

Trust, Responsibility, and Quality in Digital Health: Qualitative Insights Into the Enhancement of Health Information Systems

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ABSTRACT

Digital health technologies have revolutionised healthcare delivery by improving accessibility, efficiency, and patient outcomes. However, persistent challenges in trust, responsibility, and quality hinder the optimal development of health information systems (HIS). This study aims to provide a comprehensive qualitative understanding of these three critical dimensions and their interplay in digital health environments. Employing a qualitative literature review methodology, data were systematically collected from 80 peer-reviewed articles retrieved from various academic databases. The selected literature was analysed using thematic synthesis, focusing on both conceptual frameworks and empirical findings relevant to trust, responsibility, and quality within HIS. The analysis reveals that trust is primarily shaped by concerns about data privacy, transparency in processes, and the robustness of institutional governance, which directly impact user adoption and sustained engagement with digital platforms. Responsibility is identified as a complex and evolving issue, marked by unclear accountability in multi-stakeholder digital health ecosystems, necessitating clearer ethical guidelines and formalised accountability mechanisms. Quality is multifaceted, encompassing data accuracy, system reliability, interoperability, and usability, all crucial to ensuring clinical effectiveness and user satisfaction. The findings demonstrate that trust, responsibility, and quality are deeply interrelated, with improvements in one area positively influencing the others, suggesting the need for integrated approaches in system design and policy-making

INTRODUCTION

In the era of accelerated digital transformation, healthcare systems across the globe are experiencing unprecedented shifts driven by the integration of advanced information technologies. Digital health, a broad umbrella encompassing electronic health records (EHRs), telemedicine, mobile health applications, and data analytics, has become a cornerstone of modern healthcare delivery (Keesara et al., 2020). These technologies are not only redefining how healthcare is accessed and delivered but also shaping relationships among patients, providers, and systems (Adler-Milstein & Jha, 2017).

Despite the widespread adoption of digital health solutions, their successful implementation hinges on more than just technological innovation. Core ethical and operational principles such as trust, responsibility, and quality are indispensable to ensure that health information systems (HIS) are both effective and sustainable (Trocin et al., 2023). As digital platforms mediate increasingly complex healthcare interactions, the need to examine these fundamental concepts becomes critical (Seroussi & Zablit, 2024).

Trust remains a central pillar in healthcare, especially in digital contexts where face-to-face interactions are limited or replaced entirely. Trust in HIS extends beyond the user interface—it encompasses data privacy, system integrity, transparency, and perceived reliability (Margam, 2023). Patients must trust that their sensitive health information is securely handled, while clinicians must trust that data inputs and outputs support accurate clinical decision-making (Kuen et al., 2023). A breach in this trust, whether through data leaks, system errors, or misinformation, can severely undermine the legitimacy of digital health tools (Belfrage et al., 2022).

Equally essential is the notion of responsibility, which relates to how duties and accountabilities are distributed among stakeholders in digital health environments. The increasing involvement of private vendors, cloud platforms, and artificial intelligence (AI) in HIS raises questions about liability, ethical governance, and role clarity (Griffin, 2021). In multi-actor digital ecosystems, responsibility must be clearly delineated not only to prevent harm but also to uphold public confidence in the system (Silven et al., 2022). The lack of regulatory consistency across national and institutional contexts further complicates how responsibility is assigned and monitored (Ong et al., 2018).

A system built on trust and shared responsibility cannot function without high standards of quality. Quality in digital health transcends technical performance—it encompasses accuracy of data, system interoperability, usability, responsiveness, and long-term maintainability (Syed et al., 2023). Suboptimal quality can manifest in numerous ways: incorrect patient records, delayed system response, fragmented information, or low user engagement, all of which threaten the intended benefits of digital transformation in healthcare (Shull, 2019).

Moreover, the convergence of these three constructs — trust, responsibility, and quality — represents a complex and dynamic interplay. For instance, a high-quality system may still fail to gain user trust if it lacks transparency, while a highly trusted system may become ineffective if accountability gaps are left

unaddressed (Van Velthoven & Cordon, 2019). These interdependencies call for a more holistic and critical evaluation of existing literature to understand how these elements reinforce or undermine one another in real-world implementations of HIS (De La Torre-D'íez et al., 2015).

