1. Record Nr. UNINA9910865281603321 Autore Miele Francesco Titolo Reframing Algorithms: STS Perspectives to Healthcare Automation Pubbl/distr/stampa Cham:,: Springer International Publishing AG,, 2024 ©2024 **ISBN** 9783031520495 9783031520488 Edizione [1st ed.] 1 online resource (244 pages) Descrizione fisica Altri autori (Persone) GiardulloPaolo 502.85 Disciplina Lingua di pubblicazione Inglese **Formato** Materiale a stampa Livello bibliografico Monografia

Nota di contenuto

Intro -- Foreword -- Preface -- Acknowledgements -- Contents --Notes on Contributors -- List of Tables -- 1 The Encounters of Science and Technology Studies with Algorithms in the Analysis of Healthcare -- References -- Part I Approaches and Alternative Paths for Examining Algorithmic Technologies in Healthcare -- 2 Theoretical Inputs for Empirical Outputs: The Lenses of Science and Technology Studies from Digital Media for Exploring Algorithms in Healthcare -- 2.1 Introduction -- 2.2 Datafied Society: STS Concepts About Computation, Design, and Users -- 2.3 Algorithmic Authority: A Latent Concept --2.4 Following the Algorithmic Authority in Action: Research Objects and Processes Between Media Studies, Health and Care Contexts --2.4.1 Imaginaries and Expectations -- 2.4.2 Design Processes -- 2.4.3 Users -- 2.4.4 Recap -- 2.5 Conclusion -- References -- 3 The Algorithmisation of Well-Being Promotion: Towards a Selective Paternalism -- 3.1 Introduction -- 3.2 Well-Being Programs and Paternalistic Leadership -- 3.2.1 Employees' Well-Being Promotion: An Evolving and Shifting Issue -- 3.2.2 A Paternalistic Approach to Employees' Well-Being -- 3.2.3 Selective Paternalism -- 3.3 Digital Technologies and Employees' Well-Being: From Control to Appropriation -- 3.3.1 Different Ways of Framing Algorithmic Technologies and Employees' Well-Being -- 3.3.2 Overcoming Determinism Through a "Third Way": Technology Affordances

and Appropriation Dynamics -- 3.4 Controlling All, Caring for Some: Algorithms as an Organisational Template -- 3.5 Conclusion and Future Research -- References -- 4 Algorithmic Experience: Exploring the Potential of Al Technologies for Medical Knowledge Integration -- 4.1 Introduction: The Reinvention of Knowledge Production Through AI? -- 4.2 Conceptual Understandings of Knowledge Production and Their Consequences. 4.3 Logics of Algorithms -- 4.3.1 Underlying Epistemological Assumptions -- 4.3.2 The Knowing Subjects -- 4.4 Logics of Algorithms and Diversifying Medical Knowledge Production and Integration -- 4.5 Experimenting with AI Technologies for Diversifying Medical Knowledge Production and Integration -- 4.5.1 Tapping into Experiential Knowledge with Al-Methods -- 4.5.2 From Enthusiasm to Reality: Implementing AI in Guideline Development --4.5.3 Navigating Hurdles and Reflecting on the Potential of Al-Methods -- 4.6 Epistemic Conventions and the Reconfiguration of Medical Knowledge Integration -- References -- 5 Caring for the Monstrous Algorithm: Attending to Wrinkly Worlds and Relationalities in an Algorithmic Society -- 5.1 An Algorithmic Epidemic -- 5.2 Theory: Caring for Our Algorithmic Monsters in the World -- 5.3 Two Ways of Caring for Algorithms: The Punctualized and the Relational --5.4 Ferguson's Monster -- 5.5 Caring for the Particular in Field Epidemiology: Tegnell's Relational Perspective -- 5.6 Concluding Discussion: Epidemiologies Across Rationalism and Empiricism -- 5.7 Conclusion -- References -- Part II Algorithmic Technologies in Use in Healthcare: Expectations, Usages and Practices of Resistance -- 6 "Being Informed About My Health Without Going to a Doctor's Appointment": Doctors' and Patients' Narratives About a Future with Al -- 6.1 Introduction -- 6.2 Socio-Technical Imaginaries During the Time of Artificial Intelligence -- 6.3 The Study -- 6.4 An Unsatisfying Present Behind a Bright Future -- 6.5 The Artificial Intelligence-Driven Monitoring Hospital -- 6.6 Emerging Tensions About Artificial Intelligence in Parkinson's Disease -- 6.7 Discussion -- 6.7.1 The Continuum Between the Current Shortcomings and the Desired Future -- 6.7.2 A Delegation with Less Responsibilization. 6.7.3 A Prudent Coexistence Between Humans and Non-humans -- 6.8 Conclusion -- References -- 7 Towards Experimental Implementations: Moving Emerging Artificial Intelligence Technologies into Real-World Clinical Settings -- 7.1 Introduction -- 7.2 Theoretical Framework --7.3 Material and Methods -- 7.3.1 Research Setting -- 7.3.2 Data Collection and Analysis -- 7.4 Findings -- 7.4.1 Legitimacy and Credibility of Technological Promises -- 7.4.2 Promises and Expectations Reconfiguring Outcomes -- 7.4.3 Implications, Risks, and Experiments -- 7.5 Discussion -- 7.6 Concluding Remarks --References -- 8 Every Breath You Take, I'll Be Watching You. Explicit Surveillance and Algorithmic Countersurveillance in Healthcare -- 8.1 Introduction -- 8.2 COVID, Algorithms and Countersurveillance Practices -- 8.3 The Italian Contact Tracing App... A Story of a Fiasco? -- 8.4 Methodology -- 8.5 Discussing Countersurveillance Tactics and Algorithmic Resistance -- 8.5.1 Privacy and Data Protection --8.5.2 Ideological Reflections -- 8.5.3 Technical Issues -- 8.6 Discussion and Conclusion -- References -- 9 Looping for (Self)Care-Personal Digital Health Technology and Algorithmic Systems -- 9.1 Introduction -- 9.2 Algorithms and Personal Digital Health Technologies in STS -- 9.3 Methodological Approach -- 9.4 Open-Source Automated Insulin Delivery and the Burden of Existing Digital Self-Management Arrangements -- 9.5 Looping as Sharing the Burden with an Algorithm-Setting Up a Loop System -- 9.6 Looping

as Collective and Recursive Engagement -- 9.7 Looping and the Ability to Opt Out -- 9.8 Conclusion: Looping Towards More Generous Algorithmic Assemblages? -- References -- Concluding Remarks: Current Algorithmic Times, Al and STS -- References.