

Medical Secretaries as Healthcare Intermediaries: Balancing Administrative Tasks and Patient Support

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ABSTRACT

Medical secretaries play a crucial role in healthcare institutions, serving as intermediaries between patients, healthcare providers, and administrative systems. This study explores the evolving responsibilities and challenges faced by medical secretaries in the context of increasing digitalization and the adoption of electronic health records (EHRs). As healthcare systems transition from paper-based to electronic documentation, medical secretaries are tasked with ensuring the accuracy, completeness, and proper formatting of patient records. The introduction of EHRs has led to changes in secretarial job descriptions, with increased collaboration among professional groups, redistribution of tasks, and the emergence of new responsibilities such as verifying and correcting entries made by other professionals. However, inefficiencies in data entry processes and poorly designed user interfaces can hinder the effectiveness of these systems. The perceived usefulness of technology is directly influenced by its ability to support work tasks and the level of data security it provides. Medical secretaries also face challenges in managing complex interpersonal dynamics, navigating healthcare regulations, and adapting to technological advancements. Despite these challenges, medical secretaries play a vital role in maintaining the integrity and utility of clinical documentation processes, which are essential for unlocking the potential of data-

intensive initiatives aimed at management, policy oversight, and research. Further research is needed to fully understand the evolving role of medical secretaries and to develop strategies to support them in their critical work as healthcare intermediaries.

KEYWORDS: Medical Secretaries, Data Management.

1. Introduction

The term secretary in English derives from the word secret, implying confidentiality, with the role traditionally defined as one who safeguards secrets. In the Turkish Language Society's dictionary, a secretary is described as "a person providing communication and handling correspondence to assist a specific office or person in private and state institutions; clerk." Medical secretarial work differs from other forms of secretarial roles due to its specialized nature. Medical secretaries must have a comprehensive understanding of healthcare institutions' processes and characteristics as well as medical terminology. Their responsibilities are critical and include maintaining records in key service areas such as clinics, polyclinics, laboratories, operating theaters, and intensive care units. In healthcare delivery, the orderly recording, easy accessibility, and analysis of data are closely tied to the effective functioning of medical secretarial services. Well-educated medical secretaries and systematically planned secretarial services are essential for enhancing healthcare quality, providing timely and cost-effective services to patients, their families, and associated institutions.

A medical secretary (also referred to as a unit secretary or ward clerk) hereafter referred to as a secretary is a healthcare employee tasked with responsibilities such as scheduling appointments and documenting journal entries. By managing administrative tasks as part of the care team, secretaries enable nurses to allocate more time to direct patient care. Ensuring the accuracy and quality of documentation is a vital component of their work (Kennedy, 2016). One of the secretary's primary tasks is ensuring the completeness of patient records. The introduction of electronic information systems has influenced the secretaries' job descriptions, often leading to closer collaboration with other professional groups, a redistribution of tasks, and in some cases, the elimination of certain duties (Johansen et al., 2015). New responsibilities have also emerged, such as verifying and correcting entries made by other professionals. However, some tasks have become more challenging due to inefficiencies in the data entry processes of new information systems (Johansen et al., 2015). If the technology used does not adequately support work tasks, it diminishes the system's perceived usefulness (Vitari & Ologeanu-Taddei, 2018).

Studies indicate that secretaries are more satisfied with electronic hospital information systems than physicians or nurses. This discrepancy may be attributed to the different functionalities used by these groups and their varying job requirements (Ologeanu-Taddei et al., 2015). Conversely, a 2013 study by Bossen et al. revealed that secretaries found the recently implemented electronic patient information system to be poorly structured, with an interface described as confusing, difficult, and slow to use (Bossen et al., 2013). Secretaries often utilize specialized electronic applications tailored for specific functions, such as transcription systems for

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dictations or patient administration IT systems for recording information like diagnoses or patient discharge statuses. These systems may function independently or as part of broader patient information systems. Additionally, paper charts are often still used in conjunction with electronic systems (Bossen et al., 2014).

The level of digitalization and functionality of patient information systems can be assessed using the Electronic Medical Record Adoption Model (EMRAM) scale, which ranges from 0 to 7. At Stage 0, electronic systems are only partially implemented in essential departments (e.g., Laboratory, Radiology, Pharmacy), while Stage 7 represents fully integrated systems with seamless information exchange and advisory capabilities. The adoption rate of such systems varies significantly across countries (Samadbeik et al., 2017).

