



## **Analysis Of The Readiness Of Medical Record Officers In The Outpatient Unit To The Use Of RME By TRI Methods At RSUD Dr. M. Ashari Pematang**

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### **Abstract**

The readiness of medical record officers in the Electronic Medical Records (EMR) should follow Permenkes Number 24 of 2022 Article 45. RSUD Dr. M. Ashari Pematang has just implemented EMR, so it was necessary to measure the readiness of medical record officers in the outpatient department using the TRI (Technology Readiness Index) method. This research method is descriptive quantitative. The data collection technique used was a questionnaire. The sampling technique in this study used a total sampling technique; the research subjects were all medical record officers in the Outpatient Department of RSUD, Dr. M. Ashari Pematang (26 officers). The results showed that the average readiness score of medical record officers in the outpatient department of RSUD Dr. M. Ashari Pematang, based on the dimensions of optimism, innovation, insecurity, and discomfort, was 31.42, 27.81, 23.81, and 22.54, respectively. According to the four dimensions of TRI, the readiness level to use EMR among most medical record officers of the outpatient department was classified as Ready (73% of officers). However, training and mentoring for the relevant officers is still necessary to optimize the use of the new technology.

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### **Introduction**

As stipulated in Permenkes Number 24 Year 2022, medical records are important documents that record patient identity, examination, treatment, and other services patients receive. (Putri & Saefudin, 2021) In addition, medical records are also a tool for evaluating the quality of health services, teaching materials in education, and evidence in legal proceedings, making them a crucial instrument in modern medical practice. (Maha Wirajaya & Made Umi Kartika Dewi, 2020). In response to this development, Permenkes No. 24 Year 2022 Article 45 requires all healthcare facilities to implement electronic medical records (RME) by the end of 2023. RME not only facilitates the safe and efficient storage of clinical data but also enables integration with the Hospital Management Information System (SIMRS), which covers various aspects such as administration, nursing documentation, reporting, and billing (Mumtaz et al., 2023).

Supporting these developments requires readiness in health workers. With this in mind, an evaluation is important to assess the extent to which they are ready to accept and integrate new technologies such as RME. Referring to the readiness of health workers, Permenkes No. 55, the Year 2013,

stipulates readiness criteria for medical record officers, including a minimum qualification of D3 Medical Records, possession of STR, Work Permit, and mastery of basic competencies set by professional organizations (Menteri Kesehatan Republik Indonesia, n.d.). To assess the readiness of health workers to use RME, the Technology Readiness Index (TRI) method can be used, focusing on four main dimensions: optimism, innovation, discomfort, and insecurity (Günaltay et al., 2023). Based on an initial survey at RSUD dr. M. Ashari Pemalang found several obstacles to implementing RME, including officers' lack of understanding of technology-based information systems. Therefore, the researcher needed to research the readiness level of medical record officers in the outpatient unit at RSUD, including Dr. M. Ashari Pemalang.

This research is unique compared to previous studies regarding topics and objects studied. Prior research, such as that conducted by Sulistya and Rohmadi (2021), focused on the general readiness to implement electronic medical records in hospital management information systems. (Amelinda Jeannette Sulistya & STIKes Mitra Husada Karanganyar Papahan Tasikmadu Karanganyar, 2021). While Vidiarti and Mulyanti (2023) focused on strategies to improve the quality of RME (Yunlia Vidiarti & Dety Mulyanti, 2023) Adhitama et al. (2023) used TRI to measure readiness to use a website-based essay correction information system. (Adhitama et al., 2022) Meanwhile, this study specifically examines the readiness of health workers, especially medical record officers in the outpatient unit at RSUD Dr. M. Ashari Pemalang, to implement electronic medical records using the TRI method.

