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journal homepage : https://ijhis.pubmedia.id/index.php/ijhis

Article

The Intentions of Health Personnel Using UTAUT-Based Electronic Medical Records (Unified Theory of Acceptance and Use of Technology)

Eka Wilda Faida [1], Diah Wijayanti Sutha [2*]

[1] STIKES Yayasan RS Dr. Soetomo; ekawildafaida@gmail.com
[2] STIKES Yayasan RS DR. Soetomo; diahwsutha@gmail.com

*Correspondence: diahwsutha@gmail.com

Abstract: The government's efforts as a form of supporting the Sustainable Development Goals (SDGs) in point 3 regarding health and welfare, the Indonesian government. By using good information technology, it is hoped that good quality health services will also be achieved. The existing conditions at the Jemur Sari Islamic Hospital (RSI) Surabaya show that there are still incomplete Subject, Object, Assessment, Plan (SOAP) components in EMR in 2022. The aim of this research is to review the use of UTAUT-based EMR. This type of observational research uses a cross sectional design. The research sample was taken by total sampling from the entire population, namely 45 officers at Jemur Sari Hospital, Surabaya. Data analysis using frequency descriptives. The research results show that average job fit on performance expectancy 3,48, perceive ease of use on effort expectancy 3,47, subjective norm on social influence 3,43, compatibility on facilitating conditions 3,53 and persuasiveness on behavioral intention 3,50. The results in the very good category and social factors are in the good category. The conclusion of this research is that it needs to be further improved in the aspects of extrinsic motivation, perceived behavioral control, social factors, improvements in complexity and enthusiasm.

Keywords: Performance expectancy; effort expectancy; facilitating condition; behavioral intention; social factor

Citation: E. W. Faida and D. W. Sutha, "The Intentions of Health Personnel Using UTAUT-Based Electronic Medical Records (Unified Theory of Acceptance and Use of Technology)", *IJHIS*, vol. 2, no. 2, pp. 67–77.

Received: 22-07-2024
Accepted: 22-08-2024
Published: 24-08-2024

1. Introduction

Based on the government's demands that in 2023 all hospitals in Indonesia are required to carry out integrated electronic medical records (EMR) of 80% from 2022 which was only 60% with 100% completeness [1]. This government effort is a form of supporting the Sustainable Development Goals (SDGs) in point 3 regarding health and welfare, the Indonesian government. By using good information technology, it is hoped that good quality health services will also be achieved. The existing conditions at the Jemur Sari Islamic Hospital (RSI) Surabaya show that there are still incomplete Subject, Object, Assessment, Plan (SOAP) components in the EMR in 2022. Based on the results of initial observations at Jemur Sari Hospital Surabaya, it shows that the level of completeness is approaching 100% of the expected ideal target, but even so there is still some incomplete data of 2%. This remains a concern for hospitals in determining factors that influence officers' behavioral intention to use EMR.

Based on the results of interviews with the Head of the Medical Records Sub, it is known that not all medical records officers take part in using EMR because apart from using EMR for medical records at RSI Jemursari Surabaya, some are still done manually. Just as incomplete verification is still done manually, likewise, helper officers, assembling and retention officers are not officers who are part of the users and users of EMR. So it can be concluded that the use of EMR at RSI Jemursari Surabaya is not yet 100%, which is possibly due to low behavioral intention.

Good use of EMR requires the involvement of various parties, especially health workers as the main actors in its use. If health workers in using EMR lack the interest and

behavior that encourages the implementation of EMR [2], then the quality of health services will be less high quality and will have a wider impact on the non-realization of government programs and the SDGs. Privacy and security when using EMR is a major concern apart from the behavior and interests of health workers [3]. Performance expectancy, effort expectancy, social influence, facilitating conditions and trust can explain 66.6% of the variance in behavioral attention in internet banking adoption. According to [4] that trust, which contains privacy and security indicators, has a positive and significant effect on behavioral intention to use health information technology [4].

