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## **Physicians' satisfaction with computerized physician order entry (CPOE) at the National Guard Health Affairs: A preliminary study**

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# **Physicians' satisfaction with computerized physician order entry (CPOE) at the National Guard Health Affairs: A preliminary study**

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# Physicians' satisfaction with computerised physician order entry (CPOE) at the National Guard Health Affairs: a preliminary study.

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## INTRODUCTION

The use of CPOE in hospitals offers many advantages and benefits including improved quality of care and improved efficiency and workflow. However despite the reported benefits of CPOE, the rate of CPOE adoption still remains low especially in developing countries. User satisfaction with CPOE is a commonly reported predictor of compliance with CPOE use. This study measures overall physician satisfaction with CPOE and investigates the factors associated with satisfaction and physicians' perceptions on CPOE characteristics.

## METHODS

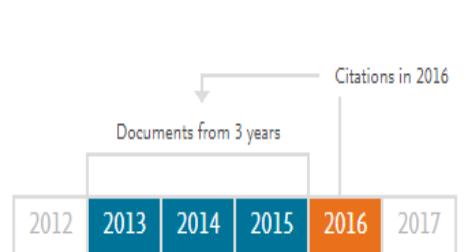
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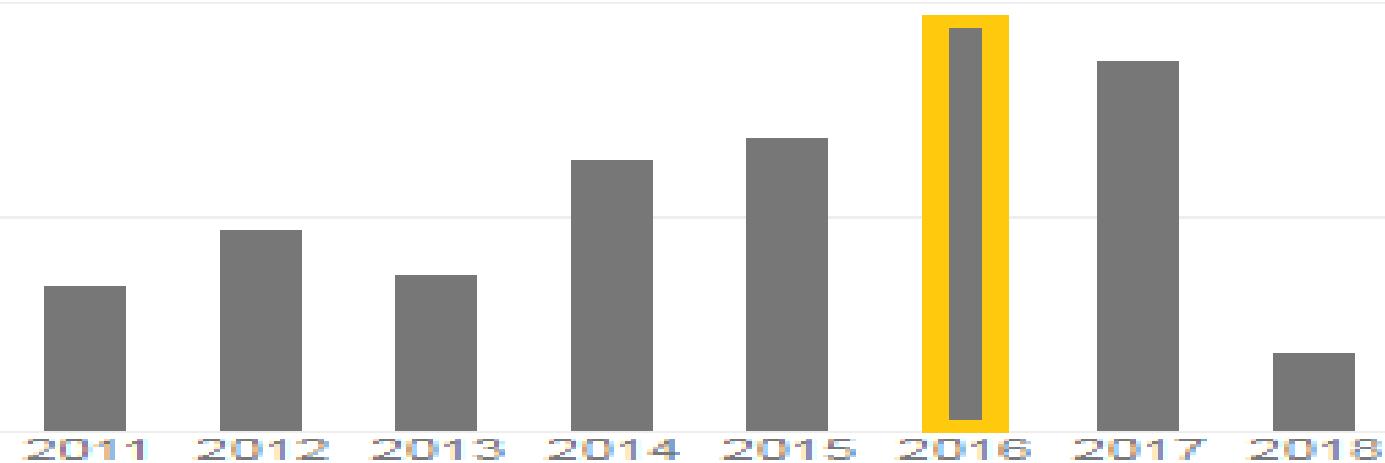
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## Introduction:

- ❖ A computerized physician order entry (CPOE) system is a clinical application that allows health care providers to electronically enter orders (laboratory, medication, imaging etc.) for patient care .
- ▶ The use of CPOE in hospitals offers many advantages and benefits
- including :
- ▶ order entry at the point-of-care.
- ▶ improved clinician workflow.
- ▶ reduced errors related to illegible handwriting or verbal communication
- ▶ inventory management support.

# Introduction:



- ▶ opportunity for error checking and follow-up
- ▶ possibility for automatic billing and most importantly
- ▶ improving quality of patient care by supporting physicians in clinical decision making such as alerting them about medication interactions, allergies and wrong dosing.

# Introduction:



- despite the reported advantages of CPOE and the improvements it has brought to healthcare, the rate of CPOE implementation still remains low at less than 20% adoption in Western Countries. This may be attributed to the challenges associated with CPOE implementation such as **change of workflow, technical issues, associated costs, user resistance and non-Compliance**.
- This is no different in Saudi Arabia where implementation of health information systems including CPOE has been especially challenging for Saudi hospitals because of **high implementation costs, technical complexity, lack of information and communication technology (ICT) infrastructure, and lack of well-trained employees and non-compliance**

# Introduction:

- ▶ Previous studies have shown that physician satisfaction with CPOE tends to increase with higher levels of training and that user satisfaction with CPOE is an important predictor of compliance with CPOE use .
- ❖ CPOE was implemented at the National Guard Health Affairs (NGHA) – Eastern Region in September 2009 as part of an intended complete CPOE roll-out to all NGHA hospitals in the Central, Eastern and Western Regions of Saudi Arabia.



