ISSN: 2349-7750



CODEN [USA]: IAJPBB

.

INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES

SJIF Impact Factor: 7.187

https://zenodo.org/records/10444923



Available online at: http://www.iajps.com

Research Article

THE ROLE OF THE MEDICAL SECRETARY IN THE DEVELOPMENT OF THE HEALTH SECTOR

Mohammed.H.Faizo¹, Hussain M.AL-qahtani², Falah S. AL-harbi³, Faisal A. AL-shoeal⁴, Abdulrahman S. AL-shahrani⁵, Abdullah M. AL-mutairi⁶, Yasser M. AL-qarniⁿ, Nasse A. AL-dossari³, Ahmed M. AL-asmariց, Omar.S.Althobaiti¹₀, Mustafa.I. Maes¹¹

Medical Secretarial Technician at Maternity and Children's Hospital in Mecca¹

Medical Secretarial Technician at Qatif Health Network²

Medical Secretarial Technician at Health affairs in the Riyadh region³

Medical Secretarial Technician at Eastern Region Health cluster⁴

Medical Secretarial Technician at Eastern Region Health Affairs in shsrqia¹

Medical Secretarial Technician at Dammam Medical Complex³

Medical Secretarial Technician at Dammam Medical Complex³

Medical Secretarial Technician at Health Affairs Medical Licensing⁰

Health informatics specialist at Maternity and children's Hospital¹¹⁰

Medical secretary at Umm Al Doum General Hospital in Taif¹¹¹

Abstract:

The aim of the current study is, the importance of the role of the medical secretary in society, the impact of the medical secretary in terms of coordinating appointments between patients and doctors, what are the health services provided by the medical secretary. The questionnaire was created electronically via the Google Drive program, and then it was distributed via mobile phone on the social networking program (WhatsApp). Using e-mail for all participants to respond to the questionnaire. 600 questionnaires were distributed to all mobile groups, and 550 questionnaires were received on the researcher's e-mail. (The target group is residents of the holy city of Mecca, aged 25-60 years). **Keywords:** medical secretariat, development, health sector

Corresponding author:

Mohammed.H.Faizo,

Medical Secretarial Technician at Maternity and Children's Hospital in Mecca



Please cite this article in press Mohammed.H.Faizo et al., **The Role Of The Medical Secretary In The Development Of The Health Sector.**, Indo Am. J. P. Sci, 2023; 10 (12).

1-INTRODUCTION:

In English, the word 'secretary' is derived from 'secret', which means confidential, and secretary means the one keeping secret. In the dictionary of Turkish Language Society, secretary is defined as "a person providing communication and being able to exchange correspondence to help a certain office or person in private and state institutions; clerk." Medical secretary ship is different from other types of secretary ships in terms of the specialty. Medical secretaries should know the processes and characteristics of health care institutions and medical terminology very well. They perform duties of vital importance such as recording in the service areas such as clinics, polyclinics, laboratories, operating theatres and intensive care units in hospitals. In healthcare service delivery, recording the data in an orderly way, accessing them easily and the analysis of the information is related to a good operation of medical secretary ship services. Highly educated medical secretaries and well-planned secretary ship services are required in improving the quality of healthcare service delivery and delivering fast and economic service to patients, relatives and other related institutions (1). A medical secretary (unit secretary/ward clerk) –hereafter referred to as secretary – is a health care unit employee responsible for tasks such as appointment scheduling and write journal entries (2). When working on administrative tasks as part of the care team, the secretaries enable nurses to spend more time on direct patient care (3). Ensuring the quality of documentation is part of the secretaries' work (4). The main task of the secretary is to make sure that patient documents are the implementation of an electronic information system may impact secretaries' job description. It has been observed that collaboration between different professional groups became closer and some tasks were moved to other groups while others disappeared altogether. (5,7) New tasks also emerged, such as checking and correcting entries made by other professionals. Some tasks also became more difficult because entering data into the new information system did not work smoothly, for example. (5) If the technology used does not support the work tasks, it has a negative impact on its usefulness (8). Secretaries are more satisfied with the use of electronic hospital information systems than physicians or nurses. The reason for this may be that different groups use different parts of the information systems and their tasks differ as well. (9) On the other hand, in the 2013 study by Bossen et al., secretaries considered the structure of the new, only recently implemented electronic patient information system to be confusing and its interface difficult and slow (10). Secretaries may

