ABSTRACT

In most developing nations governments act as a major health service provider. This is despite the many challenges of poor nationwide healthcare at the primary, secondary and tertiary levels, at little or no direct charge to the consumer. In many of these countries, the capacities of these government health systems fall short of demand. Indeed, the pressures on government health systems continually increase as real per capita budgets shrink. Efficiency thus becomes a major concern as these systems strive to do more with meagre resources.

In view of the inefficiencies that characterize health care systems in developing countries like Kenya, this study was guided by the following objectives: - a) to identify factors that affect acceptance or rejection of EMR technology among the healthcare providers in selected Nairobi hospitals, b) establish the level of knowledge of healthcare providers on EMR and its potential in raising productivity and efficiency in selected Nairobi hospitals; c) to find out resources required to facilitate full implementation of EMR in selected Nairobi hospitals in Kenya and d) to find out challenges healthcare providers face in adopting and using EMR in selected Nairobi hospitals.

The study adopted a cross sectional descriptive survey design. The unit of analysis was the adoption and use of EMR. The sample comprised of 76 respondents selected using purposive and random sampling techniques. The respondents were drawn from two public hospitals -- Kenyatta National Hospital and Mbagathi Hospital and one private hospital – Mater Hospital.

The study found that the staff at the private hospitals had a higher knowledge on computer than those from the public hospitals. A large proportion of the respondents had access to and knew how to use the EMR applications at a moderate level. The study further revealed that unlike in the private hospitals, not all the healthcare service delivery points in the public hospitals were linked to each other. Of the four individual characteristics studied, namely, sex, age, marital status and level of education, age was the only variable that significantly influenced adoption and utilization of EMR though the relationship was weak ($c^2=10.6$, CC=0.36, p=0.04).

The challenges found to be slowing down adoption of EMR are: slow internet connectivity, the high initial cost, threat of lay offs, confidentiality of the patients’ records and the challenge of adopting new lifestyles. We consider these to be the teething problems facing adoption of EMR in the Kenyan health sector.

From the study findings, it is clear that there are many ways that the government and other organizations can support and accelerate effective EMR adoption. For hospitals to fully adopt and use EMR, they need support even from their employees in accepting to be involved in the change process of adoption of EMR.

The Government departments involved in the implementation of adoption of EMR need to develop standard protocols on the security levels each of the hospital staff. Further, it is important to have modules on patient management using EMR be taught in pre-service training institutions to help reduce on the costs involved in training staff in-service. Natural attrition should be considered as the probable route to solve the expected lay offs rather than forced lay offs.
There is need for studies to explore the subjective experiences of end-users of EMR systems. Further research is also needed to assess the cohesiveness of care teams working in environments utilizing EMR. In addition, it is recommended that more studies be done on other factors that affect EMR utilization by hospital staff, especially those covering other factors not included in this study.

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