Based on this, it is important to carry out this research by carrying out further analysis of the influence of trust on behavioral intention to use EMR based on the theoretical framework of the Unified Theory of Acceptance and Use of Technology (UTAUT) in order to determine the determinant variables that influence behavioral intention and then alternative efforts can be made to solve problems that occur in the outpatient care of RSI Jemur Sari Surabaya. The conceptual model adapted from the Unified Theory of Acceptance and Use of Technology (UTAUT) is very frequently and commonly used to explain the relationship between individual determinants, privacy and security and the acceptance and use of EMR systems in selected contexts [5], [6]. Therefore, the UTAUT model is very suitable for use in this research.

2. Materials and Methods

The This type of research is observational research, cross sectional research design. The location and time of the research was carried out at two community health centers in the city of East Surabaya, from September to December 2023. The population in this study was 50 of all health workers who were directly related to the use of SIMPUS (doctors, nurses, other health workers, administration, medical recorders and health information). The research sample was carried out by total sampling, that is, taken from all existing populations, namely based on calculations using sample size determination in health studies, 45 respondents were obtained. The following are the operational steps of the research:

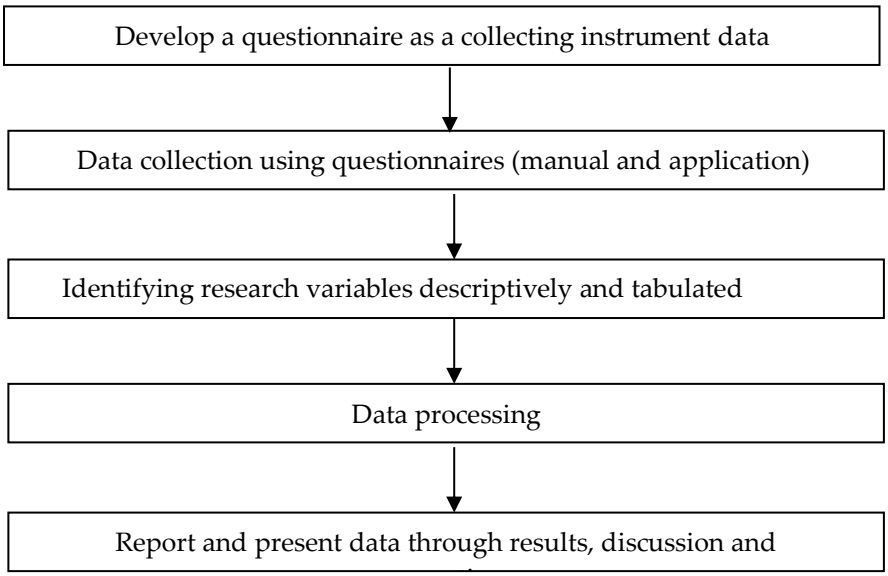

Figure 1. Research Operational Framework

All variables in this research require psychometric measurements developed in the form of a questionnaire. According to the number of variables, 5 sets of questionnaires were prepared. Questionnaire for respondent characteristic variables, performance

expectancy, effort expectancy, social influence, facilitating conditions, and behavioral intention. Closed questions use answer options in the form of a Likert scale of 1 to 4 with categories of strongly disagree, disagree, agree and strongly agree. Descriptive analysis uses tabulation of percentages and frequencies as the final result of this research review process.

3. Results and Discussion

The following are the characteristics of Human Resourches (HR) which include profession, age, gender, and experience working using EMR.

