



Journal of Health Management and Informatics

Challenges of Information Systems in Healthcare Organizations

Behnam Talebi¹, Nayer Seyednazari^{2*}

¹Department of Educational Sciences, Tabriz Branch, Islamic Azad University, Tabriz, Iran

²Medical Education Research Center, Health Management and Safety Promotion Research Institute, Tabriz University of Medical Sciences, Tabriz, Iran

Abstract

Introduction: Information systems enable the managers to access the proper information needed to make decisions. Management decision making based on real information leads to increased efficiency and effectiveness. Problems related to information system will lead to incorrect information and consequently incorrect decisions. Therefore, this study was conducted to investigate and identify the challenges of ISs in healthcare organizations.

Methods: This study is a systematic review. PubMed/Medline, Scopus, PMC and Iranian databases such as Magiran and SID were searched from 2013 to 2018. English and Persian studies were searched using keywords including IS, Hospital Information System, Health Information Technology, Health Information System, Medical Information Reporting System, Electronic Medical Record, Electronic Health Record, Medical Informatics, Health Informatics, Nursing Information System, Nursing Information System, Nursing Information System, Pharmacy Information System, and Electronic Medical Record System.

In the initial search, 300 studies were identified. After screening the studies using the exclusion criteria, 101 of them were selected. Then, through complete reviews of full texts of the studies, 54 of them were excluded from the study. The rest of the articles were coded by Esterberg method and 6 themes of challenges were extracted.

Results: The results showed that the challenges of IS in the health system included structural, manpower, financial/support, security, process, and organizational challenges.

Conclusion: To achieve the success and effectiveness of IS and make the right decisions based on the proper information, it is necessary to eliminate the issues that lead to problems in these systems.

Keywords: Health Information System, Medical Informatics, Electronic Health Records, Hospital Information System, Nursing Informatics, Challenge.

Article History:

Received: 22 September 2020 Accepted: 19 December 2020

Please cite this paper as:

Talebi B, Seyednazari N. Challenges of Information Systems in Healthcare Organizations. J Health Man & Info. 2020; 7(4): 187-195.

*Correspondence to:

Nayer Seyednazari, Medical Education Research Center, Health Management and Safety Promotion Research Institute, Tabriz University of Medical Sciences, Tabriz, Iran Tel: +98 9147782797 Fax: +98 41 33357138

Email: n.seyednazari@yahoo.com

Introduction

oday, information is one of the most important sources of power in the world. Information is the basis of decision making and planning (1). With the huge advances in information exchange systems, information systems have undergone major changes over the years, from a library tab to web databases (2); following this cultural-information revolution, health and medical environments need to equip themselves with tools for the rapid and accurate exchange of medical and paramedical information to improve the health of their clients (3). Management information systems help the managers monitor and follow the current work of the organization and predict the future situation (4).

Information systems increase accurate reporting and reduce the reporting errors (5), and the most appropriate way to monitor a wide range of health indicators (6). Information systems are used in organizations as an opportunity to achieve competitive advantage (7). These systems collect, process, store, distribute, and share relevant information which is responsible for creating information communication, increasing productivity, making decision, and supporting strategic and tactical decisions (8, 9). Making accurate decisions at the right time is especially important in health systems. On the other hand, information systems face challenges that influence making decisions.

As Cottle and Hoover stated, the volume of data related to healthcare organizations has grown dramatically in the past years and it is expected to increase in the coming years due to the use of innovative technologies (10). The health system has also benefited from information systems due to the large amount and variety of information (11). Real

and accurate information is needed to implement treatment, care, management, and other activities in the health system (12). Information systems in healthcare organizations reduce medical errors, improve efficiency and quality of care, support the health care delivery, achieve cost savings and increase cost effectiveness, and increase the patient involvement in healthcare decision making (13, 14).

The success of an information system depends on a clear strategy, proper design, and implementation of the system, and for this purpose, the health system, in addition to having a technological structure and hardware and software support, must meet the needs and expectations of the users of the system (12, 15, 16). Successful implementation of ISs leads to efficient and effective organizational processes and work procedures at the individual level, which, according to DeLone and McLean, depends on several factors such as system and information quality, use of IS, user satisfaction, and individual and organizational impact (17).

