

Summer Placement



Rajasthan

(April 7th to June 7th, 2015)

A Report

**A Study on Attitude of ANMs towards Acceptance E Health
Record systems in Ahore Block**

By

Lovina Mulchandani

Under Guidance of

Dr. Seema Mehta

MBA Hospital and Health Management

2014-2016



Institute of Health Management Research, Jaipur

CERTIFICATE

This is to certify that the project work titled ' A study on attitude of ANM's towards the acceptance of E Health Record Systems in Ahore Block, Rajasthan', has been done entirely and submitted by Dr. Lovina Mulchandani, a student of Masters Of Business in Hospital and Health Management-19th Batch from Institute Of Health Management and Research, Jaipur.

The study project was prepared during the internship period from April 07 2015 – June 07, 2015 at UNICEF, Rajasthan, for E Jan Swasthya Project, Jalore. This is her original work.

I wish her all success for future endeavors.



Col. (Dr) Ashok Kaushik

Dean (Academics & Student Affairs)

IIHMR University, Jaipur



Dr. Seema Mehta

Associate Professor

IIHMR University, Jaipur

Dated : 30 June 2015 :

TO WHOMSOEVER IT MAY CONCERN

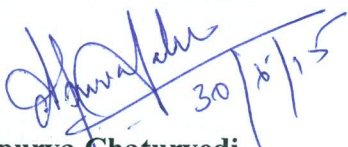
This is to certify that **Dr. Lovina H Mulchandani** student of Institute of Health Management Research University, Jaipur has successfully completed her internship with UNICEF Office for Rajasthan, Jaipur from 7th April to 7th June 2015.

During her internship she has worked in the E Jan Swasthya programme and prepared reports on the following subject:

**"A STUDY ON ATTITUDE OF ANM TOWARDS ACCEPTANCE E JAN
RECORD SYSTEMS IN AHORE BLOCK"**

She has successfully completed the study assigned to her during the training and her contribution to the study has been sincere, scientific and analytical.

I wish her success in all his future endeavours.


30/6/15

Dr Apurva Chaturvedi
Health Officer
UNICEF, Rajasthan

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Last but not the least I am forever grateful to my parents, family and friends for their blessings, their unwavering faith in me and being an endless source of support and inspiration.

ABBREVIATIONS:

ANM	Auxiliary Nurse Midwife
UNICEF	United Nations International Children's Emergency Fund.
EHRS	Electronic Health Record System
HIT	Health Information Technology
TAM	Technology Acceptance Model
PU	Perceived Usefulness
PEOU	Perceived Ease of Use
BCMO	Block Chief Medical Officer
SPSS	Statistical Package for the Social Sciences
SDR	Service Delivery Register
TAB	Tablet -PC

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About The Organization UNICEF:

UNICEF is fully committed to working with the Government of India to ensure that each child born in this vast and complex country gets the best start in life, thrives and develops to his or her full potential.

The organisation began its work in India in 1949 with three staff members and established an office in Delhi three years later. Currently, it advocates for the rights of India's children in 16 states.

UNICEF is working with a range of government departments in Rajasthan to provide technical support for programmes aimed at improving child survival, growth and development.

The state office has been fostering collaboration between UNICEF's Education, Child Protection and Policy Planning and Evaluation sections to create a protective and learning environment for boys and girls so that they are able to have equitable access to, and utilize, quality education and protection services.

Adolescent participation is another area where a range of UNICEF sections have come together to bring about change. In this case, the Education, Child Protection, Communication for Development, and Advocacy and Communication sections have jointly come up with initiatives to empower adolescents.

In the advocacy sphere, UNICEF has developed advocacy briefs for use by relevant stakeholders and will be implementing programmes for the political leadership in the Rajasthan State Legislative Assembly. It has also conducted public advocacy on critical areas of programming such as sanitation and open defecation-free communities, Routine Immunization and elimination of child labour and child marriage. UNICEF is planning sustained media advocacy on several issues, particularly on Routine Immunization and Child Protection.

UNICEF initiatives include:

- | | | |
|--------------------|---------------------------------|---------------------------------|
| ➤ Child Survival | ➤ Nutrition | ➤ Education |
| ➤ Child Protection | ➤ Water ,Sanitation and Hygiene | ➤ Communication for Development |

INTRODUCTION:

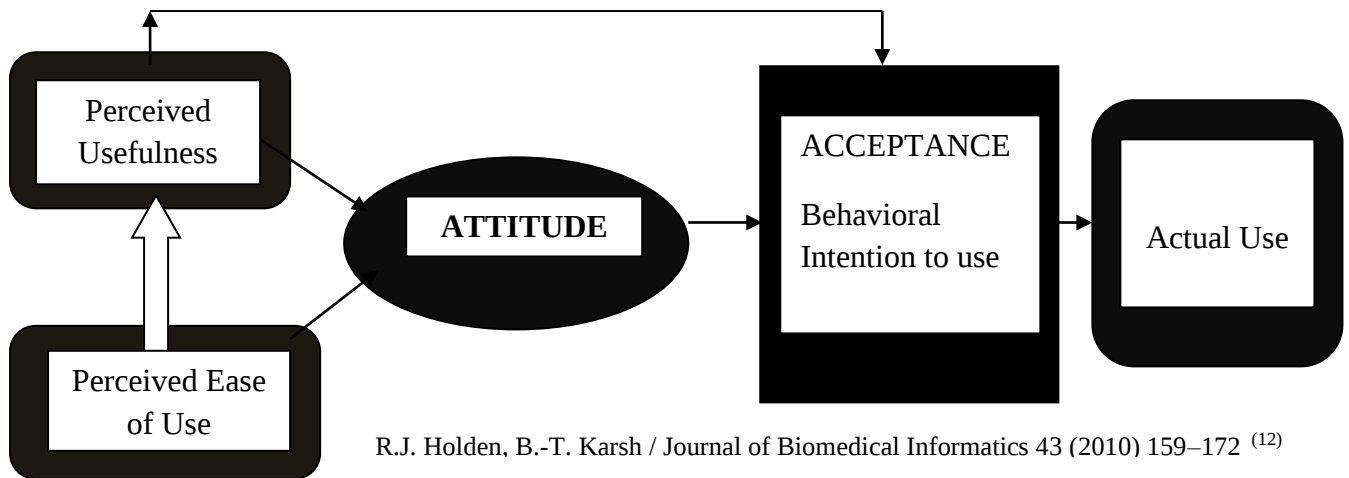
An **electronic health record (EHR)**, is a systematic collection of electronic health information about an individual patient or population.^[1]

It is a record in digital format that is theoretically capable of being shared across different health care settings. In some cases this sharing can occur by way of network-connected, enterprise-wide information systems and other information networks or exchanges. E health is an integral part of the future public health care and EHRs are the paperless solution to a disconnected healthcare world that runs on a chain of paper files. It provides an uninterrupted flow of information about the health of population .The data that EHR provides is to the point and patient centered, this can improve patient safety and convenience.

