



Determinants of Health Workers Compliance in Implementing EMR in Regional Hospitals in Bali

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INTRODUCTION

Globalization has accelerated the advancement of science and technology across all sectors, including healthcare. These developments have ushered in a new era of human civilization, characterized by rapid innovation and transformation. For developing countries, however, this progress presents a complex and often paradoxical challenge. On one hand, there is a pressing need to adapt and align with global trends; on the other, concerns arise regarding the capacity of cultural structures and human resources to effectively respond to such changes, particularly in the context of hospital-based healthcare services.

One notable impact of globalization on healthcare is the adoption of Electronic Medical Records (EMRs), which represent a key component of digital transformation in line with global integration. The effective and secure implementation of EMRs can foster a more interconnected

global health system, enhance international collaboration, and address the evolving challenges of population mobility and global health dynamics (Widiyanto et al., 2023).

Hospitals are healthcare institutions that provide comprehensive services to individuals, including inpatient, outpatient, and emergency care (Amran et al., 2022). Efforts to enhance the quality of hospital services must encompass the management of patient medical records (Ariani, 2023). Medical records are formal documents that contain patient identification data, clinical examinations, treatments, procedures, and other healthcare services rendered. These records must be systematically maintained to ensure continuity of care and support administrative, legal, and research functions (Yunisca et al., 2022).

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Electronic Medical Records, all healthcare facilities are mandated to implement electronic medical records (Yunisca et al., 2022). Electronic Medical Records (EMRs) are digital documents created through an electronic system designed to manage patient information, including identification data, clinical examinations, treatments, procedures, and other healthcare services provided (Tasya, 2023).

The Indonesian government, through the Ministry of Health, recognizes the urgency of keeping pace with global competition and has therefore launched a health transformation initiative comprising six strategic pillars, one of which focuses on health technology transformation. This initiative aligns with the Regulation of the Minister of Health No. 24 of 2022 concerning medical records, which mandates the implementation of Electronic Medical Records (EMRs) across all healthcare facilities by December 31, 2023. Beyond regulatory compliance, the immediate implementation of EMRs is driven by broader objectives: to improve the quality of healthcare services and enhance the credibility of health institutions (Asih & Indrayadi, 2023).

The implementation of Electronic Medical Records (EMRs) in hospitals and healthcare facilities is widely regarded as a means to enhance service quality by streamlining documentation, reducing medical errors, and improving coordination across service units. However, the success of EMR systems depends not only on technical components such as hardware and software, but also on human factors, particularly the readiness of health workers, who serve as the primary users of the system. The preparedness of health personnel is a critical determinant of both the adoption and long-term sustainability of EMR implementation (Arsyam et al., 2024).

The HOT-FIT (Human, Organization, and Technology-Fit) model is a comprehensive conceptual framework used to evaluate the readiness and success of health information system

implementation. It encompasses three key dimensions: human, organizational, and technological components. The human component includes user competence, knowledge, attitudes, and readiness, particularly among health workers in utilizing Electronic Medical Records (EMRs). The organizational component covers management policies, organizational culture, leadership commitment, work structure, and resource availability. The technological component comprises system quality, information quality, and the quality of technology services. Among these, human readiness is a critical factor, serving as the foundation and driving force behind successful technology adoption (Lusiana & Nilogiri, 2023).

Readiness for EMR implementation encompasses several key dimensions, including competence in using information technology, system knowledge, perceived benefits and ease of use, as well as organizational support and training. Numerous studies have indicated that the failure of EMR adoption in various healthcare institutions is often not due to technological limitations, but rather to insufficient readiness and acceptance among health workers (Ariestin, 2022). The ability of health personnel to operate information technology devices is a foundational element in the successful implementation of EMRs. This competency includes basic computer literacy, proficiency in software usage, and the capacity to resolve minor technical issues. Low levels of digital literacy among health workers remain one of the primary barriers to EMR implementation in many developing countries (Astuti et al., 2024).

Completing medical records is a mandatory responsibility for health workers, making the regulation of medical documentation particularly vital, especially as Electronic Medical Records (EMRs) are designed to integrate health data across systems. However, the Indonesian government faces several challenges in this regard, one of which is the readiness of health workers to implement EMRs within healthcare services (Kassiuw et al., 2023). Another pressing concern is the need to strengthen the quality of human resources in health by improving competencies in health-related information technology (Kamila et al., 2024).