Most studies report that the performance of ISs has not been favorable (18), and the most common and important challenges in university hospitals are related to environmental factors, especially the negative attitude of the society towards the use of ISs and in non-university hospitals, related to human factors, especially the lack of motivation to use these systems (19). Human factors, including computer skills, understanding the usefulness, and ease of use of ISs, are effective in its successful adoption and implementation (20). One of the issues to which managers are faced is evaluation (21). Continuous evaluation is necessary to ensure the efficient implementation of ISs and their positive impact on the provision of health services (22). Postimplementation evaluation is a process, the purpose of which is to improve and develop the system (21). Because problems related to ISs lead to incorrect information and consequently incorrect decisions, this study was conducted to investigate and identify the challenges of ISs in healthcare organizations.

Methods

This study was a systematic review of articles published between 2013- 2018 about the challenges of ISs in the health system. At the first stage, authors searched Persian and English articles from 2013 up to 2018 in PubMed/Medline, Scopus, PMC and Iranian databases such as Magiran and SID.

The keywords searched included Information System, Health Information System, Medical Informatics, Electronic Health Records, Hospital Information System, and Nursing Informatics and challenge.

Inclusion criteria were original or review studies on Information System's challenges in the health sector that were published in the English or Persian languages from 2013 up to 2018.

Exclusion criteria were studies on Information System's challenges in other organizations and those that were not from the intended time period.

All of the early studies that emphasized the ISs in the health system and those in other organizations and industries were excluded. Also, authors extracted the information about the year of the studies and ISs problems in the health area. Finally, information was entered into the forms designed for the purpose of the study.

In the initial search, 300 studies were identified. After screening the studies using the exclusion criteria, 101 of them were selected. Then, through complete reviews of full texts of the studies, 54 of them were excluded from the study; finally, we selected and assessed the results of 47 studies that were coded by Esterberg method and 6 themes related to the challenges of ISs were extracted (Figure 1).

Data Analysis

The selected studies were fully reviewed, and the required data were extracted and categorized (Tables 1-6). To organize the studies, we used Endnote X8 software.

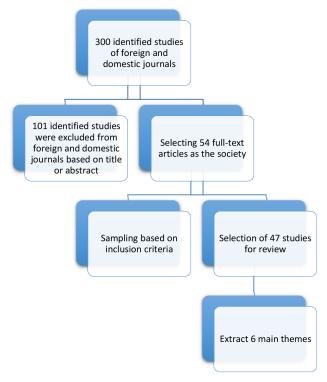


Figure 1: Diagram of Research Stages

Table 1: Themes of Structural challenges of ISs

| | Subthemes | Concepts |
|-----------------------|-----------|---|
| Structural challenges | Software | Possibility of information loss (11) Adjustment of software response speed to user speed (23) Old or new version (24) Limitations due to quality aspects of the system (25) Repetitive and time consuming documentation (26) Usability problems (27) |
| | Hardware | Old and elementary systems (11) Lack of computers in hospitals (19) Technical problems of systems (19), Insufficient professional IT technical support (28), technical resource constraints (29) System hanging (23) |

Table 2: Themes of manpower challenges of ISs

| | Subthemes | Concepts |
|---------------------|---------------|---|
| Manpower challenges | Individual | - Lack of incentive to use system (19, 30) - User's expectations and satisfaction (15, 25, 31-35) - Skills (20) - Understanding the Usefulness (20) - Understanding the ease of use (20) - Acceptance factors of system such as perceived usefulness, ease of use and behavioral control (36) - Unsuitability for individualization (37, 38) - Need to longer time for new user to become accustomed to the system (39) - Inattention to the users' needs (34) - Lack of technicians (28) - Documentation errors (40) |
| | Interpersonal | - Communication (41) - Poor dissemination of knowledge (42) |
| | Managerial | Lack of equipment of hospital departments with computer Systems and IS program (11) Training the new personnel by unspecialized staff (11), limitation of access to training (42) Employing staff without the basic computer skills (11) Project management (20) Lack of significant approach to risk management, lack of significant approach to risk identification (43) Undesirability in utilization of information in decision making (44) |
| | Cultural | - Don't having the culture of using of system (11) |