RATIONALE:

The implementation of EHR in rural areas can provide new opportunities, improve productivity, reduce the administrative burdens, reduce cost and medical errors. The implementation of HIT (Health Information Technology) applications in developing countries has been slow, particularly in rural areas ^(2, 3, 4). Several issues, such as technical infrastructure, and computer knowledge, skills, experience, and attitudes of prospective users, need to be addressed before introducing computers in rural healthcare settings ⁽⁵⁻⁶⁾. The frontline workers in rural areas play a very important role in the implementation of EHR at primary level. There is evidence that health workers' interest, knowledge and skills of computer applications can influence their acceptance, or not, of EHR system in the workplace. Positive attitudes are important ^(10, 11) and the willingness of health workers to use any HIT system is influenced by their perceptions of its value, clinical benefits, and ease of use ^(7, 8-9). Moreover, adverse attitudes and inadequate computer knowledge and skills among healthcare workers can also negatively impact on the adoption of computer systems. The role of ANM's cannot be overemphasized in the implementation of EHR; therefore, the purpose of this study is to determine the ANM's attitude towards the acceptance of EHR during the implementation of E Janswasthya project in Ahore Block of Jalore district, Rajasthan by UNICEF.

Fig # 1 Technology Acceptance Model:



OBJECTIVES:

General Objective: To determine the attitude of ANMs towards the acceptance of E Health Record Systems.

Specific Objective's:

- To determine the compatibility with Information Communication Systems in ANM's.
- To determine the level of knowledge about Information Technology in ANM's.
- To analyze Perceived Usefulness regarding EHR systems in ANM's.
- To analyze Perceived Ease of Use regarding EHR systems in ANM's.

METHODOLOGY:

The present study was carried out in Ahore block in Jalore district of Rajasthan. The population of Ahore block is 2, 45,104. The data was collected from all the ANM's of the 55 Sub Centers under CHC Ahore, PHC Harji, PHC Guda Balotan, PHC Padarli, PHC Bhuti, PHC Chandrai, PHC Bhadrajun, PHC Bhawrani, PHC Bhorda, PHC Ghana, PHC Nosara of Ahore block.

Study type: Descriptive analytical study design which is quantitative in nature.

Study area: All 55 Sub Centers of Ahore block. (Refer to annexure 1 and 2)

Study participants: The ANM's in charge of the Sub Centers.

Sample size: 54

Study tool: A closed ended Questionnaire was used.

Data collection plan: Data regarding all the SC's coming under Ahore block was collected, also the names and contact details of ANM's in charge of the SC's was gathered from the BCMO office. The data was collected through a questionnaire during monthly block meetings, the ANM's who didn't attend the meeting were contacted personally and data was collected by visiting their respective SC's.

Data analysis: Data analysis was done by using SPSS 16.0 software. MS 2007 was used for graphical representation and further analysis.

Ethical consideration: -The respondents were orally explained the purpose of the study.

-Verbal consent was taken from the respondents.

-The respondents were assured of the data confidentiality.

RESULTS and FINDINGS:

The results are presented as per the objectives of the study.

1. ANM Profile:

1.1 Age of Respondents

#Fig.2 Age Of Respondents

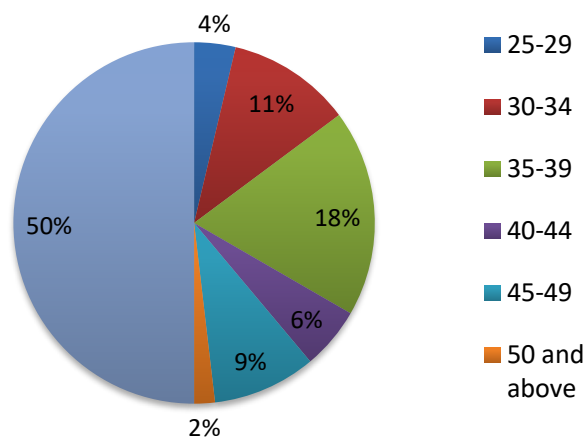


Table 1.1

Age Groups	No. Of Respondents
25-29	4
30-34	12
35-39	20
40-44	6
45-49	10
50 and above	2
Total	54