This research aims to support the Indonesia SatuSehat 2023 program, thus making a unique contribution in the context of national policy and technology readiness in health facilities. Based on the description above, the researcher formulated the problem in this study: 'What is the level of preparedness of outpatient officers towards using electronic medical records using the Technology Readiness Index method at RSUD Dr. M. Ashari Pemalang?'. The results of this study are expected to provide valuable input for hospitals in preparation for the implementation of electronic medical records, as well as provide an academic contribution to the development of knowledge in the medical records and health information field.

## Methods

This study aims to measure the level of readiness of medical record officers in the outpatient unit at RSUD, including Dr. M. Ashari Pemalang. This study uses quantitative descriptive research methods with data collection techniques using a Likert scale questionnaire. (Dauzón-Ledesma & Izquierdo, 2023) The research instrument uses a Likert scale that refers to the Technology Readiness Index's four dimensions: optimism, innovativeness, discomfort, and insecurity related to using the Electronic Medical Record system. (Siti Nida Saripah et al., 2024). The population that became the research subject was medical record officers in the outpatient unit at RSUD, Dr. M. Ashari Pemalang, totaling 26 people. The sample in this study consisted of medical record officers in the outpatient unit at RSUD, Dr. M. Ashari Pemalang, who used the Total Sampling technique. This study also pays attention to the characteristics of the sample or respondents, including gender, age, length of work, and length of use of SIMRS. Data collection using the distribution of questionnaires filled out by respondents (Pranatawijaya et al., 2019). The questionnaires that respondents have filled in will be edited first to check the completeness of the data so that the data generated is accurate. (Putri Wahyu et al., 2022). After checking the completeness of the data, the data was converted from characters to numbers. (Zulkifli et al., 2020).

After going through these stages, tabulating the data, namely by processing and displaying the data in a table with the help of Microsoft Excel, to facilitate the analysis process. (Haryanti et al., 2022). The analysis begins by finding the average of each statement by summing up each answer from each statement divided by the number of respondents who filled in. For example, in statement number 1 of the optimism dimension, there were 26 respondents with a total score of 92, so an average of 3.54 was obtained, and so on for each statement. After that, find the average of each dimension by adding the average of each statement. For example, there are ten statements in the optimism dimension, with the sum of each statement averaging 31.42. After that, the average result of all dimensions is determined by summing the averages of the four dimensions. The following formula can decide if respondents need to be prepared, prepared, or ready. (Nur Arif & Sondang Sumbawati, 2016):

$$\text{Interval Length} = \frac{\text{Highest Score} - \text{Lowest Score}}{\text{Total Categories}}$$

Based on the formula above, because there are 40 questions with a maximum score of 4 for each statement and a minimum score of 1, the maximum score for the questionnaire is 160. The minimum score is 40, and the total category has four dimensions of the technology readiness index. So the length of the interval is 30, with the categories of very unprepared ( $\leq 70$ ), unprepared (71-100), ready (101-130), and very prepared (131-160).

## Results

This study involved 26 respondents of medical record officers in the outpatient unit with the characteristics of respondents, which can be seen in Table 1 below.

**Table 1. Characteristics of Respondents (n=26)**

Characteristics	RSUD dr. M. Ashari Pematang		
	Description	Frequency (f)	Percentage (%)
Age	21-30 y.o	7	27.0
	31-40 y.o	10	38.0
	> 40 y.o	9	35.0
Gender	Male	12	46.0
	Female	14	54.0
Length of Service	< 5 y.o	1	4.0
	5-10 y.o	15	58.0
	> 10 y.o	10	38.0
Length of SIMRS Usage	≤ 5 y.o	9	35.0
	> 5 y.o	17	65.0

Based on Table 1, most RSUD Dr. M. Ashari Pematang respondents were 31 to 40 years old, 38% were female officers, 54% had worked for 5 to 10 years, 58% and had used SIMRS for over 5 years, 65%.

The readiness of medical record officers in the outpatient unit at RSUD Dr. M. Ashari Pematang is very important in evaluating their ability to use SIMRS. This evaluation is based on the four dimensions of the Technology Readiness Index: optimism, innovation, discomfort, and insecurity.

