Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 9 (2025): September 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i9.1931
Original Article

Determinants of electronic documentation of patient data among nurses at Dr. Batta General Military Hospital, Entebbe, Wakiso District. A cross-sectional study.

Peter Muhwezi, Nansereko Hasifa*, Jane Frank Nalubega, Immaculate Naggulu Prosperia
Mildmay Institute of Health Sciences

ABSTRACT

Background

The integration of Electronic Health Records into healthcare systems is vital for improving documentation accuracy, care coordination, and patient safety. However, the adoption of electronic documentation by nurses in Uganda remains low. This study aimed to assess the individual and health facility-related determinants influencing the use of electronic documentation among nurses at Dr. Batta General Military Hospital, Entebbe.

Methodology

A descriptive cross-sectional study was conducted using structured self-administered questionnaires with a sample of 30 nurses selected through simple random sampling. Data were analyzed using descriptive statistics and presented in tables, bar graphs, and pie charts.

Results

The majority of respondents were aged 26–31 years (40.0%) and predominantly female (66.7%). Most nurses (83.3%) correctly understood the meaning of electronic documentation, and 60% had received prior training. However, key individual barriers included lack of skills or confidence (50.0%), fear of making mistakes (33.3%), and system complexity (33.3%) as the main reasons for non-use. On the health facility side, 56.7% of respondents reported insufficient electronic equipment, 63.3% indicated the absence of clear documentation guidelines, and 56.7% stated they lacked adequate support and supervision.

Conclusion

Electronic documentation among nurses is hindered by limited digital competence, resistance to change, inadequate refresher training, and negative perceptions. Institutional barriers such as poor infrastructure, weak leadership, and a lack of clear policies further exacerbate the challenge. Without addressing these barriers, the hospital risks continued inefficiencies in patient data management and care delivery.

Recommendations

The Ministry of Health should invest in targeted ICT and EHR training programs to boost nurses' skills and confidence. Dr. Batta General Military Hospital must strengthen its technological infrastructure and provide consistent technical support. Hospital administration should simplify EHR systems and establish clear documentation policies to improve usability and compliance.

Keywords: *Determinants of electronic documentation, Patient data, Nurses at Dr. Batta General Military Hospital.*
Submitted*: 2025-07-02* ***Accepted:*** *2025-08-29* ***Published:*** *2025-09-15*

Corresponding Author: Nansereko Hasifa
Email: ***haffyhussein65@gmail.com***
Mildmay Institute of Health Sciences

Background

The global shift toward electronic health records (EHRs) and digital documentation is recognized as crucial for improving healthcare delivery, enhancing clinical decision-making, and minimizing medical errors (Alawiye, 2024). High-income countries, such as the United States, have seen over 85% of health facilities transition to electronic systems (Jeilani & Hussein, 2025). However, in many low- and middle-income countries, including those in Sub-Saharan Africa, adoption remains limited due to barriers like poor computer literacy, inadequate training, system downtimes, and negative attitudes toward technology (Boitshoko et al., 2025; Muinga et al., 2020). Formal IT training, digital literacy, refresher training, personal perceptions, resistance to change, and technological anxiety are key individual determinants that

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 9 (2025): September 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i9.1931
Original Article

influence the use of electronic documentation among nurses. These factors can either facilitate or hinder adoption depending on the nurse's level of exposure and comfort with digital tools (Zaman et al., 2021). In Jordan, research conducted in 2022 regarding leadership involvement revealed that hospitals with supportive and engaged leaders had higher electronic documentation compliance. The study showed that 73% of nurses felt encouraged by leadership support, which translated into consistent system use. This suggests that leadership endorsement can positively influence documentation behaviors (Bani Hani et al., 2022).

Uganda has implemented digital initiatives like DHIS2 and EMRs, yet nurses' uptake remains low, often due to unstable internet, limited computer access, and staff shortages (Adong, 2018; Alunyu et al., 2024). At Dr. Batta General Military Hospital, Entebbe, informal reports suggest that, despite existing infrastructure, most nurses still rely on manual records. Factors such as lack of refresher training, limited access to computers, and high patient workloads persist, yet no formal research has explored these issues. This study, therefore, seeks to examine the individual, institutional, and systemic factors influencing the uptake of electronic documentation among nurses at the facility. The purpose of this study is to assess the determinants of electronic documentation of patient data among nurses at Dr. Batta General Military Hospital, Entebbe, Wakiso district.