1.2 Educational Status of Respondents

#Fig . 3 Educational Status

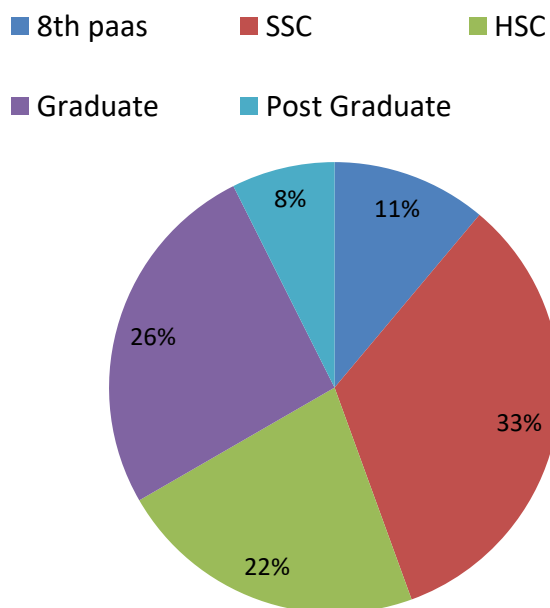
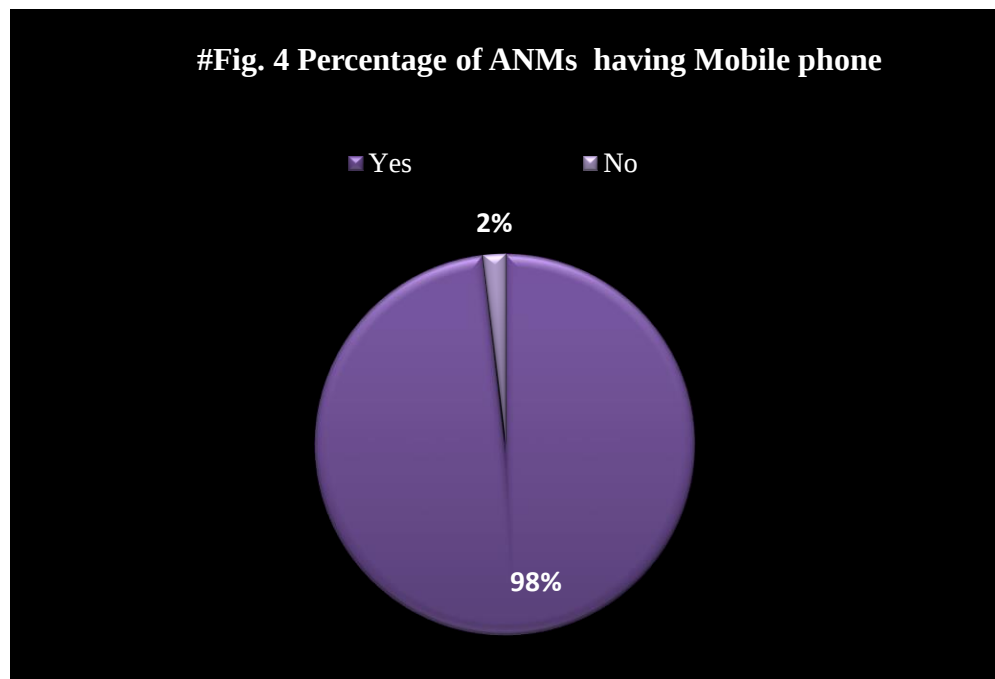


Table 1.2

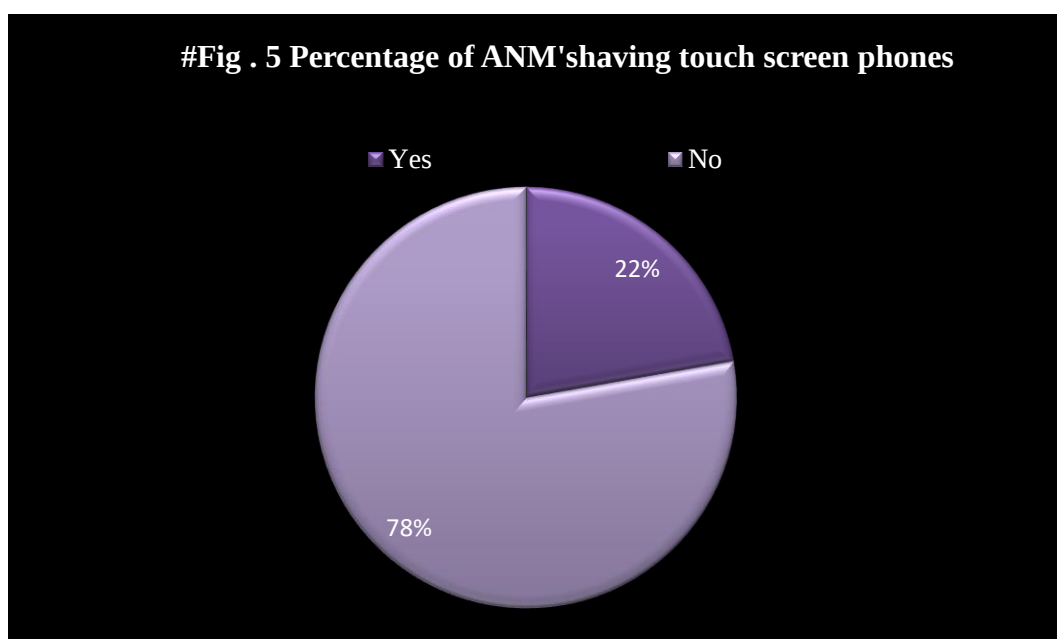
Qualification	No. of Respondents
8th pass	6
SSC	18
HSC	12
Graduate	14
Post Graduate	4

➤ All ANMs can read and write Hindi, the preferred language is Hindi.

- **1.3: ANM's having mobile phones: Out of 54 ANM's 53 had mobile phones.**



- **1.4: ANM's having touch screen phones: Out of 54 only 14 had touch screen phones.**



2. Facilitating conditions include resource availability such as technical assistance, knowledge of the system and compatibility with other systems already in use (Venkatesh *et al.* 2003).

- **2.1: Compatibility with Information Communication systems:** Out of 54 ANM's only 17 were compatible with Information Communication Systems like Computer, Laptop, TAB and Internet.

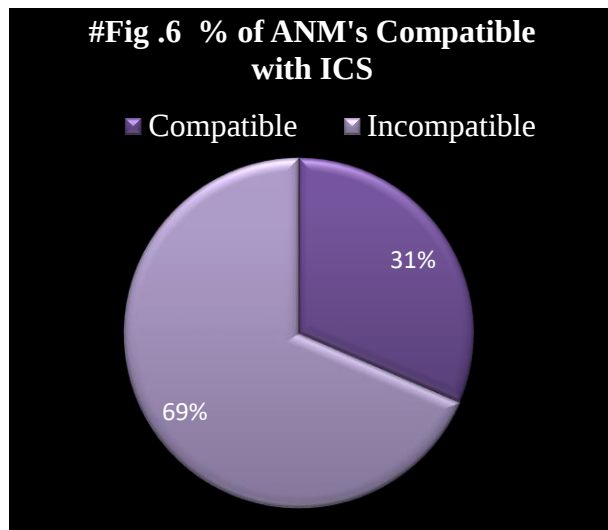


Table 2.1

FC	Number of Respondents	Percentage
Compatible	17	31.48
Incompatible	37	68.52

2.2: Knowledge about Information Technology: Out of 54 ANM's 59 percent had a fair amount of knowledge while 17 percent had a good amount of knowledge about information technology and its various aspects

