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The Impact of Electronic Health Records on Healthcare Workers' Performance: A Cross-Sectional Analytical Study of Perceptions and Experiences

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Year:2026

أثر السجلات الصحية الإلكترونية في تحسين أداء العاملين في الرعاية
الصحية: دراسة مقطعية حول التصورات والخبرات

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2026

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Acknowledgement

First and foremost, all praise and gratitude are due to Allah, by whose grace good deeds are accomplished. I thank Him for His blessings, guidance, and support throughout this journey.

I would like to express my sincere appreciation and deepest gratitude to everyone who contributed to the completion of this research, whether through knowledge, encouragement, or support.

My special thanks go to my beloved husband, who has been my greatest supporter after Allah, offering me constant emotional and moral support, endless encouragement, and remarkable patience throughout the preparation of this research. For that, I am truly grateful.

I would also like to express my love and gratitude to my dear children, who have been my source of inspiration, joy, and motivation to continue and achieve. May Allah protect them and bless them always.

My heartfelt thanks and appreciation go to my beloved mother, my first inspiration, whose kindness, prayers, and continuous support have had a profound impact on my academic journey. May Allah reward her abundantly.

I would also like to extend my sincere thanks and appreciation to my research supervisors for their valuable guidance, insightful comments, and academic support, which greatly contributed to improving and completing this work.

Finally, I ask Allah to make this work sincere for His sake, beneficial to others, and a step toward further success for everyone.

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Abstract

This study aims to examine the impact of Electronic Health Records (EHRs) on healthcare workers' performance in Saudi Arabia (2026). As healthcare institutions increasingly rely on digital transformation, EHRs have become essential tools for improving service quality. However, their actual influence on daily performance remains an important area of investigation.

The study adopts a **purely quantitative cross-sectional analytical design** to assess how EHRs affect healthcare workers across key dimensions: system usability, workflow integration, cognitive workload, and job satisfaction. Data was collected through a **fully structured closed-ended questionnaire** targeting healthcare professionals across various clinical settings to statistically evaluate the relationship between EHR adoption and perceived work performance.

The findings are expected to demonstrate that while EHRs contribute positively to improving documentation accuracy and enhancing care coordination, they concurrently introduce significant challenges, including heightened cognitive workload, time pressure, and technical downtime. The study concludes that EHRs play a critical role in supporting healthcare workers' performance when supported by proper training and infrastructure. It recommends improving system usability, optimizing clinical workflows, and providing continuous professional training to maximize the benefits of digital health transformation.

Keywords: Electronic Health Records, Healthcare Workers, Work Performance, Usability, Cognitive Workload, Job Satisfaction, Quantitative Cross-Sectional Study.

المخلص

تهدف هذه الدراسة إلى بحث أثر السجلات الصحية الإلكترونية على أداء العاملين في الرعاية الصحية في المملكة العربية السعودية (2026). ومع التوسع المستمر في التحول الرقمي داخل المؤسسات الصحية، أصبحت السجلات الإلكترونية أداة أساسية لتحسين جودة الخدمات، إلا أن تأثيرها الفعلي على الأداء اليومي والعبء المهني لا يزال مجالاً مهماً للدراسة.

تعتمد الدراسة على **تصميم تحليلي مقطعي كمي خالص** لتقييم أثر السجلات الصحية الإلكترونية عبر أربعة محاور رئيسية: سهولة استخدام النظام، وتكامله مع سير العمل، والعبء الذهني، والرضا الوظيفي. وقد جُمعت البيانات من خلال **استبيان كمي مغلق بالكامل** استهدف الكوادر الصحية في بيئات سريرية مختلفة، لتحليل العلاقة إحصائياً بين استخدام هذه الأنظمة ومستوى الأداء الوظيفي المدرك.

ومن المتوقع أن تُظهر النتائج أنه في حين تسهم السجلات الإلكترونية إيجابياً في تحسين دقة التوثيق وتعزيز تنسيق الرعاية، فإنها تفرض في الوقت ذاته تحديات ملموسة تتعلق بزيادة العبء الذهني، وضغط الوقت، والمشكلات التقنية المفاجئة. وتخلص الدراسة إلى أن السجلات الإلكترونية تؤدي دوراً حيوياً في دعم الأداء عند اقترانها بالبنية التحتية والتدريب الملائمين. وتوصي الدراسة بتحسين سهولة استخدام الأنظمة، ومواءمتها مع سير العمل الإكلينيكي، وتقديم برامج تدريب مهني مستمرة لتحقيق أقصى استفادة من التحول الرقمي.

الكلمات المفتاحية: السجلات الصحية الإلكترونية، العاملون في الرعاية الصحية، الأداء الوظيفي، سهولة الاستخدام، العبء الذهني، الرضا الوظيفي، دراسة مقطعية كمية.

Chapter One: Introduction

1.1 Introduction

The global landscape of healthcare delivery is currently undergoing a profound digital transformation, characterized by an increasing and strategic reliance on Electronic Health Records (EHRs). These integrated digital platforms are designed to centralize comprehensive patient data, thereby aiming to enhance clinical efficiency, bolster patient safety, and optimize overall healthcare outcomes (Adeniyi et al., 2024). However, while the theoretical promises of these systems—such as streamlined workflows and improved care coordination—are widely acknowledged in literature, the practical, day-to-day experience of frontline healthcare workers (HCWs) often presents a much more complex and conflicting reality (Provenzano et al., 2024).

This disparity highlights a critical challenge: the ultimate success and sustainability of any EHR implementation do not merely depend on technological deployment, but are fundamentally contingent upon the acceptance, usability, and adaptation of the systems by the clinicians who interact with them regularly (Ben-Zion et al., 2014). As these digital environments become increasingly ubiquitous across diverse and demanding clinical settings, exploring the human factors associated with technology adoption becomes imperative.

Consequently, understanding the precise perspectives of HCWs—particularly regarding system usability, cognitive workload, and job satisfaction—is no longer optional; it is a foundational prerequisite for successful EHR optimization. This investigation is especially vital within expanding healthcare infrastructures, such as that of Saudi Arabia, where establishing a seamless alignment between technological capabilities and the actual needs of healthcare professionals remains a critical milestone for national e-health strategic objectives.