use separate electronic applications designed for specific tasks, such as a transcription system for transcribing dictations or a patient administration IT system used for recording information such as diagnoses or whether the patient is in hospital or has been discharged. The systems used by the secretaries may also be part of the patient information system. In parallel with these, paper charts may also still be used. (5) The degree of maturity of the digitalization and functionality of a patient information system can be described with the aid of the Electronic Medical Record Adoption Model (EMRAM) scale (0-7). At EMRAM Stage 0, electronic information systems have been only partly installed in the key ancillary departments (Laboratory, Radiology, Pharmacy), while at Stage 7, a complete electronic information system is in use with seamless exchange of information and advisory capacity. (11) The speed at which information systems have been adopted differs between countries (12). The assumption is that information systems support secretaries' work. Secretaries have perceived the patient administration information system to be complicated, even though observation revealed that their work was facilitated, e.g. in that they no longer had to search for patients' paper documents. (10) If the electronic patient information system does not support the work tasks, it leads to workarounds, i.e. tasks being carried out differently than they should. Workarounds may impact patient safety or efficiency. (13) If the user does not trust the electronic system, the data may also be recorded on paper to make sure that the patient information is available when needed (14). When the technology and tools used for information processing support the tasks of patient care, the quality of the information system is good (15). The usefulness of the technology used to process information has an impact on secretaries' intentions of using it. Usefulness is increased by data security. (8) Finland has a separate law on the status and rights of patients. According to the law, patients have the right to confidentiality of patient information. (16) There has been little research focusing on secretaries. There is some previous research information on secretaries' training (3), their importance for health care (1) and their tasks [3]. In addition, the impact of a new electronic tool on secretaries' work has been studied (5,7,17). The work tasks were partly altered, partly eliminated, or remained partly the same (5,7). Secretaries have been included as one group in studies comparing the perceived benefit, ease of use and possibility to control own tasks with the hospital information system between different professional groups (9), intentions of using the electronic system and the preceding factors (8), as well as the support for different groups of healthcare professionals provided

by a recently adopted electronic patient information system (10).

2-MATERIAL AND METHODS:

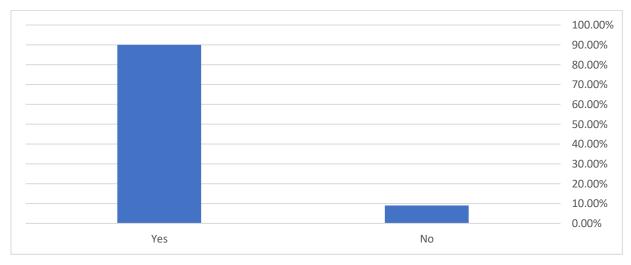
The study started in (the holy city of Mecca in Saudi Arabia), began writing the research and then recording the questionnaire in June 2023, and the study ended with data collection in September 2023. The researcher used the descriptive analytical approach that uses a quantitative or qualitative description of the social phenomenon (The role of the medical secretariat in the development of the health sector). This kind of study is characterized by analysis, reason, objectivity, and reality, as it is concerned with individuals and societies, as it studies the variables and their effects on the health of the individual, society, and consumer, the spread of diseases and their relationship to demographic variables such as age, gender, nationality, and marital status. Status, occupation (18), And use the Excel 2010 Office suite histogram to arrange the results using: Frequency tables Percentages (19). A questionnaire is a remarkable and helpful tool for collecting a huge amount of data, however, researchers were not able to personally interview participants on the online survey, due to social distancing regulations at the time to prevent infection between participants and researchers and vice versa (not coronavirus participation completely disappearing from society). He only answered the questionnaire electronically, because the questionnaire consisted of nine questions, all of which were closed. The online approach has also been used to generate valid samples in similar studies in Saudi Arabia and elsewhere (20)

