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The Effect of Training And Utility on The Implementation of Electronic Medical Record With Organizational Culture as A Moderator

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Abstract

This research is based on the problem of satisfaction with the implementation *of electronic medical records* that have not maximally satisfied nurses as users. The purpose of this study is to empirically reveal the influence of training and utility on the implementation of *electronic medical records* with organizational culture as a moderator. This study is included in a quantitative study with a *cross sectional study* design, the population is outpatient installation nurses with civil servant status, the sampling technique uses a saturated sample so that the number of samples is set at 77 respondents. The analysis method used was the *three box method* and PLS-SEM analysis. The results of the analysis concluded that training, utilities and organizational culture had a positive and significant effect on the implementation of *electronic medical records, organizational* culture did not moderate the influence of training and utilities on the implementation of *electronic medical records.*

Keywords: Training, utility, organizational culture, *EMR implementation*, nurses

INTRODUCTION

As a system, of course, the implementation of *electronic medical record* aims to provide accurate patient information, *Sharing* faster and safer information, helping to increase productivity, reduce hospital budgets, and improve patient comfort (Zhao et al., 2017). The implementation of technology-based information systems will support nursing practices more effectively and support patient safety in nursing services (Lulin et al., 2020), because nurses basically have a larger portion than other health staff in dealing with patients and their needs, so that information systems are needed for easy access to information, documentation improvement and reducing errors, even though the use of this system is faced with several obstacles and obstacles (Ahmadian et al., 2017) and The level of acceptance of the use of information technology is determined by five constructs, namely, perception of convenience, perception of usability, attitude in using, behavior to continue using, and real conditions of system use (F. Davis, 1987).

The implementation of a policy requires a preparation so that its goals can be optimally realized. One of them is training that will make users able to operationalize the system when implemented. To understand the use of information systems and how to use them, special training is needed so that users are able to use them to help and facilitate their work (Nabovati et al., 2022), because training is an effort by an organization to improve the knowledge and skills of its members on something new or old related to their work (Ejali & Ameen, 2020). However, effective training can not just produce individuals who are able to perform optimally, the accuracy of the material with the needs, the accuracy of the method with the expectations of the participants, the ability of the instructor to communicate the material, the suitability of the participants with the training objectives, and the evaluation of the training results are the basis for the formation of the effectiveness of training in producing individuals who are able to provide performance according to the expectations of the organization (Dessler, 2017).

As a system, of course, *electronic medical record* have utilities, where the utility is able to increase the efficiency of its services, hospital operations are integrated in the system, increase the effectiveness of hospital services, facilitate the preparation of reports, and present more data *real time*

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(Alipour et al., 2019). *electronic medical record* as a system has utility for its users as stated by Permenkes No. 24 of 2022 Article 2, namely improving the quality of health services, providing legal certainty in organizing and managing medical records, ensuring the security, confidentiality, integrity, and availability of medical record data, as well as realizing the implementation and management of digital-based and integrated medical records. Utilities are concerned with making work easier, increasing productivity, useful, increasing effectiveness and improving performance (F. D. Davis et al., 2023).

The effectiveness of a new policy certainly requires a management attitude that seeks to build value in creating understanding among its members to help achieve organizational goals (Rajamani et al., 2022), it is instilled through a competitive organizational culture that seeks to make its members innovative in their work (Mbau & Gilson, 2018), because in the organizational culture is instilled the values of understanding that harmonize the perspective of its members in meeting the organization's expectations for a process and the achievement of work results (Runtu et al., 2019), and within the organization formed the ability to innovate and take risks, meticulousness by paying attention to details, results-oriented, able to work with a team, enthusiastic in working and stable in emotions in achieving organizational goals (Robbins & Judge, 2017).

An interesting problem that is the basis of this research is the implementation of *electronic medical records* at Hospital X with the latest program that has just been implemented in 2021. Based on information from the IT department obtained from the results of observations on February 27, 2023, the opinion was expressed that "During the implementation of RME, there were many obstacles related to rejections from employees as service users because they were considered complicated, so they were considered to slow down the service, and there were also many other reasons for a lack of understanding of the use of computerization", so that until now, the optimal use of RME has not reached 100%, Especially in the inpatient unit which has only reached 70%.