 Table 3: Themes of Financial/Support challenges of ISs

| | Subthemes | |
|------------------------------|--|--|
| Financial/Support challenges | es - Lack of resources and harmonized tools as barriers to information access (45) | |
| | - Cost (20) | |
| | - Increased workload (30) | |
| | - Vulnerable structure (46) | |
| | - Decrease of financial efficiency (31) | |
| | - Quality of care (31) | |
| | - Doesn't deliver quality data (47), threats to data quality (48) | |

Table 4: Themes of security challenges of ISs

| | Subthemes |
|---------------------|---|
| Security challenges | Inadequate IT-security for the protection of data (16), Security of system (49) Legal challenges, privacy concerns (16) Safeguards of information security (50) Don't pay attention to the patient safety aspect (51) Discrepant intentions toward privacy protection and support (52) Accuracy of data (42) |

Table 5: Themes of organizational challenges of ISs

| | Subthemes | |
|---------------------------|---|--|
| Organizational challenges | - Inadequate training about system (16, 19, 20) | |
| | - Lack of user participation in the design of system before Installation (19) | |
| | - Cost (20) | |
| | - Structural challenges includes system management structure and information process (53) | |
| | - Infrastructures of computerized reports (54) | |
| | - Lack of interoperability between different Systems (55) | |

Table 6: Themes of process challenges of ISs

| | | Subthemes | Concepts |
|--------------------|----------------|---------------------------|--|
| Process challenges | Implementation | Human Factors | - Resistance to the application of new technologies (16) - Lack of acceptance (56) |
| | | Managerial Factors | - Lack of recovery plan and disaster management (16)- Instability of leadership (20) |
| | | Organizational Factors | - Lack of a perfect implementation plan and well-defined strategy (16)- Organizational culture (57) |
| | | Technological Factors | - Lack of sufficient guides in the system (23) - Instability of programming in all parts of the software (23) - lack of functionality and usability (23, 27) - Message exchanges between systems (58) - Existence network equipment (59) - Existence Hardware equipment (59) - Unsuitable flexibility (49) |
| | Development | | - Users participation (60) |
| | Evaluation | | - Usability principles relating to "Consistency and standards" (27, 61) |



Figure 2: Themes of Information System's Challenges

Results

According to Figure 2, challenges of ISs are categorized into 6 themes consisting of structural, manpower, financial/support, security, process, and organizational challenges.

Structural challenges were related to software

and hardware problems (Table 1). The type of the system version, system quality, technical problems, insufficient technical support usability of system, lack of computer, possibility of data loss, and documentation were the problems related to structural challenges.

Individual, interpersonal, managerial, and cultural issues were categorized into manpower challenges (Table 2). Expectations, incentive, satisfaction, acceptance and needs of the users, system usage skills, users' understanding of the usefulness of the system, documentation errors, longer time for new users, and lack of skillful and specialized users were related to individual challenges.

Weak communication and interactions and reluctance to share knowledge were among the interpersonal challenges.

Recruited employees who did not have the skills to work with the system and needed training, and poor planning for training new users including training by unskilled staff, undesirability in utilization of information in decision making and lack of proper approach to risk management and project management were among the subcategories of human challenges that fall into the category of managerial challenges.

The culture of using the system is also related to the cultural challenges that are part of the subcategories of human challenges of IS.

Subcategories of financial/support challenges are shown in Table 3.

Lack of resources, unsuitable support structure, lack of filtering tools to access information, and threats to deliver quality data were categories of financial/support challenges.

In general, lack of protecting data and information, issues related to data accuracy and lack of attention to the patient safety aspect were related to security challenges of ISs in the health field (Table 4).

