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Factors Influencing the Acceptance of Electronic Medical Records by Nurses: A Utaut Approach

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Abstract

The adoption of Electronic Medical Records (EMR) has become an essential strategy for hospitals to enhance operational efficiency and improve the accuracy of medical documentation. Nevertheless, the effectiveness of EMR implementation is influenced not only by technological infrastructure but also by the level of acceptance among users, particularly nurses who interact with the system on a daily basis. This study investigates nurses' acceptance of EMR at Purbowangi General Hospital, Kebumen, by applying the Unified Theory of Acceptance and Use of Technology (UTAUT) framework. A quantitative survey design was employed, with data collected through questionnaires administered to all nurses actively using the EMR system. The study examined performance expectancy, effort expectancy, social influence, and facilitating conditions as independent variables, while behavioral intention and use behavior were treated as outcome variables. The data were analyzed using validity and reliability testing, followed by multiple linear regression analysis. The findings reveal that performance expectancy, effort expectancy, and social influence significantly and positively influence nurses' intention to use EMR. In addition, behavioral intention was found to have a significant effect on actual EMR usage behavior. These results support the relevance of the UTAUT model in explaining technology acceptance in hospital environments and emphasize the need for effective training, user-friendly system design, and strong organizational support to promote sustainable EMR implementation.

Keywords

Electronic Medical Records, Hospital Information System, Nurses, UTAUT, Technology Acceptance.

1. Introduction

The development of digital technology in the healthcare sector is a response to the increasing complexity of medical services, the demand for accurate clinical data, and the need for operational efficiency in hospitals (Massaro, 2023). As public service institutions based on information systems, hospitals are required to manage clinical and administrative data in an integrated manner to ensure service quality, patient safety, and accountability. In this context, medical records play a fundamental role, not only as a basis for clinical decision-making but also as legal documents and instruments for quality control in healthcare services. The transformation from manual recording systems to Electronic Medical Records (EMR) has become an important part of efforts to modernize healthcare service systems, as it enables faster data access, more complete information, and integration across service units (Nasir & Javed, 2023).

At the national level, the digitalization of medical records is reinforced through government policies mandating the implementation of information systems in all hospitals (Scott et al., 2022). Permenkes (Regulation of the Minister of Health of the Republic of Indonesia Number 82 concerning Hospital Management Information Systems, 2013) on Hospital Management Information Systems (SIMRS) emphasizes that every hospital must implement an information system as the basis for managing healthcare service data (Wafidah et al., 2023). This regulation was further strengthened by (Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records, 2022), which stipulates the mandatory full implementation of EMR in all healthcare facilities no later than the end of 2023. This regulation reflects the direction of national policy aligned with global trends in healthcare information system transformation, with EMR as a key element in the modernization of healthcare services (Kore, 2024).

However, the implementation of EMR in practice has not fully reflected the objectives set by the policy. Data from the Indonesian Hospital Association (PERSI) in 2022 shows that out of approximately 3,000 hospitals in Indonesia, only about half have implemented EMR, and some of them still face challenges in operating the system optimally. A report from the Ministry of Health in 2023 also identified structural and behavioral barriers to the adoption of electronic systems. These findings are consistent with various international studies emphasizing that the success of electronic medical record implementation is not only determined by technological readiness but also highly dependent on user acceptance as the main actors of the system (Abdullah Alharbi, 2023).

This condition is also reflected at Purbowangi General Hospital, Kebumen. Since the implementation of EMR began in 2023, the level of system implementation has only reached around 70%, with some medical record formats, particularly in inpatient services, still managed manually. This indicates that EMR has not been fully integrated into all service processes. In addition to technical factors, the readiness of human resources and organizational support also influence the success of implementation. In this context, nurses play a strategic role as they are the primary users of EMR and are responsible for the completeness and continuity of medical documentation across healthcare professions (Raghunathan et al., 2021).