Another information was provided by the *Casemix* section at the same time related to BPJS pending claims for the period January – December 2022, that during that time there were several pending cases of BPJS claims of more than 50% related to pending due to the completeness of administrative files, and 18% were cases of coding accuracy, which had the potential to cause a decrease in the rate after the pending claim compared to the initial submission. Different information was put forward by the quality department "That until now, there are a lot of problems with the wrong redemption of drug prescriptions received by patients in the outpatient unit, so that there are several complaints made by patients in the outpatient unit".

Based on these issues, a preliminary discussion was held for 10 nurses on duty in outpatient care on March 1, 2023, by asking "What do you think about the EMR that is currently implemented"?. The conclusion stated is that "*the EMR* currently used is more difficult to operate and is not used to using it so that it sometimes hampers the service time for patients during operational hours which causes several cases of patient data being exchanged resulting in errors in the redemption of drug prescriptions by patients". The next response was stated that "We experienced this difficulty because only about 65% of training was carried out for nurses in outpatient installations, so 35% of them have not received training in this latest program".

The discussion continued at the same time with 10 nurses to ask "What do you do when you have difficulties in operating *EMR*"?. The response received was "Because of the difficulty in operating the new program, we prefer to work manually, so that service time is not hampered by the operation of the program *EMR* which is difficult to operate". The information describes an implementation problem *electronic medical record* which is related to disposition, which should spur the user's desire to implement the policy in supporting their work. This situation illustrates that there is a nurse's lack of understanding of utility *electronic medical record* which the management intends to encourage it to be more effective in supporting services to patients, because by knowing the utility *electronic medical record*

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will create the effectiveness of services for patients (Sanjuluca et al., 2022), by maximizing the value of usability *electronic medical record* making services of higher quality (Gomer et al., 2020), because one of the usefulness values *electronic medical record* is the accuracy of patient medical record data that keeps health workers away from patient mishandling (Puspita et al., 2020). Perception of usefulness *electronic medical record*, Forming the alignment of health workers on the implementation of *electronic medical record* (Alipour et al., 2019), the importance of understanding the value of usability *electronic medical record* become the basis for support by health workers to optimize their use (Ljubicic et al., 2020).

The two problems raised by the nurse previously described a problem about the ability of management to form an understanding of its members to support the implementation of *electronic medical record* in supporting their work for quality nursing services for patients, because a strong organizational culture will equalize the perception of its members in achieving the expected goals (Nzuva & Kimanzi, 2022), as well as with the organizational culture will encourage nurses to support policy implementation *electronic medical record* in supporting nursing services (Arabi et al., 2022), organizational culture shapes nurses' understanding of implementation goals *electronic medical record* (Rajamani et al., 2022), The organizational culture is formed to harmonize the shared perception of health workers about the implementation objectives *electronic medical record* (Hospodková et al., 2021), Because in the organizational culture there is a mutual agreement in an effort to achieve the organization's goals, and make nurses determine their support for *electronic medical record* implemented by management (Kabukye et al., 2020).

Based on the description above, it can be seen that several studies have not yet simultaneously integrated training, utility, organizational culture and the implementation of *electronic medical records* in one whole study, so that this study is a novelty that integrates these four variables. Based on the information obtained about satisfaction with the implementation of *electronic medical records* that have not maximally satisfied nurses as users, it is important to conduct research by setting the goal of knowing the influence of training and utility on the implementation of *electronic medical records* with organizational culture as a moderator.

Conceptual Framework

According to the results concluded by previous studies and the objectives of the research that have been determined, then several research hypotheses are formulated as initial assumptions that must be revealed through the results of the analysis:

H1: Training, utilities and organizational culture affect the implementation of *electronic medical records* in outpatient installations.

H2: Training has an effect on the implementation of *electronic medical records* in outpatient installations.

H3: Utilities affect the implementation of *electronic medical records* in outpatient installations.

H4: Organizational culture affects the implementation of *electronic medical records* in outpatient installations.

H5: Organizational culture moderates the influence of training on the implementation of *electronic medical records*.

H6: Organizational culture moderates the influence of utilities on the implementation of *electronic medical records*.

RESEARCH METHOD

Research Design

This research is included in the quantitative type with a *cross sectional study* design which aims to analyze the possibility of causal relationships between variables, so that it can prove the classification of each variable.

