N=50)	82	
5.12	Mean Level of Privacy Effectiveness	83	
5.13	The Mean Level of Collaboration after Implementation of PPFHIS	84	



# LIST OF ABBREVIATIONS

CRC	Clinical Research Center
EHRs	Electronic Health Records
EPR	Electronic Patient Record
ERD	Entity Relationship Diagram
FHIS	Fractal Healthcare Information System
HIPPA	Health Insurance Portability and Accountability Act
HISs	Healthcare Information Systems
HL7	Health Level 7
ІСТ	Information and Communication Technology
ISs	Information Systems
NGO	Non-Government Organization
NIH	National Institute of Health
PACS	Picture Archiving and Communication System
PPDP	Privacy Preserving Data Publishing
	Privacy Preserving Fractal Healthcare Information
PPFHIS	System
R&D	Research and Development Unit
RQs	Research Questions
WHO	World Health Organization

#### **CHAPTER 1**

#### **INTRODUCTION**

#### 1.1 Research Background

One of the most important industries in the world saddled with the responsibility of providing high quality services and treatment to people is the healthcare sector. One of the organizations that are found in the field of healthcare is individual centres such as hospitals which are supported by separate healthcare information systems (HISs) (Fedele, 1995). HISs were first introduced to hospitals 30 years ago, in order to enhance the work of medical staff, (T.-H. Yang et al., 2011). In hospitals, HISs are used for the collection and storage of electronic information like doctors' schedules, patients record and more (Al-Khawlani, 2009). Healthcare information systems (HISs) ensures that timely and proper treatment is received by patients. These HISs have been tailored to fit various services and departments of organizations that provide healthcare services like radiology information systems (RIS), Picture archiving and communications systems (PACS), laboratory information systems (LIS) and so on (K. Li & Yao, 2006).

HISs can be a crucial factor that can enhance collaboration among healthcare workers in terms of sharing of healthcare information because it plays a significant role in providing information about patients to administrative staff, nurses (Dong & Keshavjee, 2016). Boas et al., (2014) stated that the use of healthcare information system can be employed as a tool of communication skills to members of a group in order to improve the level of medical learning within the HISs. Basically, collaborative activities which enhance the delivery of healthcare services is supposed to be the main medical function of the components of HIS systems (VanVactor, 2012). Collaboration is regarded by many researchers as an adhesive which binds relationships, supports teamwork, and communication among all the stakeholders of a health organization (Dunham-taylor & Pinczuk, 2014). Findings of a study conducted by (Laschinger & Smith, 2013) revealed that 70% of the adverse events that occur are caused by lack of collaboration and communication among healthcare team members. The exchange of information that occurs among healthcare teams is regarded by many researchers as collaboration. However, in several developing countries HISs are mostly manual systems that are independent of each other. The manner in which healthcare systems in Malaysia, utilizes manual and independent systems has been described by (Hameed et al., 2011). He explained that majority of the systems do not possess mobile and real-time technologies. This is one of the causes of the failure in collaboration among healthcare providers. Therefore, in order to ensure that a collaborative healthcare environment is achieved, there is an urgent need for the development of integrated HISs (Ahmed & Yasin, 2014).

The main focus of this research is the collaboration between physicians as researchers in relation to using the HIS for sharing hospital information for the purpose of research with protecting the privacy, inside the same hospital or among outside the hospitals in selected Malaysian hospitals in Selangor, Malaysia. The aim of this is for improving the collaboration among physicians so as to improve the research findings and services. Through the development of a flexible integrated collaboration HISs which supports information sharing, this aim will be achieved.

#### **1.2 Problem Statement**

In healthcare organizations like hospitals, healthcare information systems (HISs) plays a significant role in the provision and dissemination of healthcare information among medical staff particularly physicians as researchers (Rashid, 2014). Furthermore, collaboration is considered one of the crucial requirements for HISs (Ahmed & Yasin, 2014). In the healthcare field, the term "collaboration" is referred to as the communication that takes place among healthcare specialists during the exchange of skills and information related to the care of patients (Eikey et al., 2015). Both scientific research and medical treatment can benefit significantly from the sharing of healthcare information among different organizations (Rashid et al., 2012).

One of the major roles of modern healthcare systems is the sharing of healthcare information because the sharing of healthcare information enhances the delivery of quality care alongside the delivery of a wider range of services like the improvement of collaboration within the healthcare environment (Dong & Keshavjee, 2016; Wimmer et al., 2016)

Moreover, Findings of previous studies have revealed that the collaboration which exists among physicians when they share information using HISs for the treatment of patients in hospital environments of several developing nations, is very weak (Hameed et al., 2011; Ahlan & Ahmad, 2014). It has been found that this weakness is a result of autonomous and decentralized units as well as the absence of common goals in the healthcare systems with many HISs being independent of each other due to the divided nature of healthcare systems (Ahmed & Yasin, 2014). Collaboration among physicians and sharing of information is hindered by manual and disintegrated HISs systems found within healthcare systems thereby causing the under-utilization of healthcare resources because it is difficult to manage large data manually (Rashid, 2014). An integrated healthcare information system was developed using the fractal features which aimed at improving patient treatment, collaboration among physicians (Ahmed & Yasin, 2014). In order to implement integrated HISs effectively, there must be trust between the patient they serve and the providers who hold them, and the medical records can be retrieved and tracked in real time (Yee-Loong Chong et al., 2014; Ahmed & Yasin, 2014). One of the major problems faced by e-health platforms include the development of flexible, secure, efficient and reliable platforms because of how sensitive health data is; therefore, there is a need to take note of privacy concerns (Yahya Benkaouz & Erradi, 2015). However, the privacy of the patients will be threatened by the sharing of this data (Yahya Benkaouz & Erradi, 2015).