### *Dimensions of Optimism*

The results of the research on the dimensions of optimism regarding the use of technology for outpatient officers can be seen in Table 2 below:

**Table 2. Optimism Dimension Statements (n=26)**

No	Dimensions of Optimism	Frequency (f)	Percentage (%)	Average Score
1	Computer technology makes it easier to complete and control my work.	26	100.0	3.54
2	I like using computer technology because it can integrate work with other units.	26	100.0	3.69
3	Technology gives me freedom and flexibility in my activities.	26	100.0	3.42
4	Technology in my workplace makes me feel more productive in carrying out my work.	26	100.0	3.54
5	The information system in my workplace makes me feel more efficient in carrying out my work.	26	100.0	3.62
6	The information system in place is often difficult to operate, so it hampers my work.	26	100.0	2.19
7	I wouldn't say I like integrating my work data using computer technology for fear of system failure.	26	100.0	2.69
8	Technology limits my activity space in terms of freedom and flexibility.	26	100.0	2.77
9	Using technology in the workplace hurts my productivity in carrying out work.	26	100.0	3.04

No	Dimensions of Optimism	Frequency (f)	Percentage (%)	Average Score
10	My efficiency at work has decreased due to the influence of information systems in my workplace.	26	100.0	2.92
	Minimum score			2.19
	Maximal score			3.69
	<b>Total</b>			<b>31.42</b>

Table 2 shows that the minimum score is 2.19, while the maximum score is 3.69. This shows the range of perceptions across all items related to technology use. The total score of 31.42 is the sum of all the average scores. It shows that medical record officers in the outpatient unit feel optimistic about using technology. Most officers felt that computer technology could integrate their work with other units.

### *Dimensions of Innovation*

The results of the innovation dimension research, namely regarding the use of technology for users, can be seen in the following table:

**Table 3. Optimism Dimension Statements (n=26)**

No	Dimensions of Innovation	Frequency (f)	Percentage (%)	Average Score
1	Many of my friends come to me for advice on computer technology.	26	100.0	2,85
2	Compared to my friends, I am usually the first to learn about new technology.	26	100.0	2,46
3	I can usually find out about new technology products without help from others.	26	100.0	2,5
4	I usually always apply the latest technology in my field of work.	26	100.0	3,12
5	I am capable of and experience a few problems when using high-tech products.	26	100.0	2,92
6	Computer technology is very difficult for users, making it difficult for me and my friends to process.	26	100.0	2,88
7	I need to be made aware of emerging technologies.	26	100.0	2,92
8	I can only keep up with new technology with the help of others.	26	100.0	2,35
9	I need help applying new technology in my field of work.	26	100.0	2,85
10	I have many problems and obstacles in using high-tech products.	26	100.0	2,96
	Minimum score			2,35
	Maximal score			3,12
	<b>Total</b>			<b>27,81</b>

Based on Table 3, the minimum score is 2.35, while the maximum score is 3.12. This shows the range of perceptions across all items related to technology use. The total score of 27,81 is the sum of all the average scores. It shows that medical record officers in the outpatient unit use technology innovatively. Most officers are always motivated to use new technology in their work.

### *Dimension of Discomfort*

The results of the research on the dimension of discomfort, namely regarding the use of technology for users, can be seen in the following table:

**Table 4. Discomfort Dimension Statements (n=26)**

No	Dimension of Discomfort	Frequency (f)	Percentage (%)	Average Score
1	Sometimes, power thinks that technology or information systems are designed to be used by something other than ordinary people.	26	100.0	2.50
2	The help desk (Guidebook) of the information system in my office does not help me because it explains things I need help understanding.	26	100.0	2.54
3	Technology can allow the government and healthcare institutions to spy on everyone easily.	26	100.0	2.62
4	I feel uncomfortable when I have to change my computer password too often for fear of forgetting it.	26	100.0	2.58
5	Technology will bring risks to health and safety.	26	100.0	2.50
6	Patient medical information transactions conducted electronically need to be reconfirmed in writing.	26	100.0	2.38
7	Electronic medical records make it easier for me to control my work.	26	100.0	1.62
8	All features and functions in the RME have been designed to meet my needs.	26	100.0	1.85
9	RME has met my expectations.	26	100.0	2.00
10	The information generated is accurate according to my needs.	26	100.0	1.96
Minimum score				1.62
Maximal score				2.62
<b>Total</b>				<b>22.54</b>