The implementation of EMR also has important implications for the administrative and financial aspects of hospitals, particularly in the management of National Health Insurance (JKN) claims. Complete and integrated medical records are a key requirement in the submission and verification process of BPJS Kesehatan claims. Research shows that the digitalization of medical records can reduce the risk of claim delays due to discrepancies or incomplete documentation (Pangkong et al., 2025), as well as accelerate the verification process and improve hospital cash flow (Anggraeni et al., 2025). More broadly, the adoption of healthcare information

systems has been proven to increase work efficiency and reduce documentation errors in clinical services (Ifinedo, 2017).

More broadly, the adoption of healthcare information systems has been shown to improve work efficiency and reduce documentation errors in clinical services (Venkatesh et al., 2003). This model integrates eight theories of technology acceptance and has been widely used in various contexts, including the healthcare sector. Within the UTAUT framework, technology acceptance is influenced by four main constructs, namely performance expectancy, effort expectancy, social influence, and facilitating conditions, which collectively affect the intention and behavior of system use (Venkatesh et al., 2016).

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Based on these empirical and theoretical foundations, this study aims to analyze the acceptance of Electronic Medical Record usage by nurses at Purbowangi General Hospital, Kebumen, using the UTAUT model approach. This study examines the influence of performance expectancy, effort expectancy, social influence, and facilitating conditions on the intention and behavior of EMR usage. The results of this study are expected to contribute theoretically to the development of technology acceptance research in the healthcare sector and to provide evidence-based practical recommendations for hospital management in improving the successful and sustainable implementation of EMR.

2. Literature Review

Performance expectancy refers to an individual's belief that using a system will improve their job performance. In the context of electronic medical records (EMR), nurses who believe the system can speed up documentation, improve data accuracy, and support clinical decision-making tend to have higher levels of acceptance. The UTAUT model developed by Venkatesh et al. (2003) confirms that performance expectancy is a key determinant of technology adoption. Research by Ayaad et al. (2019) and Uslu and Stausberg (2021) also shows that EMR implementation can improve the quality of healthcare services and the work efficiency of medical personnel. Therefore, the higher the perceived benefits experienced by nurses, the more likely they are to accept and use EMR systems in their daily practice.

H1: Performance Expectancy has a positive effect on Reception of RME by Nurses.

Effort expectancy refers to the perceived ease of use of a technology system. In EMR implementation, a system that is easy to understand, not complex, and has a user-friendly interface will increase user comfort, especially for nurses as the primary users. Venkatesh et al. (2003) stated that ease of use plays a significant role in shaping technology usage intentions and behavior. Research by Lee (2022) found that perceived ease of use of EMR positively influenced nurses' attitudes and acceptance. Furthermore, Ahmed et al. (2020) also confirmed that the lower the effort required to operate the system, the higher the adoption rate. Therefore, ease of use is a crucial factor in increasing nurses' acceptance of EMR.

H2: Effort Expectancy has a positive effect on Reception of RME by Nurses.

Social influence is the extent to which individuals perceive that significant others around them encourage the use of a technology. In a hospital setting, support from superiors, coworkers, and organizational policies play a significant role in shaping nurses' perceptions and attitudes toward RME. Venkatesh et al. (2003) explain that social influence is a significant factor, especially in the early stages of technology adoption. Research by Graf-Vlachy et al. (2018) and Lorenz and Buhtz (2017) shows that social pressure and organizational norms can increase the intention to use technology. In a healthcare context, collective support and a work culture that is adaptive to digitalization will strengthen system acceptance. Therefore, the stronger the perceived social influence, the higher the level of RME acceptance by nurses.

H3: Social Influence has a positive effect on Reception of RME by Nurses.

Facilitating conditions refer to the availability of infrastructure, resources, and technical support that enable optimal system use. In EMR implementation, factors such as computer availability, a stable network, training, and technical support are crucial for successful system use. According to Venkatesh et al. (2003), facilitating conditions directly influence technology adoption behavior. Research by Shiferaw and Mehari (2019) and Arman and Hartati (2015) indicates that organizational support and facility readiness play a crucial role in increasing EMR adoption. Without adequate support, users are likely to encounter barriers in system use. Therefore, the better the supporting conditions available, the more likely nurses are to accept and use EMR in their work practices.

H4: Facilitating Conditions have a positive effect on Reception of RME by Nurses.

