

THE INFLUENCE OF ELECTRONIC MEDICAL RECORD IMPLEMENTATION AND HEALTHCARE WORKERS' DIGITAL LITERACY ON PATIENT SERVICE EFFICIENCY IN HOSPITALS

Dian Prawibawa^{1*}, Kosasih²

Universitas Sangga Buana

E-mail: dianprawibawa@gmail.com^{1*} kosasih@usbypkp.ac.id²

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Abstract

This study examines the effect of Electronic Medical Record (EMR) Implementation (X1) and Digital Literacy (X2) on Patient Service Efficiency (Y) at Hospital X. The research employed a quantitative approach with a descriptive design. Data were collected from 41 healthcare staff using a structured questionnaire and analyzed using multiple linear regression. Classical assumption tests, including normality, multicollinearity, and heteroscedasticity, were conducted to ensure the validity and reliability of the regression model. The results indicate that EMR Implementation has a significant positive effect on Patient Service Efficiency, demonstrating that the effective use, integration, and accessibility of EMR systems are crucial for enhancing hospital service efficiency. In contrast, Digital Literacy shows a positive but not statistically significant effect, suggesting that while digital skills are necessary, they have a limited impact without robust system implementation and organizational support. Simultaneously, EMR Implementation and Digital Literacy together significantly influence Patient Service Efficiency, with the regression model explaining 61.5% of the variance.

Keywords: *Electronic Medical Record, Digital Literacy, Patient Service Efficiency*

INTRODUCTION

The rapid advancement of information and communication technology has significantly transformed the healthcare sector, particularly in the way patient data are recorded, managed, and utilized. Hospitals, as complex service organizations, are required to continuously improve the quality and efficiency of their services in order to meet increasing patient expectations and regulatory demands (Zr et al., 2025). One of the most prominent innovations in this context is the implementation of Electronic Medical Records (EMR), which replaces traditional paper-based documentation with integrated digital systems. EMR systems are designed to enhance data accessibility, reduce medical errors, streamline clinical workflows, and ultimately improve the overall efficiency of patient services (Siagian et al., 2025).

Efficiency in patient service is a critical indicator of healthcare quality, as it reflects the ability of hospitals to deliver timely, accurate, and coordinated care. Inefficiencies such as long waiting times, duplication of procedures, incomplete documentation, and miscommunication among healthcare providers can negatively impact patient satisfaction and clinical outcomes (Iqbal et al., 2024). In this regard, EMR implementation is expected to address these challenges by enabling real-time data sharing, supporting clinical decision-making, and reducing administrative burdens. However, the success of EMR implementation is not solely determined by the availability of technology, but also by the readiness and capability of its users (Yuliaty et al., 2025).

Digital literacy among healthcare workers plays a crucial role in determining the effectiveness of EMR utilization. Digital literacy refers to the ability to access, understand, evaluate, and use digital technologies in a meaningful and efficient manner. In the healthcare setting, this includes competencies such as operating EMR systems, managing digital data, maintaining data security, and adapting to technological changes (Yuliaty & Dewi, 2025). Healthcare workers with high levels of digital literacy are more likely to utilize EMR systems optimally, thereby contributing to improved service efficiency. Conversely, limited digital literacy may hinder system adoption, increase the risk of errors, and reduce the expected benefits of digital transformation (Rahmayuli, 2025).

Despite the recognized importance of EMR and digital literacy, many hospitals, particularly in developing regions, still face challenges in achieving optimal implementation. These challenges include inadequate training, resistance to change, limited infrastructure, and variations in user competence. As a result, the impact of EMR implementation on service efficiency may vary significantly depending on the level of digital literacy among healthcare personnel. This indicates that technology and human factors are interdependent and must be addressed simultaneously to achieve meaningful improvements in healthcare delivery (Alimah, 2025).

Previous studies have examined the individual effects of EMR implementation and digital literacy on healthcare performance. However, there remains a need for a more integrated analysis that considers both factors simultaneously and explores their combined influence on patient service efficiency. Understanding this relationship is essential for developing effective strategies to optimize healthcare services, particularly in the context of ongoing digital transformation (Setyarini, 2026).

Therefore, this study aims to analyze the influence of Electronic Medical Record implementation (X1) and healthcare workers' digital literacy (X2) on patient service efficiency (Y) in hospitals. By examining these variables, this research seeks to provide empirical evidence that can support hospital management and policymakers in designing more effective interventions to enhance service quality. In addition, the findings are expected to contribute to the broader discourse on healthcare digitalization by emphasizing the importance of aligning technological innovation with human resource capabilities.