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Participants and Data Collection Techniques

The research was conducted at one of the state hospitals located in Jakarta. The population in this study is nurses on duty in outpatient installations with a total population of 77. The sample calculation technique uses total sampling so that the number of respondents is determined as many as 77 respondents with Inclusion Criteria: (1) Are nurses on duty in the outpatient installation of RSUP Persahabatan. (2) Be willing to fill out a questionnaire. (3) Civil servant status. Exclusion Criteria: (1) Nurses who were not at the location when the survey was conducted. (2) On leave. The data source was obtained from primary data by collecting data using a survey method through a questionnaire developed by ourselves based on the dimensions adopted from the theory on each variable, using a Likert point scale of 4 -1 consisting of a score of 4 strongly agree (SA). Score 3 agree (A), score 2 disagree (DA), score 1 strongly disagree (SDA). The middle score is not used to avoid answers that describe the respondent's doubts to answer, so a score of 4 – 1 is used.

Instruments

Measurement of impedance instruments *EMR* aimed at measuring the level of nurses' support for policies *electronic medical record* which is applied in outpatient installations as a support for nursing services, with dimensions perception of convenience, perception of usefulness, attitude in using, behavior to continue using, and real conditions of system use (F. Davis, 1987), and consists of 10 items of statements. The training instrument is intended to measure the level of nurses' perception of the training provided by management to master *electronic medical record* which will support him in completing work in the outpatient installation, with the dimensions of materials, methods, instructors, participants and evaluations (Dessler, 2017), and consists of 10 statements. Utility instruments are intended to measure the level of perception of nurses on the value of usefulness they get from the use of *electronic medical record* in supporting their work in outpatient installations, with the dimensions of making work easier, increasing productivity, useful, increasing effectiveness, and improving performance, consisting of 10 items of statements. The organizational culture instrument is aimed at measuring the level of nurses' perception of management's efforts in forming an understanding of the implementation of *electronic medical record* in outpatient installations, with dimensions *innovation and risk taking*, *attention to details outcome orientation* , *team orientation*, *aggressiveness* and *stability*, consists of 12 statements. The pretest was carried out on 30 respondents outside the research sample using the product moment correlation technique and the reliability test using the *cronbach's alpha*. The results of the validity test concluded that in all research variables, all instruments had a calculation value of > 0.361 so that all statement instruments in the research variables were used in their entirety, and the reliability test showed that all instruments had a reliability value of > 0.60, so that all instruments could be relied on in follow-up surveys.

Data Analysis Techniques

Descriptive statistical analysis is used to describe the actual state of each research variable with the approach *three box method* referring to opinions (Ferdinand, 2014) which divides the interval scale is divided into three size ranges consisting of 19.24 – 38.5 low category (L), 38.6 – 57.75 medium category (M and 57.76 – 77 high category (H). Hypothesis testing using PLS-SEM with the help of a program *Smart-PLS* which consists of (1) Test *outer model* (a) Assess the charge factor assuming that the charge factor value > 0.70 is declared valid (Hair et al., 2019). (b) The validity of the construct that refers to the VE value if > 0.50 then it is declared valid (Hair et al., 2019). (c) The reliability test of the construct refers to the value of *cronbach's alpha* and CR if >0.70 is declared reliable (Hair et al., 2019). (d) The structural model fit test refers to the SMRM value if < 0.1 then the model is declared fit (Hair et al., 2019). (2) Test *inner*

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model which consists of (a) Assessing the determination coefficient referring to the value of R2 assuming that the value of R2 0.67 - 1 (strong influence), 0.33 – 0.66 (moderate influence) and 0.19 – 0.32 (weak influence), (2) Analysis of direct influence coefficients and interactions. (c) Hypothesis test with a significance level of 5% so that if the tcal value > 1.96 hypotheses are accepted (Hair et al., 2019).

RESULTS AND DISCUSSION

Respondent Profile

Based on the recapitulation of data from 77 respondents surveyed, it was concluded that among respondents based on gender, the highest number of respondents was female at 96%. Among respondents based on age, the most in the age range >35 years old is 87%. In respondents based on the last education, the most educated were D3 at 71%. Among respondents based on service period, the most in the >15 years range was 83%.