METHODOLOGY

Study design

In this study, a descriptive cross-sectional study design adopting quantitative methods of data collection was used. This design was preferred because it was less time-consuming and allowed the researcher to collect data from respondents at a single point in time without the need for follow-up, thereby saving time and resources. It also enabled the researcher to describe the determinants influencing the electronic documentation of patients' data among nurses at Dr. Batta General Military Hospital, Entebbe.

Study Setting

The study was conducted at Dr. Batta General Military Hospital. Located in the central business district of Entebbe, in Wakiso District, approximately 44 kilometers (27 miles) southwest of Kampala, the capital city of Uganda, Dr. Batta General Military Hospital, Entebbe, is one of the key healthcare facilities serving the region. The hospital was expanded in May 2016 from 100 to 200 beds and provides both private healthcare services.

Study population

The study population comprised nurses who were on duty at Dr. Batta General Military Hospital, Entebbe, during the time of data collection.

Sample size determination.

In this study, Yamane's formula (1967) was used to determine the sample size. This method was appropriate when dealing with a known, finite population and allows for a manageable sample size while maintaining statistical validity.

The formula is:

Where;

n = the required sample size,

N is the total population size

e= level of precision or margin of error (commonly set at 0.10 or 10% for small sample research)

Assuming a total population of 43 nurses at Dr. Batta General Military Hospital, Entebbe.

The study, therefore, involved **30 nurses**. This number was considered adequate given the researcher's limited budget, the accessibility of respondents during the study period, and the available timeframe for completing the research.

Yamane's formula was chosen because it was a widely accepted and statistically reliable method for determining sample size. Given that the total population of nurses at the hospital was estimated at 30, using a 5% margin of error ensured a sufficient level of precision and confidence in the results, while avoiding the resource strain that might occur if the entire population were studied. A sample of 30 provides a representative subset, allowing generalization of the findings to the broader population of nurses' clients at the hospital.

Sampling procedure and rationale.

The study used a stratified random sampling method. This involved selecting nurses from a list of those who were actively involved in the use of electronic documentation systems at Dr. Batta General Military Hospital, Entebbe. The names of all eligible nurses were compiled, and a random selection was made using a random number generator. Eligible participants were those who had worked at the hospital for at least six months and were currently involved in patient care. Only nurses who voluntarily agreed to participate and provide informed consent were included in the study. The stratified random sampling method was chosen due to its practicality and ease of access to participants during consecutive hospital visits, making it suitable for the limited time and resources available for this research study.

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 9 (2025): September 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i9.1931
Original Article

Inclusion criteria

Inclusion criteria consisted of Ugandan nurses who are actively involved in the use of electronic documentation systems in patient care and have been employed at the hospital for at least six months. Eligible participants included both male and female nurses aged between 20 and 60 years, who held a Certificate, Diploma, or Degree in Nursing, and had received formal training in the use of electronic documentation systems. Additionally, participants must be able to communicate effectively.

Exclusion criteria

Nurses who were assigned to emergency duties where participation may interfere with critical patient care
Nurses who were not directly involved in electronic documentation were excluded.
Nurses who have not received any formal training on the use of electronic documentation systems and those who have been employed for less than six months were also excluded from the study.

Independent Variables:

The independent variables in this study included:

Individual-related determinants:

Knowledge and awareness, training and education, attitude towards technology and electronic systems, and experience with electronic documentation systems in previous roles.

Health facility-related determinants:

Availability and accessibility, supportive infrastructure, such as reliable internet access and hardware, Institutional policies, and organizational support.

Dependent Variable:

In this study, the dependent variable was electronic documentation of patients' data.

Research instrument;

The data was collected from respondents using a self-administered questionnaire with open and closed-ended questions. The questions were arranged in the form of sections according to the research-specific objectives.

Data collection procedure

Data was collected using a self-administered structured questionnaire designed to gather quantitative data relevant to the study objectives. Before data collection began, the researcher obtained an introductory letter from Mildmay Uganda School of Nursing and Midwifery. This letter was used to seek permission from the hospital administration at Dr. Batta General Military Hospital, Entebbe. Upon receiving approval, the researcher proceeded to the head of the nursing department to facilitate access to eligible nurses for participation.