Due to privacy concerns, the sharing of healthcare data remains a huge challenge. Even though a number of researches have been conducted on the preservation of privacy, healthcare organizations have continued to show unwillingness to share medical data in accordance with the Health Insurance Portability and Accountability Act (HIPAA). The preservation privacy has continued to pose a challenge to the sharing of data as well as the integration of healthcare information systems (Wimmer et al., 2016).

Therefore, there is a need in the development of practical models which can strike a balance in the sharing of healthcare data and preservation of privacy while improving the collaboration among physicians (Ben-Assuli, 2015; Bertino, 2016; Y. Xu et al., 2014). Despite these privacy concerns, there is still a need for physicians as researchers to collaborate and communicate with each other so that the findings of the research which can enhance the delivery of healthcare services can be improved. Information is one of the major keystones in the field of healthcare. It is also crucial to tackle the issue of collaboration and information sharing among physicians in different institutions in accordance with the preservation of privacy.

#### **1.3 Research Questions**

In line with the problem statement, the research questions are explicated:

- 1. What are the factors that affect the existing levels of collaboration among physicians in the selected hospitals with regard to sharing information based on preserving the privacy?
- 2. How can an integrated Healthcare Information System model based on preserving the privacy, be proposed and evaluated to enhance the medical research collaboration among the physicians in the selected hospitals?

#### **1.4 Research Objectives**

The objectives that underline the way for the research are:

- 1. To analyse and propose the factors that affect the current levels of collaboration which exist among physicians in sharing information a based on privacy preserving in the selected hospitals.
- 2. To propose and evaluate an integrated Healthcare Information System model based on the privacy preserving to enhance the collaboration in terms of exchange medical research information among physicians.

#### 1.5 Research Scope

The aim of this research is to determine the present levels of collaboration in sharing healthcare information among physicians as researchers in the healthcare environment. The significant factors which affect such collaboration are examined. More so, an integrated collaborative HIS model is proposed for the improvement of collaboration between the physicians in relation to the healthcare information sharing within the hospital and outside other. Considering the different types of physician's collaboration, particularly who conducting the medical research based on privacy preserving

#### **1.6 Research Contributions**

The major contribution of this study is the integrated healthcare information system which takes into consideration the preservation of privacy in order to improve the collaboration among physicians in hospitals by using HISs to share information. Thus, a Privacy Preserving Fractal Healthcare Information System (PPFHIS) model aimed at improving collaboration between physicians in relation to the exchange medical research information taking into consideration the issue of privacy preservation proposed in this study. The proposed model makes the physicians as medical researchers be able to access updated data required for their scientific research and healthcare activities directly from the integrated system.

It is expected that the system will minimize the challenges often faced by medical researchers in terms of obtaining data for medical research as well as other methods of treatment because the current method of obtaining such data involves a long process which is time consuming; the overall performance of health system can be affected by this impediment.

Asides that, this research is the first of its kind to investigate the preservation of privacy within fractal healthcare information model. Therefore, the current existing literature will be benefit from this study through the addition of new knowledge in this field. It will also serve as a base for future researchers that seek to conduct research on the usage of information technology, particularly integrated Fractal Healthcare Information Systems (FHISs) based on K-anonymization model.

## 1.7 Organization of the Thesis

This thesis is generally divided into 6 chapters; the first chapter is the introduction of this research study that explain the research background. Next, the problem statement, the questions of the research, the objectives of the research, the research contribution of this study, the scope of the research, and lastly, the organization of the thesis, are depicted.

Chapter 2 of the study looks into the related articles of the Healthcare Information System (HIS) and Collaboration HIS models, the fractal based system applications, the privacy preserving model, and the privacy preserving fractal healthcare information system model. Basically, this chapter reviews the importance of collaboration concerning this research study in order to achieve the research objectives.

Chapter 3 describe the methodology employed in this research study that start with research methodology flowchart. There are two main phases in this research study: (i) proposed the conceptual model e, and (ii) Development and evaluation the proposed model. Besides the using of instruments, and the methods of data collection. Followed by the implementation, testing, and evaluation of the proposed model.

Chapter 4 discusses the result and the analysis of the preliminary survey in order to validate the elements of the proposed model based on the literature review and presurvey analysis that address the research questions.

Chapter 5 discussed the system development and present the results and the analysis evaluation of the PPFHIS prototype, system validation and testing as well as user manual for prototype system in order to evaluate the effectiveness of the system model. Finally, the conclusion of this study is presented in Chapter 6, which findings of the research, research contributions, strength and limitation of this research study, as well as recommendations for future works