Description of Research Instruments

Table 1
Results of Analysis of Research Instruments

Variable	Index		
	L	M	H
Training			*
Utility		*	
Organizational culture		*	
EMR *Implementation*		*	

Source: Primary data processing, 2023

The training variable is at a high level, the high index level shows the behavior of nurses who are skilled in maximizing the use of *EMR* in carrying out their work in the outpatient installation. The utility variable is at a moderate level, the index level is moderate, showing the behavior of nurses who are quite confident that *EMR* is implemented to provide benefits and make it easier for nurses to carry out their work in outpatient installations. The organizational culture variable is at a moderate level, the index level is moderate, showing the behavior of nurses who quite agree that EMR is implemented to provide benefits and make it easier for nurses to carry out their work in outpatient installations. The EMR implementation variable is at a moderate level, the index level shows nurse behavior that is sufficiently encouraged to support the EMR implementation policy by maximizing its use to facilitate work in outpatient installations.

Factor Charge Analysis

Based on the results of the analysis on the training variables, the PL2, PL8 and PL10 indicators have a < factor content of 0.70.. In the utility variables, the UT2, UT8 and UT10 indicators have a < factor charge of 0.70. In the organizational culture variables, the BO2, BO3, BO10 and BO12 indicators have a < factor content of 0.70. In the EMR implementation variables, the EMR2, EMR4, EMR6, EMR8 and EMR 10 indicators have a < factor of 0.70, so these indicators are not included in the follow-up analysis, because they cannot describe the relationship between indicators and the construction of latent variables, and for se; Indicators that have a factor load of > 0.70 are continued in the *iner model test*.

Construct Validity and Reliability Test

Table 2
Construct Validity and Reliability Test

Variable	Cronbach's Alpha	Composite Reliability	AVE
X1	0.948	0.956	0.684
X2	0.811	0.867	0.567
X3	0.946	0.954	0.675
And	0.900	0.921	0.626

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Based on the table above, it can be seen that all AVE values of the research variables are > 0.50, and the values *of Cronbach's alpha* and composite reliability are all > 0.70, so it is concluded that all indicators contained in the research variables are good constructs in forming latent variables.

Model Fit Test

Table 3
Model Fit Test

	Saturated Model	Estimated Model
SRMR	0.078	0.078

Source: *Smart-PLS Output*, 2023

Based on the table above, the SRMR value shows a < value of 0.1 so that the results explain that the research model can be said to be *Fit* to measure the relationship between the latent variable and the observed variable (Hair et al., 2019).