The purpose and procedures of the study were explained to participants, and informed consent was obtained from each one before they filled out the questionnaire. As this was a quantitative study, no interviews were conducted. The questionnaire was self-administered; however, for participants who experienced challenges, the researcher offered clarification only when necessary, without influencing the responses. Data collection was conducted for 3 days, targeting a sample size of 30 nurses.

To ensure **validity**, the questionnaire was developed based on the literature and aligned with the study objectives to accurately capture the variables of interest. For **reliability**, the questionnaire was **pre-tested** on 5 nurses at CoRSU Rehabilitation Hospital with similar characteristics to the study population. Feedback from the pre-test was used to refine question clarity, structure, and consistency to enhance the reliability and accuracy of the data collection tool.

Data management and analysis.

In the process of data collection, each questionnaire, after being filled out, was checked for completeness, accuracy, and omissions, and corrections were made before leaving one respondent to another. This action ensured that every question had its appropriate response and vice versa.

Blank questionnaires were kept separate from those filled in/administered. They were assigned serial numbers. They were kept safe under lock and key, only accessible to the researcher.

Data was analyzed in Microsoft Excel. This analyzed the information to create various presentations like tables, graphics, and Pie charts. These were described in frequencies and narratives attached to them.

Quality Assurance

Validity

The questionnaire was reviewed by expert nurses and the research supervisor to ensure data relevance. It was then pretested with nurses in a similar setting to check clarity and suitability. A pre-visit to the study site was conducted to confirm protocols and permissions. These steps ensured readiness for effective data collection.

Reliability

To enhance the reliability of the study, the questionnaire was subjected to pilot testing. This involved administering the research tool to a small group of participants who

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 9 (2025): September 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i9.1931
Original Article

identified and addressed any clarity, relevance, and feasibility issues. The feedback obtained from the pilot test helped refine the questions that ensured that the tool was both reliable and effective for the main study.

Ethical Consideration

The study adhered to strict ethical standards. Written informed consent was obtained from all participants, and they were informed of their right to withdraw at any time. The study protocol was reviewed and approved by the Institutional Review Committee (IRC) to ensure participant safety and rights. The respondent's names were not captured on the questionnaire; instead, numbers were assigned to each respondent.

RESULTS

Socio-demographic data of the respondents.

Table 1: Showing the socio-demographic information of the respondents (n = 30).

Variable	Frequency	Percentage (%)
AGE (Years)		
18-25	8	26.7
26-31	12	40.0
32-37	6	20.0
38 years and above	4	13.3
Total	**30**	**100**
Gender		
Male	10	33.3
Female	20	66.7
Total	**30**	**100**
Marital status		
Married	18	60.0
Single	12	40.0
Total	**30**	**100**
Qualification		
Enrolled	10	33.3
Registered	16	53.3
other	4	13.3
Total	**30**	**100**
Education level		
Degree	8	26.7
Diploma	16	53.3
Certificate	6	20.0
Total	**30**	**100**
Working experience		
1-5 years	12	40
6-10 years	10	33.3
More than 10 years	8	26.7
Total	**30**	**100**

Primary source of data: 2024

Table 1, regarding the age, close to half of the respondents, 12(40%), were between 26 and 31 years of age, while the least 4(13.3%) represented the age group was 38 years and above. Concerning gender, a larger proportion of the respondents were female, 20(66.7%), compared to males, 10(33.3%). On marital status, most respondents 18(60%) were married, while 12(40%) were single. About qualification, the largest group of respondents were Registered Nurses, 16(53.3%), followed by Enrolled Nurses, 10(33.3%). Regarding education level, most of the respondents held a Diploma 16(53.3%), and the least 4(13.35%) with a degree. Regarding working experience,

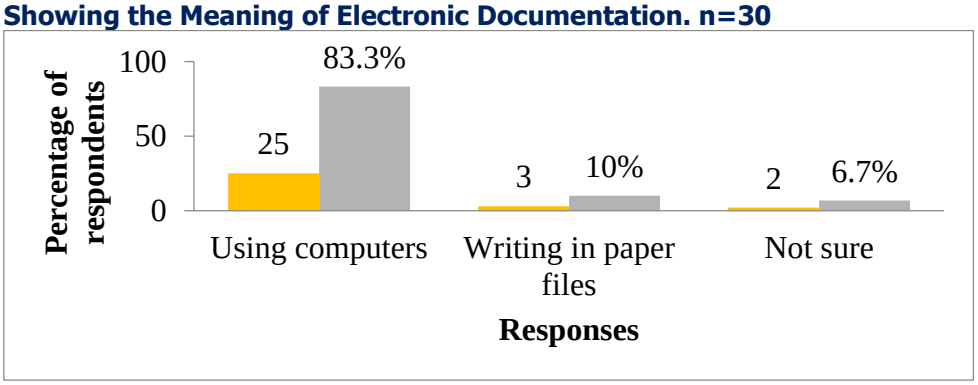
Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 9 (2025): September 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i9.1931
Original Article

most respondents had between 1 and 5 years of work experience, 12(40%), while the fewest respondents, 8(26.7%), had a working experience of more than 10 years.