Table 1. Characteristics of HR in the Use of EMR

Characteristics	Frequency	percentage
Profession		
1) Doctor	3	7,7%
2) Nurse	24	61,5%
3) medical records officer	10	25,6%
4) administrative officer	2	5,2%
Age		
1) ≤ 25 years old	2	5,1%
2) 26-35 years old	26	66,7%
3) 36-46 years old	11	28,2%
4) > 46 years old	0	0
Gender		
1) Male	5	12,8%
2) female	34	87,2%
Experience working with EMR		
1) < 1 year	0	0
2) 1-2 years	5	12,8%
3) > 2-5 years	10	25,6%
4) > 5 Years	24	61,5%

Based on table 1, it shows that the characteristics of human resources have differences in profession, age, gender and work experience using EMR. The research results were dominated by human resources personnel with the nursing profession group at 61.5% and the 26-35 year age group at 66.7%, female gender at 87.2%. Work experience > 5 years dominates at 61.5%.

The following is data about performance expectations which include perceived usefulness, extrinsic motivation, job fit and outcome expectations.

Table 2. Distribution of Mean Performance Expectancy

Indicators	Strongly Disagree		Disagree		Agree		Strongly agree		*Mean*
	F	%	F	%	F	%	F	%	
Perceived Usefulness									
EMR increases effectiveness	0	0	1	2,6	18	46,2	20	51,3	3,47
EMR increases time efficiency	0	0	1	2,6	21	53,8	17	43,6	3,39
EMR increases data completeness productivity	0	0	4	10,3	18	46,2	17	43,6	3,36
Perceived Usefulness Value	**0**	**0**	**2**	**5,16**	**19**	**48,7**	**18**	**46**	**3,40**
Extrinsic Motivation									
Received a good evaluation by the leadership	1	2,6	1	2,6	19	48,7	18	46,2	3,39
Received its own praise	1	2,6	2	5,1	22	56,4	14	35,9	3,28
Increase the hospital's reputation, image and brand	2	5,1	0	0	17	43,6	20	51,3	3,42
The Value of Extrinsic Motivation	**1,3**	**3,4**	**1**	**2,6**	**19**	**49,6**	**17,3**	**44,5**	**3,36**
Job fit									
According to task requirements, responsibilities	0	0	2	5,1	19	48,7	18	46,2	3,42
Helps run tasks smoothly	0	0	1	2,6	18	46,2	20	51,3	3,50
Helps improve the quality of results	0	0	1	2,6	16	41	22	56,4	3,53
Job Fit Value	**0**	**0**	**1,3**	**3,4**	**17,6**	**45,3**	**20**	**51,3**	**3,48**
Outcome Expectation									
Improve interpretation of patient health status data.	2	2,6	0	0	18	46,2	20	51,3	3,44
Improve skills in understanding patient health conditions.	1	2,6	1	2,6	16	41	21	53,8	3,44
Improve data accuracy	1	2,6	1	2,6	16	41	21	53,8	3,44
Outcome Expectation Value	**1,3**	**2,6**	**0,6**	**1,7**	**16,6**	**42,7**	**21**	**52,8**	**3,44**

1,00 – 1,75 = Not good; 1,76 – 2,50 = Pretty good; 2,51 – 3,25 = Good; 3,26 – 4,00 = Very good

Based on table 2, it can be concluded that all indicators in the performance expectancy variable are in the category range of 3.26 – 4.00, which means very good. The highest mean value was for job fit and the lowest mean was for extrinsic motivation. The indicator that has the greatest contribution in forming performance expectancy is outcome expectation, namely with an outer loading of 0.966.

The following is data about effort expectancy which includes perceived ease of use, complexity and ease of use.