Behavioral intention is an individual's intention to use a technology and is a key predictor of actual usage behavior. In the UTAUT model, usage intention is influenced by various factors such as performance expectancy, effort expectancy, and social influence, which then drive actual system use. Venkatesh et al. (2003) emphasized that the stronger a person's intention, the more likely they are to use the technology consistently. This finding aligns with the Theory of Reasoned Action (TRA), which states that intention is a direct determinant of behavior (Al-Suqri & Al-Kharusi, 2015). Research by Ahmed et al. (2020) and Ifinedo (2017) shows that behavioral intention significantly influences the use of health information systems. Therefore, the higher the nurses' intention to use RME, the higher the level of acceptance and actual use of the system.

H5: Behavioral Intention has a positive effect on Reception of RME by Nurses.

3. Methods

This study was designed using an explanatory quantitative approach to explore the causal relationships between variables in the acceptance of Electronic Medical Records. The analysis focused on the four main constructs of UTAUT as explanatory variables, while usage intentions and behavior were positioned as outputs reflecting the level of system acceptance.

All nurses who have used Electronic Medical Records at RSU Purbowangi Kebumen were involved as respondents through a total sampling approach. This strategy was chosen to ensure that the research results represent the experiences of primary users comprehensively, without selection bias. Data collection was carried out using a structured questionnaire developed based on UTAUT indicators and

measured using a five-point Likert scale to capture variations in respondents' perceptions quantitatively.

Before inferential analysis was conducted, the instrument was tested for validity and reliability to ensure the accuracy and consistency of measurement. Data that met the criteria were then analyzed using multiple linear regression to examine the influence of UTAUT constructs on usage intention, as well as further regression to assess the relationship between intention and actual usage behavior. All tests were conducted at a five percent significance level with the assistance of statistical software.

4. Results

The population of this study was all nurses at Purbowangi Hospital, Kebumen Regency, totaling 89 people, with characteristics based on age, gender and work experience as follows.

Table 1. Respondent Characteristics

Characteristics	Frequency	Percentage
Age		
a. 30 - 40 years	43	48
b. < 30 years	28	31
c. 41 - 50 years	16	17
d. > 50 years	2	2
Gender		
a. Female	52	67
b. Male	25	32
Work experience		
a. 5 – 10 years	14	51
b. < 5 years	7	25
c. > 10 years	6	22

The distribution of respondents shows a majority of women (67.53%). In terms of age, almost half are in the 30–40year range (48.31%), plus the group <30 years old (31.46%), so that more than 79% of respondents are under 40 years old or in their productive age. The group >50 years old is very small. Based on work experience, most respondents are in the mid-career stage with 5–10 years of experience (51.85%), while another quarter (25.93%) are still in the early stages with <5 years of experience.

Table 2. Descriptive Statistics

Valid	Amount Variable	Average	Standard Deviation	Minimum	Maximum
PE1	89	3.85	0.53	2	5
PE2	88	3.99	0.49	2	5
PE3	88	4.1	0.5	2	5
PE4	89	4.15	0.59	2	5
EE1	89	4.08	0.38	3	5
EE2	89	4.02	0.43	3	5
SI1	89	4.02	0.43	3	5
SI2	87	3.84	0.61	2	5
SI3	89	4.08	0.43	3	5
FC1	89	3.99	0.46	3	5
FC2	88	3.99	0.42	3	5
FC3	89	3.96	0.58	2	5
FC4	89	3.91	0.47	3	5

BI1	89	3.88	0.62	2	5
BI2	88	4.05	0.48	3	5
BI3	89	4.02	0.45	3	5
BI4	89	4.06	0.44	3	5
UB1	89	4.02	0.43	2	5
UB2	89	4.04	0.42	3	5
UB3	89	4.01	0.46	3	5

Note: PE: Performance Expectancy, EE: Effort Expectancy, SI: Social Influence, FC: Facilitating Conditions, BI: Behavioral Intention, UB: Use Behavior

The descriptive analysis results show that respondents have a positive perception of the Electronic Medical Records (EMR) application. All variables had an average score above 3.80 (the "Agree" category), with the highest score in PE4 (M=4.15), confirming the belief that the application is superior to manual processes. The lowest scores were in SI2 (M=3.84) and PE1 (M=3.85), indicating that the influence of colleagues and the application's appearance is still relatively weak. Consistency in responses is evident from the small standard deviation (0.38–0.62), indicating that respondents' perceptions tended to be uniform without significant variation.