Individual–related determinants of electronic documentation of patient data among nurses.

Meaning of Electronic Documentation.

Figure 1: Showing the Meaning of Electronic Documentation. n=30

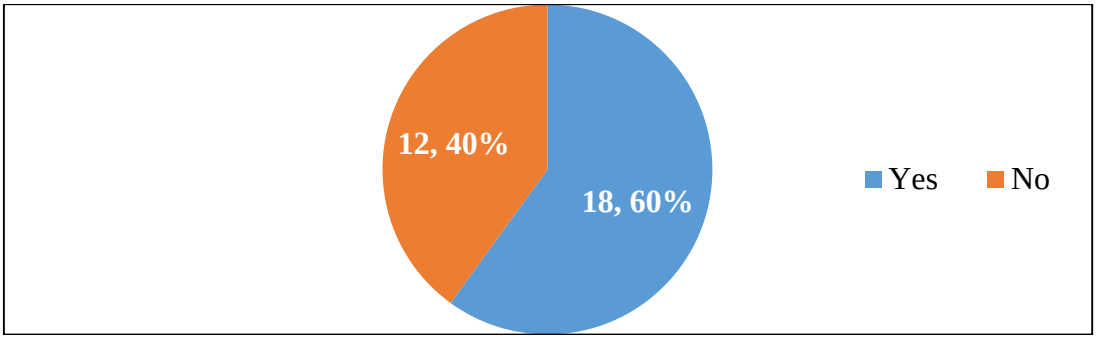


Primary source of data: 2024

Findings from Figure 1 show that two-thirds of respondents, 25(83.3%), associated electronic documentation with using computers or digital systems, while a minority, 2(6.7%), were not sure about electronic documentation.

Prior Training on Electronic Documentation

Figure 2: Showing whether respondents received prior Training on Electronic Documentation n=30



Primary source of data: 2024

According to Figure 2, more than half, 18(60%), had received prior training on electronic documentation. While the least of the respondents, 12(40.0%), did not receive prior training on electronic documentation.

Perceived Limitations to Using Electronic Documentation

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 9 (2025): September 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i9.1931
Original Article

Table 2 : Showing the Perceived Limitations to Using Electronic Documentation n=30

VARIABLE	CAREGORY	FREQUENCY	PERCENTAGE (%)
Perceived Limitations to Using Electronic Documentation	Lack of skills/confidence	15	50.0
	Making mistakes	10	33.3
	Others.	5	16.7
TOTAL		30	100

Primary source of data: 2024

Results from table 2 show that half of the respondents, 15(50.0%), stated that Lack of skills/confidence was a limitation to Using Electronic Documentation, while the least of the respondents, 5(16.6%), reported that other factors limited them from using electronic documentation.

Showing the Main Reason for not using electronic documentation for patient care.

Table 3: Showing the Main Reason for not using electronic documentation for patient care, N=30.

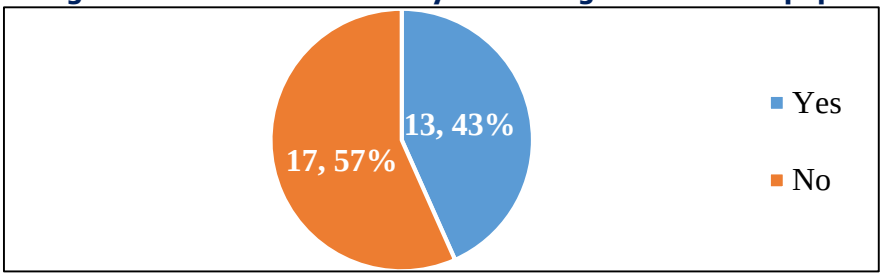
VARIABLE	CAREGORY	FREQUENCY	PERCENTAGE (%)
Main Reason for Not Using EMR	The system is hard to understand	10	33.3
	Not easy to use	8	26.7
	Not interested	7	23.3
	Other	5	16.7
Total		**30**	**100**

Primary source of data: 2024

Table 3 shows that a third of the respondents 10, 33.3%) stated that the System being hard to understand was the primary reason for not using electronic medical records (EMR), while a least five respondents (5, 16.7%) mentioned that other reasons hindered them from using EMR.