Table 3. Distribution of Mean Effort Expectancy

Indicator	Strongly Disagree		Disagree		Agree		Strongly agree		*Mean*
	F	%	F	%	F	%	F	%	
Perceived Ease of Use									
The EMR menu is easy to read	1	2,6	0	0	12	30,8	26	66,7	3,61
EMR systems and procedures are easy to operate	1	2,6	1	2,6	21	53,8	16	41	3,33
Perceived Ease of Use Value	**1**	**2,6**	**0,5**	**1,3**	**17**	**42,3**	**21**	**53,9**	**3,47**
Complexity									
Difficulty resolving errors when using EMR	4	10,3	16	41	13	33,3	6	15,4	2,39
Many attempts to resolve errors when using EMR	6	15,4	17	43,6	11	28,2	5	12,8	2,58
Complexity Value	**5**	**12,9**	**17**	**42,3**	**12**	**30,8**	**5,5**	**14**	**2,49**
Ease of Use									
Using EMR makes it easier to receive information	1	2,6	0	0	17	43,6	21	53,8	3,47
Using EMR makes it easier to send information	1	2,6	1	2,6	17	43,6	20	51,3	3,42
Ease of Use Value	**1**	**2,6**	**0,5**	**1,3**	**17**	**43,6**	**20,5**	**52,5**	**3,44**

Based on table 3, it can be concluded that all the indicators in the effort expectancy variable are in the category range 3.26 – 4.00, which means very good, except for complexity. The highest mean value is perceived ease of use and the lowest mean value is complexity. The indicator that has the greatest contribution in forming effort expectancy is ease of use with an outer loading of 0.922.

The following is data about social influence which includes subjective norms, social factors and image.

Table 4. Distribution of Mean Social Influence

Indicator	Strongly Disagree		Disagree		Agree		Strongly agree		*Mean*
	F	%	F	%	F	%	F	%	
Subyektif Norm									
Colleagues suggested using EMR, it can work more systematically	1	2,6	0	0	22	56,4	16	41	3,36
Leaders support the use of EMR, can keep track of recordings of work	0	0	2	5,1	16	41	21	53,8	3,47
EMR as a policy, means or tool to improve service quality	1	2,6	1	2,6	15	38,5	22	56,4	3,47
Subjective Value Norm	**0,6**	**1,7**	**1**	**2,6**	**17,6**	**45,3**	**19,7**	**50,4**	**3,43**
Social Factor									
EMR is influenced by the cooperation of other colleagues	4	10,3	3	7,7	20	51,3	12	30,8	3,03
EMR due to hospital policy	2	5,1	3	7,7	15	38,5	19	48,7	3,31
Social Factor Value	**3**	**7,7**	**3**	**7,7**	**17,5**	**44,9**	**15,5**	**39,7**	**3,17**
Image									
EMR provides a caring image to patients	1	2,6	5	12,8	21	53,8	12	30,8	3,17
EMR speeds up patient waiting times	0	0	5	12,8	18	46,2	16	41	3,31
Image Value	**0,5**	**1,3**	**5**	**12,8**	**19,5**	**50**	**14**	**35,9**	**3,24**

Based on table 4, it can be concluded that all the indicators in the social influence variable are in the 2.51 - 3.25 category range, which means they are good, except for subjective norm which is in the 3.26 - 4.00 category range, which is 3.43 which is means very good and includes the highest average among other indicators. The indicator that has the greatest contribution in forming social influence is subjective norm with an outer loading of 0.909.

The following is data about facilitating conditions which include perceived behavioral control, facilitating factors, and compatibility.

Table 5. Distribution of Mean Facilitating Conditions

Indicator	Strongly Disagree		Disagree		Agree		Strongly agree		*Mean*
	F	%	F	%	F	%	F	%	
Perceived Behavioral Control									
Have sufficient knowledge in implementing the EMR system	0	0	2	5,1	27	69,2	10	25,6	3,22
Have sufficient skills in implementing the EMR system	0	0	2	5,1	23	59	14	35,9	3,33
Behavioral Control Value	**0**	**0**	**2**	**5,1**	**25**	**64**	**12**	**30,7**	**3,28**
Facilitating Factor									
There are adequate supporting infrastructure for implementing the system	1	2,6	1	2,6	20	51,3	17	43,6	3,36
There is the availability of experts who support in implementing the system	0	0	1	2,6	20	51,3	18	46,2	3,44
Facilitating Factor Value	**0,5**	**1,3**	**1**	**2,6**	**20**	**51,3**	**17,5**	**44,9**	**3,44**
Compatibility									
EMR can process data quickly	0	0	1	2,6	16	41	22	56,4	3,53
Using EMR makes it easier to send information	1	2,6	0	0	15	38,5	23	59	3,53
Compatibility Value	**0,5**	**1,3**	**0,5**	**1,3**	**15,5**	**39,75**	**22,5**	**57,7**	**3,53**