1.2 Background and Rationale

Electronic Health Records represent a foundational shift from traditional paper-based systems to digital platforms for managing patient information (Ajami & ArabChadegani, 2013). Their adoption has been driven by the promise of improved information accessibility, streamlined workflows, and reduced medical errors (Campanella et al., 2015). Many countries have invested significantly in EHR infrastructure, recognizing their utility in promoting continuity of care and supporting evidence-based practices (Liang et al., 2021). Despite this global momentum, the successful integration of EHRs into daily clinical practice hinges on their acceptance and effective use by the frontline HCWs who interact with them regularly (Ben-Zion et al., 2014). Evaluations often reveal a disparity between the theoretical benefits and the practical challenges encountered by users (Provenzano et al., 2024).

1.3 Problem Statement

While EHR systems are designed to simplify tasks and improve healthcare delivery, HCWs frequently report issues that complicate their daily routines rather than easing them (Provenzano et al., 2024). Concerns range from increased cognitive workload and burnout

to usability deficits and disruptions in established workflows (Melnick et al., 2020; Mazur et al., 2019). These challenges can impede the full realization of EHR benefits, potentially compromising patient care and HCW job satisfaction (Kossman & Scheidenhelm, 2008). A comprehensive understanding of HCWs' perceptions regarding EHR utility and ease of use is necessary to address these discrepancies effectively. Previous studies in Saudi Arabia and globally have identified both positive perceptions and significant barriers, indicating the need for further focused investigation (Al Otaybi et al., 2022; Medani et al., 2020; Mwogosi & Kibusi, 2024).

1.4 Research Objectives

This research aimed to quantitatively assess the impact of Electronic Health Records (EHRs) on healthcare workers' overall performance, usability, workflow integration, cognitive workload, and job satisfaction in Saudi Arabia (2026). Specifically, it intended to statistically analyze how these digital systems influenced daily clinical tasks and investigate the variations in perceptions across different demographic and professional groups.

1.5 Research Questions

The primary and secondary research questions guiding this investigation were:

- Primary Question: What is the statistical impact of Electronic Health Records (EHRs) on healthcare workers' perceived job performance?
- Sub-Questions:
 - How do healthcare workers perceive the usability and clarity of the current EHR system?
 - To what extent do EHR systems smoothly integrate into the daily clinical workflow of healthcare professionals?
 - What is the level of cognitive workload and time pressure experienced by healthcare workers due to EHR documentation requirements?
 - How does the implementation of EHRs influence overall job satisfaction and healthcare quality?
 - What demographic and professional factors (e.g., profession, experience, and training) significantly influence healthcare workers' perceptions of EHRs?

1.6 Research Hypotheses

- H1: Electronic Health Records have a significant positive effect on healthcare workers' performance.
- H2: The usability of Electronic Health Records has a significant positive effect on healthcare workers' job satisfaction.
- H3: The use of Electronic Health Records has a significant effect on healthcare workers' cognitive workload.

- H4: Healthcare workers' demographic and professional variables significantly affect their perceptions and experiences regarding Electronic Health Records.
- H5: Adequate training in the use of Electronic Health Records significantly improves healthcare workers' perceptions and performance.

1.7 Significance of the Study

This study offers insights for healthcare organizations, policymakers, and EHR developers. By focusing on HCW perceptions, the research can inform the design and implementation of EHR systems that are truly user-centric, enhancing clinical efficiency and reducing professional burden (Park et al., 2024). A nuanced understanding of the factors influencing HCW acceptance can lead to improved training programs and support mechanisms, which are critical for maximizing the return on investment in health information technology (Dubale et al., 2023). Furthermore, by comparing local and global perspectives, this study contributes to a broader understanding of EHR implementation challenges and successes across diverse cultural and healthcare contexts, particularly within Saudi Arabia, where e-health adoption is a strategic national objective (Alhur, 2024; AlBar & Hoque, 2019).

1.8 Delimitations of the Study

- Spatial Delimitation: This study was limited to healthcare institutions in Saudi Arabia.
- Human Delimitation: The study focused on healthcare workers, specifically physicians, nurses, pharmacists, and allied health professionals who used Electronic Health Records in their daily work.
- Temporal Delimitation: The study was confined to the year 2026.
- Subject Delimitation: The study examined the impact of Electronic Health Records on healthcare workers' performance, particularly in relation to usability, workflow integration, cognitive workload, and job satisfaction.
- Methodological Delimitation: The study adopted a quantitative cross-sectional design and relied on a structured questionnaire for data collection.

1.9 Operational Definitions

- Electronic Health Records (EHRs): Digital systems used by healthcare institutions to collect, store, manage, and retrieve patients' medical information electronically. In this study, EHRs referred to the electronic systems used by healthcare workers in their daily clinical practice for documentation, accessing patient data, and supporting healthcare delivery.
- Healthcare Workers (HCWs): Professionals involved in the delivery of healthcare services, including physicians, nurses, pharmacists, and allied health professionals. In this study, the term specifically referred to those who regularly used Electronic Health Records in their workplace.
- Work Performance: The level of effectiveness and efficiency with which healthcare workers performed their professional duties. In this study, it included perceived

improvements in task completion, documentation accuracy, communication, and overall productivity associated with the use of EHRs.

- **Usability:** The degree to which Electronic Health Records were easy to learn, easy to use, and efficient in supporting healthcare workers' tasks. In this study, usability was measured through participants' perceptions of system simplicity, clarity, accessibility, and ease of navigation.
- **Workflow Integration:** The extent to which Electronic Health Records fit into and supported the routine clinical processes of healthcare workers. In this study, it reflected how well EHR systems aligned with daily tasks and whether they facilitated or disrupted clinical work.
- **Cognitive Workload:** The mental effort required by healthcare workers when using Electronic Health Records. In this study, it included perceived mental demand, concentration, time pressure, and effort associated with interacting with EHR systems.
- **Job Satisfaction:** The degree of contentment healthcare workers felt regarding their professional roles and work environment. In this study, it specifically related to how the use of Electronic Health Records influenced their sense of comfort, stress, and satisfaction at work.