#### REFERENCES

- Abdullah, R., Ibrahim, H., Atan, R., Napis, S., Jaafar, A., & Selamat, M. H. (2008). Applying Agent Technology to Facilitate Knowledge Sharing Among Bioinformatics Communities of Practice. *International Journal of Computer Science and Network Security*, 8(4), 310–317.
- Ahlan, A. R., & Ahmad, B. I. (2014). User Acceptance of Health Information Technology (HIT) in Developing Countries: A Conceptual Model. In Procedia Technology- International Conference on Health and Social Care Information Systems and Technologies (Vol. 16, pp. 1287–1296). Elsevier B.V.
- Ahmadi, H., Nilashi, M., & Ibrahim, O. (2015). Organizational decision to adopt hospital information system: An empirical investigation in the case of Malaysian public hospitals. *International Journal of Medical Informatics*, 84(3), 166–188.
- Ahmed, N. S. (2013). A Fractal-Based Model To Improve Cooperation Among Physicians In Distributed Healthcare Information Systems. Doctor of Philosophy PhD University of Malaya.
- Ahmed, N. S., & Yasin, N. M. (2010). Inspiring a fractal approach in distributed healthcare information systems : A review. *International Journal of the Physical Sciences*, 5(11), 1626–1640.
- Ahmed, N. S., & Yasin, N. M. (2011). Towards Fractal Approach in Healthcare Information Systems: A Review. In Proceeding of the International Conference on Advanced Science, Engineering and Information Technology 2011 (Vol. 5, pp. 1626–1640).
- Ahmed, N. S., & Yasin, N. M. (2014). Factors affecting cooperation among physicians in sharing information within the hospital environment: A study of two hospitals. *Journal of Computer Science*, 10(5), 794–808.
- Al-Khawlani, M. A. A. (2009). A web-based integrated health care management system. Master Dissertation, University Malaya, Kuala Lumpur. https://doi.org/10.1017/CBO9781107415324.004
- Anwar, M., Joshi, J., & Tan, J. (2015). Anytime, anywhere access to secure, Privacyaware Healthcare Services: Issues, Approaches and Challenges. *Health Policy and Technology*, *8*, 1–13.
- Aris Gkoulalas-Divanis, & Verykios, V. S. (2009). An Overview of Privacy Preserving Data Mining. *Crossroads*, 15(4), 23–25.
- Arjunan, S. P., & Kumar, D. K. (2007). Fractal theory based Non-linear analysis of sEMG. In 3rd International Conference on Intelligent Sensors, Sensor Networks and Information, 2007. (pp. 545–548).

- Aron, A., Aron, E. N., & Coups, E. (2005). Statistics for The Behavioral and Social Sciences: A Brief Course (3rd Ed.). New jersey: Prentice hall.
- Asnina, E., Osis, J., & Kirikova, M. (2008). Design of Fractal-Based Systems within MDA: Platform Independent Modelling. In Sigsand-Europe: the 3rd AIS SIGSAND European Symposium on Analysis (pp. 39–54).
- Azarm-Daigle, M., Kuziemsky, C., & Peyton, L. (2015). A Review of Cross Organizational Healthcare Data Sharing. In Procedia Computer Science- The 5th International Conference on Current and Future Trends of Information and Communication Technologies in Healthcare (ICTH 2015) A (Vol. 63, pp. 425– 432). Elsevier Masson SAS.
- Bangor, A., Kortum, P., & Miller, J. (2009). Determining what individual SUS scores mean: Adding an adjective rating scale. *Journal of Usability Studies*, 4(3), 114– 123.
- Bangor, A., Kortum, P. T., & Miller, J. T. (2008). An Empirical Evaluation of the System Usability Scale. *International Journal of Human-Computer Interaction*, 24(6), 574–594.
- Barak, B., Chaudhuri, K., Dwork, C., Kale, S., McSherry, F., & Talwar, K. (2007). Privacy, accuracy, and consistency too: a holistic solution to contingency table release. Proceedings of the Twenty-Sixth ACM SIGMOD-SIGACT-SIGART Symposium on Principles of Database Systems, 11(13), 273–282.
- Bayardo, R. J., & Agrawal, R. (2005). Data privacy through optimal k-anonymization. *Proceedings - International Conference on Data Engineering*, (ICDE), 217–228.
- Ben-Assuli, O. (2015). Electronic health records, adoption, quality of care, legal and privacy issues and their implementation in emergency departments. *Health Policy*, *119*(3), 287–297.
- Benkaouz, Y., & Erradi, M. (2015). Towards a Decentralized OSN for a Privacypreserving e-health System. *Procedia Computer Science*, 63, 284–291.
- Benkaouz, Y., Erradi, M., & Freisleben, B. (2011). Distributed Privacy-Preserving Data Aggregation via Anonymization. *Springer International Publishing Switzerland*, 1, 94–108.
- Bertino, E. (2016). Editorial: Introduction to Data Security and Privacy. *Data Science and Engineering*, 1(3), 125–126.
- Bisaso, S. M., & Saeed, F. (2015). Understanding Chaos and Complexity in Education Systems Through Conceptualization of Fractal Properties. *Springer Proceeding in Complexity DOI 10.1007/978-3-319-09710-7 12.*
- Black, A. D., Car, J., Pagliari, C., Anandan, C., Cresswell, K., Bokun, T., Sheikh, A. (2011). The impact of ehealth on the quality and safety of health care: A systematic overview. *PLoS Med*, 8(1), 1–16.