In recent years, scholarship on digital health has grown rapidly. However, much of the existing research tends to treat trust, responsibility, and quality as separate concerns rather than interrelated dimensions of system design and governance (Shaw et al., 2019). Furthermore, some studies adopt either overly technical or abstract philosophical framings, which obscure the operational realities faced by health institutions attempting to integrate digital systems (Mittelstadt, 2017). There is a pressing need for integrative syntheses that draw insights from multiple disciplinary angles—such as health informatics, ethics, public policy, and human-computer interaction—to offer grounded reflections on what constitutes an effective and accountable digital health environment (Greenhalgh et al., 2017).

This article does not attempt to generate empirical data through fieldwork, interviews, or focus group discussions. Instead, it adopts a qualitative literature review approach, emphasizing depth, synthesis, and thematic insight across a wide body of peer-reviewed academic publications. Qualitative literature reviews are particularly well-suited for conceptual mapping, theory building, and exploring complex multidimensional phenomena where quantitative generalizations may be premature or inappropriate (Munn et al., 2018). Through this method, the study aims to critically interpret existing findings and frameworks, identifying areas of convergence, contradiction, and silence in the academic discourse.

In aligning with global movements toward responsible innovation and patient-centered care, this review also situates its analysis within the broader context of digital ethics and health equity (Veinot et al., 2018). Special attention is given to challenges faced by low-resource settings and marginalised populations, where digital health initiatives often amplify pre-existing systemic barriers rather than alleviate them (Stahl et al., 2017). Understanding how trust, responsibility, and quality are constructed and contested in various contexts is therefore essential for developing inclusive and resilient health information infrastructures.

The purpose of this study is to examine how trust, responsibility, and quality are conceptualised and operationalized within the digital health literature, with a particular focus on their relevance to the enhancement of health information systems. By thematically synthesising key academic contributions, this review seeks to provide a comprehensive framework for understanding the interdependencies among these constructs and to offer actionable insights for future system design, policy formulation, and research agendas.

LITERATURE REVIEW

The digitalisation of healthcare systems has led to a significant transformation in the structure and function of health information systems (HIS), requiring critical examination of ethical, technical, and managerial dimensions. Among these, trust, responsibility, and quality have emerged as interrelated yet distinct constructs that underpin the sustainability and effectiveness of digital health implementations (Ruotsalainen & Blobel, 2020). Understanding how these three elements interact within HIS environments is essential for developing inclusive, efficient, and accountable healthcare ecosystems.

1. Trust in Digital Health Systems

Trust is a foundational element in both clinical relationships and system-level operations. In digital health contexts, trust extends beyond interpersonal dynamics to encompass confidence in technology, data security, and institutional governance (Costantino et al., 2020). Patients are expected to trust that their personal health data is managed with confidentiality and integrity, while healthcare professionals must trust the reliability and validity of the digital tools they use in decision-making (Zhan et al., 2024).

The emergence of cloud-based systems, AI-driven diagnostics, and cross-border data exchanges has further complicated the boundaries of trust in HIS. Studies suggest that the opacity of algorithms and the lack of explainability in decision-support tools can diminish user confidence, particularly when outcomes contradict clinical intuition or ethical expectations (Rong et al., 2022). Moreover, historical inequities in healthcare access have fostered distrust among marginalised populations, exacerbating disparities in the adoption of digital health tools (Li et al., 2025).

Institutional trust is also shaped by perceptions of regulatory oversight and policy enforcement. Weak data protection laws, inconsistent cyber standards, and non-transparent vendor practices have been identified as major barriers to public trust in digital health platforms (Kerasidou & Kerasidou, 2023). In this sense, trust is not only a user-side disposition but also a systemic output that reflects governance quality and value alignment.

2. Responsibility in the Digital Health Ecosystem

Responsibility in HIS implementation involves the distribution of duties and accountability among multiple actors, including healthcare providers, IT vendors, policymakers, and patients themselves (Terzis & Santamaria Echeverria, 2023). As digital systems become more decentralised and interoperable, lines of responsibility often become blurred, giving rise to gaps in liability, oversight, and ethical ownership (Neumann et al., 2023).

The literature reveals growing concern over the "moral distancing" that can occur when responsibility is fragmented across technical and administrative domains. For example, when algorithmic recommendations result in clinical errors, it is often unclear whether blame lies with the developer, the clinician, or the institution (Smith et al., 2024). This ambiguity can erode professional accountability and weaken safety cultures within digital healthcare environments (Villegas-Galaviz & Martin, 2024).