Health facility-related determinants of electronic documentation among nurses whether the health facility had enough electronic equipment.

Figure 3: Showing whether the health facility had enough electronic equipment. n=30



Source: Primary data 2024.

Figure 3 shows that, more than half of the respondents, 17(56.7%), reported that electronic equipment was not available in their facility, while a least of the respondents, 13(43.3%), had electronic equipment available in their facility.

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 9 (2025): September 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i9.1931
Original Article

Presence of Documentation Guidelines

Table 4 Showing whether the health facility had clear documentation guidelines. N=30

Category	Variable	Frequency	Percentage (%)
Presence of Documentation Guidelines	Yes	11	36.7
	No	19	63.3
Total		**30**	**100**

Source: Primary data 2024.

Table 4, a larger proportion of respondents, 19(63.3%), indicated that there were no documentation guidelines in place, while a least of the respondents, 11(36.7%), were not sure of the presence of documentation guidelines.

Showing whether the facility provided support supervision.

Table 5: Showing whether nurses had Support Supervision. N=30

Category	Variable	Frequency	Percentage (%)
Whether nurses had Support Supervision.	Yes	13	43.3
	No	17	56.7
Total		**30**	**100**

Source: Primary data 2024.

Table 5 shows that more than half of the respondents, 17(56.7%), stated that they had Support Supervision. At least 13(43.3%) mentioned that they had never had Support Supervision.

DISCUSSION

Individual-Related Determinants of Electronic Documentation understanding of Electronic Documentation

The study found that the majority of nurses 25(83%) understood electronic documentation to involve the use of computers or digital systems. This indicates a generally good awareness among nurses about the concept. This finding aligned with a study conducted in Poland, which revealed that nurses with higher computer literacy levels demonstrated increased confidence and efficiency in using electronic systems (Bartosiewicz et al., 2021). A clear understanding of electronic documentation is a foundational step toward effective adoption.

Prior Training on Electronic Documentation

The results showed that 18(60%) of nurses had received prior training on electronic documentation, while 12(40%) had not. This finding resonated with the research conducted in Saudi Arabia, which demonstrated that nurses who had received formal IT training were more likely to use electronic documentation systems (Qashqari et al., 2025). It suggests that expanding training programs could significantly enhance documentation practices at the facility.

Perceived Limitations to Using Electronic Documentation

Half of the respondents, 15(50%), cited lack of skills or confidence as a major limitation to using electronic documentation, while others reported fear of making mistakes (33%). It's also supported by an Ethiopian study where 52% of resistant users reported discomfort with technology as a barrier (Abiy, Gashu & Asemaw, 2018). These findings suggest that emotional and psychological readiness played a critical role in the adoption of electronic systems.

Main Reason for Not Using Electronic Documentation

A significant number of nurses, 10(33%), reported that the electronic system was hard to understand. Similarly, 8(27%) said it was not easy to use, while others were either not interested or had other reasons. This aligned with findings from Ghana, where perceptions of system usability influenced documentation behaviour; 71% of nurses with positive perceptions used the systems consistently (Simbini et al., 2025). Hence, simplifying user

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 9 (2025): September 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i9.1931
Original Article

interfaces and raising awareness about system benefits could increase uptake.

Health Facility-Related Determinants
Availability of Electronic Equipment

More than half of the respondents, 17(57%), reported a lack of electronic equipment in their facility, limiting their ability to document electronically. This was consistent with findings from Uganda, where inadequate infrastructure was a major barrier to system use.

Presence of Documentation Guidelines

The absence of documentation guidelines was reported by the majority, 19(63%) of respondents. **Support Supervision**

More than half 17 (57%) of respondents indicated that there was no support for supervision for electronic documentation. In contrast, a study in Canada found that the presence of continuous technical support and supervision increased nurses' confidence and system usage (Kleib et al., 2024). This highlighted the importance of supportive leadership and routine technical mentorship in sustaining electronic

Generalizability

The research was conducted only at Dr. Batta General Military Hospital, a single healthcare facility. Consequently, the findings were not generalizable to other hospitals or health centers with different technological infrastructures, staff training levels, or administrative support.

