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## Medical secretaries' experiences from the implementation of a new Electronic Health Record.

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Note: Slides have been slightly edited due to up-coming publication.



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# Background

- Implementation of electronic health records (EHR) worldwide
- Clerical personnel, i.e., medical secretaries, have been instrumental in accommodating for the growing need for documentation and coordination of patient data.
- Medical secretaries connect the clerical-administrative work with the clinical work as they maintain and record patient related activities - > do a fair share of "data-work" (Foster et al., 2018).
- However, medical secretaries' work labelled repetitive, routine and precarious – in danger of being automated (Møller, 2018).



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# Medical secretaries

- Responsible for a broad range of tasks, been called "the organizational glue" and "the connecting thread" between professional groups in the hospital (Bertelsen & Nøhr, 2005).
- Make sure patient information is correct and usable
- Patient administration: schedule patients, patient admission and discharge
- Support clinicians
- Ordering diagnostic or therapeutic examination or procedures
- Invisible and low-status work (Bossen, Jensen & Udsen, 2014).



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# Aim and method:

- Investigate how the work of medical secretaries is impacted by the implementation of a novel EHR.
- Semi-structured interviews with medical secretaries, implementation leaders, healthcare personnel (N=10)



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# Analysis and findings:

Based on qualitative content analysis of the interview-data, we identified three changes that the new EHR had brought for the medical secretaries:

- Tedious assemblage of patients' information - assembling the patient bit by bit
- Increased formalisation of workflows - learning the formal legislator basis for secretarial workflows
- Reconfiguration of work-interfaces between medical secretaries and healthcare professionals



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# Concluding remarks

- Time-consuming learning processes related to EHR, and patient information registration and assemblage.
- Secretaries are experiencing up-skilling in "data-work" due to the substantial work they do linked to ensuring patient data is correct and reliable.
- Up-skilling of the legislative basis of their work practice.
- De-skilling in some sense related to the work-interface with doctors. Some of the data-work has shifted hands from secretaries to doctors.





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# Literature

- Bertelsen, P., and Nøhr, C. (2005): The work practice of medical secretaries and the implementation of electronic health records in Denmark. *Health Information Management Journal*, 34(4).
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- Foster, J., McLeod, J., Nolin, J., & Greifeneder, E. (2018). Data work in context: Value, risks, and governance. *Journal of the Association for Information Science and Technology*, 69(12), 1414-1427.
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