Issues such as inadequate training of the system users, reluctance of users to participate in the system design, organization costs, and poor system management structure and information process were categorized in as the organizational challenges of ISs (Table 5).

In the category of process challenges, issues related to the implementation, development, and evaluation of ISs were included. Factors involved in the implementation of ISs included human, managerial, organizational, and technological factors (Table 6). Lack of user's acceptance and resistance to application of new technology were related to human factors that affect the implementation of ISs. Insufficient strategy and organizational culture were organizational factors affecting the implementation of ISs.

Lack of recovery plan and disaster management were the subcategories of managerial factors affecting the implementation of ISs. Subcategories of technological factors affecting implementation of ISs included insufficient guides, information exchanges between the systems, problems related to existence of equipment and hardware equipment, functional problems, and inflexibility of the system.

Discussion and Conclusion

This study aimed at identifying the challenges of ISs in healthcare organizations. These challenges, including the organizational, manpower, process, financial/support, structural and security factors, are challenges of ISs. Improving the quality, efficiency, and effectiveness of health services depends on using ISs (62).

Implementation of ISs should be considered as a process of organizational transformation and development and should be done by a group of computer experts, future users of the system, and management of the organization (63). The "human element" is critical to health IT implementation. Specific data on the aspects of electronic health records and other tools that users find most difficult to use, the training and support needed before implementation begins, and the unintended consequences of technology adoption could be fed into product development and technical assistance programs for providers (64). Improper use of electronic software at hospitals and health centers could lead to reduced productivity of the system documents and inefficient use of information in health records (11). System quality and information quality are significant factors influencing the perceived ease of use of ISs, while information quality and service quality are the key factors affecting perceived usefulness of ISs (65).

Continuous evaluation is considered as one of the main stages in the creation of ISs and its main purpose is to pay attention to the effective issues in the health system (66). "Evaluating ISs leads to increase in the reliability coefficient of these systems' efficiency" (33).

Accordingly, and based on the results of this study, the following recommendations are proposed to enhance the success of ISs:

- 1. Before launching an ISs, the feasibility of the system implementation should be considered in development of a specific plan and strategy for implementation, and then system/organization should be equipped with appropriate hardware and software facilities.
- 2. Whereas any change is accompanied by resistance of a number of people in the organization, it is necessary to promote the culture of proper use of the system; also, to reduce the resistance of users to use new technologies, appropriate measures should

be taken.

- 3. The needs, expectations and satisfaction of the system users should be considered and their participation should be used in the system design.
- 4. To eliminate the shortcomings and deficiencies of the system, continuous evaluation is performed, and the development of the system is also considered. Management of the health system should provides training conditions for the system users by specialized staff.
- 5. For improving the knowledge and skills of users in the proper use of ISs, the possibility of their interpersonal interactions should be provided and the culture of knowledge sharing and use of the system should be spread in the organization. Maintaining the confidentiality and protection of data and information, patient safety aspect and system security are other important factors in the success of ISs that must be supported through technological security infrastructure and use harmonized tools to enable specific people to access accurate information at the proper time and place.

In summary, given the nature of health care organizations and the high volume of information in these organizations, it is necessary to organize the information through ISs in order to access the proper information at the right time by people who need this information, so identifying the problems and challenges of ISs in such organizations will effectively help the system users to use the system effectively through resolving these challenges.

Ethical Considerations

In this research, ethical principles, such as fidelity in quoting scientific texts and prevention of plagiarism, have been considered and observed.

Conflict of Interest: None declared.