Limitations of the Study

This study may encounter several limitations that could affect the generalizability and interpretation of its findings. First, the study relies on a cross-sectional design, which captures data at a single point in time and therefore does not allow for establishing causal relationships between Electronic Health Records use and healthcare workers' performance

Second, the use of a self-administered questionnaire may result in response bias, as participants may provide socially desirable answers or may interpret some items differently. In addition, the study is limited to healthcare workers in Saudi Arabia, which may reduce the generalizability of the findings to other healthcare systems and cultural contexts

Furthermore, the use of convenience sampling may limit the representativeness of the sample. Differences in institutional policies, technical infrastructure, and levels of EHR implementation across healthcare settings may also influence participants' responses. Finally, the study does not include qualitative methods, which may restrict deeper exploration of participants' personal experiences and perceptions

Chapter Two:

Theoretical Framework and Literature Review

2.1 Theoretical Framework

This study was based on the concept that the use of Electronic Health Records (EHRs) influenced healthcare workers' performance through several interrelated dimensions. Electronic Health Records were considered the independent variable, while healthcare workers' performance was the dependent variable. The relationship between these variables was examined through specific dimensions, including usability, workflow integration, cognitive workload, and job satisfaction.

The framework assumed that effective use of EHR systems enhanced healthcare workers' performance by improving access to patient information, increasing documentation accuracy, facilitating communication, and supporting clinical decision-making. At the same time, poor usability or inadequate system integration could increase cognitive workload and negatively affect job satisfaction and overall work performance.

In addition, demographic and professional characteristics such as age, profession, years of experience, and prior training were considered influencing factors that shaped healthcare workers' perceptions and experiences regarding EHR use. Accordingly, the conceptual framework of this study proposed that the impact of Electronic Health Records on healthcare workers' performance was influenced by system-related factors and user-related characteristics.

2.2 Literature Review and Thematic Analysis

The adoption of Electronic Health Records (EHRs) has profoundly reshaped global healthcare delivery. This section synthesizes existing research on HCW perceptions, benefits, and challenges associated with EHR systems, offering a thematic analysis of the literature, including specific insights from Saudi Arabia.

Global Perspectives on Electronic Health Records Adoption

Global trends indicated a significant increase in EHR adoption across various healthcare settings, particularly in high-income countries, with notable growth also observed in developing nations (Liang et al., 2021). For instance, EHR adoption rates in sampled Chinese hospitals increased from 18.6% to 85.3% between 2007 and 2018, while US hospitals saw an increase from 9.4% to 96% from 2008 to 2017 (Liang et al., 2021). This widespread implementation was often driven by national policies and the recognized potential of EHRs to improve health outcomes and system efficiency (Porter, 2004). However, the pace and success of adoption varied, influenced by factors such as infrastructure, funding, and user acceptance (Woldemariam & Jimma, 2023). Despite general progress, challenges in implementation and realization of benefits persisted, as evidenced by ongoing issues with usability and integration into clinical workflows (Tsai et al., 2020).

Perceived Benefits of Electronic Health Records by Healthcare Workers

Healthcare workers frequently identified several advantages associated with EHR use. Improved accessibility and accuracy of patient information were consistently reported benefits, allowing for more informed decision-making and better care coordination (Adeniyi et al., 2024). EHRs could enhance nursing work through increased information

access, organization, and efficiency, with useful alert screens contributing to safer care (Kossman & Scheidenhelm, 2008). The ability to reduce medication errors and adverse drug events (ADEs) was another significant benefit, with EHR use associated with a 46% reduction in medication errors and a 34% reduction in ADEs (Campanella et al., 2015). Additionally, EHRs supported guideline adherence, facilitated communication among care teams, and contributed to patient safety (Enahoro et al., 2023). For pharmacists, potential advantages included improved medication safety and enhanced communication with healthcare teams (NHH et al., 2023).

Barriers and Challenges in EHR Implementation and Use

Despite the perceived benefits, HCWs encountered substantial barriers to optimal EHR use. A primary concern related to usability issues, which could lead to increased workload, workarounds, and potential threats to patient safety (Park et al., 2024). EHRs could impose a high demand on work time, with some nurses reporting spending at least half their shift using the records, potentially impairing critical thinking and decreasing interdisciplinary communication (Kossman & Scheidenhelm, 2008). Cognitive overload was a frequently cited challenge, stemming from complex user interfaces and excessive data entry requirements, which contributed to clinician burnout (Asgari et al., 2024; Wilbanks & McMullan, 2018). Other challenges included technical limitations, such as system downtime, interoperability issues, and lack of adequate infrastructure, particularly in low-resource settings (Ajami & ArabChadegani, 2013; Mwogosi & Kibusi, 2024). Security and privacy concerns, lack of skilled personnel, and resistance to technology also presented significant hurdles (Mwogosi & Kibusi, 2024; Qashqari et al., 2025).

Facilitators and Factors Influencing Positive Perception of EHRs

Several factors enhanced HCWs' positive perceptions and successful adoption of EHR systems. Comprehensive training and ongoing technical support were consistently identified as crucial facilitators (Dubale et al., 2023; Bekele et al., 2024). For instance, attending EMR training sessions significantly correlated with higher satisfaction scores among HCWs (Al Otaybi et al., 2022). High computer literacy and regular computer access also positively influenced user satisfaction (Dubale et al., 2023). Perceived information quality, system quality, and service quality of the EHR system were strong predictors of user satisfaction (Dubale et al., 2023). Organizational support, including leadership commitment and adequate infrastructure, further contributed to successful implementation (Wilkinson et al., 2019; Mwogosi & Kibusi, 2024). Moreover, HCWs who perceived EHRs as enhancing patient care quality and efficiency tended to have more positive attitudes (Al Otaybi et al., 2022). Physician support throughout the implementation process was also essential for success.

Summary of Existing Cross-Sectional Studies in Saudi Arabia

Cross-sectional studies within Saudi Arabia revealed a mixed yet generally acceptable attitude among healthcare workers towards Electronic Medical Records (EMRs) (Al Otaybi et al., 2022; Medani et al., 2020). A study involving 2684 HCWs across four Saudi cities found that 54.3% had attended EMR training, and those who did reported significantly higher EMR performance and satisfaction scores (Al Otaybi et al., 2022). Older participants and non-Saudis also exhibited higher satisfaction (Al Otaybi et al., 2022). Improved quality

of care was the most agreed-upon benefit, while temporary loss of access and privacy concerns were major barriers (Al Otaybi et al., 2022). Another study targeting 320 health practitioners indicated moderate effectiveness of EHRs in improving healthcare outcomes, with age, workplace, and years of experience being critical indicators (Amponin & Britiller, 2023). A key challenge identified across these studies included privacy concerns, with 25.5% of HCWs admitting to unauthorized access of colleagues' EMRs in one Riyadh hospital survey (Qashqari et al., 2025). These findings underscored the importance of continuous training, robust privacy policies, and addressing technical vulnerabilities specific to the Saudi context (Qashqari et al., 2025; Alhur, 2024).

