

ANALYSIS OF USER SATISFACTION WITH THE ELECTRONIC MEDICAL RECORD SYSTEM USING THE END USER COMPUTING SATISFACTION METHOD

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ARTICLE INFORMATION

Received: 5 August 2025
Revised : 9 September 2025
Accepted: 14 October 2025
DOI:

KEYWORDS

Keywords: Electronic Medical Record; User Satisfaction; EUCS; Hospital

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A B S T R A C T

The Electronic Medical Record (EMR) system is an information technology-based system used to support healthcare services in hospitals. User satisfaction is one of the important indicators in assessing the successful implementation of an Electronic Medical Record system. This study aimed to determine the level of user satisfaction with the Electronic Medical Record system at Buton Regional General Hospital based on the End User Computing Satisfaction (EUCS) method, which includes content, accuracy, format, ease of use, and timeliness. This study employed a quantitative method with a descriptive approach. The population consisted of 374 users of the Electronic Medical Record system, with a sample of 79 respondents determined using the Slovin formula and stratified random sampling technique. Data were collected using a questionnaire based on the five dimensions of the EUCS method. Data were analyzed using a Likert scale and the Total Respondent Achievement (TCR) method. The results showed that user satisfaction was categorized as good. The content dimension obtained a TCR value of 87.80%, accuracy 88.09%, format 86.32%, ease of use 86.58%, and timeliness 86.43%. The conclusion of this study is that users are satisfied with the use of the Electronic Medical Record system at Buton Regional General Hospital based on the End User Computing Satisfaction (EUCS) method.

INTRODUCTION

A hospital is a healthcare facility that provides comprehensive individual health services through promotive, preventive, curative, rehabilitative, and/or palliative efforts by offering inpatient, outpatient, and emergency services for individuals or communities in need of healthcare (Undang-Undang Nomor 17, 2023). Medical services cannot run optimally without adequate supporting services, including good administration and health information management, so that the improvement of hospital service quality is greatly influenced by the effectiveness of the supporting systems used (Harmendo, 2024). Problems with conventional medical records also include incomplete and illegible diagnosis writing by medical personnel, which can hinder the medical record data processing process (Wahyuni et al., 2021).

Along with technological development, hospitals are required to continuously improve service quality through the use of information technology innovations, one of which is the Electronic Medical Record (EMR). An electronic medical record is a medical record created using an electronic system for medical record administration, starting from filling in identity and social data of outpatients, inpatients, and emergency patients, which must be carried out by the healthcare workers responsible for the services provided (Permenkes No, 2022). User satisfaction is one of the important indicators of the successful implementation of EMR, involving doctors, nurses, registration officers, midwives, physiotherapists, and other healthcare workers (Ramdani, 2023).

Measurement of EMR user satisfaction can be carried out using the End User Computing Satisfaction (EUCS) method, which measures the level of user satisfaction with a system by comparing expectations and reality, covering the aspects of content, accuracy, format, ease of use, and timeliness Andini (2022). Alfiansyah (2020), on the Electronic Health Record system obtained percentages of 73.28% for accuracy, 71.6% for format, 69.2% for ease of use, 69.2% for content, and 65.66% for timeliness, Bukhori (2025), while research at an Emergency Department obtained 88.2% for content, 80.4% for accuracy, 88.2% for format, 82.4% for timeliness, and 64.7% for ease of use, indicating that the level of EMR user satisfaction still varies between healthcare facilities.

Based on preliminary observations, the EMR system at Buton Regency Regional General Hospital has been in use for three years and is utilized by doctors, nurses, medical record officers, and other healthcare workers, each with their own account. Some staff are still in the process of adjusting to the system's features, particularly during initial use, compounded by network disruptions that cause application errors and warning displays that are not yet fully understood by users. Nevertheless, the EMR system is considered to help ease staff work because record-keeping is no longer done manually. Based on the description above, this study aims to determine the level of user satisfaction with the Electronic Medical Record System at Buton Regency Regional General Hospital based on the EUCS method, covering the aspects of content, accuracy, format, ease of use, and timeliness.

METHODOLOGY

This study used a descriptive quantitative approach to determine the level of user satisfaction with the implementation of the Electronic Medical Record (EMR) System at Buton Regency Regional General Hospital based on the End User Computing Satisfaction (EUCS) concept, which covers five dimensions: content, accuracy, format, ease of use, and timeliness, (Aritonang, 2021). The study was conducted at Buton Regency Regional General Hospital. Data management was carried out through the stages of editing, coding, tabulating, and data entry, (Firmansyah, 2026) Data were analyzed univariately to describe the level of user satisfaction on each EUCS dimension, using the following Total Respondent Achievement (TCR) formula: $TCR = (\text{average answer score} / \text{maximum score}) \times 100\%$. The TCR results were then interpreted into satisfaction level categories based on predetermined percentage value ranges.