References

- 1. Ajami S, Tavakoli MA. The study of information management system of medical records office in Kashani hospital based on the existing standards. *Health Information Management* 2006;3:63-71.
- 2. Moharramzadeh A, Talebi B. Tehran:Information Architecture. First National Conference on Management and World Economy. 2016.
- 3. Ali HD. Study of two methods of registration of hospital information (HIS and traditional) in providing care to patients in Shahrkord hospitals. *Journal of Nursing and Midwifery.* 2005;2:9-14.
- 4. Talebi B, Hashemi MA. An overview of the establishment of EMIS in education in Iran, with

- emphasis on school intelligence. Qom: Second National Conference on Modern Research in the Field of Humanities and Social Studies of Iran. 2016
- Jang HJ, Choi YD, Kim NH. Effects and Satisfaction of Medical Device Safety Information Reporting System Using Electronic Medical Record. *Healthc Inform Res.* 2017;23(2):94-100. doi: 10.4258/hir.2017.23.2.94.
- 6. Flora OC, Margaret K, Dan K. Perspectives on utilization of community based health information systems in Western Kenya. *Pan Afr Med J.* 2017;27:180. doi: 10.11604/pamj.2017.27.180.6419.
- 7. Campbell B, Kay R, Avison D. Strategic alignment: a practitioner's perspective. *Journal of Enterprise Information Management*. 2005;18(6):653-64. doi: 10.1108/17410390510628364.
- 8. Hanrahan LP, Foldy S, Barthell EN, Wood S. Medical informatics in population health: building Wisconsin's strategic framework for health information technology. *WMJ*. 2006;105(1):16-20.
- 9. Moh'd Al-adaileh R. An evaluation of information systems success: A user perspective-the case of Jordan Telecom Group. *European Journal of Scientific Research*. 2009;37(2):226-39.
- 10. Shahbaz M, Gao C, Zhai L, Shahzad F, Hu Y. Investigating the adoption of big data analytics in healthcare: the moderating role of resistance to change. *Journal of Big Data*. 2019;6(1):1-20.
- 11. Abbasi Moghadam MA, Fayaz Bakhsh A. Hospital information system utilization in Iran: a qualitative study. *Acta Med Iran*. 2014;52(11):855-9
- 12. Hsiao JL, Chang HC, Chen RF. A study of factors affecting acceptance of hospital information systems: a nursing perspective. *J Nurs Res.* 2011;19(2):150-60. doi: 10.1097/ INR.0b013e31821cbb25.
- 13. Handayani PW, Hidayanto AN, Budi I. User acceptance factors of hospital information systems and related technologies: Systematic review. *Inform Health Soc Care*. 2018;43(4):401-26. doi: 10.1080/17538157.2017.1353999.
- 14. Tao D, Wang T, Wang T, Zhang T, Zhang X, Qu X. A systematic review and meta-analysis of user acceptance of consumer-oriented health information technologies. *Computers in Human Behavior*. 2020;104:106147.
- 15. Ayatollahi H, Langarizadeh M, Chenani H. Confirmation of Expectations and Satisfaction with Hospital Information Systems: A Nursing

- Perspective. *Healthc Inform Res.* 2016;22(4):326-32. doi: 10.4258/hir.2016.22.4.326.
- 16. Jahanbakhsh M, Sharifi M, Ayat M. The status of hospital information systems in Iranian hospitals. *Acta Inform Med*. 2014;22(4):268-75. doi: 10.5455/aim.2014.22.268-275.
- 17. Dwivedi YK, Wastell D, Laumer S, Henriksen HZ, Myers MD, Bunker D, et al. Research on information systems failures and successes: Status update and future directions. *Information Systems Frontiers*. 2015;17(1):143-57.
- 18. Saghaeiannejad-Isfahani S, Saeedbakhsh S, Jahanbakhsh M, Habibi M. Analysis of the quality of hospital information systems in Isfahan teaching hospitals based on the DeLone and McLean model. *J Educ Health Promot*. 2015;4:5. doi: 10.4103/2277-9531.151883.
- 19. Ahmadian L, Dorosti N, Khajouei R, Gohari SH. Challenges of using Hospital Information Systems by nurses: comparing academic and non-academic hospitals. *Electron Physician*. 2017;9(6):4625-30. doi: 10.19082/4625.
- 20. Farzandipur M. Factors affecting successful implementation of hospital information systems. *Acta Informatica Medica*. 2016; 24: 51.
- 21. Remenyi D, Sherwood-Smith M. Maximise information systems value by continuous participative evaluation. *Logistics information management*. 1999;12(1/2)14-31. doi: 10.1108/09576059910256222.
- 22. Yusof MM, Paul RJ, Stergioulas LK, editors. Towards a framework for health information systems evaluation. Proceedings of the 39th annual Hawaii international conference on system sciences (HICSS'06); 2006.
- 23. Farzianpour F, Shojaei S, Arab M, Foroushani AR. Accreditation of Management Communication and Information Systems in Public Hospitals of Sabzevar City, Iran. *Acta Inform Med.* 2016;24(2):124-9. doi: 10.5455/aim.2016.24.124-129.
- 24. Saghaeiannejad-Isfahani S, Jahanbakhsh M, Habibi M, Mirzaeian R, Nasirian M, Rad JS. A Survey on the Users' Satisfaction with the Hospital Information Systems (HISs) based on DeLone and McLean's Model in the Medical-Teaching Hospitals in Isfahan City. *Acta Inform Med*. 2014;22(3):179-82. doi: 10.5455/aim.2014.22.179-182.
- 25. Cho KW, Kim SM, An CH, Chae YM. Diffusion of Electronic Medical Record Based Public Hospital Information Systems. *Healthc Inform Res.* 2015;21(3):175-83. doi: 10.4258/hir.2015.21.3.175.