# Introduction:



► Previous studies on user satisfaction with CPOE systems have found that **user satisfaction relies more on users' opinions about CPOE features related to :**

**efficiency** such as **ease of use&** **speed &** **provider productivity**  
than on features related to  
**quality of care** such as **reducing errors or giving information .**

# Introduction

- ▶ This study will measure **overall physician satisfaction** with CPOE and investigate the features associated with satisfaction by measuring physicians' perceptions on CPOE characteristics such as clinicians' **workflow, efficiency** and **usability** and **patient safety**.



# 1. Methods

- ▶ This study was conducted at a **112 bed hospital** of the **NGHA** Medical City-Eastern Region. The hospital provides services in General Surgery, Internal Medicine, Gastroenterology, Paediatrics, Obstetrics and Gynaecology, Family Medicine, Ophthalmology, Dentistry, Endocrinology, Orthopaedic Surgery, Pulmonary, and Neurology. More than 7000 patients (both inpatient and outpatient) are seen monthly in the hospital.



# 1. Methods

- ▶ The **CPOE system** used at NGHA is an **integrated** feature of the existing Computerised patient record (**CPR**) and **not a “stand alone” clinical information system**. **CPOE** had been implemented in **all units of the hospital** at the time of this study. Following implementation of CPOE, all physicians were required to attend **a training session** and on-call support following implementation was **available 24 hours** a day to support CPOE users.



## 1.2 Study participants



- ▶ The study's target population was all physicians who were working and using CPOE in the hospital at the time of the study, which were one hundred and one physicians .
- ▶ Convenience sampling was the sampling technique used due to the small number of physicians in the hospital and it was considered that any further sampling methods would result in a smaller sample size. An 80% response rate was targeted and considered acceptable for this study.

## 1.3 Survey instrument

- ▶ This study is a **cross-sectional** exploratory study which utilised a questionnaire to collect data on physicians' satisfaction with CPOE.
- ▶ **The questionnaire consisted of three domains:**
  - 1) **the first** one collecting **demographic data** such as (age, gender, position, area of specialty, years of experience and nationality)
  - 2) **the second domain** collected information on **user characteristics** such as (physician attendance to CPOE training sessions, physicians' use of computers and perceived physician competency with data entry skills).
  - 3) **The third domain** measured physicians' **opinions** on statements that concerned clinicians' **workflow, efficiency** and **patient safety**.



## 1.3 Survey instrument

- **Clinicians' workflow** was measured by statements on **timeliness** and **technical support**
- **efficiency** was measured by statements on system **response time**, **information retrieval**, **ease of using** system and **clear screen design**, and
- **patient safety** was measured by statements on **patient care errors**.

These were measured on a **5-point Likert scale** with the options **“strongly disagree” and “strongly agree”** at the two extremes .



## 1.3 Survey instrument

- ▶ Face validity of the questionnaire was measured by an expert panel consisting of health professionals, physicians, and health informatics professionals
- ▶ The expert panel reviewed the contents of the questionnaire in terms of content accuracy, clarity and comprehensiveness and agreed that the questionnaire met its objectives.
- ▶ A pilot study was carried out to ensure the clarity and reliability of items in the questionnaire .
- ▶ The questionnaires for the pilot study were given to the heads of surgery, paediatric, and internal medicine departments for completion.

### **1.3 Survey instrument**

- ▶ No further modifications were made to the questionnaire following the pilot study. Questionnaires were distributed by hand to the physicians or the physician's secretary. **One hundred and one questionnaires were distributed** and **eighty one questionnaires were completed and returned** giving this study a response rate of **(80.2%)**.

## ***Research approval***

- ▶ Research approval was granted by the University scientific research committee in September 2010 and by the National Guard Health Affairs Hospital – Eastern Region in April 2010



## 1.5 Data Analysis

- ▶ All data were analysed using the Statistical Package for Social Sciences (SPSS) version 17.0. used **descriptive statistics** including frequencies and percentages for **demographic variables**, **user characteristics** and **perceptions of physicians** to different CPOE characteristics. For the **second part of the analysis** used **Mann-Whitney U** and **Kruskal Wallis** tests to compare mean scores between the **demographic variables** and **physicians' satisfaction** of the CPOE system.
- ▶ relationships between overall **satisfaction** and **perceptions** of physicians to different **CPOE characteristics** were examined using **correlational analyses**.