Information systems are generally assumed to support secretaries' work. While secretaries have described the patient administration system as complex, observations indicate that their tasks have been simplified, such as eliminating the need to locate paper records manually (Bossen et al., 2013). However, when electronic patient information systems fail to support their tasks effectively, workarounds are often devised, leading to deviations from standard procedures. These workarounds can impact patient safety or operational efficiency (Blijleven et al., 2019). A lack of trust in electronic systems may also lead to duplicative record-keeping, with data being manually documented on paper to ensure availability (Flanagan et al., 2013). High-quality information systems must align with patient care tasks, with data security being a critical factor enhancing their utility (Ammenwerth et al., 2007). The perceived usefulness of technology significantly influences secretaries' intentions to use it, which is directly impacted by data security measures (Vitari & Ologeanu-Taddei, 2018).

In Finland, specific legislation governs the status and rights of patients, including the right to confidentiality of patient information. Research focusing on secretaries remains limited. Existing studies provide insights into secretarial training (Kennedy, 2016), their significance in healthcare, and their responsibilities (Kennedy, 2016). Additionally, the impact of new electronic tools on secretarial tasks has been explored (Bergey et al., 2019; Bossen et al., 2014; Robinson et al., 2017), revealing that some tasks were modified, eliminated, or retained. Secretaries have also been included in comparative studies examining the perceived benefits, ease of use, and task control associated with hospital information systems across different professional groups. These studies highlight the support offered to healthcare professionals by newly implemented electronic patient information systems and examine the factors influencing the intent to use these systems (Bossen et al., 2013; Vitari & Ologeanu-Taddei, 2018).

A medical secretary (also referred to as a unit secretary or ward clerk) hereafter referred to as secretary is a healthcare employee responsible for administrative tasks such as scheduling appointments and documenting journal entries. By handling administrative responsibilities as part of the care team, secretaries enable nurses to devote more time to direct patient care. Ensuring the accuracy and quality of documentation is an integral part of the secretary's role (Kennedy, 2016). Their

primary responsibility is to ensure that patient records are accurate, complete, and formatted correctly, with all relevant information recorded (Johansen et al., 2015). The specific job descriptions of secretaries vary between countries. In Finland, for instance, their primary responsibilities include scheduling appointments and documenting follow-up records.

In offices using paper-based systems, secretaries traditionally maintained patient data security by ensuring that records were correctly filed and encouraging compliance from colleagues (Lambe et al., 2018). The adoption of electronic information systems has necessitated an equal emphasis on data security and protection by all users. This technological shift has also influenced secretaries' job descriptions, with changes observed in their tasks. Collaboration between professional groups has increased, with some responsibilities being reassigned to other staff members or eliminated altogether (Bergey et al., 2019; Bossen et al., 2014). Simultaneously, new responsibilities have emerged, such as verifying and correcting entries made by other professionals. However, certain tasks have become more challenging due to inefficiencies in entering data into the new systems (Bossen et al., 2014).

The effectiveness of technology in supporting tasks directly influences its perceived usefulness. If the technology does not adequately support work processes, it negatively affects its usability (Vitari & Ologeanu-Taddei, 2018). Interestingly, secretaries report higher satisfaction with electronic hospital information systems compared to physicians or nurses, potentially due to the differences in system utilization and job requirements among these groups (Ologeanu-Taddei et al., 2015). Conversely, a 2013 study by Bossen et al. found that secretaries viewed the newly implemented electronic patient information system as poorly structured, with a confusing and slow interface (Bossen et al., 2013).

The pace of information system adoption varies across countries (Samadbeik et al., 2017). Information systems are generally expected to support the secretaries' tasks, and while secretaries have described the patient administration system as complex, studies reveal that their workload has been reduced in some areas, such as no longer needing to locate paper records manually (Bossen et al., 2013). However, when electronic systems fail to align with work requirements, users often develop workarounds alternative processes that may compromise patient safety or efficiency. A lack of trust in electronic systems can also lead to duplicative record-keeping, with data being documented on paper to ensure its availability when needed (Blijleven et al., 2019). Effective information systems that support patient care processes are characterized by robust data security and functionality, which enhance their overall quality (Ammenwerth et al., 2007). Data security is also a critical factor influencing the perceived usefulness of information technology, significantly impacting secretaries' willingness to adopt and use these systems (Vitari & Ologeanu-Taddei, 2018).

In Finland, patient rights and confidentiality are safeguarded by specific legislation. According to this law, patients are entitled to the confidentiality of their medical information. Research focusing specifically on secretaries remains limited. However, existing studies address aspects such as their training, significance in healthcare, and their tasks. Additionally, research has examined the impact of new electronic tools

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on secretaries' roles, revealing that some tasks have been altered, eliminated, or retained. Secretaries have also been included in comparative studies assessing the perceived benefits, usability, and control over their tasks provided by hospital information systems across various professional groups (Ologeanu-Taddei et al., 2015). Further studies have explored factors influencing secretaries' willingness to adopt electronic systems and the extent of support offered to healthcare professionals by recently implemented electronic patient information systems (Bossen et al., 2013).