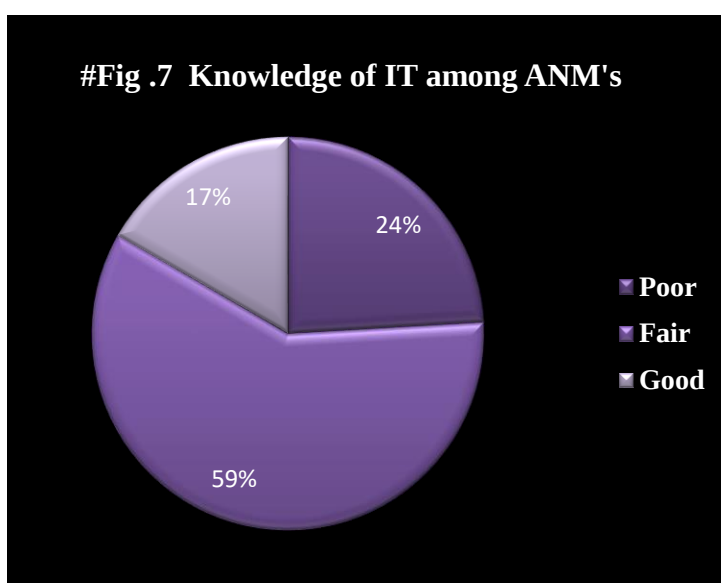


Table 2.2

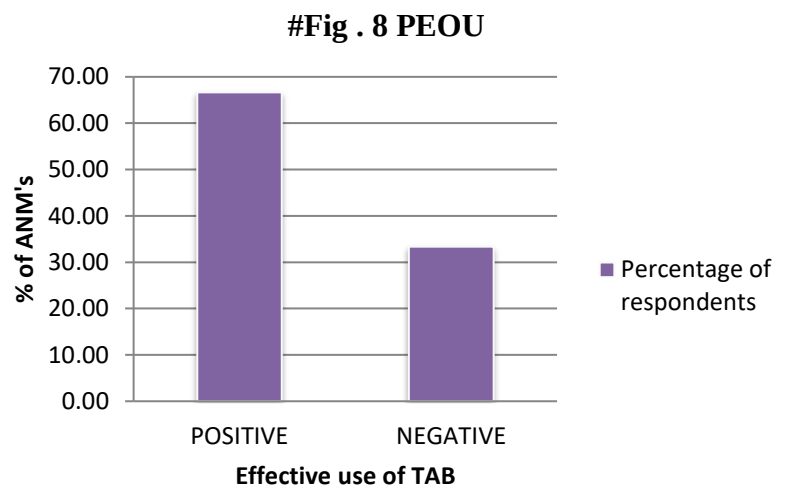
Knowledge about IT	No. of Respondents
Poor	13
Fair	32
Good	9

3. Perceived Ease Of Use: PEOU is defined as the degree of ease associated with the use of the system (Venkatesh *et al.* 2003).

- 3.1: Regarding use of TAB: Out of 54, 36 ANM's expressed that if provided with a TAB they will be able to use it effectively.

Table 3.1

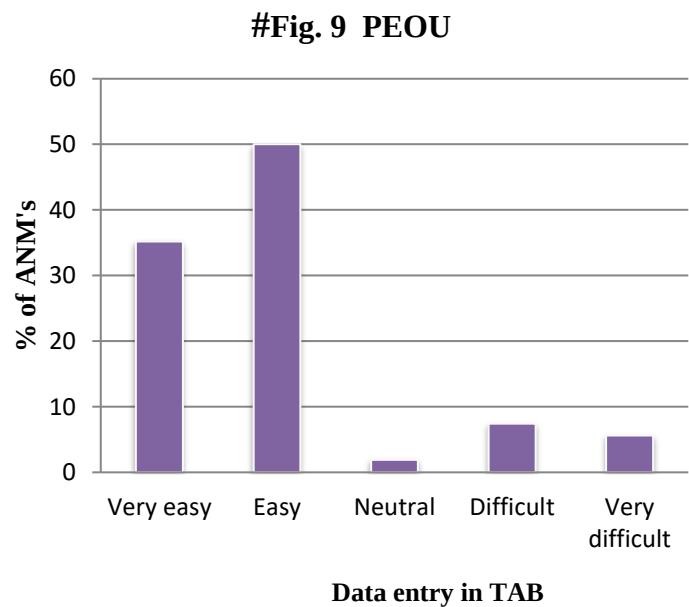
Opinion	Frequency	Percentage
Positive	36	66.67
Negative	18	33.33



- 3.2: Regarding data entry in TAB: The results show ANM's perception towards learning and doing data entry in TAB.

Table 3.2

Opinion	Frequency	Percentage
Very easy	19	35.2
Easy	27	50.0
Neutral	1	1.9
Difficult	4	7.4
Very difficult	3	5.6



➤ **3.3: Perceived Ease of Use among the ANM's :-**

Table 3.3

PEOU	Percent of respondents	No. Of Respondents
LOW	7.41	4
MEDIUM	31.48	17
HIGH	59.26	32