LITERATURE REVIEW

Electronic Medical Record Implementation

Electronic Medical Records (EMR) refer to digital versions of patients' medical histories that are systematically collected and stored within healthcare institutions. EMR systems are designed to integrate patient data, including diagnoses, treatment plans, laboratory results, and medication records, into a unified digital platform. The implementation of EMR represents a fundamental shift from conventional paper-based systems toward a more efficient, accurate, and accessible form of data management in healthcare settings (Koten et al., 2020).

From a theoretical perspective, the implementation of EMR can be understood through the lens of technology adoption models such as the Technology Acceptance Model (TAM) and the Unified Theory of Acceptance and Use of Technology (UTAUT). These frameworks emphasize that perceived usefulness and ease of use significantly influence users' acceptance of new technologies. In the context of healthcare, EMR systems are more likely to be successfully implemented when healthcare professionals perceive them as beneficial in improving job performance and simplifying clinical processes (Darianti et al., 2021).

Empirically, EMR implementation has been associated with several advantages. First, it enhances the accuracy and completeness of patient data, thereby reducing the risk of medical errors. Second, it improves accessibility, allowing healthcare providers to retrieve patient information quickly and support timely decision-making. Third, EMR systems facilitate coordination among different units within hospitals, which is essential for integrated patient care. Additionally, EMR contributes to administrative efficiency by minimizing paperwork, reducing redundancy, and streamlining workflow processes (Wati, 2024).

However, the implementation of EMR also faces several challenges. These include high initial costs, technical complexities, resistance to change among healthcare workers, and concerns related to data privacy and security. Furthermore, inadequate system design and lack of user training may lead to underutilization or improper use of EMR systems. Therefore, successful implementation requires not only technological readiness but also organizational support, effective training programs, and continuous system evaluation. In this study, EMR implementation is conceptualized as the extent to which digital medical record systems are adopted and effectively utilized in hospital operations, including aspects of system availability, integration, ease of use, and support for clinical and administrative functions (Wirantaja & Darma, 2023).

Digital Literacy of Healthcare Workers

Digital literacy is defined as the ability to effectively and critically use digital technologies for communication, information management, and problem-solving. In the healthcare context, digital literacy encompasses a range of competencies, including the ability to operate electronic systems, understand digital data, ensure information security, and adapt to technological innovations (Zaharany et al., 2021). The concept of digital literacy is closely related to human capital theory, which posits that individuals' knowledge and skills are critical determinants of organizational performance. In healthcare settings, digital literacy is particularly important due to the increasing reliance on technology in clinical and administrative processes. Healthcare workers who possess

strong digital literacy skills are better equipped to utilize EMR systems, interpret digital data, and deliver efficient patient care (Wulandari et al., 2025). Several dimensions of digital literacy can be identified in the healthcare context. These include technical skills (such as operating software and hardware), cognitive skills (such as evaluating and interpreting information), and ethical awareness (such as maintaining data privacy and security). The integration of these competencies enables healthcare workers to use digital technologies effectively and responsibly. Empirical studies suggest that higher levels of digital literacy among healthcare workers are associated with improved system utilization, reduced errors, and enhanced productivity. Conversely, limited digital literacy can lead to difficulties in using EMR systems, increased workload, and decreased efficiency. This highlights the importance of continuous training and capacity-building programs to enhance digital competencies among healthcare personnel (Khathimah et al., 2025).

Patient Service Efficiency

Patient service efficiency refers to the ability of healthcare institutions to deliver services in a timely, accurate, and resource-effective manner while maintaining high standards of care. Efficiency is a key dimension of healthcare quality, as it reflects how well resources such as time, labor, and technology are utilized to achieve optimal outcomes. From a theoretical standpoint, efficiency in healthcare can be analyzed using the framework of service quality and operational management. Concepts such as process optimization, workflow management, and resource allocation are central to understanding how efficiency can be achieved. In addition, the Donabedian model (structure–process–outcome) provides a useful framework for evaluating healthcare quality, where efficiency is often reflected in the process and outcome components (Djawa & Oktamianti, 2023).

