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ANALYSIS OF HUMAN RESOURCE READINESS FOR THE IMPLEMENTATION OF ELECTRONIC MEDICAL RECORDS AT DR. H. ABDUL MOELOEK REGIONAL GENERAL HOSPITAL IN 2025

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ABSTRACT

The implementation of Electronic Health Records (EHR) is part of the digital transformation of the healthcare system, which requires comprehensive human resource (HR) readiness. This study aims to critically analyze HR readiness for the implementation of EHR at Dr. H. Abdul Moeloek General Hospital by 2025. The method used is qualitative with a descriptive-interpretive approach through in-depth interviews with healthcare workers, medical records staff, and the IT team. Analysis was conducted using thematic techniques based on a critical analysis approach. The results of the study indicate that HR readiness is in a transitional and asymmetrical phase, characterized by disparities in digital competencies, resistance to change, and weak internalization of digital culture. Compared to previous studies, these findings suggest that HR readiness issues are not merely a matter of training but are also related to organizational structure, work culture, and change management. This study concludes that the failure of EMR implementation is likely to occur if digital transformation is not accompanied by human transformation.

Keywords: *Human Resource Readiness; RME; Digital Transformation; Resistance; Organizational Culture*

INTRODUCTION

Digital transformation in the healthcare sector is an integral part of global health system reform. The digitization of healthcare services through Electronic Medical Records (EMR) has become a key strategy for improving efficiency, quality, and patient safety (Meliana et al., 2025). In Indonesia, the policy for EHR implementation is reinforced by Indonesian Ministry of Health Regulation No. 24 of 2022, which mandates that all healthcare facilities adopt an electronic medical record system (Damayanti et al., 2025).

RME offers various benefits, such as easy access to real-time patient data, improved accuracy of medical information, and greater efficiency in administrative and insurance claims processes (Rahmi et al., 2025). However, the implementation of RME does not depend solely on the readiness of

technology and infrastructure, but is also largely determined by the readiness of human resources as the primary users of the system (A. W. Putra & Sutha, 2025).

Human resources are a key factor in the successful implementation of health information systems (Sulastri et al., 2019). Within the 5M management framework, the *"man"* element plays a dominant role because humans function as planners, implementers, and evaluators within the system. People act as the primary drivers of the system. Even in the *Technology Acceptance Model (TAM)* and *the Unified Theory of Acceptance and Use of Technology (UTAUT)*, the success of technology adoption is heavily influenced by users' perceptions, attitudes, and readiness (Andriani et al., 2024). Failure to adequately prepare human resources can lead to resistance, system misuse, and ineffectiveimplementation of RME (Handayani & Iskandar, 2025).

Dr. H. Abdul Moeloek General Hospital, as the referral hospital in Lampung Province, has been implementing RME since 2023. However, based on the initial findings of the study, there are still challenges related to human resources, such as a lack of preparedness among healthcare workers to operate the RME system and resistance to the transition to RME.

RESEARCH METHODS

This study was conducted at Dr. H. Abdul Moeloek General Hospital in 2025 using a qualitative approach with an exploratory descriptive design of an interpretive nature to gain an in-depth understanding of the phenomenon of human resource readiness and to identify the meanings behind the informants' behaviors and perceptions. Informants were selected using purposive sampling, taking into account their direct involvement in the implementation of the RME system, including medical staff (doctors and nurses), medical records staff, the IT team, and hospital management. Data collection utilized *in-depth interviews*, participant observation, and analysis of supporting documents. In this study, the primary variable is human resource readiness, defined as the individual's ability to understand, accept, and effectively use the RME system in healthcare practice, as well as the supporting and inhibiting factors of HR readiness. These factors include both internal and external influences, such as HR training and development, organizational support, technological infrastructure, organizational culture, and change management. Analysis was conducted using the " " approach, *involving* the stages of *open coding, axial coding, selective coding*, and the identification of major themes, which were thematically integrated using Atlas.ti software 26.0.0 version.

RESULTS AND DISCUSSION

Human Resource Readiness as a Structural Phenomenon

The human resource readiness in implementing Electronic Medical Records (EMR) in this study indicates that the human factor remains the primary determinant of the success of digital transformation in healthcare facilities. The results show that some healthcare workers have good skills in operating the EMR system, but others still experience difficulties in using certain features. This condition indicates that human resource readiness is not evenly distributed and is still at the stage of partial readiness, a condition where only a portion of individuals are competently and adaptively ready to adapt

to new technology (Hastuti & Sugiarsu, 2023). This inequality causes the implementation process to not run optimally because there is still a dependency on certain health workers who have better digital skills (Ramadhani et al., 2025).