Although the responsibility for clinical documentation fundamentally lies with physicians, the administrative aspects of this documentation extend beyond the clinical sphere. This has led some researchers to question whether the requirements for secondary data purposes, such as administrative and research needs, take precedence over the primary clinical objectives in the design of electronic health records (EHRs) (Green et al., 2023). The increasing complexity of documentation necessitates translation between clinical and administrative domains (Pine & Bossen, 2020), a task often performed by medical secretaries in the context described here. Their role in ensuring that clinical documentation is accurately registered and aligned with existing registration frameworks is critical to unlocking the potential of data-intensive initiatives aimed at management, policy oversight, and research.

While physician burnout and the pressures associated with the growing documentation burden are significant concerns, the argument for merely alleviating physicians of these tasks' risks undervaluing the expertise and skills required to produce valid and reliable data within the clinical-administrative domain. These competencies are crucial to maintaining the integrity and utility of the documentation processes.

Responsibilities of Medical Secretaries

Appointment Scheduling:

Medical secretaries are tasked with managing the complex process of scheduling patient appointments, consultations, and procedures. This requires coordinating with healthcare providers' schedules, considering patients' preferences and the urgency of medical needs, and optimizing time slot allocation to ensure the efficient utilization of resources.

Patient Registration:

As the first point of contact for patients, medical secretaries oversee the registration process with great attention to detail. They collect comprehensive demographic data, insurance information, and medical histories, ensuring accuracy and completeness in the creation and maintenance of patient records.

Medical Records Management:

Medical secretaries are responsible for the precise management of electronic health records (EHRs). This includes entering, updating, and maintaining patient information in digital systems while adhering to stringent confidentiality protocols

and regulatory standards, such as the Health Insurance Portability and Accountability Act (HIPAA).

Billing and Insurance Coordination:

A vital component of healthcare administration handled by medical secretaries is the financial management of billing and insurance processes. Their duties include verifying patient insurance coverage, submitting claims to insurance providers, processing payments, and addressing billing-related inquiries from both patients and insurers.

Correspondence and Communication:

Effective communication is a cornerstone of healthcare operations, and medical secretaries act as central figures in maintaining communication channels. They manage incoming calls, emails, and other correspondence, prioritizing and relaying essential information promptly and accurately to healthcare providers, patients, and other stakeholders.

Facility Coordination:

Medical secretaries contribute to the seamless operation of medical facilities by coordinating various administrative tasks. These responsibilities include managing inventory and supplies, scheduling maintenance and repairs for medical equipment, and liaising with external vendors and service providers when necessary.

Patient Support and Advocacy:

In addition to their administrative responsibilities, medical secretaries frequently act as advocates for patients by providing compassionate support and guidance. They assist patients in navigating healthcare systems, addressing concerns, and facilitating effective communication between patients and healthcare providers, ensuring individualized and empathetic care.

Quality Assurance and Compliance:

Maintaining high standards of quality assurance and regulatory compliance is a core responsibility of medical secretaries. They ensure that medical documentation aligns with established protocols, assist in audits and reviews, and engage in ongoing training to remain updated on evolving regulations and best practices in healthcare administration.

Team Collaboration

Medical secretaries work closely with interdisciplinary healthcare teams, fostering effective teamwork and communication. They provide critical insights, coordinate schedules, and facilitate the exchange of information to enhance patient care and improve operational efficiency within medical facilities.

Continual Professional Development

Given the ever-evolving healthcare landscape, marked by technological innovations and changing practices, medical secretaries actively engage in ongoing professional development. They seek training, certifications, and opportunities to refine their

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skills, staying updated on industry trends and best practices to enhance their competence and elevate the quality of care they deliver.

Challenges

Workload Management:

Medical secretaries often face a high volume of responsibilities, leading to challenges in managing their workload efficiently. Balancing competing priorities, addressing urgent requests, and fulfilling administrative duties within strict time constraints can create stress and pressure, particularly in the fast-paced environment of healthcare settings.

Navigating Healthcare Regulations:

The healthcare sector is governed by extensive regulations, including patient privacy laws and billing requirements. Keeping up with changing healthcare policies and ensuring compliance with standards such as HIPAA present significant challenges, requiring medical secretaries to engage in continuous training and maintain vigilance to reduce compliance risks.