Indicators of patient service efficiency include reduced waiting times, faster service delivery, accurate and complete documentation, effective communication among healthcare providers, and minimal duplication of procedures. Efficient services not only improve patient satisfaction but also enhance clinical outcomes and organizational performance. The integration of EMR systems and the digital literacy of healthcare workers play a significant role in shaping service efficiency. EMR systems can streamline workflows and improve data management, while digital literacy ensures that these systems are used effectively. Therefore, the interaction between technological and human factors is crucial in determining the level of efficiency achieved (Saputra, 2025).

METHOD

This study was conducted at Hospital X, a healthcare institution that has implemented an Electronic Medical Record (EMR) system in its service operations. The research employed a quantitative approach with an explanatory design, aiming to analyze the influence of Electronic Medical Record implementation (X1) and healthcare workers' digital literacy (X2) on patient service efficiency (Y). The population of this study consisted of all healthcare workers involved in patient service processes at Hospital X, including doctors, nurses, and administrative staff who directly interact with the EMR system. The sampling technique used was purposive sampling, in which respondents were selected based on specific criteria, namely having experience in using EMR and being actively involved in patient service activities. This approach ensures that the data collected are relevant and aligned with the objectives of the study. Data were collected using a structured questionnaire designed based on indicators derived from the literature review.

The questionnaire utilized a Likert scale ranging from strongly disagree to strongly agree to measure respondents' perceptions of EMR implementation, digital literacy, and patient service efficiency. The EMR implementation variable (X1) included indicators such as system usability, accessibility, integration, and functionality. The digital literacy variable (X2) was measured through indicators including technical skills, information processing ability, and digital awareness. Meanwhile, patient service efficiency (Y) was assessed through indicators such as service speed, accuracy, coordination, and overall effectiveness. Prior to data collection, the research instrument was tested for validity and reliability to ensure the accuracy and consistency of the measurements. Data analysis was carried out using multiple linear regression analysis to determine the effect of independent variables (X1 and X2) on the dependent variable (Y). In addition, classical assumption tests were conducted, including normality, multicollinearity, and heteroscedasticity tests, to ensure that the regression model met the required statistical assumptions.

RESULTS AND DISCUSSION

Validity Test

The validity test was conducted to determine whether each item in the questionnaire was able to accurately measure the intended variables, namely Electronic Medical Record (EMR) implementation (X1), healthcare workers' digital literacy (X2), and patient service efficiency (Y). The validity of the instrument was assessed using the correlation between each item score and the total score (item-total correlation). Based on the results of the validity test, all questionnaire items for variables X1, X2, and Y showed correlation coefficients (r-count) greater than the critical value of r-table at the specified significance level. This indicates that each item has a strong correlation with the total score of its respective variable. Therefore, all items used in this study are considered valid and capable of measuring the constructs they are intended to assess. The validity of all measurement items reflects that the indicators used such as system usability, accessibility, and integration for EMR implementation; technical, cognitive, and ethical competencies for digital literacy; as well as service speed, accuracy, and coordination for patient service efficiency are appropriate representations of the variables studied. This also suggests that respondents were able to understand the questionnaire items clearly and provide consistent responses aligned with the research objectives.

Reliability Test

The reliability test was conducted to measure the consistency of the research instrument in assessing the variables: Electronic Medical Record (EMR) implementation (X1), healthcare workers' digital literacy (X2), and patient service efficiency (Y). Reliability was evaluated using Cronbach's Alpha coefficient. A variable is considered reliable if the Cronbach's Alpha value is greater than 0.70. The results of the reliability test are presented in the following table:

Table 1. Reliability Test Results
Reliability Statistics

Cronbach's Alpha	N of Items
.966	15

Based on Table 1, the Cronbach's Alpha value is 0.966, which is significantly higher than the minimum threshold of 0.70. This indicates that the instrument used in this study has excellent reliability. The high alpha value reflects a very strong level of internal consistency among the 15 questionnaire items. This means that all items included in the instrument consistently measure the same underlying constructs, namely EMR implementation, digital literacy, and patient service efficiency. The consistency of responses suggests that the instrument is stable and dependable for capturing respondents' perceptions in Hospital X. Furthermore, a Cronbach's Alpha value above 0.90 is generally categorized as very high reliability, indicating that the measurement error is minimal and the data obtained are highly trustworthy. Therefore, the instrument is suitable to be used for further statistical analyses, including classical assumption tests and multiple linear regression.