A thorough understanding of the functions, benefits, and operations of the Electronic Medical Record (EMR) system is essential for ensuring user readiness. This knowledge encompasses how data is recorded, accessed, and managed, as well as how the system supports clinical workflows. Limited familiarity with EMR systems may lead to resistance among end users, often stemming from uncertainty or fear of change (Puspita et al., 2024). Individual perceptions of the system's benefits (perceived usefulness) and ease of use (perceived ease of use) significantly influence users' intentions and behaviours regarding system adoption. When users believe that the EMR system enhances work efficiency and is user-friendly, they are more likely to accept and utilize it (Amin et al., 2021). Organizational readiness also depends heavily

on management support and the provision of ongoing training (Sari et al., 2024). Successful EMR implementation requires strong leadership commitment and an effective change management strategy (Apriliany, 2023).

As outlined in the preceding discussion, several challenges hinder the implementation of Electronic Medical Records (EMRs) in healthcare services, chief among them being the readiness of health workers. Furthermore, based on a review of relevant literature, no prior studies have specifically examined the readiness for EMR implementation in Regional Hospitals in Bali. Therefore, this study was conducted to assess the readiness of health workers in adopting EMRs, focusing on key components such as competence in using information technology, system knowledge, perceived benefits and ease of use, and organizational support and training.

METHODS

This study employs an analytical design with a cross-sectional approach, in which readiness-related variables are analyzed concurrently with the implementation of Electronic Medical Records (EMRs). The independent variables include competence in using information technology, system knowledge, perceived benefits and ease of use of EMRs, and organizational support and training. The dependent variable is the implementation of Electronic Medical Records.

This study utilized primary data collected directly from health workers through structured questionnaires. Data collection took place between August and October 2024 at RSUD Klungkung, Bali. Ethical approval was obtained from the Research Ethics Committee under approval number 000.9.2/2275/RSUD/2024. The independent variables, competence in using information technology, system knowledge, perceived benefits and ease of use of EMRs, and organizational support and training, were each assessed using seven questionnaire items, with responses recorded on a 5-point Likert scale. In total, the questionnaire for independent variables comprised 28 items. The dependent variable, EMR implementation, was measured using seven items, also rated on a 5-point Likert scale.

The first indicator of readiness is competence in using information technology, a multidimensional component encompassing the knowledge, skills, and attitudes of health workers in leveraging technology to support service delivery, management, and clinical decision-making. The second indicator is system knowledge, which refers to health workers' understanding of the structure, functions, and operations of electronic information systems used to digitally record, store, and manage patient data. The third indicator is the perceived

usefulness and ease of use of EMRs, both of which are critical in evaluating readiness and predicting the success of system implementation in healthcare settings. The final indicator is organizational support and training, which includes the commitment, policies, and resources provided by the institution to facilitate EMR adoption and utilization. Instrument validity was assessed using Pearson's correlation (item-total correlation), while reliability was evaluated using Cronbach's Alpha, yielding coefficients of 0.80 for readiness factors and 0.85 for EMR implementation items, indicating strong internal consistency.

The study sample comprised all health workers employed at Klungkung Regency Hospital, Bali, totaling 520 individuals. Participants included general practitioners, specialists, nurses, midwives, medical record officers, health analysts, pharmacists, nutritionists, and radiographers. A total sampling technique was employed to ensure inclusivity across all professional categories, given the manageable population size.

Prior to completing the questionnaire, respondents were asked to sign an informed consent form as confirmation of their voluntary participation. To protect confidentiality, researchers excluded names from the data collection sheets, recording only respondent initials and ensuring strict data privacy. To minimize social desirability bias, participants were assured of anonymity and encouraged to respond honestly without concern for administrative repercussions. Prior to data analysis, the completeness of respondents' answers was verified. All statistical analyses were conducted using SPSS version 25, with a p-value of <0.05 considered statistically significant. The data analysis process began with a univariate analysis to describe respondent characteristics, followed by bivariate analysis using Chi-square tests or correlation/logistic regression, depending on the data scale. To examine factors influencing readiness, a multivariate analysis was performed using binary logistic regression with the enter method to estimate model parameters.