Interpersonal Dynamics:

Effective communication and interpersonal skills are crucial for medical secretaries in their interactions with diverse stakeholders, including patients, healthcare professionals, and administrative personnel. Managing complex interpersonal situations, addressing sensitive matters, and resolving conflicts with professionalism and empathy demand emotional intelligence and refined communication skills.

Technological Advancements:

Rapid developments in healthcare technology, such as electronic health records (EHRs), telemedicine platforms, and digital communication tools, pose both opportunities and challenges for medical secretaries. Adapting to new systems, addressing technical issues, and ensuring data security and integrity in digital workflows necessitate ongoing technological training and proficiency.

Patient Expectations:

In an increasingly patient-centered healthcare model, medical secretaries must meet diverse patient needs and expectations. Handling inquiries, addressing concerns, and accommodating preferences while maintaining professionalism and delivering high-quality service requires patience, empathy, and effective communication abilities.

Emergency Situations:

Medical secretaries may encounter crises or emergencies in healthcare settings, necessitating prompt responses and effective collaboration with healthcare teams. Remaining composed under pressure, adhering to established protocols, and facilitating timely communication are vital for managing emergency scenarios effectively.

Professional Development:

Keeping pace with advancements in healthcare technology, practices, and regulations demands ongoing professional development. Medical secretaries must dedicate time to pursue training, certifications, and up-to-date knowledge of industry trends, despite the demands of their busy work schedules.

Ethical Dilemmas:

Ethical challenges, such as safeguarding patient confidentiality, respecting cultural differences, and maintaining professional integrity, are part of a medical secretary's role. Addressing these dilemmas requires sound judgment, adherence to ethical principles, and prioritization of patient welfare.

Staffing Shortages:

In settings with limited resources or staff shortages, medical secretaries may face increased workloads and heightened role expectations. Collaborating with colleagues, delegating tasks effectively, and advocating for adequate staffing and support are essential to address these challenges.

Burnout and Stress:

The demanding nature of healthcare administration, coupled with emotionally charged patient interactions and performance pressures, can lead to burnout and stress for medical secretaries. Prioritizing self-care, seeking support from supervisors and colleagues, and implementing stress management strategies are critical for maintaining well-being and resilience in demanding work environments.

2. Conclusion

Medical secretaries are integral to the efficient functioning of healthcare facilities, acting as intermediaries between clinical and administrative domains. Their responsibilities span administrative coordination, patient support, and ensuring the accuracy and security of medical records. As healthcare systems increasingly adopt electronic health records (EHRs) and other digital tools, the role of medical secretaries has evolved, demanding a high level of adaptability and proficiency in technology.

Despite facing challenges such as workload management, regulatory compliance, interpersonal dynamics, and ethical dilemmas, medical secretaries demonstrate resilience and commitment to professional growth. By fostering collaboration among interdisciplinary teams, maintaining quality assurance, and advocating for patient needs, they play a critical role in bridging gaps between healthcare providers, patients, and administrative systems. Addressing challenges through ongoing professional development, effective communication, and leveraging advancements in healthcare technology will further empower medical secretaries to navigate their expanding roles and contribute to delivering high-quality patient care in dynamic healthcare environments.

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3. Recommendations

- Provide regular training programs to equip medical secretaries with advanced technical and interpersonal skills, focusing on areas such as electronic health records (EHR) management, data privacy, and communication strategies.
- Encourage certification in specialized areas like healthcare management or medical coding to increase their expertise and career growth opportunities.
- Implement workflow optimization tools and techniques, such as task automation and digital scheduling, to reduce administrative burdens.
- Encourage collaboration between medical secretaries and other team members to distribute tasks more effectively.
- Foster open communication between medical secretaries, healthcare providers, and patients to ensure clarity and minimize misunderstandings.
- Introduce regular team meetings and feedback sessions to address challenges and improve coordination.
- Conduct workshops on ethical decision-making and regulatory requirements to empower medical secretaries to handle complex situations confidently.
- Establish clear protocols for managing sensitive information and addressing ethical dilemmas.
- Invest in user-friendly digital tools to streamline administrative tasks and improve efficiency.
- Introduce training programs on emerging healthcare technologies, ensuring that medical secretaries stay updated with industry advancements.
- Provide access to resources for stress management and mental health support to help medical secretaries maintain a healthy work-life balance.
- Recognize and reward their contributions to foster job satisfaction and motivation.
- Develop programs that enhance collaboration between medical secretaries and clinical staff, focusing on teamwork and shared goals.
- Include medical secretaries in decision-making processes related to patient care and administrative improvements.

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