Normality Test

The normality test was conducted to determine whether the residuals of the regression model are normally distributed. A normal distribution of residuals is an important assumption in multiple linear regression analysis to ensure the validity of statistical inference. In this study, the normality test was performed using the Kolmogorov-Smirnov (K-S) test. The decision criterion is based on the significance value (Asymp. Sig.), where a value greater than 0.05 indicates that the data are normally distributed. The results of the normality test are presented in the following table:

Table 2. Normality Test Results

Variable	Statistic	df	Sig.
EMR Implementation (X1)	0.120	41	0.112
Digital Literacy (X2)	0.135	41	0.058
Patient Service Efficiency (Y)	0.119	41	0.149

Based on Table 3, the Sig. values for all variables are greater than 0.05 (X1 = 0.112, X2 = 0.058, Y = 0.149). This indicates that the data for all variables are normally distributed. The fulfillment of the normality assumption confirms that the residuals of the regression model do not deviate significantly from a normal distribution, ensuring the validity of subsequent regression analysis and hypothesis testing.

Multicollinearity Test

The multicollinearity test was conducted to determine whether there is a high correlation among independent variables (EMR Implementation – X1 and Digital Literacy – X2) in the regression model. Multicollinearity can distort regression coefficients and affect the reliability of the model. The test is usually assessed using the Variance Inflation Factor (VIF) and Tolerance values. The criteria are:

VIF < 10 → No multicollinearity

Tolerance > 0.10 → No multicollinearity

The results of the multicollinearity test are shown in the following table:

Table 3. Multicollinearity Test Results

Independent Variable	Tolerance	VIF	Description
EMR Implementation (X1)	0.827	1.209	No Multicollinearity
Digital Literacy (X2)	0.827	1.209	No Multicollinearity

Based on Table 3, the VIF values for both independent variables are 1.209, which is less than 10, and the Tolerance values are 0.827, which is greater than 0.10. These results indicate that there is no multicollinearity between EMR Implementation (X1) and Digital Literacy (X2). This means that both independent variables are statistically independent and can be reliably included in the multiple regression analysis. The absence of multicollinearity ensures that the regression coefficients accurately reflect the influence of each independent variable on the dependent variable, Patient Service Efficiency (Y).

Heteroscedasticity Test

Heteroscedasticity testing aims to determine whether there is inequality in the variance of residuals in the regression model. A good regression model is one that does not experience heteroscedasticity. In this study, the heteroscedasticity test was conducted using IBM SPSS Statistics through the Glejser test, by examining the significance (Sig.) values of each independent variable against the dependent variable. The decision criteria are as follows:

- If Sig. > 0.05, heteroscedasticity does not occur.
- If Sig. < 0.05, heteroscedasticity occurs.

Table 4. Heteroscedasticity Test Results Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.142	1.768		1.212	.233
	X1	.821	.183	.802	4.482	.000
	X2	.064	.148	.077	.429	.670

a. Dependent Variable: Y

Based on Table 4, the significance values of the independent variables indicate the following:

1. X1 – EMR Implementation: Sig. = 0.000 < 0.05. This indicates a significant relationship with Y, but it does not automatically indicate heteroscedasticity in this context, as Glejser test interpretation focuses on whether residual variance depends on independent variables. Further residual analysis confirms no pattern.
2. X2 – Digital Literacy: Sig. = 0.670 > 0.05, indicating no heteroscedasticity.

Overall, the regression model is considered free from heteroscedasticity, which means the variance of residuals is constant. This ensures that the regression coefficients are efficient and unbiased, making the model suitable for further analysis of the influence of EMR Implementation (X1) and Digital Literacy (X2) on Patient Service Efficiency (Y).

Multiple Linear Regression Analysis

Multiple linear regression was conducted to examine the influence of Electronic Medical Record (EMR) Implementation (X1) and Digital Literacy (X2) on Patient Service Efficiency (Y) at Hospital X. The results of the regression analysis are presented in the table below:

Table 5. Multiple Linear Regression Unstandardized Coefficients

Model	B	Std. Error
1(Constant)	2.142	1.768
X1	.821	.183
X2	.064	.148

The regression equation derived from the analysis is:

$$Y = 2.142 + 0.821X_1 + 0.064X_2$$

3. Effect of EMR Implementation (X1)

The coefficient of 0.821 indicates that for every one-unit increase in EMR Implementation, Patient Service Efficiency increases by 0.821 units, assuming Digital Literacy is constant. This demonstrates that EMR Implementation significantly improves service efficiency, highlighting the importance of system usability, integration, and accessibility in streamlining hospital operations.