RESULTS

Table 1. Characteristics of Respondents (n=520)

Characteristics	n	%
1. Gender		
a. Male	159	30,6
b. Female	361	69,4
2. Occupation		
a. Nurse	319	61,3
b. Doctor	91	17,5
c. Midwife	48	9,2
d. Health Analyst	18	3,5
e. Medical Record Staff	8	1,5
f. Radiographer	19	3,7
g. Pharmacist	7	1,3

Characteristics	n	%
h. Nutritionist	10	1,9
3. Age		
a. 20 – 30 years	166	31,9
b. >30 – 40 years	219	42,1
c. >40 – 50 years	94	18,1
d. >50 – 60 years	39	7,5
e. >60 years	2	0,4

Table 1 presents the demographic characteristics of the study participants (n = 520). The majority of respondents were female (361; 69.4%), while male participants accounted for 159 individuals (30.6%). The most common occupation was nursing, with 319 respondents (61.3%), followed by doctors (91; 17.5%), midwives (48; 9.2%), radiographers (19; 3.7%), health analysts (18; 3.5%), nutritionists (10; 1.9%), medical record staff (8; 1.5%), and pharmacists (7; 1.3%).

Respondents were distributed across various departments at Klungkung District Hospital. The largest age group was those aged >30–40 years (219; 42.1%), followed by those aged 20–30 years (166; 31.9%), >40–50 years (94; 18.1%), >50–60 years (39; 7.5%), and >60 years (2; 0.4%).

Table 2. The Relationship Between Health Worker Readiness Factors and EMR Implementation (n=520)

Variable	(n =520) N (%)	EMR Implementation		X2	P Value
		Good	Enough		
Competence in the use of information technology					
Good	465 (89,4)	435 (83,7)	30 (5,8)	15,642	0,000*
Enough	55 (10,6)	43 (8,3)	12 (2,3)		
Knowledge of the system					
Good	474 (91,2)	449 (86,3)	25 (4,8)	56,688	0,000*
Enough	46 (8,8)	29 (5,6)	17 (3,3)		
Perception of the benefits					
Good	244 (46,9)	233 (44,8)	11 (2,1)	7,886	0,000*
Enough	276 (53,1)	245 (47,1)	31 (6,0)		
Organizational support and training					
Good	244 (46,9)	233 (44,8)	11 (2,1)	7,886	0,000*
Enough	276 (53,1)	245 (47,1)	31 (6,0)		

*Notes: $P < 0.05$ indicates statistical significance

Among the respondents, 465 (89.4%) demonstrated good competence in using information technology, and 474 (91.2%) exhibited good knowledge of the system. In contrast, only 244 (46.9%) perceived the benefits and ease of use of EMR positively, and the same proportion reported receiving good organizational support and training. Chi-square test results revealed statistically significant associations between all readiness indicators and EMR implementation ($p < 0.05$).

Table 3. Analysis of Health Worker Readiness Factors in the Implementation EMR (n=520)

Variabel	B	S.E.	Wald	df	p	AOR	95% C.I	
							Lower	Upper
competence in the use of information technology	0.688	0.411	2.430	1	0.119	11.692	0.212	1.194
knowledge of the system	2.047	0.395	2.689	1	0.000*	3.549	1.780	7.040
perception of the benefits	0.667	0.402	2.747	1	0.097	8.252	0.233	1.129
organizational support and training	2.449	1.175	4.345	1	0.037	4.931	0.009	0.864

Based on multivariate analysis, system knowledge (AOR = 3.549; $p < 0.001$) and organizational support and training (AOR = 4.931; $p = 0.037$) were significant predictors of EMR implementation. Competence in IT use and perceived benefits were not statistically significant ($p > 0.05$).

DISCUSSION

Characteristics of Respondents

Individual characteristics play a crucial role in shaping the acceptance and use of electronic medical records (EMRs) Marzuki, (2024) emphasizes that gender, profession, education level, and years of service significantly influence health workers' readiness to adopt EMRs. Age is also a key determinant, as younger health workers tend to be more receptive to new technologies due to their greater exposure to and familiarity with digital tools. Previous studies have consistently shown that individuals under 30 years of age are generally more prepared to adopt EMRs compared to their older counterparts.