Inner Model Analysis

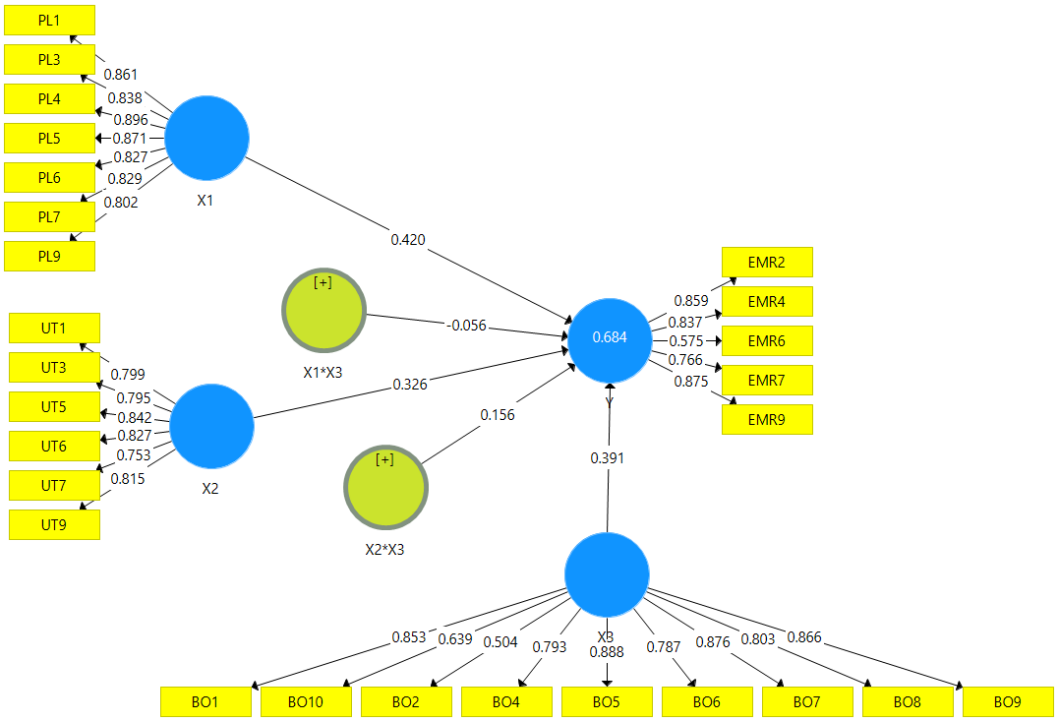

Figure 1
Coefficient Model Path Diagram
Source: *Smart-PLS Output*, 2023

Based on the figure above, it can be explained that the results of the study that correlate the estimated value of the relationship between variables are as follows; The Rsquare *value* shown in the figure has a value of 0.684 which means that training, utilities and organizational culture contribute by 68.4% in improving the implementation of *EMR*. The effect of training on the implementation of *EMR* shows a coefficient of 0.420, the results explain that when the training is increased by 1 unit, the implementation of *EMR* will increase by 42%. The influence of utilities on the implementation of *EMR* shows a coefficient of 0.326, the results explain that when utilities are increased by 1 unit, the implementation of *EMR* will increase by 32.6%. The influence of organizational culture on the implementation *of EMR* shows a coefficient of 0.391, the results explain that when the organizational culture is increased by 1 unit, the implementation of *EMR* will increase by 39.1%. The interaction of organizational culture on the influence of training on the implementation *of EMR* shows a coefficient of -0.056, the result explains that the organizational culture negatively interacts with the influence of training on the implementation *of EMR*.

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Interaction of organizational culture on the influence of utilities on the implementation *of EMR* showing a coefficient of 0.156, the results explain that organizational culture positively interacts with the influence of utilities on the implementation of *EMR*.