Before analyzing the effect of UTAUT variables on the acceptance of electronic medical records (EMR) at Purbowangi General Hospital, a data normality test was first conducted to ensure that the residual distribution met the assumption of normality. The test used the One-Sample Kolmogorov-Smirnov method, which evaluates the conformity of the data distribution to a normal distribution. The results of the normality test (Table 3) formed the basis for the validity of the regression analysis in the next stage.

Table 3. Normality Test

One-Sample Kolmogorov-Smirnov Test			
			Unstandardized Residual
N			89
Normal Parameters[a,b]	Mean		.0000000
	Std. Deviation		1.24891674
Most Extreme Differences	Absolute		.076
	Positive		.063
	Negative		-.076
Test Statistic			.076
Asymp. Sig. (2-tailed)[c]			.200[d]
Monte Carlo Sig. (2-tailed)[e]	Sig.		.222
	99% Confidence Interval	Lower Bound	.211
		Upper Bound	.232

a. Test distribution is Normal.

b. Calculated from data.

c. Lilliefors Significance Correction.

d. This is a lower bound of the true significance.

e. Lilliefors' method based on 10000 Monte Carlo samples with starting seed 391318613.

Based on a normality test using the One-Sample Kolmogorov-Smirnov method on the residuals of 89 respondents, the mean residual was 0 and the standard deviation was 1.2489. The maximum deviation was recorded at 0.076 (positive 0.063; negative -0.076), with a test statistic of 0.076 and an asymptotic significance of 0.200 (Lilliefors). A Monte Carlo test with 10,000 bootstrap samples yielded a significance of 0.222 (99% CI: 0.211–0.232). Because all significance values were >0.05, the

residual distribution met the assumption of normality, thus the regression model was suitable for use and did not violate the assumption of a normal distribution.

Prior to the multiple regression analysis, a multicollinearity test was conducted to ensure that the independent variables did not have high correlations that could affect estimation accuracy. This test used tolerance indicators and the Variance Inflation Factor (VIF). The model was declared free of multicollinearity if tolerance >0.1 and VIF <10. The test results (Table 4) form the basis for assessing the feasibility of the regression model.

Table 4. Multicollinearity Test

Coefficients[a]			
Model		Collinearity Statistics	
		Tolerance	VIF
1	(Constant)		
	Performance Expectancy	0.468	2.135
	Effort Expectancy	0.757	1.321
	Social Influence	0.565	1.771
	Facilitating Conditions	0.724	1.382
	Behavioral Intention	0.629	1.589
a. Dependent Variable: Reception of RME by Nurses			

Based on the multicollinearity test in Table 4, all independent variables (performance expectancy, effort expectancy, social influence, facilitating conditions, and behavioral intention) had tolerance values >0.1 (0.468–0.757) and VIFs <10 (1.321–2.135). These results indicate no signs of multicollinearity, as a high tolerance indicates low correlation between variables, and a VIF approaching 1 indicates no variance inflation. Therefore, the regression model is free of multicollinearity, and each independent variable can be validly analyzed to explain nurses' acceptance of RME.

Heteroscedasticity testing was conducted to ensure constant residual variance across all predicted values in the regression model. If this assumption is not met, coefficient estimation will be inefficient and the significance test will be biased. In this study, heteroscedasticity was tested using the scatterplot method, which visualizes the distribution of studentized residuals against standardized predicted values to determine the presence of heteroscedasticity.