The respondents in this study represented diverse healthcare professions, including doctors, nurses, and administrative staff. Their professional roles influenced their perceptions of the system's usability and usefulness. Amin et al. (2021) emphasize that organizational support and technological literacy are critical for promoting EMR adoption, particularly when systems are integrated into routine clinical workflows.

This finding aligns with previous research indicating that age, specialization, and experience influence physicians' intentions to use electronic medical records (Vania & Suriyantoro, 2022) found that younger respondents exhibited higher levels of EMR usage, while older respondents demonstrated lower levels of engagement with the system. Educational

background also plays a significant role in shaping users' understanding of EMRs; individuals with higher levels of education tend to perceive the system as more useful and easier to use.

However, these findings contrast with those of Sugiharto et al. (Sugiharto et al., 2022) who reported that gender, age, and work experience did not moderate the relationship between social influence and attitudes toward EMR usage. Their results suggest no significant differences in perceptions of social influence between male and female users, younger and older users, or those with varying levels of work experience.

Similarly, Nurul Fitriani (Nurul Fitriani, 2024) concluded that individual characteristics such as age, years of service, department, and profession do not significantly affect EMR acceptance. Other studies have also suggested that educational level is unlikely to be a determining factor in health workers' acceptance of electronic medical records.

The Relationship Between Health Worker Readiness Factors and EMR Implementation

The findings of this study indicate that the four indicators of health worker readiness are significantly associated with EMR implementation. Competence in the use of information technology encompasses the ability to operate hardware and software, as well as skills in managing digital information. In the context of EMRs, this competence is essential, as the system depends on electronic data entry, access, and analysis in daily healthcare operations (Kusnia, 2024). Health workers with strong IT skills are more likely to adapt to EMR systems, reduce input errors, and utilize the system more efficiently. The results further show that the majority of respondents with high levels of IT competence reported no significant difficulties in operating the EMR system, whether for recording, accessing, or reporting patient data (Argentina et al., 2025).

This finding aligns with research by Puspita et al. (Puspita et al., 2024) which highlights that a high level of knowledge significantly contributes to the adoption of health information systems. Without sufficient understanding, EMR usage often encounters resistance. Perceived ease of use refers to the extent to which an individual believes that using a system requires minimal effort. In this study, the perception that the EMR system was easy to learn and operate had a direct impact on adoption. Most respondents found the system intuitive and relatively uncomplicated, particularly those already familiar with computer use. However, some health workers still faced technical challenges, such as insufficient training or a less user-friendly interface (Ariestin, 2022).

Support from management, such as training, policy development, and motivational efforts, is a critical external factor in EMR implementation. The findings of this study indicate

that organizational support at Klungkung Regional Hospital is generally strong; however, there remains room for improvement, particularly regarding the frequency of training and the evaluation of implementation outcomes (Rohman & Istichanah, 2021).

Hospital management serves as a key driver in the digital transformation of healthcare services. In this study, management support encompasses leadership commitment, budget allocation, internal policy formulation, and routine monitoring and evaluation of EMR usage. Most respondents reported that active leadership involvement in promoting EMR adoption motivated them to engage more seriously with the system. Such commitment from management signals to health workers that digital transformation is a strategic priority (Kassiuw et al., 2023).

Influence of Health Worker Readiness Factors on EMR Implementation

The findings of this study indicate that among the readiness indicators, knowledge of the EMR system has the greatest influence on its implementation. Knowledge is a critical component of health worker readiness, as those with a strong understanding of EMR are more likely to be receptive to and actively adopt the system. In this study, most respondents reported familiarity with the system's functions, benefits, and basic operations. This finding aligns with research by Pribadi et al. (Pribadi et al., 2018), which emphasizes that a high level of knowledge significantly contributes to the adoption of health information systems. Without adequate understanding, EMR usage is more likely to encounter resistance.

Knowledge is a fundamental cognitive factor that shapes individual attitudes and behaviours. Health workers who possess a strong understanding of the functions, benefits, and procedures associated with EMR systems tend to be more prepared, confident, and enthusiastic in their use. This enables them to fully leverage EMR features such as real-time patient data recording, data-driven clinical decision-making, and enhanced communication among medical teams (Mutmainah et al., 2024).