Conclusion

Both individual-related and health facility-related factors significantly influence the adoption and effective use of electronic documentation among nurses at Dr. Batta General Military Hospital, Entebbe. Lack of digital competence, fear of making errors, resistance to change, limited exposure to refresher training, and negative attitudes toward technology hinder electronic documentation on the individual level. Inadequate computer infrastructure, inconsistent technical support, weak institutional leadership, unclear documentation policies, and insufficient financial investment were identified as key facility-related challenges. These findings underscore a critical gap in both individual readiness and systemic support for electronic health records. Without deliberate efforts to address these barriers, the hospital continued to face challenges in achieving accurate, timely, and efficient documentation of patient care. Comprehensive strategies involving both capacity building and institutional strengthening are therefore essential to improving electronic documentation practices.

Limitations

Dependence on Self-Reported Data: The study primarily relied on nurses' self-reported information about their use and challenges with electronic health records. This had introduced social desirability bias, where participants might have overstated their proficiency or adherence to EHR documentation practices.

Cross-Sectional Study Design: Since the study used a cross-sectional design, data were collected at a single point in time. This limits the ability to draw causal conclusions about the factors influencing electronic documentation, restricting the interpretation to associations only.

Technology-Specific Constraints: The study focused on the existing EHR system in use at Dr. Batta General Military Hospital, which may differ from other systems in features and usability. Therefore, the identified barriers and facilitators do not apply to settings using other electronic health record platforms.

Recommendations

Ministry of Health

The Ministry of Health prioritized investing in comprehensive ICT training programs specifically focused on Electronic Health Records (EHR) and other electronic documentation tools. This enabled nurses to enhance their competence and confidence in using EHR systems effectively, addressing the barriers related to a lack of competence.

Dr. Batta General Military Hospital

Dr. Batta General Military Hospital ensured the availability of reliable technological resources, including a stable power supply, sufficient computers, and consistent technical support. This provided nurses with the necessary tools to efficiently carry out electronic documentation and reduce any technical issues that hinder system usage.

Hospital Administration

The hospital administration worked on simplifying and optimizing the existing EHR system to ensure that it was user-friendly and accessible to all nursing staff. This minimized the complexity currently reported by nurses and increased the ease of system adoption.

Nurses

Nurses at Dr. Batta General Military Hospital promoted a culture of mentorship and collaboration. By guiding one another in using the EHR system, sharing knowledge, and providing mutual support, nurses overcome individual challenges associated with using electronic documentation, leading to more effective use of the system.

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 9 (2025): September 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i9.1931
Original Article

ACKNOWLEDGEMENT

First, I would like to thank my supervisor, **NANSEREKO HASIFA,** for her unwavering support during the whole report write-up for this research.

I would like to appreciate the lecturers for their role in mentoring me throughout the period of study.

Also, sincere thanks and gratitude are extended to all my classmates and friends who have directly or indirectly helped me in the successful completion of this study.

Much gratitude goes to the management of Dr. **Batta General Military Hospital** for permission to conduct the study and cooperation throughout the period of data collection.

My parents, brothers, and sisters deserve a special mention here for their constant prayers and support. They made this endeavor possible through their love, patience, and concern.

Finally, the greatest acknowledgment goes to the Almighty God for keeping me in good health.

LIST OF ABBREVIATIONS.

EHR: Electronic Health Records
ICT: Information and Communication Technology
DHIS2: District Health Information Software 2
EMR: Electronic Medical Records

Source of funding

The study was not funded

Conflict of interest

The author did not declare any conflict of interest

Author contribution

Muhwezi Peter collected data and drafted the manuscript of the study
Hasifa Nansereko supervised the study
Jane Frank Nalubega supervised the study
Immaculate Naggulu Prosperia supervised the study

Data availability

Data is available upon request

Author biography

Muhwezi Peter is a student of a diploma in nursing extension at Mildmay Institute of Health Sciences.
Jane Frank Nalubega is a tutor at Mildmay Institute of Health Sciences
Hasifa Nansereko is a tutor at Mildmay Institute of Health Sciences
Immaculate Naggulu Prosperia is a principal of Mildmay Institute of Health Sciences

Reference list.

