Abstract

Since the publication of the eHealth Strategy for Ireland (DOH 2013) and the announcement of a national electronic health record (EHR) strategy, discourse surrounding electronic record adoption has gained momentum in Ireland. Along with potential benefits, adoption can also accrue negative unintended consequences (Harrison et al. 2007, Jones et al. 2011, Middleton et al. 2013). One possible explanation is that when a system is perceived as difficult to use it produces a range of challenges. End-users circumvent challenges through the adoption of workarounds which can lead to errors (Harrison et al. 2007, Ash et al. 2009, Jones et al. 2011, Wiedemann 2012, Flanagan et al. 2013, Friedman et al. 2014).

OBJECTIVE: The overall objective of this research was to extract the ‘lived experience’ of nurses using electronic records to document patient care; and to discuss potential ways challenges may be mitigated or reduced with regard to a national EHR project.

PARTICIPANTS: 22 nurses from three healthcare institutes in the Republic of Ireland, inpatient (specialist), inpatient (general) and day-care environments were represented.

METHODOLOGY: The research took a phenomenological approach, with data analysed using the model based on the work by Giorgi (1997) and adapted by Schweitzer (1998).

CONCLUSION: Although positive about EHR use, challenges and workarounds were discussed by the participants. Perceived challenges were presented under the themes: Direct/external or Indirect/internal challenges. These themes reflect the sub-themes: “Inadequate number of terminals”, “Interruptions by non-nursing users”, “Location challenges”, “Technical challenges”, “Time constraints on learning” and “Individual traits”. Workarounds discussed are presented under the themes: Established Pre-implementation and Adopted Post-implementation. These reflected the sub-themes identified: “Interim recording”, “Password workarounds”, “Copy and Paste”, “Pre-charting”. These are fully explored in the subsequent text, along with the potential implications for a national EHR.