Table 4 shows the minimum score is 1.62, while the maximum score is 2.62, showing the range of perceptions across all items related to technology use. The total score of 22.54 is the sum of all the average scores. It shows that medical record officers in the outpatient unit feel uncomfortable using technology. Most of them think that technology can spy on people easily.

### *Dimensions of Insecurity*

The results of the insecurity dimension research, namely regarding the use of technology for users, can be seen in the following table:

**Table 5. Insecurity Dimension Statements (n=26)**

No	Dimensions of Insecurity	Frequency (f)	Percentage (%)	Average Score
1	People rely too much on technology to do work.	26	100.0	2.96
2	I feel insecure when entering patient medical record data via the Internet.	26	100.0	2.31
3	I am worried that the electronic medical record data that I send through technology/internet channels may be misused by others.	26	100.0	2.69
4	I feel unsafe exchanging patient data information online.	26	100.0	2.58
5	Human touch is very important in inputting patient data at the hospital.	26	100.0	3.12
6	The existence of technology is very helpful for people when doing work.	26	100.0	1.88
7	The internet makes it easier for me to enter patient medical record data because security is guaranteed.	26	100.0	1.88

No	Dimensions of Insecurity	Frequency (f)	Percentage (%)	Average Score
8	I am not worried when sending electronic medical record data via technology/internet because only users with a username, ID, and password can access patient medical data.	26	100.0	2.12
9	I feel safe when exchanging information data.	26	100.0	2.08
10	Human touch often causes system errors when inputting patient data at the hospital.	26	100.0	2.19
Minimum score				1.88
Maximal score				3.12
<b>Total</b>				<b>23.81</b>

Table 5 shows the minimum score is 1.88, while the maximum score is 3.12, showing the range of perceptions across all items related to technology use. The total score of 23,81 is the sum of all the average scores. It shows that medical record officers in the outpatient unit feel insecure about using technology. Most think the human touch is more important than technology in inputting patient data in the hospital.

### Technology Readiness Index Score

The readiness score of medical record officers in outpatient care at RSUD Dr. M. Ashari Pemalang used RME based on the optimism, innovation, discomfort, and insecurity dimensions. The readiness interval for each category is 30, with the following classification: Very Unready ( $\leq 70$ ), Not Ready (71 - 100), Ready (101 - 130) and Very Ready (131 - 160).