- 26. Samadbeik M, Shahrokhi N, Saremian M, Garavand A, Birjandi M. Information Processing in Nursing Information Systems: An Evaluation Study from a Developing Country. *Iran J Nurs Midwifery Res.* 2017;22(5):377-82. doi: 10.4103/ijnmr.IJNMR_201_16.
- 27. Rezaei-Hachesu P, Pesianian E, Mohammadian M. Evaluating Usability of Radiology Information Systems in Hospitals of Tabriz University of Medical Sciences. *Acta Inform Med*. 2016;24(1):42-6. doi: 10.5455/aim.2016.24.42-46.
- 28. Tilahun B, Fritz F. Comprehensive evaluation of electronic medical record system use and user satisfaction at five low-resource setting hospitals in ethiopia. *JMIR Med Inform*. 2015;3(2):e22. doi: 10.2196/medinform.4106.
- 29. Moucheraud C, Schwitters A, Boudreaux C, Giles D, Kilmarx PH, Ntolo N, et al. Sustainability of health information systems: a three-country qualitative study in southern Africa. *BMC Health Serv Res.* 2017;17(1):23. doi: 10.1186/s12913-016-1971-8.
- 30. Pirnejad H, Niazkhani Z, Bal R. Clinical communication in diagnostic imaging studies: mixed-method study of pre- and post-implementation of a hospital information system. *Appl Clin Inform.* 2013;4(4):541-55. doi: 10.4338/ACI-2013-06-RA-0042.
- 31. Degoulet P. The Virtuous Circles of Clinical Information Systems: a Modern Utopia. *Yearb Med Inform*. 2016(1):256-63. doi: 10.15265/IY-2016-030.
- 32. Ojo AI. Validation of the DeLone and McLean Information Systems Success Model. *Healthc Inform Res.* 2017;23(1):60-6. doi: 10.4258/hir.2017.23.1.60.
- 33. Rostami S, Sarmad A, Mohammadi M, Cheleie M, Amiri S, Zardoei Golanbary SH. Evaluating hospital information systems from the point of view of the medical records section users in Medical-Educational Hospitals of Kermanshah 2014. *J Med Life*. 2015;8(Spec Iss 4):232-40.
- 34. Saghaeiannejad-Isfahani S, Mirzaeian R, Jannesari H, Ehteshami A, Feizi A, Raeisi A. Evaluation of pharmacy information system in teaching, private and social services Hospitals in 2011. *J Educ Health Promot*. 2014;3:39. doi: 10.4103/2277-9531.131919.
- 35. Tilahun B, Fritz F. Modeling antecedents of electronic medical record system implementation success in low-resource setting hospitals. *BMC Med Inform Decis Mak*. 2015;15:61. doi: 10.1186/s12911-015-0192-0.