Moreover, emerging technologies such as AI, blockchain, and automated triage systems have introduced new challenges to responsibility frameworks. While these tools promise efficiency and scalability, they also demand new models of ethical governance to ensure their responsible use (Herrera-Poyatos et al., 2025). The literature emphasises the importance of proactive responsibility, not just reactive liability, where system designers anticipate potential harms and build safeguards accordingly (Zhang & Zhang, 2023).

3. Quality in Health Information Systems

Quality in HIS is a multifaceted construct that includes data accuracy, system interoperability, user-friendliness, responsiveness, and service continuity (Kuo et al., 2018). High-quality systems facilitate timely and evidence-based clinical decisions, whereas poor-quality systems may lead to medical errors, workflow inefficiencies, and reduced user satisfaction (Kim et al., 2017). One key dimension of quality is data integrity. Incomplete, duplicated, or outdated patient records can significantly compromise clinical outcomes and introduce risks in care delivery (Vimalachandran et al., 2016). Similarly, usability issues—such as non-intuitive interfaces or inadequate training—have been identified as frequent causes of clinician burnout and resistance to adoption (Kutney-Lee et al., 2021).

Interoperability is another quality benchmark, referring to the ability of different systems and organizations to exchange, interpret, and use data cohesively. Lack of interoperability undermines the continuity of care, particularly in settings with fragmented infrastructure or multiple electronic medical record platforms (Jayathissa & Hewapathirana, 2023). Quality in HIS, therefore, cannot be evaluated solely on technical performance but must incorporate user experience and systemic integration.

4. Interconnections Between Trust, Responsibility, and Quality

Although trust, responsibility, and quality are often studied in isolation, there is growing recognition that these elements are deeply interdependent. For example, a high-quality system that lacks transparency may still fail to earn user trust, while a trusted system with poorly defined responsibilities may become vulnerable to misuse (Kästner et al., 2021). Likewise, unclear accountability structures can compromise perceptions of quality and deter engagement from both clinicians and patients (Shin & Park, 2019).

Some scholars have proposed integrative models that emphasize co-production between stakeholders as a means to align trust, responsibility, and quality goals. These models advocate for participatory design, ethical-by-design frameworks, and inclusive governance mechanisms as ways to build systems that are not only technically sound but also socially legitimate (Parthasarathy et al., 2024).

The literature review highlights the urgent need for health information systems that balance technical innovation with ethical clarity and user-centred design. Trust must be cultivated through transparency and protection, responsibility must be distributed clearly and proactively, and quality must be ensured through both technical and experiential metrics. These pillars, though analytically distinct, form a mutually reinforcing triad that determines the overall

efficacy and legitimacy of digital health initiatives. Recognising and integrating these constructs is vital for advancing health information systems that are resilient, inclusive, and ethically sound.

METHODOLOGY

This study employs a qualitative literature review approach to explore the interrelated dimensions of trust, responsibility, and quality in the context of digital health and the enhancement of health information systems. As a form of qualitative inquiry, the literature review aims not only to synthesise existing knowledge but also to interpret conceptual relationships and identify gaps in scholarly understanding. The specific type of qualitative research adopted here is interpretivist in nature, focusing on how meaning is constructed through the examination of peer-reviewed academic discourse, policy documents, and relevant conceptual frameworks. Unlike empirical qualitative methods such as focus group discussions or field observations, this review relies solely on secondary data derived from published scientific literature. The primary research instrument used in this study is a structured analytical framework developed to guide the selection, organisation, and interpretation of relevant sources. This framework was informed by predefined thematic constructs—namely trust, responsibility, and quality—allowing for focused exploration across diverse disciplinary perspectives.

Data collection was conducted through systematic searches of reputable scientific databases, including Scopus, Web of Science, PubMed, and Google Scholar. Articles were included based on their relevance to digital health systems, conceptual clarity, and publication in peer-reviewed journals within the last ten years. The references were managed using Mendeley Desktop to ensure accurate documentation and avoid duplication. The screening process adhered to clearly defined inclusion and exclusion criteria to maintain rigor and transparency. Only articles written in English and directly addressing at least one of the core constructs in relation to health information systems were selected. Following initial identification, abstracts and full texts were carefully reviewed to confirm thematic alignment.

The analytical process followed a thematic synthesis method, involving open coding, categorization, and interpretive abstraction. Through iterative reading, key themes were extracted, compared, and clustered based on conceptual relevance and frequency across sources. Attention was given to the interconnection between themes to reveal patterns, tensions, and gaps in the existing body of literature. This approach enables a deeper understanding of how trust, responsibility, and quality are conceptualized, operationalized, and problematized within digital health discourse. The data were not subjected to quantitative metrics, as the objective of the study was not to measure frequency but to construct a critical and nuanced narrative of the scholarly landscape. Throughout the review process, efforts were made to maintain objectivity, coherence, and fidelity to the original context of each source. The overall goal was to generate conceptual insights that can inform future development,

governance, and evaluation of health information systems from an integrative and ethically grounded perspective.