Theoretically, the findings of this study reinforce the view that the success of health information system implementation is determined not only by the readiness of the technological infrastructure, but also by the readiness of the human resources as the system's primary users. According to health information system implementation theory, human resource factors include digital competence, motivation, psychological readiness, adaptability, and an organizational culture that supports change. In this study, it is stated that human resource readiness is the most crucial component in the successful adoption of health technology because users are the main actors in the process of integrating digital systems into health services. (Fittrani et al., 2024). The results of this study indicate that low digital literacy among some health workers remains a major obstacle in optimizing the use of EMR.

The results of this study are also in line with the theory put forward by Saimi in 2025 which states that the biggest obstacle in implementing a health information system does not lie in the technological aspect, but rather in human factors such as resistance to change, lack of digital competence, and an organizational culture that is not ready to support digital transformation (Saimi, 2025). This study found that some healthcare workers still feel comfortable using manual systems because they perceive them as easier and have been a work habit for years. This indicates resistance to change, which indirectly impacts the effectiveness of RME implementation. Furthermore, a lack of ongoing training contributes to uneven understanding of system features among healthcare workers.

When compared with previous research, the results of this study are consistent with research conducted by D. M. Putra and Hunna in 2022, which explained that the level of technology acceptance is influenced by perceived ease of use and perceived usefulness (D. M. Putra & Hunna, 2022). The study found that healthcare workers with low digital competency tended to rate the EMR system as more difficult to use, resulting in lower levels of technology acceptance. Similar findings emerged in this study, where healthcare workers unfamiliar with digital technology tended to adapt more slowly to the EMR system than those with prior technology experience (Firdaus et al., 2025).

Furthermore, the results of this study also support the Technology Acceptance Model (TAM) developed by Fred Davis in 1989. This model explains that the acceptance of a technology is influenced by the perceived ease of use and perceived benefits of the user. In this study, healthcare workers who felt the EMR system could speed up service documentation and facilitate access to patient data demonstrated a higher level of acceptance. Conversely, healthcare workers who experienced operational difficulties tended to have negative perceptions of the system, resulting in less than optimal implementation.

The findings of this study are also relevant to the Unified Theory of Acceptance and Use of Technology (UTAUT) model, which states that technology use is influenced by effort expectancy and facilitating conditions. Wongkar's 2025 study showed that the availability of organizational support, training, and supporting facilities

significantly influences the success of health technology implementation. This study found that healthcare workers who received more intensive mentoring and training demonstrated better adaptability than those who did not receive optimal support. This suggests that successful RME implementation requires comprehensive institutional support, both through increasing human resource capacity and providing a work environment that supports digital transformation (Wongkar et al., 2025).

Based on the research findings, theories, and comparisons with previous studies, it can be assumed that human resource readiness in implementing EMR is not only influenced by individual technical capabilities, but also by psychological factors, organizational culture, experience in using technology, and institutional support. The digital competency gap found in this study has the potential to cause service inefficiencies if not addressed through a strategy to continuously improve human resource capacity. Therefore, hospitals need to conduct regular training, technical assistance, digital competency evaluation, and build an organizational culture that is adaptive to technological changes so that EMR implementation can run more optimally and sustainably.

Training and Human Resource Development

The study results indicate that training in the implementation of Electronic Medical Records (EMR) in hospitals is still incidental and has not been implemented sustainably. This condition has resulted in less than optimal improvement in the competency of healthcare workers in using the system. Some healthcare workers only understand the basic features of EMR, while their ability to use more complex features is still limited. Furthermore, inconsistencies in system use were found, such as data input errors, delays in documentation, and suboptimal feature utilization. These findings indicate that one-time training or training conducted only at the beginning of implementation is not sufficient to foster stable and sustainable human resource readiness in the use of EMR.

Theoretically, the results of this study can be explained through the perspective of Human Capital Theory, which states that human resources are an organization's primary asset that needs to be developed through continuous investment in education and training. This theory emphasizes that improving individual competencies will have a direct impact on organizational productivity and effectiveness. In the context of RME implementation, training is a form of organizational investment in improving the capabilities of healthcare workers to adapt to developments in digital technology. If training is not conducted continuously, user competency will decline (knowledge decay and skill decay), resulting in inconsistent system use.

