The Effect of User Readiness Towards Technology Acceptance of Electronic Medical Record in The Outpatient Unit based on TRI and TAM Model Niyalatul Muna, S.Kom., M.T. as chief counselor

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ABSTRACT

The implementation of Electronic Medical Record (EMR) has been done by X Hospital in the outpatient unit since December 2023. X Hospital has not measured the level of user readiness towards the implementation of new technology. The biggest problem in the RME implementation process is the perception gap perceived by RME users. Some users felt that electronic medical records could complete work more efficiently, while other users thought that the implementation of electronic medical records could hinder work and felt that using paper-based medical records was easier. The purpose of this study was to determine the effect of user readiness on technology acceptance in the implementation process of Electronic Medical Records in the outpatient unit of X Hospital using TRI and TAM. This research method used quantitative analytics by using research instruments in the form of questionnaires distributed to 32 EMR users in the outpatient unit. The results showed that user readiness positively influenced perceived ease of use and perceived usefulness. The score for the level of user readiness and technology acceptance is 51 (middle technology readiness) and the score for the level of technology acceptance is 38 (high technology acceptance). Based on the partial test results, it is known that optimism and innovativeness have a significant effect on perceived ease of use and perceived usefulness, and perceived ease of use also affects perceived usefulness. Variables that do not have a significant effect on perceived ease and perceived usefulness are the variables of insecurity and discomfort. Recommendation efforts are prepared based on the needs that are in accordance with the problems or results of each variable that is the basis of this research analysis.

Key words: Electronic Medical Record (EMR), Implementation, Readiness, TAM, TRI