3- RESULTS AND DISCUSSION:

The percentage of approval to participate in the research questionnaire was 100%, while the age percentage of participants was as follows: 34 years old, 30%, 35 years old, 18%, 36 years old, 9.6%, 37 years old, 23.1%, and 38 and 30 years old, 9.6%. As

for the gender of the participants, the percentage of males was 90.9%, and the percentage of females was 9.1%. While the nationality of most of them is 100% Saudi, their professions were as follows: Ministry of Health employees 9.1%, government employee 18%, civil servant 18.2%, nurse 9.1%, health staff 9.1%, medical secretary technician 27.3%, technician 9.1%. As for the educational status, it was as follows: intermediate diploma 10%, high diploma at King Faisal University 10%, high diploma medical secretary 10%, university 31.5%, bachelor's degree 38.5%. As for the responses to the research questionnaire, they were as follows: The first question: Is the role of the medical secretary important in the method of communication between doctors and patients? Yes 100% and no 0%. The second question: What are the duties of the medical secretary: receiving and assisting patients, maintaining medical records, receiving their communications, and extending their appointments with doctors? Yes 90.9% and no 9.1%. The third question about which organizational skills are required is how to deal with patients, respond to their calls and inquiries, and be patient and tactful with them? Yes 100% and no 0%. The fourth question: Does the medical secretarial diploma job have a career future? Yes 100% and no 0%. The fifth question: Can medical secretary employees complete their academic career in the same specialty? Yes 100% and no 0%. Question Six: The job description of a medical secretary is defined as the person responsible for all organizational matters related to the clinic or medical center, such as (coordinating patient appointments)? Yes 100% and no 0%. The eighth question: Is there a similarity between the job of a medical secretary and a medical records technician? Yes 36.4% and no 63.6%. The ninth question: What are the duties of a medical secretary? 1- Receiving and assisting patients 2-Writing medical documents 3- Maintaining patient files 4- Organizing work schedules with insurance companies 5- Ensuring the confidentiality of information.? All answers were 100% yes. (figure No.1).

Figuree: Opinions and attitudes of participants regarding the importance of the role of the medical secretary in the development of the health sector



4-CONCLUSION:

The role of the medical secretary in the development of the health sector is very important, as he has a role in coordinating between the doctor and patients in terms of appointments, and creating a link between patients and doctors.

Acknowledgment:

To start with, I would like to Praise God and thank Dr. Anas S. Dablool, from Umm Al-Qura University (Public Health Department, Faculty of Health Sciences Al-leeth), Mecca, Saudi Arabia. And the researchers who make the project come to light.

REFERENCES:

- 1- Tengilimoğlu, D., & Çıtak N. (2003). Yönetici ve Tıp Sekreterliği. Ankara: Seçkin Yayıncılık. Tengilimoğlu, D., Işık, O., & Akbolat M. (2017). Sağlık İşletmeleri Yönetimi. (8.Basım), Nobel Yayıncılık, Ankara
- 2- NOLO (Nordiska Läkarsekreterarorganisation) [Internet]. "I am not a typing machine!" Report on the Professional Status of Medical Secretaries in Nordic Health Care. NOLO; 2019 [cited Aug 2020]. Available from: http://www.terveydenhuollonsihteerit.fi/userupl o ads/files/Report%20on%20the%20Professional %2
 - 0Status%20of%20Medical%20Secretaries%20i n%2 0Nordic%20Health%20Care.pdf
- 3- Kennedy M. The importance of a role-specific, in-hospital ward clerk education program. Hosp Top. Jul-Dec 2016;94(3-4):43-48. https://doi.org/10.1080/00185868.2016.123431

