

Abstract

Since the publication of the eHealth Strategy for Ireland (DOH 2013) and the announcement of a national electronic health record (EHR) strategy, discourse surrounding electronic record adoption has gained momentum in Ireland. Along with potential benefits, adoption can also accrue negative unintended consequences (Harrison *et al.* 2007, Jones *et al.* 2011, Middleton *et al.* 2013). One possible explanation is that when a system is perceived as difficult to use it produces a range of challenges. End-users circumvent challenges through the adoption of workarounds which can lead to errors (Harrison *et al.* 2007, Ash *et al.* 2009, Jones *et al.* 2011, Wiedemann 2012, Flanagan *et al.* 2013, Friedman *et al.* 2014).

OBJECTIVE: The overall objective of this research was to extract the 'lived experience' of nurses using electronic records to document patient care; and to discuss potential ways challenges may be mitigated or reduced with regard to a national EHR project.

PARTICIPANTS: 22 nurses from three healthcare institutes in the Republic of Ireland, inpatient (specialist), inpatient (general) and day-care environments were represented.

METHODOLOGY: The research took a phenomenological approach, with data analysed using the model based on the work by Giorgi (1997) and adapted by Schweitzer (1998).

CONCLUSION: Although positive about EHR use, challenges and workarounds were discussed by the participants. Perceived challenges were presented under the themes: *Direct/external* or *Indirect/internal* challenges. These themes reflect the sub-themes: "Inadequate number of terminals", "Interruptions by non-nursing users", "Location challenges", "Technical challenges", "Time constraints on learning" and "Individual traits". Workarounds discussed are presented under the themes: *Established Pre-implementation* and *Adopted Post-implementation*. These reflected the sub-themes identified: "Interim recording", "Password workarounds", "Copy and Paste", "Pre-charting". These are fully explored in the subsequent text, along with the potential implications for a national EHR.