Hypothesis Testing

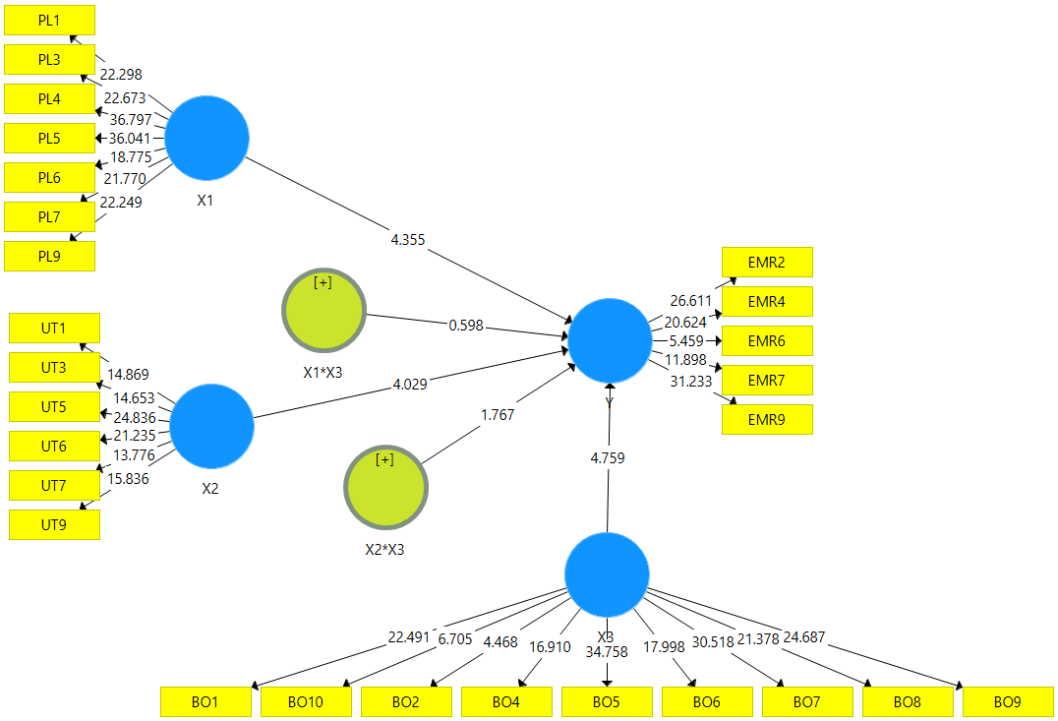

Figure 2
Significance Test Path Diagram
Source: *Smart-PLS Output*, 2024

Table 4
Summary of Hypothesis Test

Effect	*Rsquare*	Conclusion
Training, utilities and organizational culture -> EMR Implementation	0,684	H1 Accepted
Effect	***TValue***	**Conclusion**
EMR Implementation Training -> Utilities -> EMR Implementation	2,251	H2 Accepted
Organizational Culture -> EMR Implementation	4,400	H3 Accepted
Training*Organizational Culture -> EMR Implementation	4,319	H4 Accepted
Utility*Organizational culture -> EMR Implementation	1,474	H5 Rejected
	0,886	H6 Rejected

Source: Researcher's preparation, 2023

The Influence of Training, Utilities and Organizational Culture on *EMR Implementation*

The results of the analysis show that simultaneously training, utility and organizational culture have an effect on the implementation *of EMR* as evidenced by a determination coefficient of 0.684 which means that training, utility and organizational culture have a strong influence on the implementation *of EMR*, so that by increasing the effectiveness of training, the usefulness value *of EMR* and strengthening the agreement of nurses on the goals of *implementing EMR*, Therefore, *the implemented EMR* is effective, with the formation of nurse behavior that is encouraged to support the implementation policy *of EMR* through optimizing its use to facilitate work in the outpatient installation of the Friendship Hospital.

The training provided by hospital management makes nurses skilled, so they

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are encouraged to support implementation policies *EMR* determined by the management, through optimizing its use in supporting its work activities in outpatient installations, because With effective training, the intention of health workers will be formed to support the implementation of electronic medical records (Aguirre et al., 2019). The effectiveness of the training felt by nurses forms a behavior that nurses are encouraged to use EMR because it has interoperability, so that nurses are encouraged to support the implementation of *EMR* which the management determines through the optimization of its use. This shows the importance of a training given, because Training is the process of teaching employees the basic skills they need that will be useful in carrying out their jobs (Dessler, 2017)and Training encourages the individual's willingness to behave (Niati et al., 2021), as well as being a source of motivation for individuals to be more empowered (Keifenheim et al., 2019), and master the breadth of the field of work for which he is responsible (Lee et al., 2020).

Utility *EMR* that nurses feel is dominated by the perception of the value of its usefulness to increase work effectiveness, where nurses feel that *EMR* accurate in providing patient disease history information and keeping out errors in prescribing medications, so they are encouraged to support implementation *EMR* Through the optimization of its use, this situation occurs because basically Utility is a level where individuals believe that the use of certain technologies will improve performance (F. D. Davis et al., 2023), so that by maximizing the utility of *EMR* will create the effectiveness of services for patients (Sanjuluca et al., 2022), and the importance of building usability value *EMR* will encourage the creation of support for health workers to optimize their use (Ljubicic et al., 2020).

The organizational culture that underlies the work attitude of nurses, forms an agreement where nurses agree that the management goals implement *EMR* to support their work in outpatient installations, especially management orientation to form the job stability of health workers, where they agreed that with the implementation of *EMR* They will avoid inappropriate nursing services and be more calm in serving the needs of patients, so that it becomes an encouragement to support the implementation of *EMR* This happens because culture is a pattern that is formed so that members of the organization have the same beliefs and refer to the regulations in an organization to achieve its goals. (Mathis & Jackson, 2010), a strong organizational culture will equalize the perception of its members in achieving the expected goals (Nzuva & Kimanzi, 2022), as well as with the organizational culture will encourage nurses to support policy implementation *EMR* in supporting nursing services (Arabi et al., 2022).

The Role of Organizational Culture in Moderating the Influence of Training on *EMR Implementation*

The results of the analysis conclude that organizational culture cannot moderate the influence of training on implementation *EMR* which is evidenced by the comparison TValue value 0.598 < 1.96, thus concluding that the training results felt by nurses remain the same in encouraging them to support the implementation policy *EMR* by maximizing its use to make work easier in outpatient installations. This situation occurs because the organizational culture index is at a moderate level, because if the organizational culture is at a high level, it will equalize the perception of its members in achieving the expected goals (Nzuva & Kimanzi, 2022), so that during the training, nurses are felt as a source of motivation for being more empowered (Keifenheim et al., 2019), then the intention of health workers will be formed to support the implementation of electronic medical records (Aguirre et al., 2019).