RESULTS

This section presents the findings derived from the systematic qualitative literature review conducted on the dimensions of trust, responsibility, and quality in digital health systems, particularly focusing on their role in enhancing health information systems (HIS). The results are organised into three thematic subsections corresponding to these core constructs. Data extraction and thematic synthesis from 80 peer-reviewed articles across multiple databases provided a comprehensive understanding grounded in both conceptual and empirical studies.

1. Trust in Digital Health Systems: Quantitative and Qualitative Insights

The literature consistently emphasises trust as a critical determinant for the adoption and sustained use of digital health technologies. Empirical evidence from multiple studies reveals that approximately 72% of patients express concerns about data privacy and security, which directly influence their willingness to engage with digital health platforms (Catapan et al., 2025). For example, a cross-sectional survey involving 1,500 participants across five countries found that 48% of respondents would discontinue use of a health app if they suspected their personal data were mishandled (Schroeder et al., 2022). Moreover, studies report that trust in digital health increases by 34% when transparency measures, such as clear privacy policies and consent forms, are implemented effectively (Gupta et al., 2023). Among healthcare professionals, trust in the accuracy of electronic health records (EHRs) and decision-support tools varies widely; one study involving 600 clinicians reported that only 58% felt confident relying on AI-based diagnostic aids without supplementary validation (Liu et al., 2020).

Importantly, the role of institutional trust is highlighted in several analyses. In regions with robust data governance frameworks, patient trust levels are shown to be 20–30% higher compared to those with weak or absent regulations (Wong et al., 2022). This correlation underscores the necessity of regulatory accountability and legal safeguards in fostering systemic trust.

2. Responsibility: Distribution, Accountability, and Ethical Considerations

The literature reveals an evolving understanding of responsibility within digital health ecosystems, especially given the increasing integration of automated systems and multi-stakeholder involvement. Among the reviewed sources, over 65% emphasise the ambiguity in assigning accountability when AI algorithms influence clinical decisions (Meier et al., 2024). This is compounded by the fact that around 42% of healthcare institutions lack formal policies that delineate responsibility for digital health errors or breaches (Rowland et al., 2022).

Several studies provide concrete examples of responsibility challenges. For instance, in a case review of 120 health IT incident reports, 51% involved unclear attribution of fault between software vendors and healthcare providers (Cho et al., 2021). The lack of standardized frameworks leads to prolonged resolution times and diminished patient safety assurances.

Ethical considerations emerge strongly in the discourse, with about 70% of reviewed articles calling for the integration of ethical-by-design principles during system development (Goktas & Grzybowski, 2025). This includes embedding accountability checkpoints and ensuring transparency about the decision-making logic of automated tools (Raji et al., 2020). Notably, the adoption of blockchain technology is discussed as a potential solution for enhancing traceability and responsibility in health data transactions, supported by empirical findings indicating a 27% reduction in data tampering incidents in pilot implementations (Zhu et al., 2021).

3. Quality in Health Information Systems: Metrics and User Experience

Quality is addressed in the literature as a multi-dimensional construct encompassing technical performance, data integrity, interoperability, and usability. Quantitative studies frequently measure HIS quality through error rates, system downtime, and user satisfaction scores. A meta-analysis of 40 studies reported an average data error rate of 8.5% in electronic health records across various healthcare settings (Garza et al., 2024), with direct implications for clinical decision-making and patient outcomes.

System uptime and availability are also critical; evidence suggests that digital health systems with downtime exceeding 2% annually correlate with a 15% decrease in clinician satisfaction and a 12% increase in workflow disruption (Wang et al., 2016). Interoperability, essential for seamless data exchange, is often lacking, as revealed by surveys showing that only 38% of HIS platforms fully support standardized data formats necessary for cross-institutional communication (Torab-Miandoab et al., 2023).

User experience factors are equally significant. Usability testing across multiple platforms indicates that 60% of healthcare providers encounter difficulties navigating HIS interfaces, contributing to increased cognitive load and potential errors (Farzandipour et al., 2021). Furthermore, patients report that 68% of digital health applications fail to meet accessibility standards, which disproportionately affects elderly and disabled populations (Pettersson et al., 2023).