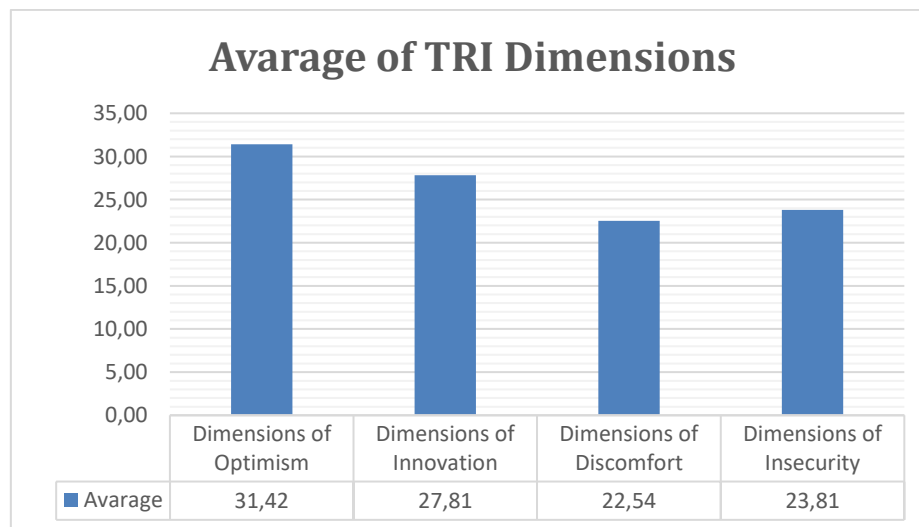


Figure 1. Technology Readiness Index score

Based on Figure 1, it can be seen that the average number in the optimism dimension is 31.42, the innovation dimension is 27.81, the discomfort dimension is 22.54, and the insecurity dimension is 23.81. So, in determining the level of readiness of medical record officers in the outpatient unit of RSUD, Dr. M. Ashari Pemalang can be done by adding up all of the averages of the four dimensions of TRI, which are obtained at 105.58 from 26 respondents.

The above results show that medical record officers in the outpatient unit of RSUD, Dr. M. Ashari Pemalang are categorized as 'Ready' to use RME. A total of 19 respondents (73%) were classified as 'Ready,' and seven respondents (27%) were categorized as 'Not Ready' in the use of Electronic Medical Records (RME).

## Discussion

This section will discuss the results of the analysis of the level of readiness of medical record officers in the outpatient unit at RSUD Dr. M. Ashari Pematang in implementing electronic medical records, as measured through four dimensions of the Technology Readiness Index (TRI): optimism, innovation, discomfort, and insecurity.

### *Dimensions of Optimism*

From the study results, the main findings on the optimism dimension are as follows: (1) The average obtained in the optimism dimension is 31.42, which means that Medical Record officers at RSUD Dr. M. Ashari Pematang are 'Ready' to use technology, especially Electronic Medical Records. (2) The highest score was obtained from statement number 2, 'I like using computer technology in my work because it can integrate work with other units', with an average score of 3.69. This shows that the majority of respondents feel that the use of technology helps integrate work with other units in the hospital. (3) The lowest score was obtained from statement number 6, 'The information system in place is often difficult to operate so that it hinders my work,' with an average score of 2.19. This shows that a small proportion of respondents feel that information systems are difficult to operate, so they can hinder their work. (4) statement number 7, 'I don't like to integrate my work data using computer technology for fear of system failure,' and statement number 8, 'Technology limits my activity space in the aspect of freedom and flexibility,' have a fairly low score. This shows that some respondents fear system failure and feel limited in their freedom of activity.

### *Dimensions of Innovation*

From the study's results, the main findings in this innovation dimension are as follows: (1) The average obtained in the innovation dimension is 27.81, which means that Medical Record officers at RSUD Dr. M. Ashari Pematang are 'Ready' to use technology, especially Electronic Medical Records. (2) The highest score is obtained from statement number 4, 'I usually always apply the latest technology in my field of work,' with an average score of 3.12. This shows that the majority of respondents feel that the use of technology helps integrate work with other units in the hospital. (3) The lowest score was obtained from statement 8, 'I cannot be aware of new technological developments without the help of others', with an average score of 2.35. This shows that a small proportion of respondents feel that information systems are difficult to develop on their own without the help of others so that they can hinder their work. (4) statement number 2, 'Usually I am the first to know new technology compared to my friends', and statement number 3, 'Usually I can find out the development of new technology products without help from others', have a fairly low score. This shows that most respondents feel that they do not have innovation in the use and development of technology without the help of others.