Based on the results of the analysis *three box method*, The weakness of organizational culture lies in the aspect of *team orientation* which is the ability of management to build teamwork so that work activities are coordinated in teams rather than

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individually (Robbins & Judge, 2017), where this is shown by the behavior of nurses who disagree with the management efforts to implement *EMR* With the aim of forming nurses more easily to communicate with other departments and forming nurses faster in sending medical record data to other service units. This shows contradiction with the opinion that states that Organizational culture is a system of meanings held by members that distinguishes the organization from other organizations (Robbins & Judge, 2017), which should be the formation of an organizational culture will form a Perception of Usability Value *electronic medical record,* Forming the alignment of health workers on the implementation of *electronic medical record* (Alipour et al., 2019). The organizational culture should be able to build nurses' understanding of the implementation goals *EMR*, so that the effectiveness of the training can determine the encouragement of health workers to support the implementation of *EMR* So with this agreement, it will strengthen the impulse through optimizing its use, because basically, the organizational culture determines how they will respond to their role as organizational personnel in helping to achieve organizational goals (Kreitner & Kinicki, 2012), and the purpose The formation of this understanding was carried out in order to fuse the old culture into a culture that is in line with the organization's goals (Magill & Prybil, 2020), so that by holding electronic medical record training, it will form a perception of benefits for its users (Lloyd et al., 2023), and with the training, the intention of health workers will be formed to support the implementation of electronic medical records (Aguirre et al., 2019).

The Role of Organizational Culture in Moderating the Influence of Utilities on *EMR Implementation*

The results of the analysis conclude that the organizational culture cannot moderate the utility of the implementation of *EMR,* which means that the level of trust of nurses in the value of the usefulness *of EMR* does not change the level of support for the *EMR* implementation policy implemented by the management of this aat, which indicates that there are problems in the organizational culture, especially in shaping the ability of nurses to innovate and take work risks, so that they lack their perception of the use of *EMR* to make work easier, so that nurses are less encouraged to support the implementation of *EMR* as a policy set by management to support nurses' work related to information technology.

If referring to the results of the analysis *three box method,* Organizational cultural inadequacy reinforces the influence of utilities on implementation *EMR* occurred because the nurse had problems with her agreement that the purpose of the implementation of the *EMR* The management is to Forming nurses more easily communicating with other departments and forming nurses faster in sending medical record data to other service units, so that nurses have problems in perceiving the value of usefulness *EMR* to facilitate data exchange with other units and facilitate the needs of patients' medical records, so as not to change the level of support for the implementation of *EMR* that the current management implements. This shows contradiction with the opinion that states that Organizational culture is a system of meanings held by members that distinguishes the organization from other organizations (Robbins & Judge, 2017), which should be the formation of an organizational culture will form a Perception of Usability Value *electronic medical record,* Forming the alignment of health workers on the implementation of *electronic medical record* (Alipour et al., 2019), and the contradiction can also be seen from the results of relevant research which concludes that organizational culture will equate the perception of its members in achieving the expected goals (Nzuva & Kimanzi, 2022).

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CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

Based on the entire series of research, it was revealed that training, utilities and organizational culture can improve *EMR implementation, organizational* culture is not able to moderate the influence of training and utilities on *EMR* implementation, and training is the dominant variable that can improve *EMR implementation*. The managerial implications that can be conveyed are improvements in the training material delivery system using practice-based methods so that nurses understand the purpose of implementing EMR and understand the benefits of EMR in nursing services. Improvements to the *time management system* with the concept *of deadlines,* so that nurses are encouraged to optimize the use of *EMR* to shorten the search for patient medical records and shorten interprofessional services in nursing.

Improvement in the organizing system by setting common goals, so that nurses form a professional work attitude that considers that by using EMR it will be easier to communicate with other departments and faster in sending medical record data to other service units with EMR. Improvement in the training system by applying the concept of practice-based training so that nurses feel the function of *EMR* in making it easier to input data, improve data and view patient medical record data and facilitate data exchange in nursing services. This study is limited to using nurse analysis units in outpatient installations, so it does not reflect the overall receipt of electronic medical record emlementation carried out by management, so further research that includes other work units is needed.

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