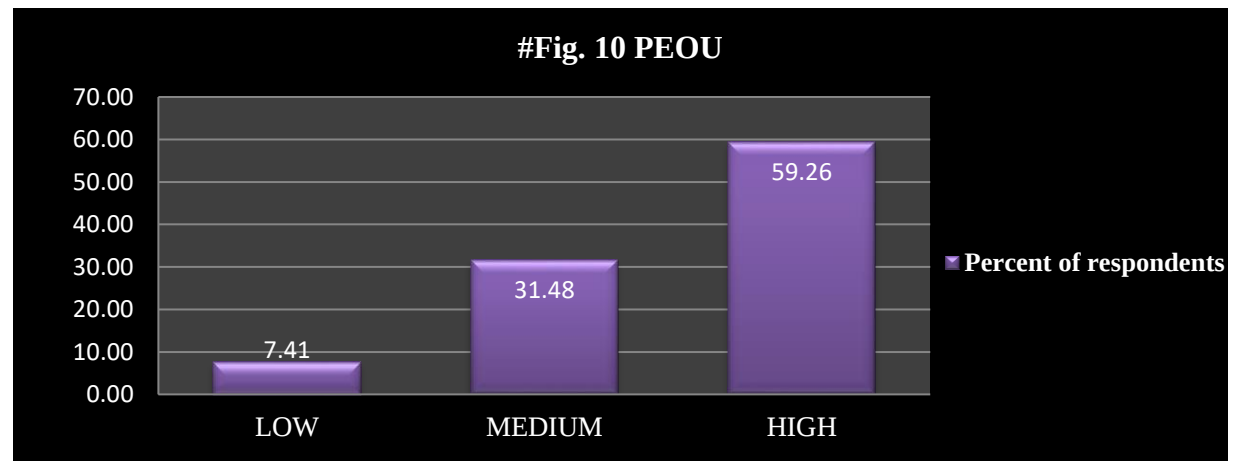


Table 3.4 High Perceived Ease Of Use

Variables	Frequency	Percentage (%)
Age (in years)		
➤ 25 - 29	03	75.0
➤ 30 - 34	10	83.3
➤ 35 – 39	14	70.0
➤ 40 – 44	03	50.0
➤ 45 – 49	01	10.0
➤ 50 and above	01	50.0
Education Status		
➤ 8 th Pass	01	16.7
➤ Secondary	12	66.7
➤ HSC	06	50.0
➤ Graduate	12	85.7
➤ Post Graduate	01	25.0
Facilitating Conditions		
➤ Compatible	11	64.7
➤ Incompatible	21	56.8
Knowledge of IT		
➤ Good	06	66.7
➤ Fair	19	59.4
➤ Poor	07	53.8

4. Perceived Usefulness: PU represents the degree to which an individual believes that using the system will assist them in attaining their goals in job performance (Venkatesh *et al.* 2003).

- 4.1: Regarding increased efficiency: The results show the ANM's perception towards increased efficiency due to use of TAB/ EHR systems.

Table 4.1

Perceived Usefulness	Percent of respondents	No. Of Respondents
Low	7.41	4
High	92.59	50

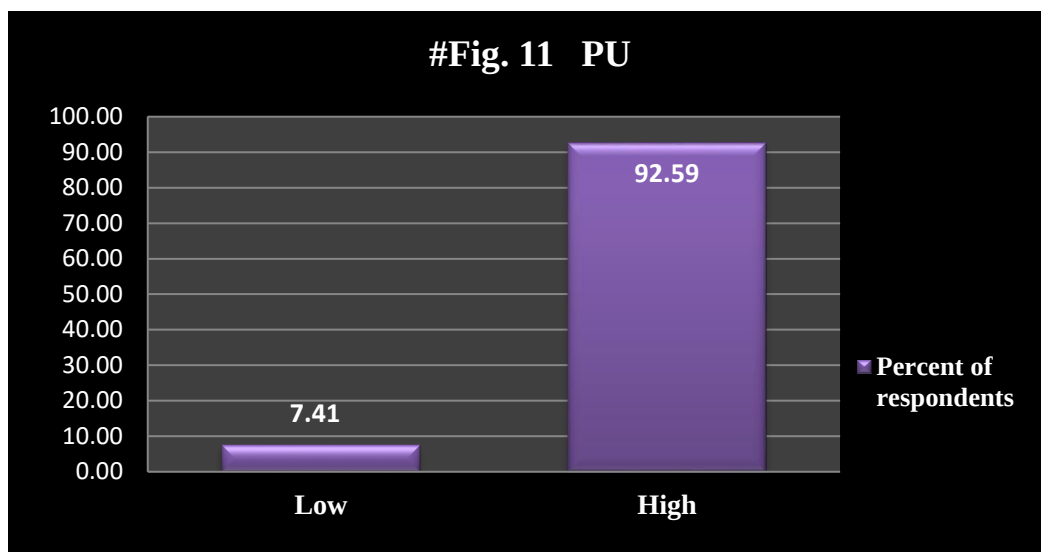
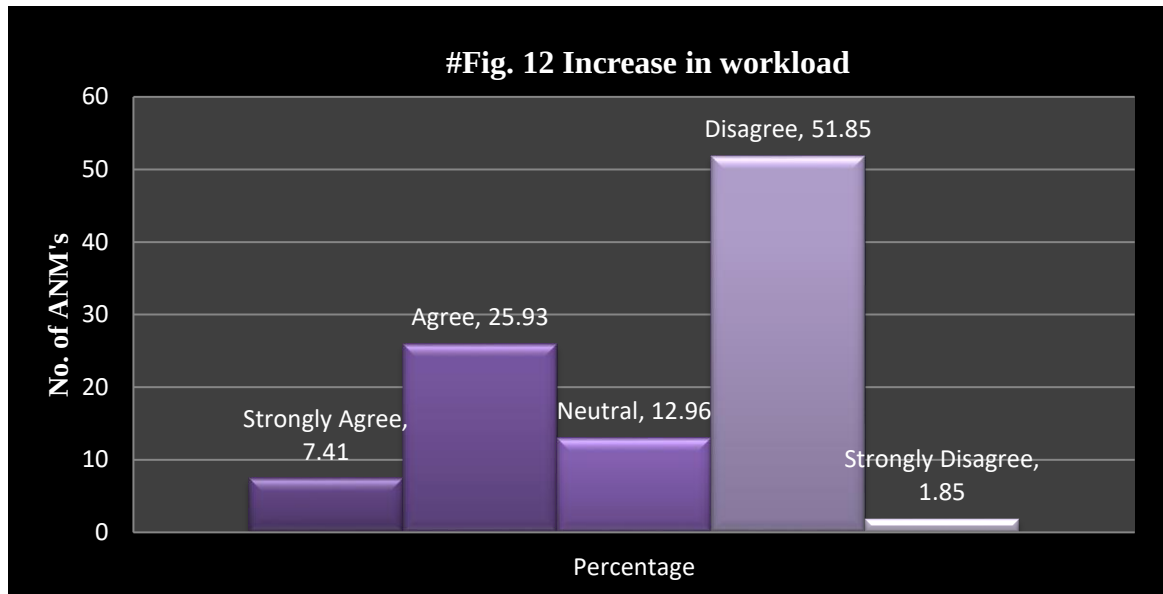


Table 4.2 High Perceived Usefulness		
Variables	Frequency	Percentage(%)
Knowledge of IT		
➤ Good	07	77.8
➤ Fair	31	96.9
➤ Poor	10	76.9
PEOU		
➤ High	30	93.8
➤ Low	18	81.8
Training Needed		
➤ Strongly Agree	31	65
Increase in Work Load		
➤ Strongly Disagree	26	54.2

- **5. Regarding work load:** The results determine the opinion of ANM's about Increase in work load due to use of TAB.