Based on table 5, it can be concluded that all the indicators in the facilitating condition variable are in the category range 3.26 – 4.00, which means they are very good, except for perceived behavioral control which is in the category range 2.51 – 3.25, which is 3. 28 which means good. Compatibility is the indicator with the highest average among other indicators. The indicator that has the greatest contribution in forming facilitating conditions is the facilitating factor with an outer loading of 0.955.

The following is data on behavioral intention which includes indicators of enthusiasm, willingness and persuasiveness.

Table 6. Distribution of Mean Behavioral Intention

Indicator	Strongly Disagree		Disagree		Agree		Strongly agree		*Mean*
	F	%	F	%	F	%	F	%	
Antusiasme									
Passionate about filling in patient health data using EMR	0	0	2	5,1	20	51,3	17	43,6	3,42
The pleasure of filling in patient health data using EMR	0	0	2	5,1	19	48,7	18	46,2	3,44
The Value of Enthusiasm	**0**	**0**	**2**	**5,1**	**20**	**50**	**17,5**	**44,9**	**3,43**
Willingness									
Intention to fill out electronic medical records accurately and completely while carrying out work	1	2,6	1	2,6	19	48,7	18	46,2	3,42
Willingness to complete electronic medical records while working	1	2,6	0	0	19	48,7	19	48,7	3,47
Willingness Value	**1**	**2,6**	**0,5**	**1,3**	**19**	**48,7**	**18,5**	**47,5**	**3,45**
Persuasiveness									
Make an effort to invite colleagues to complete the EMR	0	0	2	5,1	19	48,7	18	46,2	3,44
Support colleagues to fill out EMR details	0	0	2	5,1	15	38,5	22	56,4	3,56
Persuasiveness Value	**0**	**0**	**2**	**5,1**	**17**	**44**	**20**	**51,3**	**3,50**

Based on table 6, it can be concluded that all the indicators in the behavioral intention variable are in the category range 3.26 – 4.00, which means they are very good. Persuasiveness is an indicator that has the highest value compared to other indicators. The indicator that has the greatest contribution in shaping behavioral intention is willingness with an outer loading of 0.927.

The research results show that the characteristics of human resources in using EMR include profession, age, gender, and experience working using EMR in outpatient settings. Regarding age, the group is dominated by the age range 26-35 years. This research shows that users of health information systems in hospitals are dominated by those of productive age. In contrast, users aged over 64 years experience a decrease in several body functions which may be less than optimal when using EMR. The level of speed, accuracy and concentration that is affected by a decrease in several body functions can make users feel easier and more comfortable using medical records manually.

The productive age can feel the benefits and uses of EMR well, can easily learn how to use EMR well, can be influenced by the social environment well because with its use by colleagues, especially fellow students of the same education, it requires them to be able to do it too, especially when using a system is not just demands to have to use it as a mandatory function but also provides quite a large beneficial impact on work achievements and educational achievements undertaken, adequate conditions of facilities such as internet networks, memory capacity and computer workload, the provision of PCs (Personal Computers) especially mobile ones will have an impact The higher the commitment and attachment to a job and the organization that houses it and the higher the interest, which ultimately also influences more optimal usage of EMR.