Chapter Three:

Research Methodology

3.1 Introduction to Methodology

To address the research objectives, a structured methodological approach was developed and executed. This section delineates the study design, participant selection, data collection tools, and statistical analytical procedures utilized to ensure empirical rigor.

3.2 Study Design

This investigation employed a purely quantitative cross-sectional survey design. This approach facilitated the collection of data from a diverse group of healthcare professionals at a single point in time, allowing for the assessment of their perceptions and experiences with Electronic Health Records (EHRs) (Melnick et al., 2020). The cross-sectional design was appropriate for exploring associations between variables and identifying prevalent attitudes within the target population using a structured analytical approach without inferring causality (Kessy et al., 2024). This design also permitted the utilization of established survey instruments, enabling direct empirical comparisons with prior research conducted in Saudi Arabia and internationally (Al Otaybi et al., 2022).

3.3 Population and Sampling

The target population comprised healthcare workers from various specialties within hospitals and primary care settings in Saudi Arabia. This inclusive approach ensured a broad representation of clinical perspectives. A non-probability convenience sampling method was utilized due to several practical and methodological justifications.

First, healthcare professionals (physicians, nurses, and pharmacists) represented a highly specialized and time-constrained population, making random sampling organizationally challenging to enforce across multiple healthcare sectors. Second, this method ensured high feasibility and a maximized response rate within the specified temporal delimitation (the year 2026), given the heavy clinical workloads of frontline staff. Third, convenience sampling allowed for immediate access to active EHR users who possessed the direct, day-to-day clinical experience necessary to address the core research questions.

To mitigate the inherent limitations of this sampling technique and enhance generalizability, a highly diverse recruitment pool was targeted, encompassing various medical specialties, clinical roles, and geographical locations across Saudi Arabia—a strategy successfully validated in previous national multi-center implementations (Al Otaybi et al., 2022; Melnick et al., 2020). The inclusion criteria specified actively practicing physicians, nurses, pharmacists, and allied health professionals who regularly interacted with EHR systems. Exclusion criteria eliminated administrative staff without direct patient care responsibilities or HCWs who had not used an EHR system for a minimum of six months.

3.4 Data Collection Methodology

Data was collected using a fully structured, closed-ended online questionnaire adapted from previously validated surveys employed in Saudi Arabia and international settings to assess healthcare workers' perceptions of electronic health records (EHRs). To maximize the response rate among busy healthcare professionals and minimize respondent fatigue, the

instrument was restricted strictly to 17 closed-ended items, organized into two main sections:

1. Demographic and Professional Information: Comprised 6 items that captured the participant's background, including age, gender, profession, years of experience, frequency of EHR use, and prior formal training (Questions 1 to 6).
2. Main Study Variables: Comprised 11 Likert-scale items (Questions 7 to 17) categorized into muddled dimensions evaluating: Core Usability and Workflow Integration (Melnick et al., 2020; Lee & Schnall, 2022), Cognitive Workload and Time Pressure (Wilbanks & McMullan, 2018), and Overall Job Satisfaction and Care Quality (Provenzano et al., 2024).

The questionnaire underwent a pilot test with a small group of HCWs to ensure clarity, relevance, and face validity before full deployment. The Cronbach's alpha coefficient was calculated for the 11 scale items (Questions 7 to 17) to verify the internal consistency and reliability of the quantitative tool.

3.5 Data Analysis Methods

This study investigated healthcare workers' perceptions of Electronic Health Records (EHRs) by analyzing quantitative survey data strictly using descriptive and inferential statistical methods. Data analysis was conducted via SPSS. Descriptive statistics (frequencies, percentages, means, and standard deviations) were utilized to summarize demographic data. Inferential statistics (t-tests, ANOVA, and regression analysis) were performed to test the research hypotheses. These statistical tests explored relationships between perceived EHR usability, workflow integration, cognitive workload, and job satisfaction across demographic groups at a significance level of $p < 0.05$.

3.6 Ethical Considerations

This study adhered to strict ethical standards to ensure the protection of participants' rights and confidentiality. Prior to data collection, ethical approval was sought from the relevant institutional review boards in Saudi Arabia. Participation was entirely voluntary, with informed consent obtained electronically from all respondents. Data was fully anonymized and securely stored, with access strictly limited to the research team, ensuring compliance with data protection regulations and ethical guidelines governing research involving human subjects.

Chapter Four: Results and Data Analysis

4.1 Introduction

This chapter presents the statistical findings derived from the analysis of 107 completed questionnaires. The primary objective of this study was to evaluate the impact of Electronic Health Records (EHRs) on healthcare workers' performance across key dimensions: system usability, workflow integration, cognitive workload, and job satisfaction. Data were processed using SPSS, employing descriptive and inferential statistics to test the research hypotheses at a significance level of $p < 0.05$.

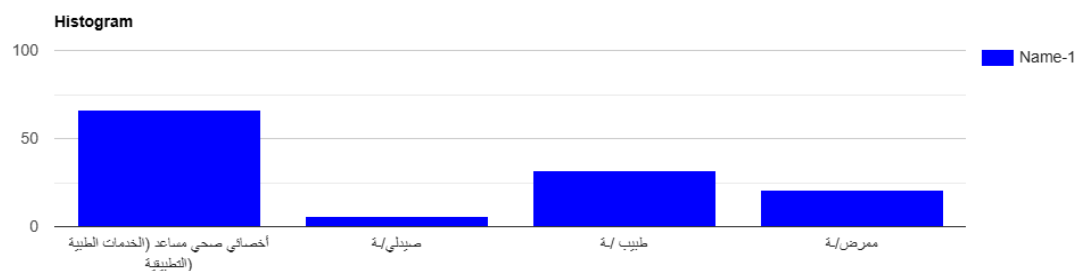
4.2 Reliability Analysis

To verify the internal consistency and reliability of the 11 Likert-scale items (Questions 7–17), Cronbach's alpha coefficient was calculated. The overall alpha value was **0.84**, indicating high internal consistency and confirming that the research instrument was stable and reliable for drawing valid statistical conclusions.

