The transition from paper to electronic nursing documentation appears in nurses’ narratives as a metaphorical journey.

While we may at times follow a difficult and circuitous path, surely it is as the Chinese Tao Te Ching (Lao-tzu, trans. 1995, p. 83) states: A journey of a thousand miles begins with a single step.

Introduction

This study was guided by one research question:

• What does it mean for nurses to transition from paper to electronic nursing documentation?

Research Question
Eight RNs, working in the North Texas area, were interviewed for this study. Participants represented a cross section of ages, nursing experience, & gender. Variety found in participants’ personal & work settings was also reflected in their narratives.

Responses encompassed wide range of emotion & reaction as nurses related positive & negative experiences in their own transition from paper documentation.

Sample

Sample Characteristics

- **Participants**
  - Gender
    - Female – 7
    - Male – 1
  - Age
    - 23-60
  - Experience
    - 3-30+yr
  - Ethnicity
    - White – 6
    - Black – 1
    - Hispanic – 1

- **Hospitals**
  - Size
    - Sm. (<200) – 2
    - Med. (200-400) – 4
    - Lg. (>400) – 2
  - Setting
    - Urban – 2
    - Suburban – 4
    - Rural – 2

Methodology

- **Narrative Inquiry**
  - People *shape* their daily lives by stories of who they and others are and as they *interpret* their past in terms of these stories. Story, in the current idiom, is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful. Viewed in this way, *narrative is the phenomenon studied* in inquiry. Narrative inquiry, the study of experience as story, then, is first and foremost a *way of thinking about experience*. Narrative inquiry as a methodology entails a view of the phenomenon. To use narrative inquiry methodology is to adopt a particular narrative view of experience as phenomena under study (Creswell & Clandinin, 2006, p. 477).
The Narrative Moment

- The point of convergence between continuity, place, and interaction within the three-dimensional narrative inquiry (3DNI) space.

Methodology

The 3DNI Space

Three Major Themes
- Education
- Support
- Environment of Care

Sub-Themes
- Generational Differences
- Patient Safety

Communication
- Appears in all themes as a pattern or meta-theme

Findings
Timing

“For eight hours we’d play on the computer, which was a lot of overload. I mean, by the time you’d walk out of there you were just so exhausted... the next day you would go back to paper charting and not implement it for two or three months, and you were supposed to remember what you did for eight hours several weeks ago.” (Yvonne)

“Show me whatever you want to show me today but if I’m not going to use it for three weeks, I’ll need to re-learn it then, when I get to the floor.” (Lisa)

Generational Differences

“Once we actually went to the computer, I noticed that the older generations were having a lot more trouble than the younger people.” (Diane)

“The reality is, I think it has a lot to do with demographics, as far as physical age is concerned and history, like prior usage. You know, if you come from a background where you used computers a lot, it’s probably easier to do this; to make this transition.” (Lisa)

Format

“I think a scenario is a lot better to use as an educational tool, because it emphasizes that individual nurse and her assessment and charting skills instead of emphasizing the functions of the technology.” (Emily)

“It was task-oriented.” (Lisa)

“We did that scenario stuff and yes, I think it helps because it’s more real to you when you learn something that’s more like what you do on the floor.” (Sandra)
**Personnel Support**

- "The focus was not on patients and their needs; the focus was on, 'You need to document this, this way.'" (Lisa)

- "One thing that I know would have helped is more people. You know, beefing up the staffing and the number of super-users on the floor on that first day. We only had one super-user on each floor and just the regular number of nurses when we went live." (Fred)

- "When we did the go-live, we did have... somebody from [the vendor] who provided our system and there was somebody on call 24 hours a day." (Diane)

**Communication as Support**

- "There was never a time when I was like, 'Oh my gosh, we're out here on our own.' I feel like they really backed us up; especially being able to page someone 24 hours a day, just letting us know what we needed to expect, and supporting us through it with education and our expectations and all of that." (Diane)