1. Abiy R, Gashu R, Asemaw K, et al. A comparison of electronic medical record data to paper records in an antiretroviral therapy clinic in Ethiopia: What is affecting the quality of the data? *Online J Public Health Inform* 2018; 10 (2): e212.
2. Adong, S. (2018). The impact of Information Communication Technology (ICT) on health workforce performance in Uganda: A case of the Integrated Human Resource Information System (HRIS) for absenteeism tracking in Amolatar District. http://dissertations.umu.ac.ug/xmlui/handle/123456789/807
3. Alawiye, T. R. (2024). The Impact of Digital Technology on Healthcare Delivery and Patient Outcomes. E-Health Telecommunication Systems and Networks, 13(2), Article 2. https://doi.org/10.4236/etsn.2024.132002
4. Alunyu, A. E., Amiyo, M. R., & Nabukenya, J. (2024). Contextualised digital health communication infrastructure standards for resource-constrained settings: Perception of digital health stakeholders regarding suitability for Uganda's health system. PLOS Digital Health, 3(9), e0000603. https://doi.org/10.1371/journal.pdig.0000603
5. Bani Hani, S., Aldiabat, K. M., & Al Qadire, M. (2022). Nursing Leadership Style, Training Methods, and Use of Electronic Health Records by Nurses in Jordanian Hospitals: A Descriptive Study. Florence Nightingale Journal of Nursing, 30(2), 110–116. https://doi.org/10.54614/FNJN.2022.20177
6. Bartosiewicz, A., Burzyńska, J., & Januszewicz, P. (2021). Polish Nurses' Attitude to e-Health Solutions and Self-Assessment of Their IT Competence. Journal of Clinical Medicine, 10(20), Article 20. https://doi.org/10.3390/jcm10204799
7. Boitshoko, O. L., Zlotnikova, I., Galani, M., & Sigwele, T. (2025). Exploring Factors Affecting Nurses' Actual Use of Electronic Health Records in Resource-Limited Settings in Botswana. Journal of Health Care for the Poor and Underserved, 36(1), 209–239.
8. Jeilani, A., & Hussein, A. (2025). Impact of digital health technologies adoption on healthcare workers' performance and workload: Perspective

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 9 (2025): September 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i9.1931
Original Article

with DOI and TOE models. BMC Health Services Research, 25(1), 271. https://doi.org/10.1186/s12913-025-12414-4

9. Kleib, M., Arnaert, A., Nagle, L. M., Sugars, R., & Costa, D. da. (2024). Newly Qualified Canadian Nurses' Experiences With Digital Health in the Workplace: Comparative Qualitative Analysis. JMIR Medical Education, 10(1), e53258. https://doi.org/10.2196/53258
10. Muinga, N., Magare, S., Monda, J., English, M., Fraser, H., Powell, J., & Paton, C. (2020). Digital health Systems in Kenyan Public Hospitals: A mixed-methods survey. BMC Medical Informatics and Decision Making, 20, 2. https://doi.org/10.1186/s12911-019-1005-7
11. Qashqari, A. A., Almutairi, D. S., Ennaceur, S. A., Farhah, N. S., & Almohaithef, M. A. (2025). Healthcare professionals' perceptions of electronic medical record privacy and its impact on work quality in Riyadh hospitals. Saudi Medical Journal, 46(3), 299–306. https://doi.org/10.15537/smj.2025.46.3.20240928
12. Simbini, T., Adimado, E., Adjorlolo, S., Guerrero-Torres, L., Srinivas, P. N., Zizhou, S., & Zerfu, T. A. (2025). Digital Health Interventions (DHIs) for Health Systems Strengthening in Sub-Saharan Africa: Insights from Ethiopia, Ghana, and Zimbabwe (p. 2025.04.22.25326213). medRxiv. https://doi.org/10.1101/2025.04.22.25326213
13. Zaman, N., Goldberg, D. M., Kelly, S., Russell, R. S., & Drye, S. L. (2021). The Relationship between Nurses' Training and Perceptions of Electronic Documentation Systems. Nursing Reports, 11(1), 12–27. https://doi.org/10.3390/nursrep11010002

PUBLISHER DETAILS.

Student's Journal of Health Research (SJHR)
(ISSN 2709-9997) Online
(ISSN 3006-1059) Print
Category: Non-Governmental & Non-profit Organization
Email: studentsjournal2020@gmail.com
WhatsApp: +256 775 434 261
Location: Scholar's Summit Nakigalala, P. O. Box 701432, Entebbe Uganda, East Africa