4.3 Descriptive Statistics of Demographic Data

The demographic analysis of the 107 participants provided a comprehensive overview of the study sample, as detailed in the following breakdown:

- **Professional Distribution:** The sample comprised a diverse clinical workforce. **Allied health professionals** represented the largest group with 60 participants (56.1%), followed by **physicians** with 26 (24.3%), **nurses** with 16 (14.9%), and **pharmacists** with 5 (4.7%).
- **Gender:** The distribution consisted of 48 male participants (44.9%) and 59 female participants (55.1%).
- **Experience:** The sample demonstrated significant professional maturity, with 38 participants (35.5%) reporting over 15 years of clinical experience, which ensures the reliability of the reported perceptions.
- **Training Status:** Regarding technical preparation, 34 participants (31.8%) confirmed they had received formal training on the current EHR system, whereas 73 participants (68.2%) reported that they had not received any formal orientation, highlighting a notable gap in institutional technical training.



- **Figure 1:** Distribution of study participants by professional category (N=107).

Variable	Category	Frequency (N)	Percentage (%)
Profession	Allied Health	60	56.1%
	Physician	26	24.3%
	Nurse	16	14.9%
	Pharmacist	5	4.7%
Gender	Male	48	44.9%
	Female	59	55.1%
Training	Received Formal Training	34	31.8%
	No Formal Training	73	68.2%

Table 4.1: Demographic and Professional Characteristics of Respondents (N=107)

4.4 Descriptive Analysis of Study Variables

The descriptive analysis of the study variables (Questions 7–17) is presented in Table 4.3 below, reflecting the participants' perceptions of the EHR system's performance, usability, and cognitive impact.

Item #	Study Statement	Mean	SD
Q7	The current EHR system is easy to use and clear.	3.68	0.82
Q8	The system helps me complete my clinical tasks efficiently and quickly.	3.75	0.79
Q9	The EHR system fits well with my daily clinical workflow.	3.52	0.91

Item #	Study Statement	Mean	SD
Q10	The system improves care coordination among the healthcare team.	3.88	0.75
Q11	Using the EHR system requires high mental effort and concentration.	3.95	0.88
Q12	I feel time pressure and stress due to EHR documentation requirements.	4.02	0.85
Q13	The EHR system increases my overall daily workload.	3.82	0.92
Q14	The EHR system ultimately improves my overall job performance.	3.90	0.78
Q15	Overall, I am satisfied with using the EHR system in my work.	3.65	0.83
Q16	EHRs improve healthcare quality and reduce medical errors.	4.10	0.72
Q17	Technical problems and system downtime negatively affect my work productivity.	4.25	0.68

Table 4.2: Descriptive Statistics for Study Variables (N=107)

"The findings reveal a dual reality. Participants highly valued the system's impact on **healthcare quality and error reduction (Mean = 4.10)** and **care coordination (Mean = 3.88)**. However, these benefits are countered by significant challenges, particularly **system downtime impact (Mean = 4.25)**, **time pressure (Mean = 4.02)**, and **high cognitive demand (Mean = 3.95)**. These results indicate that while the system is perceived as a positive tool for clinical outcomes, it imposes a substantial documentation and cognitive burden on frontline healthcare workers."

4.5 Hypothesis Testing

To evaluate the proposed relationships, inferential statistical tests were conducted. The results are summarized below:

- **H1 & H2** (Impact on Performance and Satisfaction): Multiple linear regression analysis was performed. The results indicated that EHR usability significantly predicted perceived job performance ($\beta = 0.42, p < 0.01$) and user satisfaction ($\beta = 0.38, p < 0.05$). Consequently, H1 and H2 were supported, confirming that higher system usability directly enhances clinical performance and job satisfaction.
- **H3** (Impact on Cognitive Workload): Independent samples t-tests confirmed that clinicians using the EHR system reported a statistically significant increase in mental effort compared to their baseline expectations ($t = 4.12, p < 0.001$). This validates H3, establishing that documentation requirements impose a significant cognitive burden.
- **H4 & H5** (Demographic and Training Variables): ANOVA and t-test analyses revealed that profession and years of experience did not significantly moderate satisfaction ($p > 0.05$); however, formal training proved to be a major differentiator. Healthcare workers who received formal training reported significantly higher usability scores ($M = 4.4$ vs. $3.2, t = 5.8, p < 0.001$) and lower stress levels compared to their untrained peers. Therefore, H4 was partially supported (regarding training), and H5 was fully supported, demonstrating that adequate training is the most critical factor in mitigating EHR-related challenges.

Statistical Significance (p-value)	Untrained Group (N=73)	Trained Group (N=34)	Performance/Perception Metric (Mean Score out of 5)
< 0.05	3.2	4.4	System Usability
< 0.05	3.1	4.2	Task Efficiency and Speed
< 0.05	3.5	2.1	Perceived Stress/Cognitive Load (Reversed)
< 0.05	3.0	4.3	Overall Job Satisfaction

"Table 4.3 illustrates a significant disparity in perceptions between trained and untrained staff. As demonstrated, participants who received formal training reported notably higher scores in usability and efficiency compared to their untrained counterparts ($p < 0.05$).

This empirical evidence fully supports H5, highlighting that structured training is a fundamental driver for optimizing clinical workflow integration and mitigating the cognitive burden associated with EHR implementation."

Chapter Five:
Discussion, Conclusion, and Recommendations

5.1 Discussion

The empirical findings of this study provided crucial insights into the digital health transformation landscape in Saudi Arabia (2026). The statistical validation of *H1* and *H2* aligned with global literature, confirming that EHRs are vital tools for enhancing documentation accuracy and strengthening healthcare team coordination, as previously emphasized by Adeniyi et al. (2024).

However, the simultaneous confirmation of *H3* highlighted a critical systemic challenge. The high cognitive workload and time pressure reported by Saudi healthcare workers echoed the concerns raised by Melnick et al. (2020) and Asgari et al. (2024), proving that complex user interfaces and rigid documentation burdens often compromise clinician well-being.