Based on the research results, it shows that gender is dominated by women which shows 87.2% compared to men at 12.8% in accordance with previous research by Bawack

and Kalavani in 2018 and is not in accordance with Tarhini's 2016 researchTarhini et al (2016) which shows that 56% of information technology users based on the UTAUT model are predominantly male. This shows that men have an obligation to work and have greater opportunities to develop a higher level of education. The real conditions at RSi Jemur Sari Surabaya show that the majority of health workers at the hospital who use information technology systems are predominantly female.

Women do not have the obligation to work to earn a living and obtain as much knowledge as possible, but if this happens this shows that there should be no differences between men and women in working or studying and developing their careers. It is not uncommon for women to have a career path and educational level that is equal to men or even higher than men. This shows that women also have the same opportunities and opportunities as men to improve their education, knowledge, skills and career path. In the world of education and health services in hospitals, a specialist medical education program, both male and female, has the same opportunities in a fair and equitable manner to gain experience and hone skills according to the competencies chosen in pursuing education as a health worker or administrator in health services. of course with all the risks and benefits that exist.

Nurses in the results of this study show that they are the profession with the largest involvement in the use of EMR [8]. This shows that nurses have the task of monitoring and evaluating the patient's health condition. The activities carried out by nurses are a form of activity that supports doctors in the subsequent decision-making process [9]. Therefore, it is important that every activity needs to be organized through a documentation process at every stage of the process that nurses have carried out in providing care to patients. This is different from previous research which showed that the medical profession dominates at 58% compared to other health professions including nurses at 42% in the use of tuberculosis monitoring systems, even though the values are almost equal [10].

Length of experience using EMR based on research results shows that work experience > 5 years is the dominant percentage compared to those with work experience < 5 years. This shows that the higher the experience, namely > 5 years, shows sufficient work experience, understands the work culture, knows the system that is already running, memorizes menu operations, is skilled in overcoming problems that occur in using the system. It is clearly different when compared to HR who have work experience < 5 years, < 3 years or even < 1 year whose level of skill and mastery of features still needs a process of getting used to and improving skills. Length of work shows a habitual pattern of work, especially routine ones that are carried out repeatedly, so the longer the work period and experience, the more habituation will automatically be repeated and become a mindset and skill for the worker [11]. RSI Jemur Sari shows that officers with experience > 5 years show good and very good conditions in the variables used in this research, namely performance expectancy, effort expectancy, social influence, facilitating conditions, perceived trust, behavioral intention.

The research results show that all indicators of performance expectancy which include perceived usefulness, extrinsic motivation, job fit, and outcome expectations have very good values. This is not an obstacle for RSI Jemur Sari Surabaya. Even though there is no significant influence relationship in forming a model, it may be necessary to pay attention to the extrinsic motivation aspect which has the lowest value when compared to other indicators in the performance expectancy variable. Extrinsic motivation is defined as the perception that users want to carry out an activity because it is considered a tool in achieving valuable results that are different from the activity itself, such as job performance, payment and promotions [12]. This means that extrinsic motivation is operationalized using items related to encouragement from outside the

individual user, for example good work results, bonuses, praise and other rewards. The strategy that can be carried out to further improve this aspect is that leaders need to provide separate assessments for officers who perform well in using EMR, giving praise for good work results, by creating an image that using EMR can create a reputation, and the hospital brand will increase if Compared to using manual medical records, the process of distributing and returning medical records is less effective.

Based on the results of this research, it shows that the indicators in effort expectancy, namely perceived ease of use and ease of use, have values in the very good mean category. This research shows that perceived convenience, which includes ease of reading EMR and ease of operating the EMR system and procedures, is not an obstacle to the use of EMR in hospitals. Likewise, the perceived convenience in terms of ease in transacting information, both receiving and sending the patient's health status, is also not an obstacle in using EMR. This is in accordance with previous research conducted by Davis and Moore [12]; [13].