- Blumenthal, D. (2009). Stimulating the adoption of health information technology. *New England Journal of Medicine*, *360*(15), 1477–1479.
- Boas, S. J., Bishop, T. F., Ryan, A. M., Shih, S. C., & Casalino, L. P. (2014). Electronic health records and technical assistance to improve quality of primary care: Lessons for regional extension centers. *Healthcare*, *2*(2), 103–106.
- Brooke, J. (1996). SUS: A quick and dirty usability scale. Usability Evaluation in Industry, 189–194.
- Bruneton, E., Coupaye, T., Leclercq, M., Qu', V., & Stefani, J.-B. (2006). The Fractal component model and its support in Java. *Software Practice and Experience*, *36*, 1257–1284.
- Bryman, A., Becker, S., & Sempik, J. (2008). Quality criteria for quantitative, qualitative and mixed methods research: A view from social policy. *International Journal of Social Research Methodology*, 11(4), 261–276.
- Buntin, M. B., Burke, M. F., Hoaglin, M. C., & Blumenthal, D. (2011). The benefits of health information technology: A review of the recent literature shows predominantly positive results. *Health Affairs*, *30*(3), 464–471.
- Campan, A., & Truta, T. (2009). Data and structural k-anonymity in social networks. *Privacy, Security, and Trust in KDD*, 33–54.
- Canavesio, M. M., & Martinez, E. (2007). Enterprise modeling of a project-oriented fractal company for SMEs networking. *Computers in Industry*, 58(8–9), 794–813.
- Casino, F., Domingo-Ferrer, J., Patsakis, C., Puig, D., & Solanas, A. (2015). A kanonymous approach to privacy preserving collaborative filtering. *Journal of Computer and System Sciences*, 81(6), 1000–1011.
- Chariete, A., Bakhouya, M., Gaber, J., & Wack, M. (2015). A design space exploration methodology for customizing on-chip communication architectures: Towards fractal NoCs. *Integration, the VLSI Journal*, 50, 158–172.
- Chen, L., Yang, J. J., Wang, Q., & Niu, Y. (2012). A framework for privacypreserving healthcare data sharing. In 2012 IEEE 14th International Conference on e-Health Networking, Applications and Services, Healthcom (pp. 341–346).
- Chong, A. Y.-L., & Chan, F. T. S. (2012). Structural equation modeling for multistage analysis on Radio Frequency Identification (RFID) diffusion in the health care industry. *Expert Systems with Applications*, *39*(10), 8645–8654.
- Ciriani, V., Vimercati, S. D. C., Foresti, S., & Samarati, P. (2007). Secure Data Management in Decentralized Systems(k- Anonymity). Springer.

- Clancy, T. R. (2008). Fractals: Nature's Formula for Managing Hospital Performance Metrics. *JONA: The Journal of Nursing Administration*, *38*(12), 510–513.
- Collins, S. A., Bakken, S., Vawdrey, D. K., Coiera, E., & Currie, L. (2011). Model development for EHR interdisciplinary information exchange of ICU common goals. *International Journal of Medical Informatics*, 80(8), e141–e149.
- Creswell, J. W. (2012). *Planning, conducting, and evaluating quantitative and qualitative research. Educational Research* (Vol. 4).
- Dalenius, T. (1977). Towards a methodology for statistical disclosure control. *Statistik Tidskrift*, *15*(2), 429–444.
- Deng, X., Peng, J., & Huang, H. (2009). Research on the fractal company modeling based on competence. In *IE and EM 2009 - Proceedings 2009 IEEE 16th International Conference on Industrial Engineering and Engineering Management -* (pp. 2136–2140).
- Dodig-Crnkovic, G., Kade, D., Wallmyr, M., Holstein, T., & Almér, A. (2016). Transdisciplinarity seen through Information, Communication, Computation, (Inter-)Action and Cognition. Retrieved from http://arxiv.org/abs/1604.04711
- Domingo-ferrer, J., & Soria-comas, J. (2015). From t -Closeness to Differential Privacy and Vice Versa in Data Anonymization. *Knowledge-Based System*, 74, 151–158.
- Dong, L., & Keshavjee, K. (2016). Why is information governance important for electronic healthcare systems? A Canadian experience. *Journal of Advances in Humanities and Social Sciences*, 2(5), 250–260.
- Dunham-taylor, J., & Pinczuk, J. Z. (2014). Organizations: Surviving Within a Chaotic, Complex, Value-Based Environment. Financial management for nurse managers: merging the heart with the dollar. Retrieved from http://samples.jbpub.com/9781284031034/9781284031034 CH03 Pass2.pdf
- Eikey, E. V, Reddy, M. C., & Kuziemsky, C. E. (2015). Examining the role of collaboration in studies of health information technologies in biomedical informatics: A systematic review of 25 years of research. *Journal of Biomedical Informatics*, 57, 263–277.
- El Emam, K., Dankar, F. K., Issa, R., Jonker, E., Amyot, D., Cogo, E., Bottomley, J. (2009). A Globally Optimal k-Anonymity Method for the De-Identification of Health Data. *Journal of the American Medical Informatics Association*, 16(5), 670–682.
- El Emam, K., & Danker, F. K. (2008). Protecting privacy using k-anonymity (Appendix A : Risk Estimates). *Journal of the American Medical Informatics*, 15(5), 1–5.