### *Dimension of Discomfort*

From the results of this study, the main findings on the dimension of inconvenience are as follows: (1) The average obtained in the innovation dimension is 22.54, which means that Medical Record officers at RSUD Dr. M. Ashari Pematang are 'Ready' to use technology, especially Electronic Medical Records. (2) The highest score was obtained from statement number 3, 'I feel that technology can make the government and health care institutions spy on everyone easily,' with an average score of 2.62. This shows that the majority of respondents feel wary of the use of technology, that technology can make the government and health care institutions spy on everyone easily. (3) The lowest score was obtained from statement number 7: 'Electronic medical records make it easier for me to control my work,' with an average score of 1.62. This shows that a small proportion of respondents feel that the information system makes it easier to do their work. (4) statement number 8, 'All features and functions in the RME have been running as needed,' and statement number 10, 'The information generated is accurate as needed,' had a fairly low score. This shows that most respondents feel that technology has not produced accurate results as needed.

### *Dimensions of Insecurity*

From the results of the study, the main findings on this insecurity dimension are as follows: (1) The average obtained in the innovation dimension is 23.81, which means that Medical Record officers at RSUD Dr. M. Ashari Pematang are 'Ready' to use technology, especially Electronic Medical Records. (2) The highest score was obtained from statement number 5, 'The touch of human hands is very important in inputting patient data at the hospital,' with an average score of 3.12. This shows that most respondents feel that humans are more necessary in inputting patient data in hospitals than in using technology. (3) The lowest score was obtained from statements number 6, 'The existence of technology helps people in doing work', and number 7, 'The internet makes it easier for me to enter patient medical record data because it is

guaranteed security,' with an average score of 1.88. This shows that most respondents feel that the information system does not guarantee security in doing their work. (4) Statement 9, 'I feel safe when exchanging information data,' has a fairly low score. This shows that most respondents feel technology does not guarantee security when exchanging information.

### **Technology Readiness Index**

From the results of this study related to the characteristics of respondents including age, gender, length of work, and length of use of SIMRS, the main findings are as follows: (1) The age aspect, it is known that the most 'Ready' level of readiness in the use of information systems is found in outpatient officers aged in the age range of 31 to 40 years (47%), with a total of 8 respondents in the ready category and two respondents in the not ready category. Whereas in the age range of 21 to 30 years (29%), it ranks second, namely as many as five respondents in the ready category and two respondents in the not ready category, and in the age range over 40 years (24%), has a level of readiness that tends to be lower with six respondents in the ready category and three respondents in the not ready category. (2) The aspect of gender, it is known that the most 'Ready' level of readiness in using information systems is found in male outpatient officers (74%), with ten respondents in the ready category and two respondents in the not ready category. Meanwhile, female outpatient officers (26%) have a level of readiness that tends to be lower, with nine respondents in the ready category and five respondents in the not ready category. (3) The aspect of the length of work, it is known that the most 'Ready' level of readiness in using information systems is found in outpatient officers with a length of work in the range of 5 to 10 years (45%), with a total of 11 respondents in the ready category and four respondents in the not ready category. Whereas the range of more than 10 years (38%) ranks second, namely seven respondents in the ready category and three respondents in the unready category, and the range of less than 5 years (17%) has a level of readiness that tends to be lower with one respondent in the ready category. (4) The aspect of the length of use of SIMRS, it is known that the most 'Ready' level of readiness in the use of information systems is found in outpatient officers who have experience using SIMRS in the range of more than 5 years (62%), with a total of 13 respondents in the ready category and four respondents in the unready category. Meanwhile, officers with a SIMRS usage duration of less than 5 years (38%) have a lower level of readiness, with six respondents in the ready category and three in the not ready category.

### **Limitation**

This study has limitations stemming from the participant's demographic characteristics and professional background factors, which may influence their perceptions toward using the Electronic Medical Record (RME). For example, work experience and comfort level variations with technology may lead to differences in reported readiness. It is anticipated that more specific training tailored to the needs of each group could be provided. Another area for improvement is the potential bias in data collection, where respondents may give more positive answers than reality to meet the researcher's expectations. To mitigate this limitation, creating a supportive environment where respondents feel comfortable sharing their experiences and concerns honestly is important. In addition, the involvement of various parties, both among health workers and hospital management, is essential to improve the validity of the research result and the effective implementation of RME.