The population in this study consisted of all users of the Electronic Medical Record System, totaling 374 people, consisting of doctors, nurses, midwives, pharmacists, community health workers, medical recorders, physiotherapists, and radiographers. The sample size was determined using the Slovin formula with a 10% margin of error, namely $n = N / (1 + N.e^2)$, so that $n = 374 / (1 + 374 (0.1)^2) = 78.9$, rounded up to 79 respondents. The sampling technique used was stratified random sampling, namely random and proportional sampling from each professional group using the formula $n_i = (N_i/N) \times n$, as presented in Table 1. The study was conducted at a Regional General Hospital in 2026.

Table 1. Population and Sample Distribution Based on Profession

Profession	Population	Sample
Doctor	33	7
Nurse	169	36
Midwife	82	17
Pharmacy	31	7
Community Health (SKM)	33	7
Medical Records (RMIK)	8	2
Physiotherapy	7	1
Radiographer	11	2
Total	374	79

Source: Primary Data, 2026

RESULTS & DISCUSSION

The characteristics of respondents in this study include age, gender, education, profession, and length of use of the Electronic Medical Record (EMR) System, as presented in Table 2.

Table 2. Respondent Characteristics

Characteristic	Category	Frequency (n)	Percentage (%)
Age	23–30 years	34	43,0
	30–40 years	39	49,4
	40–48 years	6	7,6
Gender	Male	8	10,1
	Female	71	89,9
Education	D3 (Diploma)	44	55,7

Characteristic	Category	Frequency (n)	Percentage (%)
Education Level	S1 (Bachelor's)	19	24,1
	NERS	10	12,7
	D4 (Diploma)	3	3,8
	Pharmacist (APT)	2	2,5
	S2 (Master's)	1	1,3
	Profession		
	Nurse	36	45,6
	Midwife	17	21,5
	Doctor	7	8,9
	Pharmacy Staff	7	8,9
Length of EMR Use	Public Health	7	8,9
	Medical Records	2	2,5
	Radiographer	2	2,5
	Physiotherapy	1	1,3
	2 years	18	22,8
	1 year	14	17,7
	5 years	11	13,9
	<1 year	10	12,7
	4 years	9	11,4
	3 years & 7 years (each)	8	10,1
	6 years	1	1,3

Source: Primary Data, 2026

By age, most respondents were in the 30-40 year age group (49.4%), while the 40-48 year age group had the lowest proportion (7.6%). This condition shows that users of the Electronic Medical Record System are dominated by healthcare workers of productive age, who generally have a better ability to adapt to developments in information technology compared to older age groups.

By gender, respondents were dominated by women (89.9%), while male respondents accounted for only 10.1%. This is in line with the composition of healthcare professions at the study site, which is dominated by nurses and midwives, two professions generally filled by female healthcare workers.

By education level, the majority of respondents were Diploma III (D3) graduates (55.7%), which is the common education level for healthcare professions such as nurses, midwives, and medical recorders, while Master's (S2) graduates had the lowest proportion (1.3%).

By profession, nurses were the largest respondent group (45.6%), indicating that nurses are the primary users of the Electronic Medical Record System because they have the highest frequency of interaction with the system in daily patient care processes compared to other professions.

By length of system use, most respondents had used the EMR for 2 years (22.8%), indicating that the majority of users already have sufficient experience operating the system, so the satisfaction assessments given can be considered to represent genuine usage experience rather than merely an initial impression of the system.

Validity testing was carried out to determine the ability of each statement item to accurately measure the research variable, using Pearson Product Moment correlation, with items declared valid if r-calculated > r-table (0.186).