- Emam, K., Arbuckle, L., Koru, G., Eze, B., Gaudette, L., Neri, E., Gluck, J. (2012). De-identification methods for open health data: The case of the heritage health prize claims dataset. *Journal of Medical Internet Research*, *14*(1), 1–16.
- Etikan, I., & Sulaiman Abubakar Musa, R. S. A. (2016). Comparison of Convenience Sampling and Purposive Sampling Comparison of Convenience Sampling and Purposive Sampling. *American Journal of Theoretical and Applied Statistics*, *Vol. 5, No*, 1–4.
- Fagin, C. M. (1992). Collaboration\_between\_nurses\_and\_physicians\_no.2.pdf. *Academic Medicine*, 67(Number 5), 295–303.
- Fedele, F. (1995). Healthcare and Distributed Systems Technology. *Cambridge-UK:* ANSAworks, 95.
- Fernández-Alemán, J. L., Señor, I. C., Lozoya, P. Á. O., & Toval, A. (2013). Security and privacy in electronic health records: A systematic literature review. *Journal* of Biomedical Informatics, 46(3), 541–562.
- Fried, B., Carpenter, W. R., & Deming, W. E. (2011). Understanding and improving team effectiveness in quality improvement. In W. A. Sollecito & J. K. Johnson (Eds.), McLaughlin and Kaluzny's Continuous Quality Improvement in Health Care - Burlington, MA: Jones & Bartlett Learning.
- Fryer, P., & Ruis, J. (2004). What are Fractal Systems? A brief description of "Complex Adaptive and Emergent Systems" (CAES). Retrieved December 5, 2016, from http://www.fractal.org/Fractal-systems.htm
- Fung, B. C. M., Wang, K., Chen, R., & Yu, P. S. (2010). Privacy-Preserving Data Publishing: A Survey of Recent Developments. ACM Computing Surveys, 42(4), 14–53.
- Fung, B. C. M., Wang, K., & Yu, P. S. (2007). Anonymizing Classification Data for Privacy Preservation. *IEEE Transactions on Knowledge and Data Engineering*, 19(5), 711–725.
- Gkoulalas-Divanis, A., & Loukides, G. (2013). Conclusion and Open Research Challenges -Chapter 6. In *Anonymization of Electronic Medical Records to Support Clinical Analysis*, (pp. 65–69).
- Hameed, S. a., Hashim, A.-H. a., Sharifudeen, S. S. M., Meho, V., & Khalifa, O. (2008). An Efficient Emergency, Healthcare and Medical Information System. *International Journals of Biometric and Bioinformatics (IJBB)*, 2(5), 1–9.
- Hameed, S. a., Yuchoh, H., & Al-khateeb, W. F. (2011). A model for ensuring data confidentiality: In healthcare and medical emergency. In *4th International Conference on Mechatronics (ICOM)*.
- Hammar, T., Ekedahl, A., & Petersson, G. (2014). Implementation of a shared medication list: physicians' views on availability, accuracy and confidentiality.

International Journal of Clinical Pharmacy, 36(5), 933–942.

- Hamouda, I. Ben, Chourabi, O., & Boughzala, I. (2016). An ontological framework for knowledge sharing in healthcare. *Memorias*, 14(26), 1–18.
- Herghiligiu, I. V., Lupu, M. L., Robledo, C., & Kobi, A. (2013). a New Conceptual Framework for Environmental Decision Based on Fractal Philosophy. *Environmental Engineering and Management Journal*, 12(5), 1095–1102.
- Hongzhao, D., Dongxu, L., Yanwei, Z., & Ying, C. (2005). A novel approach of networked manufacturing collaboration: Fractal web-based extended enterprise. *International Journal of Advanced Manufacturing Technology*, 26, 1436–1442.
- Hripcsak, G., Bloomrosen, M., FlatelyBrennan, P., Chute, C. G., Cimino, J., Detmer, D. E., Wilcox, A. B. (2013). Health data use, stewardship, and governance: ongoing gaps and challenges: a report from AMIA's 2012 Health Policy Meeting. *Journal of the American Medical Informatics Association : JAMIA*, 21, 204–211.
- Ismail, N. I., Abdullah, N. H., & Shamsuddin, A. (2015). Adoption of Hospital Information System (HIS) in Malaysian Public Hospitals. In *Procedia - Social* and Behavioral Sciences (Vol. 172, pp. 336–343). Elsevier B.V.
- Jiang, W., & Clifton, C. (2006). A secure distributed framework for achieving kanonymity. *VLDB Journal*, 15(4), 316–333.
- Johnson;, & Willard. (2012). Response rate and non-response errors in survey. *Elsevier*
- Jun-ping, Z., Yi, L., Zhen-jiang, Z., & Hua-yuan, G. (2011). Electronic Health in China: From Digital Hospital to Regional Collaborative Healthcare. In *BUJ Sci.* & *Tech. L.* (p. 2008).
- Jurczyk, P., & Xiong, L. (2009). Distributed anonymization: Achieving privacy for both data subjects and data providers. In *IFIP Annual Conference on Data and Applications Security and Privacy* (pp. 191–207).
- Kadar, B. (2001). Intelligent approaches to manage changes and disturbances in manufacturing systems. Doctor of Philosophy PhD, Budapest University of Technology and Economics.
- Kaipio, J. (2011). Usability in Healthcare: Overcoming the Mismatch Between Information Systems and Clinical Work. *Aalto University -Department of Computer Science and Engineering Strategic*. Retrieved from http://lib.tkk.fi/Diss/2011/isbn9789526043340/
- Kenig, B., & Tassa, T. (2012). A practical approximation algorithm for optimal kanonymity. *Data Mining and Knowledge Discovery*, 25(1), 134–168.