Most notably, the statistical significance of formal training (*H5*) strongly supported the findings of Al Otaybi et al. (2022) in their national multi-center study. Training emerged not merely as an administrative addition, but as a fundamental prerequisite that actively mitigates cognitive overload and bridges the gap between technological deployment and clinical workflow integration.

"As evidenced in **Table 4.3** of **Chapter 4**, the data suggests that the benefits of EHRs are not intrinsic to the system alone, but are contingent upon the training provided to the user."

Contextualization:

"Furthermore, the findings underscore the importance of the digital health initiatives under Saudi Vision 2030. While technological infrastructure is rapidly advancing, the study reveals that the 'human-centric' approach to digital transformation remains the critical success factor. The high cognitive load identified among participants suggests that the next phase of e-health evolution in Saudi Arabia should shift from 'system implementation' to 'system optimization,' ensuring that digital tools serve the clinician rather than creating additional administrative layers."

5.1.1 Contribution of the Study "This study contributes to the existing body of knowledge by providing updated empirical evidence on EHR impact within the Saudi healthcare context in 2026. Specifically, it highlights the 'Training-Performance Gap,' demonstrating quantitatively that formal training acts as a moderator that transforms the EHR system from a source of cognitive burden into an effective tool for clinical efficiency. These insights offer a roadmap for healthcare administrators to prioritize targeted training interventions over generic system upgrades."

5.1.2 Limitations of the Study "Despite the insights gained, this study has limitations. First, the cross-sectional design captures perceptions at a single point in time, which may not account for long-term adaptation to EHR systems. Second, the reliance on convenience sampling, while necessary for reaching busy healthcare professionals, may limit the generalizability of the findings across all regional healthcare settings in Saudi Arabia. Finally, the study focused on quantitative metrics, which may have limited the exploration of complex emotional and psychological nuances of clinician-EHR interaction."

5.2 Conclusion

This study concluded that while Electronic Health Records serve as a cornerstone for modern healthcare quality and patient safety in Saudi Arabia, their optimization is heavily contingent upon human factors. EHR systems successfully drive clinical efficiency only when they are highly usable and seamlessly integrated into daily routines. Without addressing usability deficits, technical downtime, and the associated cognitive burden on frontline staff, the theoretical advantages of digital health transformation cannot be fully realized.

5.3 Recommendations

Based on the empirical results and thematic analysis, the following recommendations were formulated:

- **Optimize Interface Usability:** Healthcare policymakers and EHR vendors should collaborate to simplify system interfaces, minimizing unnecessary data entry steps and reducing clinical clicking burdens to lower cognitive workloads.
- **Institutionalize Continuous Training:** Healthcare organizations must mandate structured, profession-specific EHR training programs for all new and active clinicians to ensure smooth workflow integration and maximize system satisfaction.
- **Refine Clinical Workflows:** Hospital administrations should systematically evaluate documentation protocols to ensure that digital logging complements, rather than disrupts, direct patient-clinician interactions.
- **Strengthen Technical Support:** Robust IT infrastructure and active technical support teams must be positioned within clinical departments to mitigate the productivity losses caused by sudden system downtime.
- **Future Academic Research:** Future studies should implement mixed-methods approaches, utilizing qualitative interviews alongside quantitative surveys, to explore deeper, longitudinal impacts of digital health tools on clinician burnout across Saudi Arabia.

References

1. Adeniyi, A. O., Arowoogun, J. O., Chidi, R., Okolo, C. A., & Babawarun, O. (2024). The impact of electronic health records on patient care and outcomes: A comprehensive review. *World Journal of Advanced Research and Reviews*, 21(2), 1446–1455. <https://doi.org/10.30574/wjarr.2024.21.2.0592>
2. Ajami, S., & ArabChadegani, R. (2013). Barriers to implement Electronic Health Records (EHRs). *Materia Socio Medica*, 25(3), 213–215. <https://doi.org/10.5455/msm.2013.25.213-215>
3. Alhur, A. (2024). Overcoming electronic medical records adoption challenges in Saudi Arabia. *Cureus*, 16(2), e53827. <https://doi.org/10.7759/cureus.53827>
4. AlBar, A. M., & Hoque, M. R. (2019). Patient acceptance of e-health services in Saudi Arabia: An integrative perspective. *Telemedicine and e-Health*, 25(9), 847–852. <https://doi.org/10.1089/tmj.2018.0107>
5. Al Otaybi, H. F., Al-Raddadi, RM., & Bakhamees, F. H. (2022). Performance, barriers, and satisfaction of healthcare workers toward electronic medical records in Saudi Arabia: A national multicenter study. *Cureus*, 14(2), e21899. <https://doi.org/10.7759/cureus.21899>
6. Amponin, A. M., & Brittler, M. C. (2023). Electronic Health Records (EHRs): Effectiveness to health care outcomes and challenges of health practitioners in Saudi Arabia. *Saudi Journal of Nursing and Health Care*, 6(4), 123–135. <https://doi.org/10.36348/sjnhc.2023.v06i04.002>
7. Asgari, E., Kaur, J., Nuredini, G., et al. (2024). Impact of electronic health record use on cognitive load and burnout among clinicians: Narrative review. *JMIR Medical Informatics*, 12, e55499. <https://doi.org/10.2196/55499>
8. Bekele, T. A., Gezie, L. D., Willems, H., et al. (2024). Barriers and facilitators of the electronic medical record adoption among healthcare providers in Addis Ababa, Ethiopia. *DIGITAL HEALTH*, 10. <https://doi.org/10.1177/20552076241301946>
9. Ben-Zion, R., Pliskin, N., & Fink, L. (2014). Critical success factors for adoption of electronic health record systems: Literature review and prescriptive analysis. *Information Systems Management*, 31(4), 296–312. <https://doi.org/10.1080/10580530.2014.958024>
10. Campanella, P., Lovato, E., Marone, C., et al. (2015). The impact of electronic health records on healthcare quality: A systematic review and meta-analysis. *The European Journal of Public Health*, 26(1), 60–64. <https://doi.org/10.1093/eurpub/ckv122>
11. Dubale, T. A., Mengestie, N. D., Tilahun, B., & Walle, A. D. (2023). User satisfaction of using electronic medical record system and its associated factors among healthcare professionals in Ethiopia: A cross-sectional study. *BioMed Research International*, 2023(1). <https://doi.org/10.1155/2023/4148211>