- 4- Johansen MA, Pedersen ÅM, Ellingsen G. Secretaries' role in EHR Documentation and the Implications of Establishing a Structured EHR System. Stud Health Technol Inform. 2015;216:878
- 5- Bossen C, Groth L, Udsen F. Boundary-Object Trimming: On the Invisibility of Medical Secretaries' Care of Records in Healthcare Infrastructures. Comput Supported Coop Work 2014;23(1):75–110. https://doi.org/10.1007/s10606-013-9195-5
- 6- Lambe G, Linnane N, Butler MW. Cleaning up the paper-trail our clinical notes in open view. Int J Health Care Qual Assur. 2018 Apr 16;31(3):228- 236.

https://doi.org/10.1108/IJHCQA-09-2016-0126

- 7- Bergey MR, Goldsack JC, Robinson EJ. Invisible work and changing roles: Health information technology implementation and reorganization of work practices for the inpatient nursing team. Soc Sci Med. 2019 Aug;235:112387.
 - https://doi.org/10.1016/j.socscimed.2019.11238
- 8- Vitari C, Ologeanu-Taddei R. The intention to use an electronic health record and its antecedents among three different categories of clinicl staff. BMC Health Serv Res. 2018 Mar 21;18(1):194. https://doi.org/10.1186/s12913-018-3022-0
- 9- 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 Nov 5;2015:1001-7.

- 10- Bossen C, Jensen LG, Udsen FW. Evaluation of a comprehensive EHR based on DeLone and McLean model for IS succeed: Approach, results, and success. Int J Med Inform. 2013 Oct;82(10):940-53. https://doi.org/10.1016/j.ijmedinf.2013.05.010
- 11- Healthcare Information and Management Systems Society (HIMMS). [Internet]. Electronic medical record adoption model HIMSS Analytics EMRAM. HIMSS [cited Dec 2020]. Available from: https://www.himssanalytics.org/emram
- 12- Samadbeik M, Shahrokhi N, Saremian M, Garavand A, Birjandi M. Information Processing in Nursing Systems: An Evaluation Study from a Developing Country. Iran J Nurs Midwifery Res. SepOct 2017;22(5):377-382. doi: 10.4103/ijnmr.IJNMR 201 16.
- 13- Blijleven V, Koelemeijer K, Jaspers M. SEWA: A Framework for Sociotechnical Analysis of Electronic Health Record System Workarounds. Int J Med Inform. 2019 May;125:71-78. https://doi.org/10.1016/j.ijmedinf.2019.02.012
- 14- Flanagan ME, Saleem JJ, Millitello LG, Russ AL, Doebbeling BN. Paper- and computer-based workarounds to electronic health record use at three benchmark institutions. J Am Med Inform Assoc. 2013 Jun;20(e1):e59-66. https://doi.org/10.1136/amiajnl-2012-000982.

- 15- Ammenwerth E, Ehlers F, Hirsch B, Gratl G. HIS-Monitor: An approach to assess the quality of information processing in hospitals. Int J Med Inform. Feb-Mar 2007;76(2-3):216-25. https://doi.org/10.1016/j.ijmedinf.2006.05.004
- 16- Finlex. Act on the Status and Rights of Patients. 785/1992 English. [Internet]. Finlex; translation completed 13.05.1996 [Available from: https://www.finlex.fi/en/laki/kaannokset/1992/e n 19920785.
- 17- Robinson E, Bergey M, Brady E, Mapp AM, Goldsack JC. The Impact of an Electronic Medication Administration Record (eMAR) and Computerized Physician Order Entry (CPOE) on Nurse Extender and Unit Clerk Staffing. J Nurs Adm. 2017 Dec;47(12):610-615.
- 18- Alserahy, Hassan Awad, et al (2008), The thinking and scientific research, Scientific Publishing Center, King Abdul-Aziz University in Jeddah, the first edition
- 19- Al Zoghbi, Muhammad and AlTalvah, Abas (2000), Statistical system understanding and analysis of statistical data, first edition, Jordon-Amman
- 20- Kadasah, N.A.; Chirwa, G.C.; et al. Knowledge, Attitude, and Practice Toward COVID-19 Among the Public in the Kingdom of Saudi Arabia: A Cross-Sectional Study. Front. Public Health 2020, 8, 217.