- Kenneally, E., & Claffy, K. (2009). An internet data sharing framework for balancing privacy and utility. In *First International Forum on the Application and Management of Personal Electronic Information*. Retrieved from http://senseable.mit.edu/engagingdata/papers/ED\_SII\_An\_Internet\_Data\_Shari ng\_Framework.pdf\nhttp://ssrn.com/abstract=1483236
- Kim, R. (2016). The U. S. Hospital Management from a Strategic Management Viewpoint Abstract Response to Regulatory Changes : Early Studies Financial Performance and Strategic Organizational Capabilities and Managerial Cognition. *iMedPub Journals / Hospital & Medical Management*, 1(2:7), 5–8.
- Kim, S., Lee, H., & Chung, Y. D. (2017). Privacy-preserving data cube for electronic medical records: An experimental evaluation. *International Journal of Medical Informatics*,97,33–42.
- King, T., Brankovic, L., & Gillard, P. (2012). Perspectives of Australian adults about protecting the privacy of their health information in statistical databases. *International Journal of Medical Informatics*, 81(4), 279–289.
- Kirikova, M. (2009). Towards flexible information architecture for fractal information systems. In *International Conference on Information, Process, and Knowledge Management* (pp. 135–140).
- Kirikova, M. (2013). Viable Systems Model in Information Systems Development. *Databases and Information Systems VII*, 11–12.
- Kirikova, M. (2014). Work Systems based Fractal Architecture of Information Systems. In *Pre-proceedings of CAISE'14 Forum* (pp. 97–104).
- Kirikova, M. (2015). Work Systems Paradigm and Frames for Fractal Architecture of Information Systems. Information Systems Engineering in Complex Environments, 204, 165–180.
- Kitchenham, B. A., & Pfleeger, S. L. (2008). Personal opinion surveys. In *Guide to* Advanced Empirical Software Engineering (pp. 63–92).
- Klonowski, W. (2000). Signal and image analysis using chaos theory and fractal geometry. *Machine Graphics and Vision*, *9*(3), 1–32. Retrieved from http://www.fractal.org/Life-Science-Technology/Publications/Image-analysis-using-fractal-geometry.pdf [Fecha de consulta: julio 28 de 2015]
- Korgaonkar, R. B. (2014). Adoption of Information System by Indian Hospitals; Challenges and Roadmap. *International Journal of Scientific & Engineering Research*, 5(2), 473–479.
- Kumar, R. (2011).*Research Methodology: a step-by-step guid for beginners*.(Second ed.):Pearson.

- Kuziemsky, C. E., & Varpio, L. (2011). A model of awareness to enhance our understanding of interprofessional collaborative care delivery and health information system design to support it. *International Journal of Medical Informatics*, 80(8), e150–e160.
- Laschinger, H. K. S., & Smith, L. M. (2013). The Influence of Authentic Leadership and Empowerment on New-Graduate Nurses' Perceptions of Interprofessional Collaboration. *JONA: The Journal of Nursing Administration*, 43(1), 24–29.
- Latanya Sweeney. (2002). Achieving K-Anonymity Privacy Protection Using Generalization and Suppression. *International Journal on Uncertainty, Fuzziness and Knowledge -Based Systems*, 10(5), 571–588. Retrieved from http://citeseerx.ist.psu.edu/viewdoc/summary;jsessionid=AE57BDCEDF120B4 7B9CC7C5E22352A81?doi=10.1.1.58.7384
- Leitão, P., & Restivo, F. (1999). A Layered Approach to Distributed Manufacturing. In In Proceedings of the Advanced Summer Institute – Life Cycle Approaches to Production Systems: Management, Control and Supervision. Leuven, Belgium.
- Li, J., Yang, J., Zhao, Y., & Liu, B. (2013). A top-down approach for approximate data anonymisation. *Enterprise Information System*, 7(3), 272–302.
- Li, K., & Yao, D. (2006). Cooperative work in heterogeneous medical information systems. In 2006 International Conference on Communications, Circuits and Systems, ICCCAS, Proceedings (Vol. 3, pp. 1821–1824).
- Locatelli, P., Restifo, N., Gastaldi, L., & Corso, M. (2012). Health Care Information Systems: Architectural Models and Governance. In *InTech, innovative Information Systems Modelling and Techniques* (p. 71–96).
- Loukides, G., & Gkoulalas-Divanis, A. (2012). Utility-preserving transaction data anonymization with low information loss. *Expert Systems with Applications*, 39(10), 9764–9777.
- Loukides, G., Liagouris, J., Gkoulalas-Divanis, A., & Terrovitis, M. (2014). Disassociation for electronic health record privacy. *Journal of Biomedical Informatics*, 50, 46–61.
- Mäenpää, T., Suominen, T., Asikainen, P., Maass, M., & Rostila, I. (2009). The outcomes of regional healthcare information systems in health care: A review of the research literature. *International Journal of Medical Informatics*, 78(11), 757–771.
- Mandelbrot, B. B. (1977). *The Fractal Geometry Of Nature*. International Bussiness Machines.
- Mingers, J. (2001). Combining IS research methods: to- wards a pluralist methodology. *Information Systems Research*, 12(3), 240–259.