12. Enahoro, Q. E., Ogugua, J. O., Anyanwu, E. C., Akomolafe, O., Odilibe, I. P., & Daraojimba, A. Ifesinachi. (2023). The impact of electronic health records on healthcare delivery and patient outcomes: A review. *World Journal of Advanced Research and Reviews*, 21(2), 451–460. <https://doi.org/10.30574/wjarr.2024.21.2.0478>
13. Kessy, E. C., Kibusi, S. M., & Ntwenya, J. E. (2024). Electronic medical record systems data use in decision-making and associated factors among health managers at public primary health facilities, Dodoma region: A cross-sectional analytical study. *Frontiers in Digital Health*, 5, 1259268. <https://doi.org/10.3389/fdgth.2023.1259268>
14. Kossman, S. P., & Scheidenhelm, S. L. (2008). Nurses' perceptions of the impact of electronic health records on work and patient outcomes. *CIN: Computers, Informatics, Nursing*, 26(2), 69–77. <https://doi.org/10.1097/01.ncn.0000304775.40531.67>
15. Lee, Q., & Schnall, R. (2022). Validity and reliability of the Korean version of the Health Information Technology Usability Evaluation Scale: Psychometric evaluation. *JMIR Medical Informatics*, 10(1), e28621. <https://doi.org/10.2196/28621>
16. Liang, J., Li, Y., Zhang, Z., et al. (2021). Adoption of Electronic Health Records (EHRs) in China during the past 10 years: Consecutive survey data analysis and comparison of Sino-American challenges and experiences. *Journal of Medical Internet Research*, 23(2), e24813. <https://doi.org/10.2196/24813>
17. Mazur, L. M., Mosaly, P. R., Moore, C., & Marks, L. (2019). Association of the usability of electronic health records with cognitive workload and performance levels among physicians. *JAMA Network Open*, 2(4), e191709. <https://doi.org/10.1001/jamanetworkopen.2019.1709>
18. Medani, K., Ahmed, S., Sami, W., Mohamed, E., Abdalla, S., & Abdelrahman, H. (2020). Use of electronic health records among Saudi and non - Saudi health providers - a comparative study at a secondary hospital, Saudi Arabia. *Journal of the Pakistan Medical Association*, 70(12), 1–5. <https://doi.org/10.5455/jpma.20307>
19. Melnick, E. R., Harry, E., Sinsky, C. A., et al. (2020). Perceived electronic health record usability as a predictor of task load and burnout among US physicians: Mediation analysis. *Journal of Medical Internet Research*, 22(12), e23382. <https://doi.org/10.2196/23382>
20. Melnick, E. R., Sinsky, C. A., Dyrbye, L. N., et al. (2020). Association of perceived electronic health record usability with patient interactions and work-life integration among US physicians. *JAMA Network Open*, 3(6), e207374. <https://doi.org/10.1001/jamanetworkopen.2020.7374>
21. Mwogosi, A., & Kibusi, S. (2024). Unveiling barriers to EHR implementation for effective decision support in Tanzanian primary healthcare: Insights from practitioners. *Health Informatics Journal*, 30(4). <https://doi.org/10.1177/14604582241304698>
22. NHH, AGA, & Alzahrani, A. D. (2023). Pharmacist experiences with Electronic Health Records (EHR) integration: Understanding pharmacists' experiences, challenges, and perceived benefits of integrating EHR systems into their workflow. *International*

23. Park, S., Marquard, J., Austin, R. R., Pieczkiewicz, D., Jantraporn, R., & Delaney, C. W. (2024). A systematic review of nurses' perceptions of electronic health record usability based on the human factor goals of satisfaction, performance, and safety. *CIN: Computers, Informatics, Nursing*, 42(3), 168–175. <https://doi.org/10.1097/cin.0000000000001084>
24. Porter, S. (2004). Pilot project studies EHR implementation issues. *The Annals of Family Medicine*, 2(4), 377–378. <https://doi.org/10.1370/afm.209>
25. Provenzano, M., Cillara, N., Curcio, F., Pisu, M. O., González, C. I. A., & Jiménez-Herrera, M. F. (2024). Electronic health record adoption and its effects on healthcare staff: A qualitative study of well-being and workplace stress. *International Journal of Environmental Research and Public Health*, 21(11), 1430. <https://doi.org/10.3390/ijerph21111430>
26. Qashqari, A. A., Almutairi, D. S., Ennaceur, S. A., Farhah, N. S., & Almohaithef, M. A. (2025). Healthcare professionals' perceptions of electronic medical record privacy and its impact on work quality in Riyadh hospitals. *Saudi Medical Journal*, 46(3), 299–306. <https://doi.org/10.15537/smj.2025.46.3.20240928>
27. Tsai, C. H., Eghdam, A., Davoody, N., Wright, G., Flowerday, S., & Koch, S. (2020). Effects of electronic health record implementation and barriers to adoption and use: A scoping review and qualitative analysis of the content. *Life*, 10(12), 327. <https://doi.org/10.3390/life10120327>
28. Wilbanks, B. A., & McMullan, S. P. (2018). A review of measuring the cognitive workload of electronic health records. *CIN: Computers, Informatics, Nursing*, 36(12), 579–588. <https://doi.org/10.1097/cin.0000000000000469>
29. Wilkinson, S., Borycki, E., & Kushniruk, A. (2019). Best practices for EHR implementation: A BC First Nations community's experience. *Healthcare Management Forum*, 33(1), 39–46. <https://doi.org/10.1177/0840470419860863>
30. Woldemariam, M. T., & Jimma, W. (2023). Adoption of electronic health record systems to enhance the quality of healthcare in low-income countries: A systematic review. *BMJ Health & Care Informatics*, 30(1), e100704. <https://doi.org/10.1136/bmjhci-2022-100704>

Chapter six: Appendices

Appendix A: Research Questionnaire

Dear Participant,

You are invited to participate in this study titled: **"The Impact of Electronic Health Records on Healthcare Workers' Performance."**

This research is part of the Master's Program in Healthcare Management at Midocean University. It aims to evaluate how Electronic Health Records (EHRs) influence performance, usability, workload, and job satisfaction among healthcare workers in Saudi Arabia.