The results of this study show that healthcare workers who only received training during the initial implementation phase tended to experience difficulties when system updates or new features were introduced to the RME application. Conversely, healthcare workers who received regular mentoring and training demonstrated better adaptation rates. This situation reinforces the theory that the learning process in using information technology must be continuous to maintain user competence. Ongoing training not only improves technical skills but also builds healthcare workers' confidence and psychological readiness to use digital systems.

The results of this study are in line with previous research which states that continuous training is a key factor in increasing the success of adopting health information systems (Rahmi et al., 2025). The study explained that without continuous learning, healthcare workers tend to experience skill decay, leading to inconsistent system use. Similar findings were also found in this study, where healthcare workers who rarely receive retraining are more likely to experience operational errors and require assistance from colleagues in using the RME system.

In the 2025 Kasim study, it was emphasized that investment in HR training must be carried out continuously because digital competencies are dynamic and continue to develop in line with technological changes (Kasim, 2025).

From this perspective, discontinuous training can lead to knowledge decay, a decline in user understanding and skills due to a lack of practice and knowledge updates. This study found that some healthcare workers experienced confusion when the system underwent feature updates due to a lack of ongoing training from the institution. This suggests that the success of RME implementation is heavily influenced by the continuity of human resource capacity development programs.

The findings of this study also indicate that effective training should not only focus on the technical aspects of system use but also consider learning methods tailored to the characteristics of healthcare workers. Senior healthcare workers, for example, require a more intensive and practical training approach than younger healthcare workers who are already accustomed to using digital technology. Therefore, RME training needs to be designed in an adaptive, phased manner, and oriented towards user needs so that all healthcare workers can achieve a consistent level of competency.

Based on the research findings, theories, and comparisons with previous studies, it can be assumed that continuous training is a strategic factor in improving human resource readiness for RME implementation. Incidental training alone cannot guarantee the sustainability of user competency, as digital skills can decline over time if not continuously updated. Therefore, hospitals need to develop structured continuous training programs through regular training, system usage simulations, competency evaluations, and routine technical assistance. This way, human resource readiness in using RME can be consistently improved, resulting in more effective, efficient, and sustainable system implementation.

Attitudes and resistance to change

The study results show that resistance to the implementation of Electronic Medical Records (EMR) is still found among some healthcare workers, especially senior healthcare workers who have long been accustomed to using manual recording systems. Forms of resistance that arise include discomfort with changes to work systems, difficulty adapting to digital technology, and concerns that the use of EMR will increase workloads and slow down services. These conditions indicate that EMR implementation faces not only technical challenges, but also behavioral and work culture challenges within healthcare organizations (Rani et al., 2025).

Theoretically, the findings of this study can be explained through the theory of organizational change proposed by John Kotter in 1996. This theory explains that the failure of organizational transformation is

generally caused by weak communication of change, a lack of leadership capable of guiding change, and the lack of a sense of urgency within the organization. According to Kotter, individuals tend to maintain old habits if they do not understand the reasons and benefits of the changes being made. In the context of this study, the resistance of senior healthcare workers to the use of EMR indicates that the change management process has not been optimal, particularly in the aspects of communication, mentoring, and building awareness of the importance of digital transformation in healthcare (Ramoh et al., 2025).

The results of this study indicate that some healthcare workers still consider manual systems easier to use because they have become a work habit for years. Furthermore, the lack of user involvement in the implementation process has led to the perception that system changes are being implemented unilaterally by management. This situation reinforces the theory of organizational change, which states that successful transformation requires the active involvement of all organizational members to create a sense of ownership of the changes. Therefore, the resistance found in this study is not only a form of individual rejection of new technology but also reflects the suboptimal implementation of the organizational change strategy.

The results of this study align with Sudiarditha's 2025 study, which explained that the failure to implement organizational change is often triggered by weak internal communication and low leadership support in the transformation process. The study emphasized that digital-based work system changes require a systematic approach, including outreach, training, and strengthening organizational culture (Sudiarditha et al., 2025). The findings of this study indicate a similar condition, where health workers who do not have an adequate understanding of the benefits of RME tend to show higher resistance compared to health workers who have received intensive guidance and training.