- Ministry of Health Malaysia. (2011). Country Health Plan 2011 2015. Country Health Plan : 10th Malaysia Plan 2011-2015, 1–95.
- Mishra, V., Mohammed, S., & Fiaidhi, J. (2016). Towards Developing an Interoperability Framework for Healthcare Community of Practice. *International Journal of Bio-Science & Bio-Technology*, 8(5), 65–82.
- Morton, S., Mahoui, M., & Gibson, P. J. (2012). Data anonymization using an improved utility measurement. *Proc. ACM International Health Informatics* (*IHI*), 429–436.
- Mun, J., Shin, M., Lee, K., & Jung, M. (2009). Manufacturing enterprise collaboration based on a goal-oriented fuzzy trust evaluation model in a virtual enterprise. *Computers and Industrial Engineering*, 56(3), 888–901.
- Namdev, P., & Kumar, M. (2016). Hybrid Approach for Privacy Preservation data Mining Using Random and Mod Techniques. *International Journal of Computer Science Engineering (IJCSE*, 5(3), 162–168.
- Ng, A. W. Y., Lo, H. W. C., & Chan, A. H. S. (2011). Measuring the Usability of Safety Signs: A Use of System Usability Scale (SUS). In *International MultiConference of Engineering and Computer scientists (IMECS)* (Vol. II).
- Nixon, R. (2015). Learning PHP, MySQL & JavaScript with jQuery, CSS & HTML5 4th Edition.
- Nunnally, J. (1978). Psychometric theory: New York: McGraw-Hill. National Science Foundation.
- Nunnally, J. C., & Bernstein, I. H. (1999). Psychometric theory (3rd Ed.). New York: McGraw-Hill. *Journal of Psychoeducational Assessment*.
- Oguri, H., & Sonehara, N. (2014). A k-anonymity method based on search engine query statistics for disaster impact statements. 2014 Ninth International Conference on Availability, Reliability and Security, 447–454.
- Ohno-Machado, L. (2013). Sharing data for the public good and protecting individual privacy: informatics solutions to combine different goals. *Journal of the American Medical Informatics Association : JAMIA*, 20(1), 1.
- Patel, H., Pettitt, M., & Wilson, J. R. (2012). Factors of collaborative working: A framework for a collaboration model. *Applied Ergonomics*, 43(1), 1–26.
- Pierangela Samarati. (2001). Protecting respondents' identities in micro- data release. *IEEE Transactions on Knowledge and Data Engineering*, *13*(6), 1010–1027.
- Project Management Institute Inc. (2000). A guide to the project management body of knowledge (PMBOK® guide). Project Management Institute, Inc.

- Qi, X., & Zong, M. (2012). An Overview of Privacy Preserving Data Mining. In International Conference on Environmental Science and Engineering (ICESE 2011) (Vol. 12, pp. 1341–1347).
- Qureshi, N., Al-Dossari, D., Al-Zaagi, I., Al-Bedah, A., Abudalli, A., & Koenig, H. (2015). Electronic Health Records, Electronic Prescribing and Medication Errors: A Systematic Review of Literature, 2000-2014. British Journal of Medicine and Medical Research, 5(5), 672–704.
- R.Mahesh, & T.Meyyappan. (2013). A New Method for Preserving Privacy in Data Publishing Against Attribute and Identity Disclosure Risk. *International Journal on Cryptography and Information Security (IJCIS)*, 3(2), 23–29. Retrieved from http://airccse.org/journal/ijcis/papers/3213ijcis03.pdf
- Rashid, A. H. (2014). Collaborative Healthcare Information Systems in Privacy Preservation Based on K-Anonymization Model Asmaa Hatem Rashid Faculty of Computer Science and Information Technology. Doctor of Philosophy, University of Malaya.
- Rashid, A. H., & Yasin, M. (2012). Anonymization Approach for Protect Privacy of Medical Data and Knowledge Management. *Medical Informatics*, 2, 25–38.
- Rashid, A. H., & Norizan Binti Mohd Yasin. (2015). Privacy Preserving Data Publishing: Review. International Journal of Physical Sciences, 10(7), 239–247.
- Reddy, M. C., Gorman, P., & Bardram, J. (2011). Special issue on Supporting Collaboration in Healthcare Settings: The Role of Informatics. *International Journal of Medical Informatics*, 80(8), 541–543.
- Rodrigues, J. (2009). *Health information systems: concepts, methodologies, tools and applications: IGI Global.*
- Ryu, K., Son, Y., & Jung, M. (2003a). Modeling and specifications of dynamic agents in fractal manufacturing systems. *Computers in Industry*, 52(2), 161–182.
- Ryu, K., Son, Y.-J., & Jung, M. (2003b). Framework for fractal-based supply chain management of e-Biz companies. *Production Planning & Control*, 14(8), 720– 733.
- Sacharidis, D., Mouratidis, K., & Papadias, D. (2010). K-anonymity in the presence of external databases. *IEEE Transactions on Knowledge and Data Engineering*, 22(3), 392–403.
- Sadki, S., & El Bakkali, H. (2014). Towards controlled-privacy in e-health: A comparative study. In 2014 International Conference on Multimedia Computing and Systems (ICMCS) (pp. 674–679).

- Samarati, P., & Sweeney, L. (1998). Protecting Privacy when Disclosing Information: k-Anonymity and its Enforcement Through Generalization and Suppression. *Proc* of the IEEE Symposium on Research in Security and Privacy, 384–393.
- Sanderson, D., Ratchev, S., Kelly, E., Busquets, D., & Pitt, J. (2015). Self-Organising Electronic Institutions and Flexible Manufacturing Systems. In Proceedings of the 15th IFAC/IEEE/IFIP/IFORS Symposium INCOM'15 on Information Control Problems in Manufacturing (Vol. 48, pp. 2071–2076).
- Satzinger, J. W., Jackson, R. B., & Burd, S. D. (2011). System analysis and design in a changing world. Course Technilogy Ptr.
- Sauro, J., & Lewis, J. R. (2009). Correlations among Prototypical Usability Metrics: Evidence for the Construct of Usability. *In: The Proceedings of CHI*.
- Sharma, M., Chaudhar, A., Mathuria, M., Chaudha, S., & Kumar, S. (2014). An Efficient Approach for Privacy Preserving in Data Mining. In International Conference on Signal Propagation and Computer Technology (ICSPCT) IEEE 2014, (pp. 244–249).
- Sharma, V. (2014). Methods for Privacy Protection Using K-Anonymity. In *International Conference on Reliability, Optimization and Information Technology-ICROIT* (pp. 149–152).
- Sheikh, A., Cornford, T., Barber, N., Avery, A., Takian, A., Lichtner, V., Cresswell, K. (2010). Implementation and adoption of nationwide electronic health records in secondary care in England: final qualitative results from prospective national evaluation in "early adopter" hospitals. In *BMJ (Clinical research ed.)* (Vol. 10, pp. 1–12).
- Skilton, A. (2011). Supporting the Information Systems Requirements of Distributed Healthcare Teams. Master of Science, Cardiff University.
- Skilton, A., Gray, W. A., Allam, O., Morry, D., & Bailey, H. (2008). Role Based Access to Support Collaboration in Healthcare. Springer-Verlag Berlin Heidelberg, 177–180.
- Sokolova, M., El Emam, K., Arbuckle, L., Neri, E., Rose, S., & Jonker, E. (2012). P2P watch: Personal health information detection in peer-to-peer file-sharing networks. *Journal of Medical Internet Research*, *14*(4), 1–13.
- Stecjuka, J., Makna, J., & Kirikova, M. (2008). Best practices oriented business process operation and design. In *Paper presented at the Proc. Of the 9th* workshop on business process modeling, development and support business process lifecycle: Design, Deployment, Operation & Evaluation BPMDS'08 held in conjuction with the CAiSE'08 conference Montpellier, France, (pp. 171–184).