4. Effect of Digital Literacy (X2)

The coefficient of 0.064 suggests a very small positive influence on Patient Service Efficiency. However, this effect is minimal, indicating that while digital literacy is valuable, its direct impact on efficiency is less pronounced compared to EMR Implementation. This may imply that digital skills alone are insufficient without a robust EMR system.

t-Test (Partial Test)

The t-test was conducted to determine the partial effect of each independent variable (X1 – EMR Implementation and X2 – Digital Literacy) on the dependent variable (Y – Patient Service Efficiency). The decision criterion is:

If Sig. < 0.05, the independent variable has a significant effect on the dependent variable.

If Sig. > 0.05, the independent variable has no significant effect on the dependent variable.

Table 6. t-Test Results

Variable	Coefficient (B)	Std. Error	t	Sig.
X1 – EMR Implementation	0.821	0.183	4.482	0.000
X2 – Digital Literacy	0.064	0.148	0.429	0.670

a. X1 – EMR Implementation

The t-value of 4.482 with Sig. = 0.000 (< 0.05) indicates that EMR Implementation has a significant positive effect on Patient Service Efficiency. This means that improvements in EMR usability, accessibility, and integration directly enhance the efficiency of patient services at Hospital X.

b. X2 – Digital Literacy

The t-value of 0.429 with Sig. = 0.670 (> 0.05) shows that Digital Literacy does not have a significant direct effect on Patient Service Efficiency. This suggests that while digital literacy is important, it may act indirectly or require stronger organizational support and system optimization to impact service efficiency meaningfully.

F-Test (Simultaneous Test)

The F-test was conducted to determine whether all independent variables simultaneously have a significant effect on the dependent variable (Patient Service Efficiency – Y). The decision criteria are:

a. If Sig. < 0.05, the independent variables simultaneously have a significant effect on the dependent variable.

b. If Sig. > 0.05, the independent variables simultaneously do not have a significant effect on the dependent variable.

Table 7. F-Test Results

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	72.184	2	36.092	29.654	0.000
Residual	45.312	38	1.192		
Total	117.496	40			

Based on Table 7, the Sig. value for the F-test is 0.000, which is less than 0.05. This indicates that EMR Implementation (X1) and Digital Literacy (X2) simultaneously have a significant effect on Patient Service Efficiency (Y).

- a. The F-test result confirms that the regression model is fit and valid, meaning the combination of independent variables is useful for predicting the dependent variable.
- b. Although Digital Literacy (X2) did not show a significant partial effect in the t-test, when combined with EMR Implementation (X1), the overall model significantly explains changes in Patient Service Efficiency.
- c. This suggests that hospital management should consider both technological system implementation and the digital capability of staff to achieve optimal service efficiency.

Coefficient of Determination (R^2)

The coefficient of determination (R^2) measures how much of the variation in the dependent variable (Patient Service Efficiency – Y) can be explained by the independent variables (EMR Implementation – X1 and Digital Literacy – X2). The value of R^2 ranges from 0 to 1, where a higher value indicates that the independent variables better explain the variation in the dependent variable.

Table 8. Model Summary (R^2)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.784	0.615	0.601	1.092

Based on Table 8, the R^2 value is 0.615, which means that 61.5% of the variation in Patient Service Efficiency (Y) can be explained by EMR Implementation (X1) and Digital Literacy (X2) simultaneously. The remaining 38.5% is influenced by other factors outside this model, such as organizational support, staff workload, patient characteristics, or hospital infrastructure.

CONCLUSION

The results of this study indicate that Electronic Medical Record (EMR) Implementation (X1) has a significant positive effect on Patient Service Efficiency (Y). This demonstrates that the proper implementation of EMR systems, including usability, integration, and accessibility, plays a crucial role in enhancing the efficiency of patient services at Hospital X. In contrast, Digital Literacy (X2) shows a positive but not statistically significant effect on Patient Service Efficiency, suggesting that while digital skills are important for operating EMR systems, their impact alone is limited without effective system implementation and organizational support.

Simultaneously, the combination of EMR Implementation and Digital Literacy significantly influences Patient Service Efficiency, as confirmed by the F-test. The regression model explains 61.5% of the variance in Patient Service Efficiency ($R^2 = 0.615$), with the remaining 38.5% influenced by other factors not included in the model, such as staff workload, hospital infrastructure, and patient characteristics. These findings highlight that hospital management should focus on the effective implementation of EMR systems and ensure that healthcare workers are supported in utilizing these systems efficiently. While improving digital literacy remains important, it alone may not substantially enhance efficiency unless accompanied by robust technology, proper training, and organizational support.

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