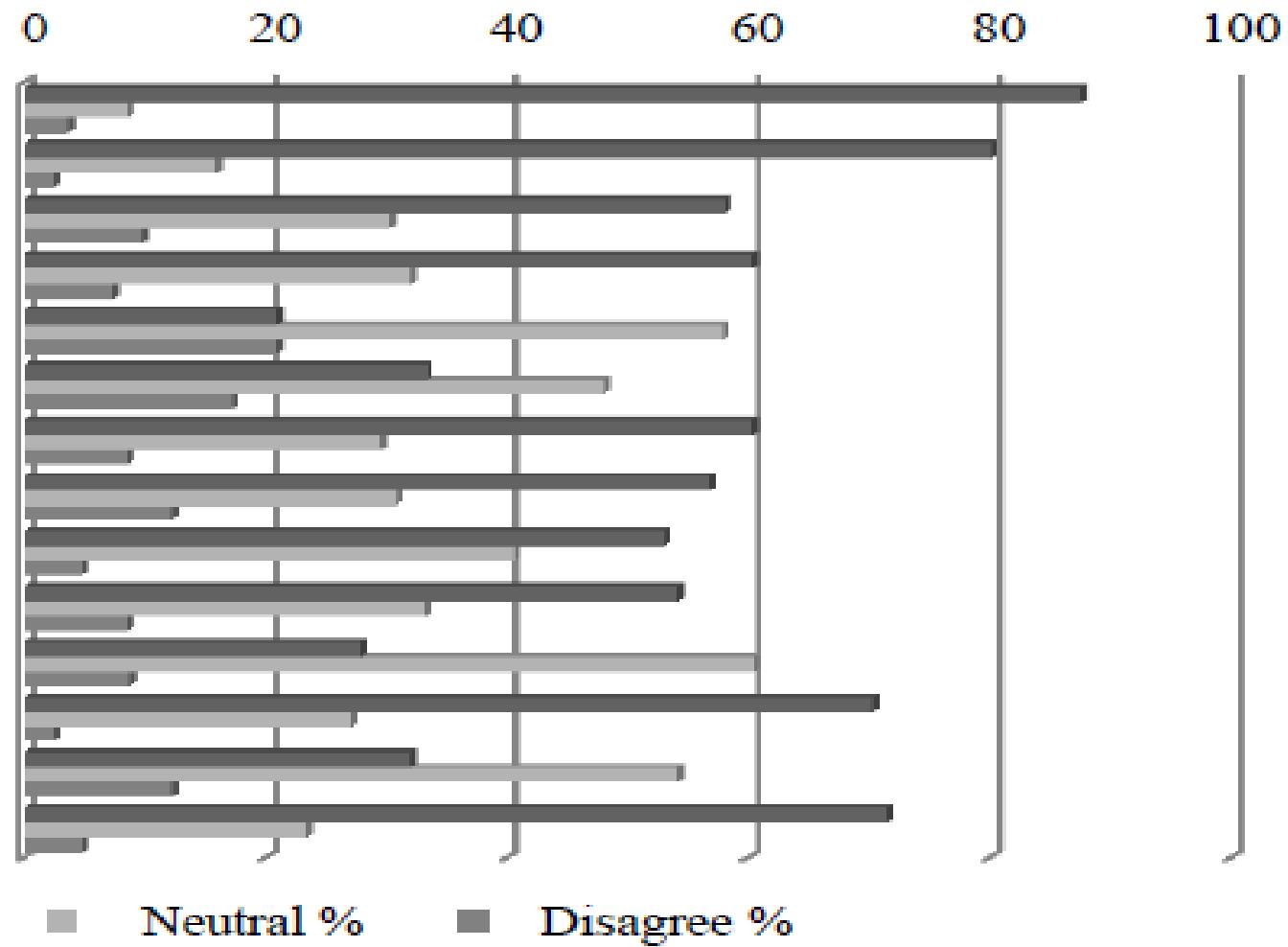


**Table 1. Demographic characteristics of physicians**

Characteristics		Frequency N (%)
<b>Gender</b>	Male	67 (83)
	Female	12 (15)
<b>Age</b>	Under 30 years	2 (3)
	30-39 years	37 (46)
	40-49 years	26 (32)
	50 – 59 years	16 (20)
<b>Position</b>	Consultant	19 (24)
	Assistant / Associate	13 (16)
	Staff physician	49 (60)
<b>Area of specialty</b>	Family medicine	2 (3)
	Surgery / anaesthesia	28 (35)
	Internal medicine	11 (14)
	Obs/gyn/paediatrics	21 (26)
	ER	13 (16)
	Other	6 (9)
<b>Nationality</b>	Asian – non Arabian	23 (28)
	Arabian	51 (63)
	European	6 (7)
<b>Years of experience</b>	Less than 1-5 years	8 (10)
	6 -10 years	25 (31)
	11- 15 years	17 (21)
	More than 15 years	30 (37)
<b>Training sessions for CPOE</b>	Yes	75 (93)
	No	6 (7)
<b>Use of computers</b>	I use it occasionally	7 (9)
	I am a regular user	74 (91)
<b>Data entry skills</b>	Excellent	9 (11)
	Very good	37 (46)
	Fair/Good	34 (42)