Based on the research results, it shows that the existing indicators of social influence, which include subjective norms and image, have very good values. This is not an obstacle for RSI Jemur Sari Surabaya. Although there is no significant influence relationship in forming a model. It is necessary to pay attention to the social factor indicators that have the lowest value when compared to other indicators in the social influence variable. Social factors are defined as a person's internalization of the subjective culture of the reference group and specific interpersonal agreements that a person makes with other people in specific social situations.

A strategy that can be implemented to further improve this social factor is that hospital management needs to pay attention to aspects of collaborative relationships with colleagues and policies that regulate the use of EMR. It is necessary to increase the mean value to be higher in the subjective norm because some still choose to disagree, namely efforts that can be made by creating a more conducive working atmosphere so that cooperation between colleagues can influence other colleagues that by using EMR they can work systematically. . Another strategy is that leaders need to support the use of EMR so that a track record of their work in providing treatment to patients is kept. Leadership support can be in the form of rewards, both financial and non-financial, for PPDS who succeed in using EMR completely and accurately. Creating a work culture that requires no day without filling and completing EMR so that EMR can become a policy, means and tool to improve service quality [14]. Improving the image is also necessary, even though the mean value is very good, there are still those who choose to disagree. So we need a way to improve the image to be even better, namely by increasing the use of EMR, it can provide a caring image to patients and can speed up patient waiting times for treatment [15].

Based on the results of this research, it shows that the indicators in facilitating conditions, namely perceived behavioral control, facilitating factors and compatibility, have values in the very good mean category. Perceived behavioral control is defined as a reflection of any perception of internal and external constraints on behavior and includes one's own beliefs, resource facilitating conditions, and technological facilitating conditions [16]. This research shows that perceived behavioral control has the lowest mean value compared to other indicators in the facilitating condition variable. Apart from having the lowest average score, it also has the smallest contribution to facilitating conditions so this does not become an obstacle in the use of EMR in hospitals.

The results of this research show that the three indicators of behavioral intention have scores in the very good category. Enthusiasm, willingness and persuasiveness have almost equal scores at RSI Jemur Sari Surabaya. The thing that the management of RSI Jemur Sari Surabaya needs to pay attention to is to strengthen the enthusiasm aspect

more because even though it has a very good score category, it is the lowest indicator among the other indicators in behavioral intention. The strategy that hospitals can use is by increasing desire and enjoyment in using EMR. Increasing desire and enjoyment is by making the EMR feature easy to use, fast access and language that is easy to understand, there are no errors and can store data accurately. With the ease of the system and the use of a system that is appropriate to the work required, it can be expected to increase the behavioral intention of officers.

Behavioral intention is defined as the degree to which the user's desire (aim and intention) to use a technology is indicated [16]. Behavioral intention to use is defined as the strength of a person's intention to run a particular information system [12]. This construct can be measured by several indicators, namely: 1) enthusiasm for using the system, 2) persuasiveness for using the system, 3) willingness to run a system. User intention to adopt "Mobile Health Service (MHS)" as in previous research is determined by five key factors: performance expectancy, effort expectancy, social influence, facilitating conditions and threat assessment.

4. Conclusions

The research results show that performance expectancy, effort expectancy, facilitating conditions and behavioral intention are in the very good category and social factors are in the good category. Social factors and image have a value of ≤ 3.26, which is the lowest average among other indicators for all research variables. There needs to be further improvement in the extrinsic motivation aspect as the lowest value in the performance expectancy variable, improvements in perceived behavioral control as the lowest value in the effort expectancy variable, improvements in social factors as the lowest value in the social influence variable, improvements in complexity as the lowest value in the facilitating conditions variable and and increased enthusiasm as the lowest value on the behavioral intention variable.

Author Contributions: The study was conceived and designed by EWF and DWS; articles were screened by DWS and EWF; data was synthesised and interpreted by DWS; EWF reviewed and edited the manuscript; all authors gave their approval for the submitted version to be published and promised to take responsibility for all aspects of the work.

Conflicts of Interest: none declared

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