### **Conclusion**

Based on the results of the study Measuring the Readiness of Outpatient Officers to Use RME with the Technology Readiness Index Method at RSUD, dr. M. Ashari Pematang, in 2024, it was concluded that most outpatient officers declared themselves ready to use RME. In the Optimism dimension, the majority of respondents stated 'Ready' with an average score of 31.42. It felt that technology helped integrate work with other hospital units. In the innovation dimension, most respondents stated 'Ready' with an average score of 27.81. It felt that they could apply the latest technology in their field of work. In the inconvenience dimension, most respondents stated 'Ready' with an average score of 22.54. It felt wary of the use of technology that technology could make the government and health service institutions able to spy on everyone easily. In the insecurity dimension, most respondents stated 'Ready' with an average score of 23.81. It felt that humans were needed to input patient data in hospitals, compared to technology. Overall, the Technology Readiness Index average score reached 105.58, with a minimum score of 95 and a maximum score of 117. In the percentage of each category, 73% were obtained in the 'Ready' category, as many as 19 officers, and 27% in the 'Not Ready' category, as many as seven officers. Officers feel most 'ready' in terms of optimism, followed by readiness regarding innovation and insecurity, and the lowest in terms of



discomfort. These results are influenced by respondent characteristic factors, including (a) Age, with the dominant 'Ready' age range of 31-40. (b) Gender: with the dominant 'Ready' in the Male gender. (c) Length of work: with the dominant 'Ready' in the 5-10 years of work range. (d) Length of use of SIMRS: The dominant 'Ready' in the length of use of SIMRS is more than 5 years.

## Patents

This study, "Analysis of the Readiness of Medical Record Officers in the Outpatient Unit to the Use of RME by TRI Methods at RSUD Dr. M. Ashari Pematang," does not involve any inventions or innovations that qualify for patent applications. Therefore, no patents are associated with this research.

## Author Contributions

The authors of this study have made significant contributions to the research. Mayliana Navisa Putri conceptualized the study design and methodology and was responsible for data collection and analysis, and Mr. Oki Setiono M.Kom and Mrs. Retno Astuti S, SS, MM, provided oversight and critical revisions of the manuscript. All authors have read and agreed to the published version of the manuscript.

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## Institutional Review Board Statement

The study was conducted by the ethical standards of the Institutional Review Board (IRB) of RSUD, Dr. M. Ashari Pematang. The IRB reviewed and approved the research protocol under approval number 000848/UNIVERSITAS DIAN NUSWANTORO/2024, ensuring that all procedures complied with the ethical guidelines for research involving human participants.

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## Conflicts of Interest

The authors declare no conflicts of interest related to this research. The study was conducted independently, and no financial or personal relationships could have influenced the results or interpretation of the findings.

## References

- Adhitama, R., Wijayanto, A., & Kusumawardani, D. M. (2022). Analisis Tingkat Kesiapan Pengguna Sistem Informasi Koreksi Essay Otomatis Berbasis Web Menggunakan Model Technology Readiness Index (TRI). *Jurnal Sistem Informasi Bisnis*, 11(2), 161-167. <https://doi.org/10.21456/vol11iss2pp161-167>
- Amelinda Jeannette Sulistya, C., & STIKes Mitra Husada Karanganyar Papahan Tasikmadu Karanganyar, R. (2021). Tinjauan Kesiapan Penerapan Rekam Medis Elektronik Dalam Sistem Informasi Manajemen Di Rumah Sakit. *Indonesian Journal of Health Information Management (IJHIM)*, 1(2).
- Dauzón-Ledesma, L., & Izquierdo, J. (2023). Language Learning Investment in Higher Education: Validation and Implementation of a Likert-Scale Questionnaire in the Context of Compulsory EFL Learning. *Education Sciences*, 13(4). <https://doi.org/10.3390/educsci13040370>
- Günaltay, M. M., Önder, Ö. R., & Özgür, E. G. (2023). Measuring Technology Readiness Index Level: Scale Adaption Study. *Mehmet Akif Ersoy Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi*. <https://doi.org/10.30798/makuiibf.1097662>