Conversely, insufficient knowledge can pose a significant barrier to EMR adoption. A lack of understanding regarding system functionality, concerns about data entry errors, and discomfort with digital technology may lead to resistance, reduced productivity, and even inaccuracies in medical documentation (Sugiharto et al., 2022). One of the key initiatives undertaken by the hospital is the organization of regular training sessions and workshops. These activities aim to provide a comprehensive understanding of the concepts, benefits, and technical procedures involved in using EMRs. Training materials typically cover system

interface navigation, medical data entry, digital workflow integration, and principles of patient data security and confidentiality.

In addition to formal training, the hospital has established a support team comprising IT staff and medical personnel proficient in EMR usage. This team provides on-site guidance, assists in resolving technical challenges, and serves as a liaison between end-users and the developers of the hospital information system(Suryanto, 2023).

Another initiative undertaken by the hospital is the development of digital learning modules that can be accessed at any time by health workers. This self-directed learning approach provides flexibility, allowing individuals to enhance their knowledge gradually based on their specific needs. In addition to these modules, the hospital conducts regular evaluations of health workers' competence and understanding in using EMRs, through assessments, simulations, and direct observation. The results of these evaluations serve as the foundation for designing more targeted and sustainable development programs (Windharti, 2023).

In rural or under-resourced hospitals, health workers often encounter significant challenges that impede the implementation of Electronic Medical Record (EMR) systems, despite their knowledge and readiness. A primary barrier is the limited digital infrastructure, including unstable internet connectivity, insufficient hardware, and poorly integrated information systems. Additionally, high workloads and shortages of operational personnel restrict the time available for health workers to effectively learn and adapt to new technologies. This situation is further compounded by the lack of technical support and ongoing training, which should ideally be provided by hospital management or governmental bodies.

Consequently, although health workers recognize the benefits and importance of digitization in healthcare services, constrained resources and unsupportive work environments remain major obstacles to technology adoption. Addressing these challenges requires sustainable and context-sensitive intervention strategies, such as improving basic infrastructure, offering flexible training programs, and enacting policies that reflect the realities of disadvantaged or underserved regions(Rahmawati et al., 2023).

In contrast to findings from Thailand, where perceived ease of use was identified as the strongest predictor of Electronic Medical Record (EMR) adoption among health workers, the results of this study reveal that system knowledge is the most influential factor driving EMR usage. This suggests that in certain contexts, such as Indonesia or regions with similar characteristics, an in-depth understanding of the structure, functions, and operational mechanisms of EMR systems plays a more critical role in shaping health workers' decisions to adopt the technology. System knowledge fosters confidence and technical competence, thereby

reducing dependence on external support. While perceived ease of use remains relevant, its effectiveness is contingent upon a solid foundational understanding of the system. These findings underscore the importance of considering variations in social, cultural, and technological readiness across countries when implementing EMR systems. Accordingly, healthcare information technology adoption strategies should be tailored to local contexts, incorporating flexible training approaches and initiatives to enhance digital literacy among health workers (Chantarasombat, 2022).

CONCLUSIONS

The findings of this study on health workers' readiness to implement Electronic Medical Records (EMRs) at Klungkung District Hospital underscore readiness as a critical determinant of successful and appropriate EMR adoption. Key indicators, including IT competence, system knowledge, perceived usefulness and ease of use, as well as organizational support and training, are interrelated components that collectively shape implementation outcomes.

For hospital management, it is recommended that EMR training programs be integrated into long-term human resource development agendas. Such training should extend beyond technical instruction to address changes in work culture, data security, and ethical responsibility. Management must also ensure the availability of supportive infrastructure and adaptive monitoring systems to evaluate EMR performance across all service lines.

For policymakers, regulatory frameworks should promote the standardization of EMR training at the national level and introduce incentive mechanisms for institutions that successfully implement robust health information systems. Additionally, policies supporting interoperability between EMR platforms are essential to enable the safe and efficient exchange of patient data across healthcare facilities.

System knowledge emerged as the most statistically significant factor, as demonstrated by multivariate analysis (AOR = 3.549), indicating its strong association with successful EMR implementation. As digital transformation in the healthcare sector accelerates, investment in human readiness, through targeted training, supportive policies, and integrated systems, remains the cornerstone of effective EMR adoption.

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