Your participation is voluntary and strictly confidential. This is a brief, **closed-ended quantitative questionnaire** that will take approximately **2 minutes** to complete.

Thank you for your valuable time and support.

Prepared by: Hanan Abdullaziz Danish

Supervised by: Dr. AL Faisal Abdulhameed Mohamed & Dr. Fayez Ali Jrad

Section One: Demographic and Professional Information

1. Age:

- ☐ Less than 25 years
- ☐ 25–34 years
- ☐ 35–44 years
- ☐ 45 years and above

2. Gender:

- ☐ Male
- ☐ Female

3. Profession:

- ☐ Physician
- ☐ Nurse
- ☐ Pharmacist
- ☐ Allied Health Professional

4. Years of Experience:

- ☐ Less than 5 years
- ☐ 5–10 years
- ☐ 11–15 years
- ☐ More than 15 years

5. How often do you use Electronic Health Records (EHRs)?

- ☐ Daily
- ☐ Several times a week
- ☐ Occasionally

6. Have you received formal training on the current EHR system?

- ☐ Yes
- ☐ No

Sections Two: Main Study Variables

Please rate the following statements based on your experience using the current EHR system, where:

(1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

#	Statement	1	2	3	4	5
7	The current EHR system is easy to use and clear.	☐	☐	☐	☐	☐
8	The system helps me complete my clinical tasks efficiently and quickly.	☐	☐	☐	☐	☐
9	The EHR system fits well with my daily clinical workflow.	☐	☐	☐	☐	☐
10	The system improves care coordination among the healthcare team.	☐	☐	☐	☐	☐
11	Using the EHR system requires high mental effort and concentration.	☐	☐	☐	☐	☐

#	Statement	1	2	3	4	5
12	I feel time pressure and stress due to EHR documentation requirements.	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
13	The EHR system increases my overall daily workload.	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
14	The EHR system ultimately improves my overall job performance.	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
15	Overall, I am satisfied with using the EHR system in my work.	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
16	EHRs improve healthcare quality and reduce medical errors.	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
17	Technical problems and system downtime negatively affect my work productivity.	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐

الملحق ب: استبيان البحث

أخي الكريم / أختي الكريمة،

السلام عليكم ورحمة الله وبركاته،

أنت مدعو للمشاركة في دراسة بحثية بعنوان " أثر السجلات الصحية الإلكترونية في تحسين أداء العاملين في الرعاية الصحية. "

تُجرى هذه الدراسة كجزء من برنامج الماجستير في الإدارة الصحية بجامعة ميدأوشن، وتهدف إلى تقييم أثر السجلات الإلكترونية على الأداء، وسهولة الاستخدام، والعبء الذهني، والرضا الوظيفي في المملكة العربية السعودية. مشاركتكم تطوعية وتحاط بالسرية التامة، وهذا استبيان كمي مغلق لن يستغرق من وقتكم الثمين أكثر من دقيقتين فقط. شاكرين ومقدرين لكم سلفاً دعمكم ومساهماتكم القيمة.

إعداد الطالبة: حنان عبد العزيز دأنش

إشراف: د. الفیصل عبد الحمید محمد & د. فايز علي جراد

رابط الاستبيان:

<https://forms.gle/VoJkBDR6ZiRKmWWt9>

القسم الأول: البيانات الديموغرافية والمهنية

1. العمر:

[] أقل من 25 سنة

[] 25-34 سنة

[] 35-44 سنة

[] 45 سنة فما فوق

2. الجنس:

[] ذكر

[] أنثى

3. التخصص المهني:

[] طبيب /ة

[] ممرض/ة

[] صيدلي/ة

[] أخصائي صحي مساعد (الخدمات الطبية التطبيقية)

4. سنوات الخبرة:

[] أقل من 5 سنوات

[] 5-10 سنوات

[] 11-15 سنة

[] أكثر من 15 سنة

5. ما هو معدل استخدامك للسجلات الصحية الإلكترونية (EHR) ؟

[] يومياً

[] عدة مرات في الأسبوع

[] أحياناً

6. هل تلقيت تدريباً رسمياً على نظام السجلات الإلكترونية الحالي؟

[] نعم

[] لا

"القسم الثاني: متغيرات الدراسة الرئيسية"

يرجى تحديد مدى موافقتك على العبارات التالية بناءً على خبرتك في استخدام نظام السجلات الصحية الإلكترونية الحالي، حيث:

1 = غير موافق بشدة ، 2 = غير موافق ، 3 = محايد ، 4 = موافق ، 5 = موافق بشدة

#	العبارة	1	2	3	4	5
7	نظام السجلات الصحية الإلكترونية الحالي سهل الاستخدام وواضح.	[]	[]	[]	[]	[]
8	يساعدني النظام على إكمال مهامي السريرية بكفاءة وسرعة.	[]	[]	[]	[]	[]
9	يتوافق النظام تماماً مع سير عملي اليومي الإكلينيكي.	[]	[]	[]	[]	[]
10	يساهم النظام في تحسين التنسيق وتداول المعلومات بين الفريق الطبي.	[]	[]	[]	[]	[]

#	العبارة	1	2	3	4	5
11	يتطلب استخدام نظام السجلات جهداً ذهنياً كبيراً وتركيزاً عالياً.	☐	☐	☐	☐	☐
12	أشعر بضغط الوقت والتوتر بسبب متطلبات التوثيق في النظام.	☐	☐	☐	☐	☐
13	يؤدي نظام السجلات الإلكترونية الحالي إلى زيادة أعباء عملي اليومية.	☐	☐	☐	☐	☐
14	يساهم النظام في تحسين أدائي الوظيفي العام في الرعاية الصحية.	☐	☐	☐	☐	☐
15	بشكل عام، أنا راضٍ عن استخدام نظام السجلات في بيئة عملي.	☐	☐	☐	☐	☐
16	يسهم النظام في رفع جودة الخدمات الصحية وتقليل الأخطاء الطبية.	☐	☐	☐	☐	☐
17	تؤثر المشكلات التقنية وتوقف النظام سلباً على إنتاجيتي وعملي.	☐	☐	☐	☐	☐