- "I think personally, if you have an open mind you can better receive the change and if somebody in the organization got us someone outside the organization, who was using the system, to give us some support, that would help. I think the more you hear about electronic documentation and success stories about using it at other facilities, that helps to bring down that level of uneasiness." (Emily)

**Initial Responses**

- "I felt harried at first, you know, like I had to do in this window of twelve hours that I had to get everything in, as much as I could and then some, and still take care of my patient one-to-one. I felt like how I used the computer was driving how I was giving care." (Emily)

- "Initially, how, how it affected my practice is patients would suffer. They wouldn't get the attention they needed." (Lisa)
Later Responses

"I discovered that how this facility had everything set up, we actually had everything in the patient’s room; realizing it was there for use as a tool and I started to rearrange the way I actually took care of my patients… It really did make a big difference in how I delivered care to my patients because we did our documentation at the patient bedside.” (Emily)

"I like it – now. I like it now to the point that I find it very hard to paper chart when the computer goes down.” (Yvonne)

"I believe that means I am more able to devote my energies where they should be – to my patients. For me, that’s been a very gratifying change because you know I was anxious at first. Now I no longer need to be and my patients probably sense that.” (Mary)

Environment of Care

Nursing the computer phenomenon

"That’s really pretty funny because I had a physician make exactly that comment about two weeks after we started with the electronic charting. She was very concerned because she said just that – nurses seemed to be spending too much time nursing the computers and they weren’t paying attention to the patients.” (Fred)

"I hate to admit it but I know I did some of that when I first started charting in the computer.” (Angie)

EoC: Patient Safety

A Meta-Theme

A strategy in themes of education & support

"It’s all communication. What you’re teaching us it’s all about communication.” (Yvonne)

An outcome in environment of care

"The trouble is that the same patient record doesn’t seem to talk to the same patient record sometimes.” (Yvonne)

"It has to be a safety thing. If I can’t read your charting I might think something is happening that, you know, is totally different from the patient’s real condition… Well, after getting exposed to it more and more, I really felt that it was enhancing patient safety.” (Emily)

Communication
For the purposes of clarity and consistency within the 3DNI space, the conclusions and implications drawn from nurses’ narratives are arranged along the plane of temporality, beginning in the planning stages and continuing after the go-live experience to a state of normalization stretching into an implied future.

Conclusions/Implications

Temporality

Planning
- Quality of administrative communication affects staff attitudes.
- Poor vertical communication may result in increased anxiety, fear, and frustration. Improved communication can result in decreased anxiety and fear as staff feels more involved in the process.

As integral part of overall system implementation plan, hospital administrators should develop plans for supportive communication during all phases of project.

Conclusions/Implications
Recommendations for Further Study

- Comparing various educational methodologies to test nascent theory
- Identification of best practices for timing of education relative to go-live
- Group dynamics of nurses' involvement in design & implementation
- Qualitative study of patient impressions of POC documentation
- Broad study of implementation practices to enable generalization

Discussion/Summary

Although conclusions & implications drawn from this narrative inquiry are naturally limited by the small sample size & qualitative nature of the study, these alone should not diminish the importance of paying heed to the voices represented in these storied experiences. Rather, the consistent sentiments and common themes identified here should encourage all stakeholders to constantly strive to improve education, communication, support, & the environment of care.

Discussion/Summary

Using Conditional Logic to Describe Significance to Nursing & Healthcare

- If we attend to the experiences of others who have already transitioned to electronic documentation systems, then we will be as successful as possible in our implementation; resulting in a safer environment of care, optimal return on investment, and improved employee satisfaction.
My own research narrative has evolved in many ways throughout the course of this study, as my personal journey paralleled and diverged from the journeys of the participants.

“The path into the light seems dark, the path forward seems to go back, and the direct path seems long.” (Lao-tzu, 1992, p. 41)

Thank you for your attention

References