Table 3. Validity Test Results for the *Content* Dimension

Question Item	r-table	r-calculated	Description
P1	0,186	0,819	Valid
P2	0,186	0,821	Valid
P3	0,186	0,783	Valid
P4	0,186	0,810	Valid
P5	0,186	0,844	Valid

Source: Primary Data, 2026

Table 4. Validity Test Results for the Accuracy Dimension

Question Item	r-table	r-calculated	Description
P1	0,186	0,776	Valid
P2	0,186	0,704	Valid
P3	0,186	0,827	Valid
P4	0,186	0,740	Valid
P5	0,186	0,810	Valid

Source: Primary Data, 2026

Table 5. Validity Test Results for the Format Dimension

Question Item	r-table	r-calculated	Description
P1	0,186	0,598	Valid
P2	0,186	0,596	Valid
P3	0,186	0,696	Valid
P4	0,186	0,652	Valid
P5	0,186	0,857	Valid

Source: Primary Data, 2026

Table 6. Validity Test Results for the Ease of Use Dimension

Question Item	r-table	r-calculated	Description
P1	0,186	0,794	Valid
P2	0,186	0,820	Valid
P3	0,186	0,803	Valid
P4	0,186	0,858	Valid
P5	0,186	0,836	Valid

Source: Primary Data, 2026

Table 7. Validity Test Results for the Timeliness Dimension

Question Item	r-table	r-calculated	Description
P1	0,186	0,757	Valid
P2	0,186	0,771	Valid
P3	0,186	0,819	Valid
P4	0,186	0,876	Valid
P5	0,186	0,765	Valid

Source: Primary Data, 2026

Based on Table 3 through Table 7, all statement items (P1–P5) across the five EUCS dimensions had r-calculated values greater than r-table (0.186), with r-calculated value ranges of 0.783–0.844 for content, 0.704–0.827 for accuracy, 0.596–0.857 for format, 0.794–0.858 for ease of use, and 0.757–0.876 for timeliness. Thus, all statement items in each dimension were declared valid and suitable for use as a research instrument. The high validity of each dimension shows that the indicators used were able to appropriately represent the EUCS concept, so that the resulting data is accurate and can be used to measure the level of user satisfaction with the Electronic Medical Record System.

Reliability testing was carried out to determine the level of internal consistency of the statement items in the questionnaire, using the Cronbach's Alpha method, with the instrument declared reliable if the Cronbach's Alpha value > 0.70 (Forester *et al.*, 2024).

Table 8. EUCS Dimension Reliability Test Results

Dimension	Number of Items	Cronbach's Alpha	Threshold	Description
Content	5	0,928	0,70	Reliabel
Accuracy	5	0,908	0,70	Reliabel
Format	5	0,849	0,70	Reliabel
Ease of Use	5	0,926	0,70	Reliabel
Timeliness	5	0,916	0,70	Reliabel

Source: Primary Data, 2026

Based on Table 8, all dimensions of the EUCS variable had Cronbach's Alpha values greater than 0.70, namely content (0.928), accuracy (0.908), format (0.849), ease of use (0.926), and timeliness (0.916). These results show that all statement items in each dimension have a good level of internal consistency, so the research instrument is declared reliable and suitable for use in measuring user satisfaction with the Electronic Medical Record (EMR) System.

Univariate analysis was conducted to describe the level of EMR user satisfaction based on the five EUCS dimensions. Data were obtained from 79 respondents and analyzed using a Likert scale with the Total Respondent Achievement (TCR) formula.

The content dimension is used to measure user satisfaction with the information content produced by the EMR System, consisting of five statement items (P1-P5) as presented in Table 9.

Table 9. Frequency Distribution of the Content Dimension

No	Item code	SA		A		D		DA		SD		Total	Score	TCR
		N	%	N	%	N	%	N	%	N	%			
1	P1	39	49,4	40	50,6	0	0	0	0	0	0	79	355	89,87%
2	P2	32	40,5	46	58,2	1	1,3	0	0	0	0	79	347	87,85%
3	P3	31	39,2	47	59,5	1	1,3	0	0	0	0	79	346	87,59%
4	P4	28	35,4	47	59,4	3	3,8	1	1,3	0	0	79	339	85,82%
5	P5	35	44,3	41	51,9	2	2,5	1	1,3	0	0	79	347	87,85%
Average													346,8	87,80%

Source: Primary Data, 2026

Based on Table 9, the content dimension obtained an average TCR value of 87.80%, categorized as "Good." The highest TCR value was for P1, concerning the availability of patient medical record information that matches user needs (89.87%), while the lowest value was for P4, concerning system reports that meet user needs and expectations (85.82%). This result is consistent with the EUCS theory proposed by Doll and Torkzadeh, which states that the more complete and relevant the information content presented by a system, the higher the user satisfaction with that system.