Table 5.0

Opinion	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Frequency	4	14	7	28	1

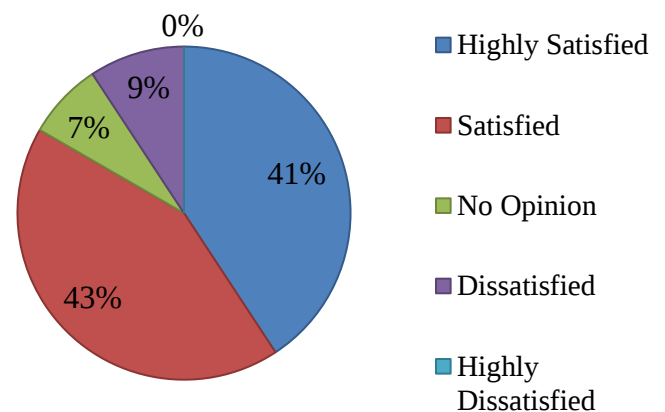


- **6. Satisfaction of ANM's with conventional methods of data collection and record maintenance:** The following results indicate the ease of use of SDR.

Table 6.0

Highly Satisfied	22
Satisfied	23
No Opinion	4
Dissatisfied	5
Highly Dissatisfied	0

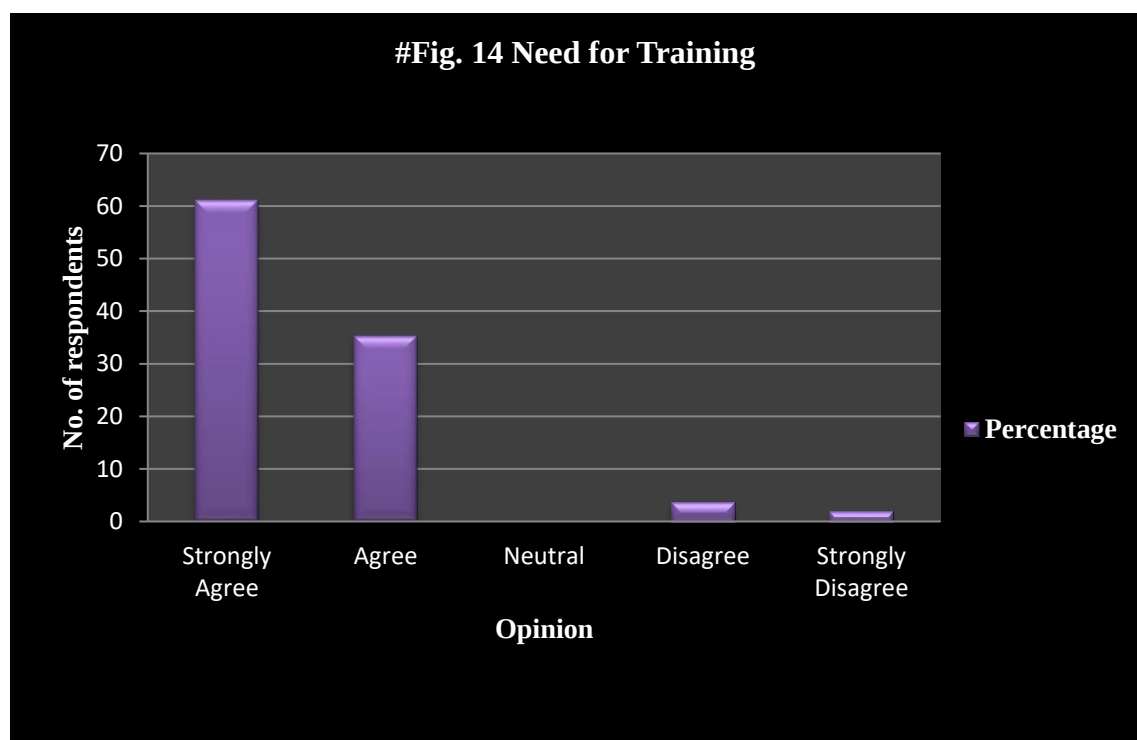
#Fig. 13 Satisfaction with SDR



- **7. Need for training:** The following results determine the opinion of the ANM's about training and whether it is necessary or not.

Table 7.0

Opinion	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Frequency	33	18	0	2	1
Percentage	61.11	33.03	0	3.70	1.9



DISCUSSION:

From the above results it can be stated that all ANM's can read and write hindi but only 2 percent can read english so it is necessary to provide an interface which is friendly with their preferred language. The mean age of the participants is 38 years. 56 percent of the participants have completed HSC or more.

It is also observed that there is a statistically significant relation between age and PEOU ($p < 0.001$), as the age increases learning data entry in EHRS becomes more difficult. Also, there is a statistically significant relationship between Educational Status and Compatibility ($p < 0.001$). Higher the level of education higher is the knowledge and compatibility with other systems.

In general, most of the ANM's (93 percent) believe that the use of TAB will increase their efficiency and they will be able to provide better services. A large number of ANM's (69 percent) are not compatible with other systems but their perception regarding ease of use of TAB is positive.

The need for training is high; nearly 94 percent of the ANM's expressed their desire for training so that they can use TAB's effectively. There is a positive association between need for training and Perceived Usefulness.

From Table 3.4, it can be depicted that 83 percent of the ANM's of age group 30-34 years, 86 percent of the graduate ANM's, 65 percent ANM's who are compatible and 67 percent ANM's with good knowledge of IT have high PEOU.