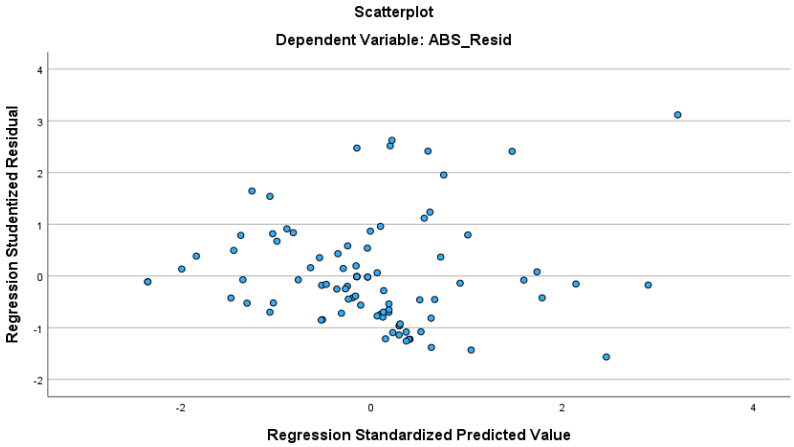

Figure 1. Heteroscedasticity and Homogeneity Test

Based on the scatterplot test results between the standardized predicted values and studentized residuals, the distribution of 89 residual points appears random

around the zero line with a prediction range of -2.5 to 4 and a residual range of -2 to 4. This random pattern indicates a constant residual variance, thus meeting the homoscedasticity assumption. Thus, there is no indication of heteroscedasticity that could compromise the validity of the regression model. This is also supported by the results of the significance test on ABS_Resid, which are all >0.05.

Table 5. Heteroscedasticity and Homogeneity Tests

Model	Variable	B	Std. Error	Beta	t	Sig.
1	(Constant)	2.555	0.702		3.641	<.001
	Performance Expectancy	-0.092	0.056	-0.254	-1.663	0.100
	Effort Expectancy	0.031	0.069	0.055	0.454	0.651
	Social Influence	0.038	0.058	0.091	0.655	0.515
	Facilitating Conditions	-0.014	0.034	-0.051	-0.413	0.681
	Behavioral Intention	-0.041	0.040	-0.137	-1.039	0.302
Note: Dependent Variable = ABS_Resid						

Based on the heteroscedasticity test results in the coefficients table, all independent variables had significance values above 0.05 (PE=0.100; EE=0.651; SI=0.515; FC=0.681; BI=0.302). This indicates no significant effect on the absolute residuals; thus, the regression model is free from heteroscedasticity. Therefore, the homoscedasticity assumption is met and the regression model is suitable for use.

Hypothesis testing was conducted to assess the influence of variables within the UTAUT framework (Performance Expectancy, Effort Expectancy, Social Influence, Facilitating Conditions, and Behavioral Intention) on nurses' acceptance of Electronic Medical Records (EMR) use at Purbowangi General Hospital, Kebumen. The analysis used multiple linear regression with SPSS, and the results are presented in Table 6 (Model Summary), Table 7 (Partial t-test), and Table 8 (Simultaneous F-test) to provide a basis for interpreting the influence of each variable.

Table 6. Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.758a	0.574	0.549	1.28598
Notes: Predictors: (Constant), Behavioral Intention, Effort Expectancy, Social Influence, Facilitating Conditions, Performance Expectancy				

Tabel 7. T-test (Partial Test)

Model	Variable	B	Std. Error	Beta	t	Sig.
1	(Constant)	1.304	1.114		1.170	0.245
	Performance Expectancy	0.259	0.088	0.307	2.936	0.004
	Effort Expectancy	0.262	0.110	0.196	2.383	0.019
	Social Influence	0.233	0.092	0.242	2.541	0.013
	Facilitating Conditions	-0.011	0.054	-0.017	-0.198	0.844
	Behavioral Intention	0.170	0.063	0.242	2.680	0.009
Note: Dependent Variable = Reception of RME by Nurses						

Table 8. F-test (Simultaneous Test)

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	185.300	5	37.060	22.410	<.001b
Residual	137.262	83	1.654		
Total	322.562	88			

Note: Dependent Variable = Acceptance of RME by Nurses
Predictors: (Constant), Behavioral Intention, Effort Expectancy, Social Influence, Facilitating Conditions, Performance Expectancy

Based on the analysis results in Table 6 (Model Summary), the multiple correlation coefficient (R) of 0.758 indicates a strong relationship between performance expectancy, effort expectancy, social influence, facilitating conditions, behavioral intention, and nurses' acceptance of Electronic Medical Records (EMR). The coefficient of determination (R Square) of 0.574 shows that 57.4% of the variation in EMR acceptance can be explained by these variables, while 42.6% is influenced by other factors outside the model. The adjusted R Square value of 0.549 confirms the model's stability after accounting for sample size and predictors. Meanwhile, the standard error of 1.28598 reflects the average deviation between predicted and actual values.