- 36. Ologeanu-Taddei R, Morquin D, Domingo H, Bourret R. Understanding the acceptance factors of an Hospital Information System: evidence from a French University Hospital. *AMIA Annu Symp Proc.* 2015;2015:1001-7.
- 37. Ehteshami A, Sadoughi F, Saeedbakhsh S, Isfahani MK. Assessment of Medical Records Module of Health Information System According to ISO 9241-10. *Acta Inform Med.* 2013;21(1):36-41. doi: 10.5455/aim.2012.21.36-41.
- 38. Moghaddasi H, Rabiei R, Asadi F, Ostvan N. Evaluation of Nursing Information Systems: Application of Usability Aspects in the Development of Systems. *Healthc Inform Res.* 2017;23(2):101-8. doi: 10.4258/hir.2017.23.2.101.
- 39. Ahn M, Choi M, Kim Y. Factors Associated with the Timeliness of Electronic Nursing Documentation. *Healthc Inform Res.* 2016;22(4):270-6. doi: 10.4258/hir.2016.22.4.270.
- 40. Jylha V, Mikkonen S, Saranto K, Bates DW. The Impact of Information Culture on Patient Safety Outcomes. Development of a Structural Equation Model. *Methods Inf Med.* 2017;56(S 01):e30-e8. doi: 10.3414/ME16-01-0075.
- 41. Wen D, Zhang X, Wan J, Fu J, Lei J. The challenges of emerging HISs in bridging the communication gaps among physicians and nurses in China: an interview study. *BMC Med Inform Decis Mak*. 2017;17(1):85. doi: 10.1186/s12911-017-0473-x.
- 42. Wilms MC, Mbembela O, Prytherch H, Hellmold P, Kuelker R. An in-depth, exploratory assessment of the implementation of the National Health Information System at a district level hospital in Tanzania. *BMC Health Serv Res.* 2014;14:91. doi: 10.1186/1472-6963-14-91.
- 43. Zarei J, Sadoughi F. Information security risk management for computerized health information systems in hospitals: a case study of Iran. *Risk Manag Healthc Policy*. 2016;9:75-85. doi: 10.2147/RMHP.S99908.
- 44. Oh S, Cha J, Ji M, Kang H, Kim S, Heo E, et al. Architecture Design of Healthcare Software-as-a-Service Platform for Cloud-Based Clinical Decision Support Service. *Healthc Inform Res.* 2015;21(2):102-10. doi: 10.4258/hir.2015.21.2.102.
- 45. Appari A, Johnson ME. Information security and privacy in healthcare: current state of research. *International journal of Internet and enterprise management*. 2010;6(4):279-314.
- 46. Park KS, Heo H, Choi YK. Design and Realization of Integrated Management System for Data Interoperability between Point-of-Care Testing Equipment and Hospital Information