Furthermore, the results of this study align with Ramoh's 2025 study, which stated that RME implementation requires a socio-technical approach that considers the relationship between humans, technology, and organizations in an integrated manner. In this approach, the success of technology implementation is determined not only by system quality but also by user readiness, organizational culture, communication patterns, and managerial support (Ramoh et al., 2025). This study found that barriers to RME implementation arise when technology is implemented without adequate human resource readiness and organizational change strategies. This suggests that digital transformation in hospitals must be viewed as a comprehensive organizational change process, not simply the replacement of manual systems with electronic ones.

The findings of this study also indicate that age and work experience influence the level of adaptation to digital technology. Senior healthcare workers tend to take longer to learn new systems than younger healthcare workers accustomed to using information technology. However, this resistance does not necessarily indicate individual incompetence, but rather relates to work habits, comfort with the old system, and concerns about changing work patterns. Therefore, the RME implementation approach needs to consider the psychological and social aspects of users to ensure a more effective adaptation process.

Based on the research findings, theory, and comparisons with previous

studies, it can be assumed that resistance to RME implementation is a natural part of the organizational change process, especially when changes are made to work environments that have long used manual systems. This resistance can be minimized through effective change management strategies, such as improving organizational communication, involving users in the implementation process, ongoing training, technical assistance, and strengthening the role of leadership in building a digital work culture (Nufuz et al., 2025). With this approach, the implementation of RME focuses not only on technological readiness, but also on the overall readiness of people and the organization so that the digital transformation of healthcare services can take place optimally and sustainably.

Digital Literacy of Healthcare Workers

The study results show that the digital literacy of healthcare workers in the implementation of Electronic Medical Records (EMR) still varies. Some healthcare workers are able to adapt quickly to the use of digital systems, while others still experience difficulties in operating the application, understanding features, and the electronic documentation process. This variation in ability is clearly visible between healthcare workers with experience and a technology-based educational background and healthcare workers who were previously more accustomed to using manual systems. Healthcare workers who have experience using information technology tend to be quicker to understand the system flow and are able to resolve operational issues independently compared to healthcare workers without prior digital experience.

Theoretically, the results of this study indicate that digital literacy is not only interpreted as the technical ability to use technological devices, but also includes the ability to adapt to change, problem-solving skills, the ability to understand health information systems, and the ability to utilize technology to improve the effectiveness of health services. In the context of RME implementation, digital literacy is a crucial component because electronic systems require health workers to be able to document quickly, accurately, and in an integrated manner. Low digital literacy can lead to system errors, delays in service delivery, and dependence on other health workers who are more competent in technology (Mardiawati & Leonard, 2018).

Previous research results also found that health workers with a background in technology education or previous experience using information technology have better adaptability than health workers who do not have digital experience (Fahyudi et al., 2025). The study confirmed that technological experience influences how quickly individuals understand new systems and adapt to digital-based changes. Similar findings were also seen in this study, where healthcare workers accustomed to using computers and digital applications demonstrated a higher level of readiness for EMR compared to healthcare workers who previously used manual record-keeping.

The phenomenon of varying digital capabilities found in this study also reinforces the concept of the digital divide in healthcare organizations. This concept explains that the digital divide occurs not only in society in general but can also emerge within organizations due to differences in access, experience, education, age, and technological capabilities between individuals (Antasya et al., 2025). This study found that younger healthcare workers tended to adapt more

easily to digital systems than older healthcare workers who had long worked with manual systems. In addition to age, education level and experience with technology also influence an individual's ability to accept and use EMR systems.

In addition, other research confirms that experience and technological capabilities have a significant influence on the readiness of health workers to adopt RME (Wahyuni et al., 2024). The study explains that technological capabilities not only impact the operational aspects of system use but also influence user confidence in navigating changes in digital-based work systems. The study found that healthcare workers with low digital literacy were more likely to experience system errors, require assistance from colleagues, and exhibit higher levels of anxiety when using EMR.

The findings of this study indicate that variations in digital literacy have the potential to create disparities in the implementation of EMR if not addressed systematically. This imbalance in digital skills among healthcare workers can lead to dependency on specific individuals, slow down the service process, and reduce the overall effectiveness of the system. Therefore, improving digital literacy needs to be a key component of the EMR implementation strategy through ongoing training, technical assistance, and the development of an organizational culture that supports digital transformation.

Based on the research findings, theories, and comparisons with previous studies, it can be assumed that digital literacy is a fundamental factor in determining the readiness of healthcare workers for the implementation of EMR. The variation in digital capabilities found in this study indicates that digital transformation of healthcare services cannot be implemented uniformly without considering user characteristics. Age, education, technological experience, and adaptability are important determinants of the success of electronic system implementation. Therefore, hospitals need to develop inclusive and sustainable digital literacy improvement strategies so that all healthcare workers are equally prepared to face the digital transformation of healthcare services.