- Order entry reduces patient care errors
- The order entry system is easy to use
- System response time on CPOE is fast
- Technical support is always available
- Laboratory data retrieval is fast
- Radiology data retrieval is fast
- Correcting mistakes is easy
- Help messages are clear
- Referencing materials are clear
- Error messages are helpful
- Sequence of screens is clear
- Text and graphics are clear
- Locating items on the system is easy
- Overall, I am satisfied with CPOE



**Figure 1. Physicians' perceptions on CPOE characteristics**



- ▶ Figure 1 presents physicians' perceptions on CPOE characteristics and their overall satisfaction with specific features of CPOE. Positive and negative perceptions were measured by combining agree and strongly agree as a positive and by combining . disagree and strongly disagree as a negative perception.



- ▶ Almost all of the physicians perceived that CPOE reduced patient care errors and that the order system was easy to use.
- ▶ an equal number of physicians reported a positive and negative perception that laboratory data retrieval is fast.
- ▶ more than half (60%) of physicians stated that they were satisfied with order entry system. **This was measured by physicians' response to the survey item, “Overall I am satisfied with the order entry system”.**

- The Kruskal Wallis and Mann-Whitney U tests showed that there were significant differences between the satisfaction of physicians of CPOE characteristics based on their demographic characteristics (age  $p=0.016$ , area of speciality  $p= 0.039$  and nationality  $p=0.047$ ).
- No significant differences were found between CPOE characteristics and attending training sessions, data entry skills or regular use of computers.

**Table 2. Correlation of physicians' satisfaction and CPOE characteristics**

<b>CPOE characteristic</b>	<b>Correlation with Satisfaction</b>
Order entry reduces patient care errors.	0.402*
The order entry system is easy to use.	0.520*
System response time on CPOE is fast	0.348*
Technical support is always available	0.299#
Laboratory data retrieval is fast	0.422*
Radiology data retrieval is fast	0.035*
Correcting mistakes is easy	0.518*
Help messages are clear	0.450*
Referencing materials are clear	0.381*
Error messages are helpful	0.354*
Sequence of screens is clear	0.585*
The meaning of text and graphics are clear	0.451*
Locating items on the system is easy	0.650*

\* p≤ 0.001    # p≤0.05

## 4. Discussion

- ▶ The results of this study demonstrate that physicians at NGHA-Eastern region were more likely to be male, staff physicians; were generally young and had more than 15 years of experience. The majority of physicians attended the training sessions for the CPOE system around implementation and they reported being regular users of computers. **Physicians' age, area of specialty and nationality were significantly related to physicians' satisfaction with the system**, however, **training sessions, use of computer and data entry skills did not show to impact on overall physicians' satisfaction with CPOE**.





## 4. Discussion

- ▶ Physicians in study were positive about the CPOE's ease of use and its ability to reduce patient care errors.
- ▶ physicians were less positive on certain functionalities within the system such as slow laboratory and radiology data retrieval and radiology data retrieval weakly correlated with overall satisfaction with the system.
- ▶ another important determinant of user satisfaction with CPOE is the success of the integration of the system in the workplace and the ruling out of technical issues which may impede the systems performance and workflow.

## 5. Limitations

- The cross-sectional design of the study, and the sampling technique may have influenced responses and difference of opinion between responders and non-responders, however the high response rate of this study is encouraging .
- the timing of the study, shortly after implementation of CPOE may reflect the perspectives of physicians who are still beginning to use and learn the system and perceptions may change with experience and time.



## 5. Limitations

- ▶ physician satisfaction was measured by a single questionnaire item as. this study was seen as a preliminary exploratory study to assess initial acceptance and we wanted to keep the questionnaire as relatively short and simple as possible .
- ▶ a longer survey with more items measuring overall satisfaction would make a more consistent measure of satisfaction .



## 6. Conclusion

- ▶ User satisfaction is an important predictor for the efficiency, usability and workflow of any CPOE system.
- ▶ The results of this study demonstrate that physicians are satisfied overall with the new CPOE system at a hospital of the NGHA – Eastern region.
- ▶ Physicians' age, area of specialty and nationality impacted on physicians' satisfaction with CPOE.



Thanks for Your Attention



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