- System. *Healthc Inform Res.* 2013;19(3):222-8. doi: 10.4258/hir.2013.19.3.222.
- 47. Kihuba E, Gathara D, Mwinga S, Mulaku M, Kosgei R, Mogoa W, et al. Assessing the ability of health information systems in hospitals to support evidence-informed decisions in Kenya. *Glob Health Action*. 2014;7:24859. doi: 10.3402/gha.v7.24859.
- 48. Hahn D, Wanjala P, Marx M. Where is information quality lost at clinical level? A mixed-method study on information systems and data quality in three urban Kenyan ANC clinics. *Glob Health Action*. 2013;6:21424. doi: 10.3402/gha. v6i0.21424.
- 49. Farhadi A, Ahmadi M. The information security needs in radiological information systems-an insight on state hospitals of Iran, 2012. *J Digit Imaging*. 2013;26(6):1040-4. doi: 10.1007/s10278-013-9618-3.
- 50. Kim J, Lee Y, Lim S, Kim JH, Lee B, Lee JH. What Clinical Information Is Valuable to Doctors Using Mobile Electronic Medical Records and When? *J Med Internet Res.* 2017;19(10):e340. doi: 10.2196/jmir.8128.
- 51. Kazemi A, Rabiei R, Moghaddasi H, Deimazar G. Pharmacy Information Systems in Teaching Hospitals: A Multi-dimensional Evaluation Study. *Healthc Inform Res.* 2016;22(3):231-7. doi: 10.4258/hir.2016.22.3.231.
- 52. Wang JY, Ho HY, Chen JD, Chai S, Tai CJ, Chen YF. Attitudes toward inter-hospital electronic patient record exchange: discrepancies among physicians, medical record staff, and patients. *BMC Health Serv Res.* 2015;15:264. doi: 10.1186/s12913-015-0896-y.
- 53. Yazdi-Feyzabadi V, Emami M, Mehrolhassani MH. Health information system in primary health care: the challenges and barriers from local providers' perspective of an area in Iran. *International journal of preventive medicine*. 2015:6.
- 54. Raeisi AR, Saghaeiannejad S, Karimi S, Ehteshami A, Kasaei M. District health information system assessment: a case study in iran. *Acta Inform Med.* 2013;21(1):30-5. doi: 10.5455/aim.2012.21.30-35.
- 55. Dezelic G, Kern J, Petrovecki M, Ilakovac V, Hercigonja-Szekeres M. Medical informatics in croatia a historical survey. *Acta Inform Med.* 2014;22(1):49-59. doi: 10.5455/aim.2014.22.49-59.
- 56. Lei J, Sockolow P, Guan P, et al. A comparison of electronic health records at two major Peking University Hospitals in China to United States meaningful use objectives. *BMC Medical*

- Informatics and Decision Making. 2013;13:96.
- 57. Lambooij MS, Drewes HW, Koster F. Use of electronic medical records and quality of patient data: different reaction patterns of doctors and nurses to the hospital organization. *BMC Med Inform Decis Mak.* 2017;17(1):17. doi: 10.1186/s12911-017-0412-x.
- 58. Konrad R, Tulu B, Lawley M. Monitoring adherence to evidence-based practices: a method to utilize HL7 messages from hospital information systems. *Appl Clin Inform*. 2013;4(1):126-43. doi: 10.4338/ACI-2012-06-RA-0026.
- 59. Jeddi FR, Hajbaghery MA, Akbari H, Esmaili S. Technological Feasibility of a Nursing Clinical Information System. *Electron Physician*. 2016;8(9):2942-9. doi: 10.19082/2942.
- 60. Rahimi B, Safdari R, Jebraeily M. Development of hospital information systems: user participation and factors affecting it. *Acta Inform Med.* 2014;22(6):398-401. doi: 10.5455/aim.2014.22.398-401.
- Atashi A, Khajouei R, Azizi A, Dadashi A. User Interface Problems of a Nationwide Inpatient Information System: A Heuristic Evaluation. Appl Clin Inform. 2016;7(1):89-100. doi: 10.4338/

- ACI-2015-07-RA-0086.
- 62. Rangraz Jeddi F, Nabovati E, Bigham R, Khajouei R. Usability evaluation of a comprehensive national health information system: relationship of quality components to users' characteristics. *Int J Med Inform.* 2020;133:104026. doi: 10.1016/j. ijmedinf.2019.104026.
- 63. Kaplan B, Brennan PF, Dowling AF, Friedman CP, Peel V. Toward an informatics research agenda: key people and organizational issues. *J Am Med Inform Assoc.* 2001;8(3):235-41. doi: 10.1136/jamia.2001.0080235.
- 64. Buntin MB, Burke MF, Hoaglin MC, Blumenthal D. The benefits of health information technology: a review of the recent literature shows predominantly positive results. *Health Aff (Millwood)*. 2011;30(3):464-71. doi: 10.1377/hlthaff.2011.0178.
- 65. Chen RF, Hsiao JL. An empirical study of physicians' acceptance of hospital information systems in Taiwan. *Telemed J E Health*. 2012;18(2):120-5. doi: 10.1089/tmj.2011.0081.
- 66. Ahmadi M, Rezaei H, Shahmoradi L. Electronic health record: structure, content, and evaluation. Tehran: Jafari Publication. 2008.