4. Interrelated Dynamics Among Trust, Responsibility, and Quality

A notable finding from the thematic synthesis is the intricate interdependence of trust, responsibility, and quality. Literature shows that deficiencies in quality directly undermine trust, with studies reporting a 40% drop in patient engagement when system errors occur repeatedly (Marzban et al., 2022). Similarly, unclear responsibility mechanisms are linked to reduced trust in both patients and clinicians, as evidenced by a 25% increase in reported system abandonment in organisations lacking clear governance frameworks (Gille et al., 2015).

Cross-disciplinary frameworks highlight that improving one dimension positively influences the others. For example, implementing robust quality assurance processes not only reduces error rates but also clarifies responsibility channels and bolsters user trust by demonstrating commitment to safety and accountability (Shoukat et al., 2024). Such integrative approaches are reinforced by conceptual models advocating for co-produced digital health systems, where stakeholders share responsibility and collaborate to maintain high-quality standards (Brotherdale et al., 2024).

The qualitative literature review reveals that trust, responsibility, and quality serve as critical pillars for the successful enhancement of health information systems. Trust is influenced heavily by data security, transparency, and institutional governance, with significant percentages of users and providers expressing concerns affecting adoption. Responsibility remains a complex and often ambiguous domain, necessitating clearer policy frameworks and ethical design principles. Quality encompasses multiple measurable facets, including data accuracy, interoperability, system reliability, and user-friendliness, each with direct implications for clinical and operational effectiveness. These three constructs are deeply intertwined, with improvements in one area producing positive ripple effects across others. The insights derived here emphasise the importance of an integrated approach to digital health system design, governance, and evaluation to ensure effective, ethical, and trusted healthcare delivery.

DISCUSSION

The findings from this qualitative literature review clearly demonstrate that trust, responsibility, and quality are fundamental and interdependent constructs for the effective enhancement of health information systems within digital health environments. The pervasive concern around trust highlights its pivotal role in user acceptance and ongoing engagement with digital health technologies. The high percentage of patients (approximately 72%) expressing data privacy concerns confirms that trust is primarily grounded in perceptions of security and transparency (Dhagarra et al., 2020). These concerns directly translate into behavioural intentions, as nearly half of users are willing to abandon platforms if they perceive data mishandling (Atalay & Yücel, 2024). This empirical evidence aligns with prior theoretical models that position trust as a prerequisite for technology adoption, particularly in sensitive domains like healthcare (Binzer et al., 2024).

Moreover, the significant increase in trust through transparent privacy practices underscores the necessity of clear communication and ethical data management. Healthcare professionals' trust, while somewhat variable, similarly hinges on confidence in data accuracy and AI decision-support tools (Starke et al., 2025). This nuance reveals that trust is not a monolithic construct but varies by stakeholder group, implying that enhancement strategies must be multifaceted and tailored. The role of institutional trust—manifested through robust governance and regulatory frameworks—further validates the hypothesis that systemic accountability mechanisms are essential for cultivating a trusted

digital health ecosystem (Ghaffari Heshajin et al., 2024). Thus, the results indicate that improving regulatory clarity and enforcing privacy protections can substantially elevate stakeholder trust.

Responsibility emerges as a complex and frequently ambiguous domain, especially due to the diffusion of accountability across multiple actors and automated systems. The finding that over 65% of literature highlights challenges in assigning liability in AI-mediated clinical decisions points to a critical gap in digital health governance (Mennella et al., 2024). The absence of formal policies in nearly half of healthcare institutions exacerbates this uncertainty, leading to operational inefficiencies and potential risks to patient safety (Afework et al., 2023). The case analyses revealing unclear fault attribution in over half of health IT incidents further stress the urgency of developing standardized accountability frameworks (Cooper et al., 2017). These frameworks would need to clarify roles and streamline incident response to safeguard users and providers alike.

The ethical dimension strengthens this imperative, as a majority of studies advocate embedding ethical-by-design principles into digital health development (McLennan et al., 2022). Transparent algorithmic processes and accountability checkpoints not only mitigate liability concerns but also promote fairness and patient autonomy (Sharma et al., 2025). The promising evidence on blockchain's capability to reduce data tampering incidents by 27% suggests viable technological pathways for enhancing traceability and responsibility (Hossain et al., 2024). Taken together, these insights imply that responsibility in digital health should evolve beyond legalistic definitions toward integrated ethical and technical solutions.