Based on the partial t-test results in Table 7, four out of five independent variables have a positive and significant effect at the 5% level. Performance expectancy (B = 0.259; t = 2.936; p = 0.004), effort expectancy (B = 0.262; t = 2.383; p = 0.019), social influence (B = 0.233; t = 2.541; p = 0.013), and behavioral intention (B = 0.170; t = 2.680; p = 0.009) significantly influence EMR acceptance. In contrast, facilitating conditions are not significant (B = -0.011; t = -0.198; p = 0.844). The F-test result (F = 22.410; p < 0.001) confirms that the model is statistically significant and appropriate for explaining EMR adoption.

5. Discussion

The regression equation shows that performance expectancy, effort expectancy, social influence, and behavioral intention positively influence EMR acceptance. This indicates that higher perceived usefulness, ease of use, social support, and intention lead to greater acceptance of EMR among nurses. However, facilitating conditions do not significantly affect usage behavior, suggesting that infrastructure alone is insufficient to drive adoption. These findings confirm that EMR acceptance at Purbowangi General Hospital is primarily influenced by four UTAUT variables: performance expectancy, effort expectancy, social influence, and behavioral intention. Performance expectancy significantly affects usage intention, indicating that nurses who perceive EMR as beneficial for improving work effectiveness are more motivated to use it. This aligns with the UTAUT model (Venkatesh et al., 2003) and studies by Ayaad et al. (2019) and Uslu and Stausberg (2021), which highlight the role of EMR in improving healthcare quality.

Effort expectancy also shows a significant positive effect, emphasizing that ease of use strengthens user commitment. This is consistent with Venkatesh et al. (2003) and Lee (2022), who highlight usability as a key factor in EMR adoption. Social influence is similarly significant, indicating that support from supervisors, colleagues, and organizational policies encourages system use, consistent with findings by Lorenz and Buhtz (2017) and Graf-Vlachy et al. (2018). Conversely, facilitating conditions are not significant, differing from studies such as Shiferaw and Mehari (2019) and Arman and Hartati (2015). This suggests that nurses at Purbowangi Hospital may rely more on individual motivation and experience rather than infrastructure availability. Behavioral intention remains a strong predictor of

actual usage, in line with the UTAUT framework and the Theory of Reasoned Action (TRA).

Overall, these findings are consistent with studies by Rofiah and Suhermin (2022) and Utomo et al. (2021), which emphasize the importance of performance expectancy, effort expectancy, social influence, and behavioral intention in technology acceptance. Practically, hospitals should focus on enhancing perceived usefulness, system usability, and social support through training and supportive policies. Although facilitating conditions are not significant, infrastructure and organizational support remain essential to ensure sustainable EMR implementation.

6. Conclusion

This study shows that nurses' acceptance of Electronic Medical Records (EMR) at RSU Purbowangi is significantly influenced by performance expectancy, effort expectancy, social influence, and behavioral intention, while facilitating conditions have no significant effect. The regression model used is proven to be strong and stable, with 57.4% of the variation in acceptance explained by these variables. These findings confirm that perceived usefulness, ease of use, social support, and behavioral intention are the main factors driving nurses to accept and use EMR. In contrast, the availability of facilities and infrastructure is not a significant determinant in the context of RSU Purbowangi, as nurses rely more on internal motivation and organizational support.

Practically, these results provide direction that hospital management needs to focus on improving the perceived usefulness of EMR, simplifying the system to make it easier to use, and building a supportive work environment through training, socialization, and consistent policies. Although supporting facilities are not significant in the analysis, the provision of infrastructure remains important to ensure the sustainability of implementation. Thus, the success of EMR adoption depends not only on technical readiness but also on human and organizational aspects. The combination of a reliable system, empowered users, and institutional support will ensure that EMR implementation runs optimally and contributes to improving the quality of healthcare services.

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