The results of this study are consistent with the findings of Alfiansyah (2020), which showed that information in the Electronic Health Record system was considered complete, relevant, and helped users obtain patient data more quickly, and are also consistent with the study by Bukhori (2025), which showed that the information produced by the system already matches healthcare service needs, thereby improving service effectiveness. The high content value indicates that the EMR system at Buton Regency Regional General Hospital is able to present patient data in a more structured and easily retrievable manner compared to a manual system. Nevertheless, the hospital needs to continuously evaluate and update the system's reporting features to keep them aligned with user needs and expectations.

The accuracy dimension is used to measure user satisfaction with the accuracy of the information produced by the EMR System, consisting of five statement items (P1-P5) as presented in Table 10.

Table 10. Frequency Distribution of the Accuracy Dimension

No	Item Code	SA		A		D		DA		SD		Total	Score	TCR
		N	%	N	%	N	%	N	%	N	%			
1	P1	36	45,6	41	51,9	2	2,5	0	0	0	0	79	350	88,61%
2	P2	29	36,7	43	54,4	7	8,9	0	0	0	0	79	338	88,57%
3	P3	33	41,8	44	55,7	2	2,5	0	0	0	0	79	347	87,85%
4	P4	27	34,2	50	63,3	2	2,5	0	0	0	0	79	341	88,33%
5	P5	30	38,0	47	59,5	2	2,5	0	0	0	0	79	344	87,09%
Average													344	88,09%

Source: Primary Data, 2026

Based on Table 10, the accuracy dimension obtained an average TCR value of 88.09%, categorized as "Good," the highest value among the five EUCS dimensions. The highest value was for P1, concerning the system's well-organized menu structure that makes it easier to operate (88.61%), while the lowest value was for P5, concerning the presentation of information in a good, clear, and

attractive manner (87.09%). Accurate information is highly important as a basis for clinical and administrative decision-making in hospitals.

This result is consistent with Dini (2024), research which showed that the accuracy dimension was in the good category because the system was able to produce clear information that matched user needs, thereby increasing user satisfaction with the system. The high accuracy value in this study is due to the system's ability to store and display patient data more accurately compared to manual recording, as well as minimizing data-entry errors. Nevertheless, technical constraints such as network disruptions that occasionally make the system difficult to access still need attention so that the accuracy and availability of information can be optimally maintained.

The *format* dimension is used to measure user satisfaction with the display of the EMR System, consisting of five statement items (P1-P5) as presented in Table 11.

Table 11. Frequency Distribution of the Format Dimension

No	Item Code	SA		A		D		DA		SD		Total	Score	TCR
		N	%	N	%	N	%	N	%	N	%			
1	P1	42	53,2	36	45,6	1	1,3	0	0	0	0	79	357	90,38%
2	P2	24	30,4	36	45,6	17	21,5	2	2,5	0	0	79	319	80,76%
3	P3	28	35,4	40	50,6	11	13,9	0	0	0	0	79	333	84,30%
4	P4	32	40,5	44	55,7	1	1,3	0	0	2	2,5	79	341	88,33%
5	P5	32	40,5	46	58,2	1	1,3	0	0	0	0	79	347	87,85%
Average													339,4	86,32%

Source: Primary Data, 2026

Based on Table 11, the *format* dimension obtained an average TCR value of 86.32%, categorized as "Good." The highest value was for P1, concerning the availability of a user ID and password for each user to maintain data security and system access (90.38%), while the lowest value was for P2, concerning the application rarely experiencing errors so it can be used properly and smoothly (80.76%).

This result is consistent with the research of Dini (2024) and Rahmawati (2023), which showed that a neat system display and a clear menu layout make it easier for users to understand and operate health information systems more comfortably and effectively. The high *format* value is due to the EMR System's display being considered quite neat, with menus well-organized, making it easier to search for patient information. Nevertheless, application stability still needs to be improved so that the system runs more smoothly and errors during use are minimized.

The *ease of use* dimension is used to measure user satisfaction with the ease of operating the EMR System, consisting of five statement items (P1-P5) as presented in Table 12.

Table 12. Frequency Distribution of the Ease of Use Dimension

No	Item Code	SA		A		D		DA		SD		Total	Score	TCR
		N	%	N	%	N	%	N	%	N	%			
1	P1	31	39,2	47	59,5	1	1,3	0	0	0	0	79	346	87,59%
2	P2	31	39,2	43	54,4	5	6,3	0	0	0	0	79	342	86,58%
3	P3	29	36,7	37	46,8	10	12,7	3	3,8	0	0	79	329	83,29%
4	P4	34	43,0	43	54,4	1	1,3	1	1,3	0	0	79	347	87,85%
5	P5	32	40,5	45	57,0	2	2,5	0	0	0	0	79	346	87,59%
Average													342	86,58%

Source: Primary Data, 2026

Based on Table 12, the *ease of use* dimension obtained an average TCR value of 86.58%, categorized as "Good," the lowest value compared to the other dimensions. The highest value was for P4, concerning the system's support in providing information for fast and accurate decision-making (87.85%), while the lowest value was for P3, concerning the timeliness of system notifications as needed (83.29%).