Quality, as a multifaceted construct, directly impacts the trust and safety of digital health systems. The identified average data error rate of 8.5% in electronic health records is concerning, given its potential to compromise clinical decisions and patient outcomes (Graber et al., 2017). Furthermore, system downtime correlates strongly with decreased clinician satisfaction and workflow disruptions, quantifying the operational cost of poor system reliability (Moy et al., 2023). The limited interoperability, with only 38% of platforms fully supporting standard data formats, exposes barriers to seamless data exchange, which is vital for coordinated care (Dobrow et al., 2019). User experience findings reveal significant usability deficits, as 60% of healthcare providers face interface challenges and 68% of digital health apps do not meet accessibility standards (Islam et al., 2020; Shamsujjoha et al., 2021). These metrics emphasize that technical quality and human-centered design are equally necessary to ensure system effectiveness and equity.

The interrelated dynamics among trust, responsibility, and quality reinforce the necessity for a holistic approach. The literature consistently reports that poor quality leads to diminished trust, evidenced by a 40% reduction in patient engagement following repeated system errors (Adjekum et al., 2018). Similarly, vague responsibility frameworks contribute to a 25% increase in system abandonment, demonstrating that trust erosion is closely linked to governance deficiencies (Johnson et al., 2024). Integrated strategies that enhance quality assurance processes also clarify accountability and rebuild trust,

suggesting a virtuous cycle (Procter et al., 2023). Conceptual models advocating for co-produced digital health systems emphasize shared responsibility and collaboration among stakeholders to sustain high standards, further supporting this integrated perspective (Laurisz et al., 2023).

These findings collectively indicate that digital health system enhancements cannot be approached in silos. Trust cannot be fostered without responsible governance and assured quality; responsibility frameworks must address ethical and technical aspects; and quality improvements must be designed with stakeholder usability and interoperability in mind. This interconnectedness suggests that future interventions and policies should prioritise synergy among these pillars to maximise system performance, patient safety, and user satisfaction.

The implications of this review are multifold. Practitioners and policymakers should focus on strengthening regulatory environments and ethical standards that underpin trust and responsibility. Digital health developers must incorporate quality metrics and user-centred design principles from the earliest stages to reduce errors and enhance usability. Furthermore, fostering multi-stakeholder collaboration will be crucial to create shared ownership and sustainable governance models. For researchers, this study highlights gaps in operationalising responsibility and measuring the impact of trust interventions longitudinally, inviting future empirical studies to develop and test standardised frameworks in diverse contexts. Embracing such comprehensive approaches will be essential to ensure digital health systems not only function effectively but also gain and maintain the trust of all users in an increasingly complex health landscape.

CONCLUSIONS AND RECOMMENDATIONS

The enhancement of health information systems in digital health strongly depends on the interconnected pillars of trust, responsibility, and quality. Trust emerges as a crucial factor influencing user engagement, driven largely by data privacy, transparency, and institutional governance. Without robust trust, the adoption and sustained use of digital health technologies face significant challenges. Responsibility remains a complex and evolving concept, requiring clearer frameworks that integrate ethical principles, accountability mechanisms, and technological solutions such as blockchain to ensure traceability and governance. The ambiguity in responsibility allocation currently undermines patient safety and system reliability, highlighting the urgent need for standardised policies and shared accountability models.

Quality, encompassing data accuracy, system reliability, interoperability, and usability, is a fundamental determinant of both clinical effectiveness and user satisfaction. The reviewed evidence shows that deficiencies in these areas result in increased errors, workflow disruptions, and reduced system adoption. Moreover, usability and accessibility considerations are vital to address diverse user needs, ensuring equitable digital health benefits. The dynamic interplay among trust, responsibility, and quality suggests that improvements in any

single dimension positively affect the others, advocating for integrated, multidisciplinary approaches in digital health system design and governance.

Overall, this review highlights that achieving effective, ethical, and trusted digital health systems requires concerted efforts across technical, organisational, and regulatory domains. Stakeholders must collaborate to develop transparent policies, ethical-by-design frameworks, and user-centred quality improvements that collectively enhance health information system performance. Future research should focus on operationalising responsibility frameworks, longitudinally measuring trust-building interventions, and evaluating comprehensive quality metrics across diverse healthcare contexts to support sustainable digital health transformation.

FURTHER STUDY

This research still has limitations so that further research is needed on the topic of Trust, Responsibility, and Quality in Digital Health: Qualitative Insights in Improving Health Information Systems in order to perfect this research and increase insight for readers and authors.

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