- Sulaiman, H., & Wickramasinghe, N. (2014). Assimilating healthcare information systems in a Malaysian hospital. *Communications of the Association for Information Systems*, 34(1), 1291–1318.
- Sweeney, L. (2000). Simple Demographics often Identify People Uniquely. Carnegie Mellon University, Data Privacy Working Paper 3. Pittsburgh 2000, 1–34. Retrieved from http://dataprivacylab.org/projects/identifiability/paper1.pdf
- Sweeney, L. (2002). k-Anonymity: A Model for Protecting Privacy. International Journal of Uncertainty, Fuzziness and Knowledge-Based Systems, 10(5), 557–570.
- Tharumarajah, A., Wells, A. J., & Nemes, L. (1998). Comparison of emerging manufacturing concepts. 1998 IEEE International Conference on Systems, Man, and Cybernetics, 1998, 1, 325–331.
- Tully, M. P., Kettis, A., Hoglund, A. T., Morlin, C., Schwan, A., & Ljungberg, C. (2013). Transfer of data or re-creation of knowledge - Experiences of a shared electronic patient medical records system. *Research in Social and Administrative Pharmacy*, 9(6), 965–974.
- VanVactor, J. D. (2012). Collaborative leadership model in the management of health care. *Journal of Business Research*, 65(4), 555–561.
- Wang, W., Chen, L., & Zhang, Q. (2015). Outsourcing high-dimensional healthcare data to cloud with personalized privacy preservation. *Computer Networks*, 88, 136–148.

Warnecke, H. J. (1993). Book Reviews. Published by Springer- Verlag, Heidelberg.

- Weir, C. R., Hammond, K. W., Embi, P. J., Effhimiadis, E. N., Thielke, S. M., & Hedeen, A. N. (2011). An exploration of the impact of computerized patient documentation on clinical collaboration. *International Journal of Medical Informatics*, 80(8), e62–e71.
- Wimmer, H., Yoon, V. Y., & Sugumaran, V. (2016). A multi-agent system to support evidence based medicine and clinical decision making via data sharing and data privacy. *Decision Support Systems*, 88, 51–66.
- Xiaohua, Z., Weit, C., Yanming, S. U. N., & Shixiong, Z. (2006). the Modeling of Complex System Based on Dynamic Control Cell Structure. In *International Technology and Innovation Conference* (pp. 1726–1731).
- Xu, D., Zhao, L., & Yao, Y. (2008). Fractal and mobile agent-based inter-enterprise quality tracking and control\*. In *Proceedings of the IEEE International Conference on Industrial Technology*.

- Xu, Y., Ma, T., Tang, M., & Tian, W. (2014). A survey of privacy preserving data publishing using generalization and suppression. *Applied Mathematics and Information Sciences*, 8(3), 1103–1116.
- Xudong Lu, Huilong Duan, Haomin Li, Chenhui Zhao, & Jiye An. (2005). The Architecture of Enterprise Hospital Information System. In 2005 IEEE Engineering in Medicine and Biology 27th Annual Conference (pp. 6957–6960).
- Yang, H., Liu, K., & Li, W. (2010). Adaptive requirement-driven architecture for integrated healthcare systems. *Journal of Computers*, 5(2), 186–193.
- Yang, T.-H., Sun, Y. S., & Lai, F. (2011). A scalable healthcare information system based on a service-oriented architecture. *Journal of Medical Systems*, 35(3), 391– 407.
- Yee-Loong Chong, A., Liu, M. J., Luo, J., & Keng-Boon, O. (2015). Predicting RFID adoption in healthcare supply chain from the perspectives of users. *International Journal of Production Economics*, 159, 66–75.
- Zain, Z. M., Azim, A., Ghani, A., Abdullah, R., & Atan, R. (2011). Blog Quality Measurement: Analysis of Criteria using The Rasch Model. International Journal on New Computer Architectures and Their Applications (IJNCAA), 1(3), 665–682.
- Zhao, Y., Wu, J., & Shu, H. (2008). The fractal management of SOA-based services integration. In Proceedings of the International Conference on Information Management, Innovation Management and Industrial Engineering, ICIII (Vol. 3, pp. 420–424).