Organizational support

The study results show that organizational support for the implementation of Electronic Medical Records (EMR) has been evident through the hospital management's commitment to establishing a dedicated EMR team, providing supporting policies, and preparing the basic infrastructure for the electronic system's implementation. This support demonstrates the organization's commitment to digitally transforming healthcare services. However, implementation in the field still faces various obstacles, particularly related to coordination between work units, consistency in system use, and user behavioral readiness to operate the system optimally. This condition indicates that the organization's structural support has not been fully accompanied by operational readiness and user adaptation at the implementation level.

This study also found the phenomenon of pseudo-adoption, a condition where a system has been formally and administratively implemented but has not been optimally utilized in daily service practice. This phenomenon is evident in the continued use of manual documentation by healthcare workers, suboptimal use of system features, and dependence on specific individuals for RME operation. This condition indicates that technology implementation has not been fully internalized within the organization's work culture, resulting in partial system adoption.

Theoretically, the findings of this study can be explained through the theory of organizational culture, which states that the success of innovation implementation is strongly influenced by the values, norms, behavioral patterns, and work culture that develop within the organization. An organizational culture that is adaptive to change will facilitate the adoption of new technologies, while an organizational culture that still maintains conventional work patterns tends to hinder the digital transformation process. In the context of RME implementation, organizational culture not only influences the level of technology acceptance but also determines the consistency of system use in daily healthcare practices.

The results of this study are in line with the research of Nurnanei and Bachri in 2024 which stated that the adoption of innovation in health organizations often occurs partially and unevenly if it is not supported by a strong organizational culture (Nurnanei & Bachri, 2024). The study explains that the successful implementation of digital systems requires the support of a work culture capable of driving behavioral changes in individuals within the organization. Similar findings were also found in this study, where even though hospitals have policies and support systems in place, some healthcare workers still do not fully utilize EMR optimally due to the inherent manual work culture inherent in the service process.

Furthermore, the results of this study also indicate a gap between structural readiness and behavioral readiness. Structurally, the organization has provided policies, technological infrastructure, and an EMR implementation team. However, this readiness has not been fully followed by individual readiness to accept and consistently use the system. Some healthcare workers still show hesitation, resistance, or lack of confidence in using digital technology. This situation indicates that organizational readiness is measured not only by the availability of facilities and policies, but also by the behavioral readiness of human resources as the primary users of the system.

The findings of this study are in line with the research of Setiatin and Ramdhani in 2025 which stated that the successful implementation of RME requires a balance between technological readiness and human readiness (Setiatin & Ramdhani, 2025). The study explains that technology investments will not yield optimal results without user behavioral readiness. The study found that despite the presence of systems and policies, the use of EMR has not been optimal because some healthcare workers lack adequate adaptation readiness. This demonstrates that digital transformation in hospitals must be viewed as a comprehensive organizational change process encompassing technology, people, and work culture.

Furthermore, the results of this study indicate that organizational coordination still needs to be strengthened for more effective implementation of EMR. Lack of communication between work units and the absence of a mechanism for routinely evaluating system usage have resulted in EMR implementation being inconsistent across all service units. In implementing a health information system, organizational coordination plays a crucial role in ensuring that all units share the same understanding, goals, and commitment to the use of electronic systems.

Based on the research findings, theory, and comparisons with previous studies, it can be assumed that organizational support is a strategic factor in determining the success of RME implementation. This support includes not only the provision of policies and infrastructure, but also strengthening organizational culture, inter-unit coordination, supportive leadership for change, and developing behavioral readiness among healthcare workers. The pseudo-adoption phenomenon found in this study indicates that

formal implementation does not necessarily reflect optimal system use. Therefore, hospitals need to build an organizational culture that is adaptive to technology, improve internal communication, and strengthen mentoring and evaluation of system use so that RME implementation can run effectively, consistently, and sustainably.

CONCLUSION

Thus, it can be concluded that human resource readiness for RME implementation is a multidimensional phenomenon involving technical, psychological, and organizational aspects. The findings of this study reinforce the *socio-technical system* approach, which states that the successful implementation of health technology cannot be separated from the interaction between humans and systems. Therefore, RME implementation strategies need to integrate HR competency development, organizational culture strengthening, and effective change management to ensure the success of digital transformation in the health sector.

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