From Table 4.2, it can be seen that 97 percent of ANM's with fair knowledge of IT, 94 percent ANM's with high PEOU have High Perceived Usefulness. It is also observed that 65 percent of the ANM's with High Perceived Usefulness strongly agree for training.

Regression was carried out and it was found that PEOU is dependent on the variable Age.

CONCLUSION:

The above results and discussion state that the healthcare workers (ANM's) in Ahore Block found EHRS to increase their quality and efficiency of work. The behavioral intent of the ANM's was also found to be favorable for the future use of the systems. Interestingly, more than half of the participants found the use of TABS easy but a larger number found the conventional method of data collection and record maintenance i.e. SDR more convenient, so education of health care workers regarding EHRS is necessary in order to increase knowledge which will decrease apprehension and fearfulness, and at the same time increase ease of use.

RECOMMENDATIONS:

The recommendations are based on the results and observations from the present study, in order to improve the acceptance of EHRS in rural areas.

- Awareness regarding the benefits of EHRS must be improved in order to facilitate the acceptance of the technology.
- To provide proper resources and periodic training for ANM's.
- To provide a user friendly interface this helps and facilitates in typing in the preferred language of the users.
- The training programmes should be monitored and evaluation should be done.
- Incentives must be given based on performance in trainings and to those ANM's who effectively use EHRs for collecting and storing data.

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a Department of Industrial and Systems Engineering, University of Wisconsin-Madison, Madison, WI, USA
b Department of Psychology, University of Wisconsin-Madison, Madison, WI, USA

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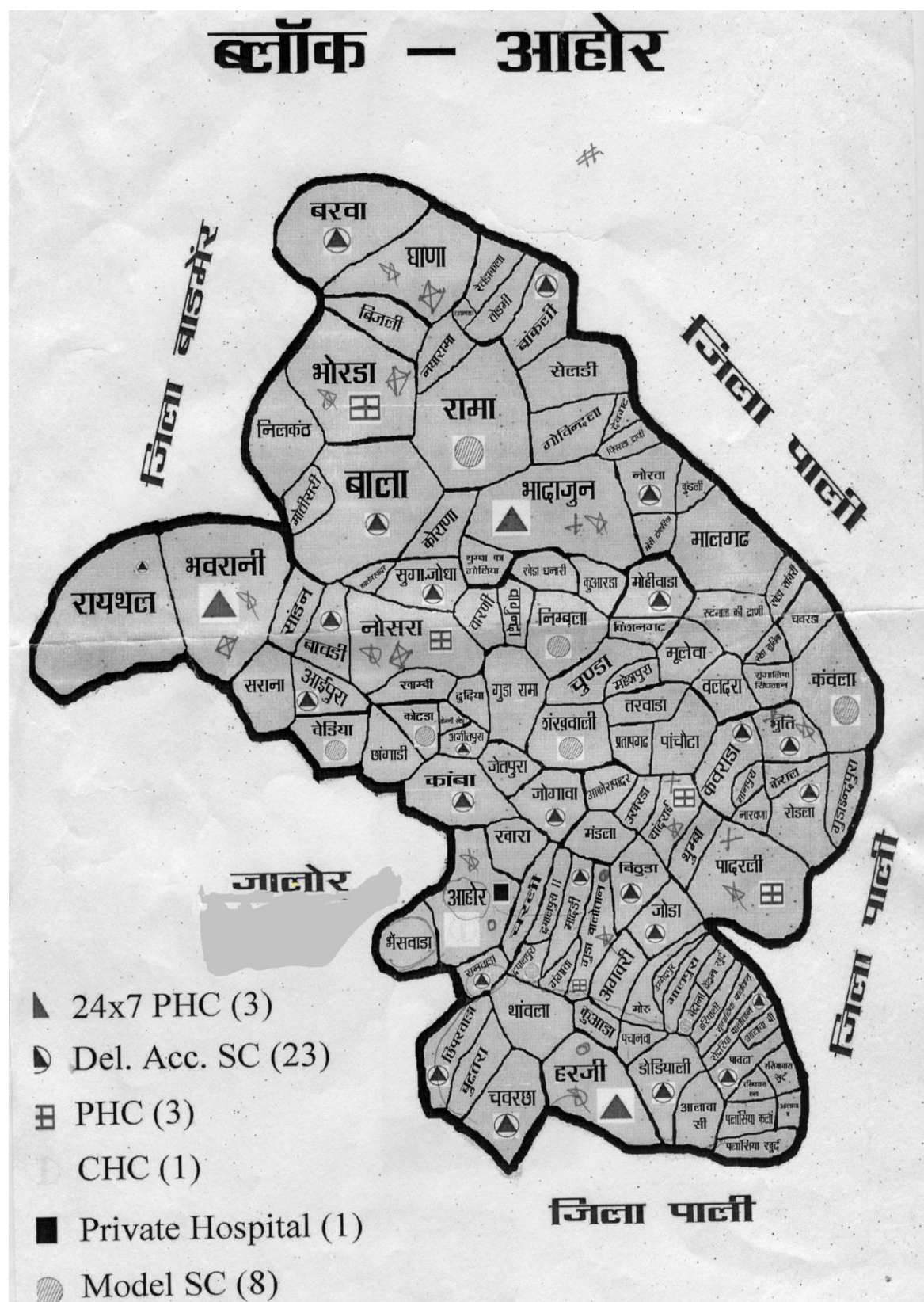
ANNEXURE:

1. List of SC's which come under Ahore block, from which the study participants were selected.

Sr. No.	District Name	Block	CHC/PHC	Sub Center
1	Jalore	Ahore	CHC Ahore	Sub Center Kamba
2				Sub Center Bhenswara
3				Sub Center Sanwara
4				Sub Center Khara
5				Sub Center Jogawa
6				Sub Center Charli
7				Sub Center Madari
8				Sub Center Dayalpura
9			PHC Harji	Sub Center Chhiparwara
10				Sub Center Chawaracha
11				Sub Center Thanwla
12				Sub Center Dodiya
13				Sub Center Hariyali
14			PHC Guda Balotan	Sub Center Agawri
15				Sub Center Bithuda
16				Sub Center Joda
17				Sub Center Ummedpur
18				Sub Center Moru
19				Sub Center Bedana
20				Sub Center Sedaria Balotan
21				Sub Center Paota
22			PHC Padarli	Sub Center Thumba
23				Sub Center Kawrada
24			PHC Bhuti	Sub Center Rodala
25				Sub Center Guda Inderpura
26				Sub Center Kanwla
27			PHC Chandrai	Sub Center Shankhwali
28				Sub Center Panchota
29				Sub Center Mooleva
30				Sub Center Valdara