- Haryanti, N., Ali Anwar, M., Hidayati, Y., & Yuli Dianto, A. (2022). Pelatihan Pengolahan Data Statistik Melalui Aplikasi Software Statistik Product And Service Solution (SPSS) di Institut Agama Islam Pangeran Diponegoro Nganjuk. *Jurnal of Engangement, Community Service, Empowerment and Development*, 2(1). <https://doi.org/10.53067/ijcsed.v2i1>
- Maha Wirajaya, M. K., & Made Umi Kartika Dewi, N. (2020). Analisis Kesiapan Rumah Sakit Dharma Kerti Tabanan Menerapkan Rekam Medis Elektronik. *Jurnal Kesehatan Vokasional*, 5(1), 1. <https://doi.org/10.22146/jkesvo.53017>
- Menteri Kesehatan Republik Indonesia. (n.d.). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 55 Tahun 2013 Tentang Penyelenggaraan Pekerjaan Perekam Medis*.
- Mumtaz, S. K., Cholifah, C., & Nisak, U. K. (2023). Evaluation of Hospital Information Management System (HIMS) by using the method Coping Model of User Adaption (CMUA) at the Siti Khodijah Sepanjang Hospital. *Prisma Sains : Jurnal Pengkajian Ilmu Dan Pembelajaran Matematika Dan IPA IKIP Mataram*, 11(2), 376. <https://doi.org/10.33394/j-ps.v11i2.7541>
- Nur Arif, M., & Sondang Sumbawati, M. (2016). Pengembangan Game Edukasi Interaktif Pada Mata Pelajaran Komposisi Foto Digital Kelas XI Di SMK Negeri 1 Surabaya. *Jurnal IT-EDU*, 01(02), 28–36.
- Pranatawijaya, V. H., Widiatry, W., Priskila, R., & Putra, P. B. A. A. (2019). Penerapan Skala Likert dan Skala Dikotomi Pada Kuesioner Online. *Jurnal Sains Dan Informatika*, 5(2), 128–137. <https://doi.org/10.34128/jsi.v5i2.185>
- Putri, P. M., & Saefudin, Y. (2021). Electronic Medical Records as Evidence of Therapeutic Transactions. *Jurnal Dinamika Hukum*, 21(3), 532. <https://doi.org/10.20884/1.jdh.2021.21.3.3520>
- Putri Wahyu, M., Ramadhani, N. W., & Mawardi, dan. (2022). *Analisis Perilaku Konsumtif Melalui Online Shopping Pada Remaja Desa Tanjung Agung Lampng Selatan Perspektif Ekonomi Syariah*.
- Siti Nida Saripah, Fathoni Mahardika, & Deris Santika. (2024). EVALUATION OF SCHOOL PAYMENT APPLICATION USER READINESS USING THE TECHNOLOGY READINESS INDEX (TRI) METHOD. *JOCSIT :: Journal of Collaborative Science and Informatics Technology*, 1(1), 12–27. <https://doi.org/10.69933/jocsit.v1i1.62>
- Yunlia Vidiarti, & Dety Mulyanti. (2023). Strategi Manajemen Peningkatan Mutu Rekam Medis Elektronik di Rumah Sakit. *Jurnal Ilmiah Kedokteran Dan Kesehatan*, 2(2), 101–107. <http://ejurnal.stie-trianandra.ac.id/index.php/klinikHalamanUTAMAJurnal:http://ejurnal.stie-trianandra.ac.id/index.php>
- Zulkifli, Samsir, & Sirait Azrai. (2020). Implementasi Max Length dan Input Type Number Pada Form Login Website Untuk Mencegah Penetrasi SQL Injeksi Secara Paksa. *Jurnal Teknik Informatika*, 04(01), 1–6.