This result is consistent with the research of Mazaya (2022) and Nurhayati (2021), which showed that ease of use of the system helps speed up healthcare service work and reduces user errors when inputting or processing patient data. The lower *ease of use* value compared to other dimensions may be caused by some users not yet fully understanding all the system's features, as well as technical disruptions or the appearance of warnings that make things difficult for users in certain conditions. Therefore,

simplification of features and menus, easy-to-understand usage guides, and training or mentoring for users are needed so that the ease of use of the system can be further improved.

The *timeliness* dimension is used to measure user satisfaction with the speed of the EMR System in providing information, consisting of five statement items (P1-P5) as presented in Table 13.

Table 13. Frequency Distribution of the Timeliness Dimension

No	Item Code	SA		A		D		DA		SD		Total	Score	TCR
		N	%	N	%	N	%	N	%	N	%			
1	P1	34	43,0	44	55,7	1	1,3	0	0	0	0	79	349	88,35%
2	P2	28	35,4	50	63,3	1	1,3	0	0	0	0	79	343	86,84%
3	P3	29	36,7	39	49,4	9	11,9	2	2,5	0	0	79	332	84,05%
4	P4	33	41,8	43	54,4	2	2,5	1	1,3	0	0	79	345	87,34%
5	P5	29	36,7	46	58,2	2	2,5	1	1,3	1	1,3	79	338	85,57%
Average													341,4	86,43%

Source: Primary Data, 2026

Based on Table 13, the *timeliness* dimension obtained an average TCR value of 86.43%, categorized as “Good.” The highest value was for P1, concerning the system not requiring a long time to learn, making it easy to use (88.35%), while the lowest value was for P3, concerning the availability of a help menu that makes it easier for users experiencing difficulties (84.05%).

This result is consistent with Prasetyo (2024), research, which showed that a system capable of presenting information quickly and on time helps speed up healthcare service processes and makes it easier for users to access the patient data they need. The high timeliness value is due to the EMR System’s ability to help users obtain patient data faster than manual medical records, since users no longer need to search directly for physical files. This is consistent with findings in manual systems, where the use of aids such as Tracers has been shown to speed up the process of searching for and providing medical record files, from an average of 73 minutes to 43 minutes per 10 files Muzuh & Rika (2025), indicating that the speed of information provision is heavily influenced by the tools or systems used, whether manual or electronic. Nevertheless, occasional internet network disruptions can cause information access to become slow, so network stability and the availability of a help manual in the system still need attention so that information can be accessed quickly and on time.

CONCLUSION

Based on the results of research on user satisfaction with the Electronic Medical Record (EMR) System at Buton Regency Regional General Hospital using the End User Computing Satisfaction (EUCS) method, it can be concluded that the overall level of user satisfaction is in the good category, with TCR values of 87.80% for the content dimension, 88.09% for accuracy, 86.32% for format, 86.58% for ease of use, and 86.43% for timeliness. These results show that the EMR System has been able to help users in the healthcare service process, speed up work, and simplify patient data management, although the ease of use dimension obtained the lowest value, so that aspects of ease of use, particularly the timeliness of system notifications, still need to be improved. This study has limitations, namely using a descriptive approach without testing relationships between variables, and being conducted at only one hospital, so the research results cannot yet be generalized to other healthcare facilities. Buton Regency Regional General Hospital is advised to conduct periodic evaluations of the reporting features, accuracy of information presentation, application stability, notification timeliness, and availability of a help manual in the EMR System so that the level of user satisfaction can continue to be improved.

ACKNOWLEDGMENTS

The author would like to express sincere gratitude to the academic supervisors for their guidance and support throughout the preparation of this research. The author also extends sincere appreciation to BLUD RSUD Kabupaten Buton for providing permission, support, and facilities during the research and data collection process. Appreciation is also extended to all respondents who took the time to participate in the study and complete the research questionnaire. Furthermore, the author would like to thank all parties who provided assistance and support, both directly and indirectly, contributing to the successful completion of this research.

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