31				Sub Center Rudhmal Dhani
32				Sub Center Malgarh
33				Sub Center Norwa
34			PHC Bhadrajun	Sub Center Bhadrajun Dhani
35				Sub Center Mohiwara
36				Sub Center Nimbla
37				Sub Center Kishangarh
38				Sub Center Chunda
39				Sub Center Baori
40			PHC Bhawrani	Sub Center Vedia
41				Sub Center Aipura
42				Sub Center Sarana
43				Sub Center Raithal
44				Sub Center Bala
45			PHC Bhorda	Sub Center Neelkanth
46				Sub Center Rama
47				Sub Center Naya Rama
48				Sub Center Barwa
49			PHC Ghana	Sub Center Bankli
50				Sub Center Seladi
51				Sub Center Sugalia Jodha
52				Sub Center Ajeetpura
53				Sub Center Kotda
54			PHC Nosara	Sub Center Jetpura
55				Sub Center Jogani

2. Map of Ahore block



3. Questionnaire used as tool for collecting data:

नाम

आयु

पीएचसी / सीएचसी नाम

पद

मोबाइल नंबर -

शैक्षिक योग्यता

वैवाहिक स्थिति

1: आप जो पढ़ सकते हैं उस भाषा का उल्लेख करें !

2: क्या आपके पास मोबाइल फोन है ? (हां / नहीं)

3: क्या आपका मोबाइल फोन टच स्क्रीन है ? (हां / नहीं)

4: क्या आपने कभी टच स्क्रीन मोबाइल फोन का इस्तेमाल किया है ? (हां / नहीं)

5: क्या आपने कभी एक कंप्यूटर / लैपटॉप का इस्तेमाल किया है ? (हां / नहीं)

6: क्या आपने कभी टैब का इस्तेमाल किया है ? (हां / नहीं)

7: आप कभी भी इंटरनेट का इस्तेमाल किया है ? (हां / नहीं)

8: क्या प्रयोजन के लिए हम एक कंप्यूटर का उपयोग कर सकते हैं ?

a. डेटा भंडारण b. संचार c. सूचना हासिल करना d. मनोरंजन e. अन्य

9: कैसे इंटरनेट उपयोगी हो सकता है ?

a. ई मेल भेजने के लिए b. जानकारी खोज करने के लिए c. मनोरंजन के लिए d. नेट बैंकिंग के लिए

e. ऑनलाइन फार्म भरने के लिए f. किसी भी अन्य उपयोग

10. पिछले महीने में इंटरनेट के उपयोग की आवृत्ति क्या है ?

11. जहां आप इंटरनेट का उपयोग करते हैं

a. मोबाइल b. लैपटॉप c. कंप्यूटर d. टैब

12. आपका व्यक्तिगत ईमेल आईडी है ? (हां / नहीं)

13. आप निम्नलिखित में से किसी पर एक खाता है?

a. फेसबुक (FACEBOOK) b. जी मेल (G Mail) c. याहू (Yahoo) d. अन्य

14. आप अपने मोबाइल फोन पर whats app एप्लिकेशन का उपयोग करते हैं ? (हां / नहीं)

15. क्या आपने कभी PCTS प्रणाली का इस्तेमाल किया है ? (हां / नहीं)

16. एसडीआर डेटा प्रविष्टि के लिए सुविधाजनक है

- a. दृढ़तापूर्वक सहमत b. इस बात से सहमत c. तटस्थ d. असहमत e. दृढ़ता से असहमत

17. मोबाइल / टैब मरीजों की काउंसलिंग के लिए इस्तेमाल किया जा सकता है ? (हां / नहीं)

18. मोबाइल / टैब एनसी और पीएनसी डेटा के संग्रह और भंडारण के लिए एक बेहतर विकल्प हो सकता है ?

- a. दृढ़तापूर्वक सहमत b. इस बात से सहमत c. तटस्थ d. असहमत
e. दृढ़ता से असहमत

19. यदि आप को एक टैब प्रदान किया तो आप इसे प्रभावी ढंग से उपयोग करने में सक्षम हो ? (हां / नहीं)

20. एक टैब में डाटा एंट्री करना सीखना मेरे लिए आसान है

- a. दृढ़तापूर्वक सहमत b. इस बात से सहमत c. तटस्थ d. असहमत
e. दृढ़ता से असहमत

21. आपको डेटा प्रविष्टि के लिए टैब का उपयोग करने के बारे में प्रशिक्षण की आवश्यकता होगी ?

- a. दृढ़तापूर्वक सहमत b. इस बात से सहमत c. तटस्थ d. असहमत
e. दृढ़ता से असहमत

22. नई तकनीक के इस्तेमाल से ज्यादा समय बचाता है ?

- a. दृढ़तापूर्वक सहमत b. इस बात से सहमत c. तटस्थ d. असहमत
e. दृढ़ता से असहमत

23. डेटा प्रविष्टि के लिए टैब का उपयोग करके आपके काम के बोझ में वृद्धि होगी ?

- a. दृढ़तापूर्वक सहमत b. इस बात से सहमत c. तटस्थ d. असहमत
e. दृढ़ता से असहमत

24. डेटा प्रविष्टि के लिए टैब का उपयोग करने के लिए आप को प्रदान किया गया प्रशिक्षण लाभप्रद होगा ?

- a. दृढ़तापूर्वक सहमत b. इस बात से सहमत c. तटस्थ d. असहमत
e. दृढ़ता से असहमत

25. टैब / नई प्रौद्योगिकी के उपयोग से एनसी और पीएनसी की गुणवत्ता में सुधार होगा ?

- a. दृढ़तापूर्वक सहमत b. इस बात से सहमत c. तटस्थ d. असहमत
e. दृढ़ता से असहमत

