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Building Work Culture in the Implementation of Electronic Medical Records to Improve the Effectiveness of Inpatient Services at Wedabay Medical Center, North Maluku

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ABSTRACT

The implementation of Electronic Medical Records (EMR) is a key component of healthcare digital transformation aimed at improving the effectiveness of inpatient services. The success of EMR implementation is strongly influenced by the work culture of healthcare professionals. This study aims to analyze the role of work culture in supporting EMR implementation, identify existing challenges, and propose improvement strategies at Weda Bay Medical Center, North Maluku. This study employed a qualitative case study approach. Data were collected through in-depth interviews, observation, and document analysis, and analyzed using thematic analysis. The findings indicate that EMR implementation fosters a more disciplined, accountable, and digitally oriented work culture, leading to improved speed, accuracy, and coordination of inpatient services. However, challenges such as limited digital competence, resistance to change, and technical system issues remain. Continuous training, strengthened IT infrastructure, managerial support, and workflow adjustments are required to enhance effectiveness. The study concludes that an adaptive work culture is essential for effective EMR-based inpatient services.

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1. INTRODUCTION

Effective, efficient, and quality-oriented health services are the main goals of national health development. The Government of Indonesia through the Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records affirms the obligation of all health service facilities to organize Electronic Medical Records (RME) as part of the digital transformation of the national health system (Ministry of Health of the Republic of Indonesia, 2022). This policy replaces the Minister of Health Regulation Number 269/Menkes/Per/III/2008 with the aim of improving service quality, accelerating administrative processes, ensuring patient data security, and

supporting the integration of an integrated data-based national referral system (Ministry of Health of the Republic of Indonesia, 2022; Ehealth Indonesia, 2023). The government even targets all health service facilities to have implemented RME comprehensively by December 31, 2023, as part of the National Health System Transformation (Ministry of Health of the Republic of Indonesia, 2023).

In line with the development of information technology, Indonesia is entering the era of industry 5.0 which emphasizes collaboration between humans and digital technology to increase work effectiveness and efficiency (Belrado et al., 2024). This transformation has also changed the work culture in various sectors, including the health sector, from a conventional pattern to a digital technology-based work system (Karman & Arifianto, 2022). In the context of health services, these changes encourage health service facilities to adopt Hospital Management Information System (SIMRS) and Electronic Medical Records as the main instruments in improving service quality.

Electronic Medical Records have a strategic role in improving the quality of care, patient safety, data accuracy and integrity, as well as supporting clinical and managerial decision-making (Sabran et al., 2023; Shah & Nawaz, 2025). However, the implementation of RME still faces various challenges, especially related to the readiness of human resources, technological infrastructure, and organizational work culture (Apriliyani, 2021). This shows that the success of digital transformation is not only determined by technological sophistication, but also by the readiness of the organization as a whole.

From the perspective of health service management, service effectiveness is the result of integration between management systems, information technology, and human resource work behavior (Widjaja, 2020). The successful use of SIMRS and RME is greatly influenced by the work culture of the organization, which is the value system, norms, and habits that shape individual behavior in the organization (Pavilonta, 2017; Mendrofa et al., 2024). An adaptive, disciplined, open to innovation, and quality-oriented work culture is the main prerequisite for digital technology to be internalized as a daily work practice and have a real impact on service effectiveness (Rohendi, 2021; Widjaja, 2021; Rohendi, 2022).

In inpatient services, the effectiveness of services is greatly influenced by the smooth flow of clinical and administrative information supported by an integrated information system (Widjaja, 2022). Without a work culture that complies with operational standards, information systems have the potential to create new workloads and are not utilized optimally. Therefore, the implementation of Electronic Medical Records and SIMRS must be understood as part of a health service management strategy that demands strengthening work culture. Based on these conditions, the author is interested in researching the overview of the implementation of Hospital Management Information Systems and work culture in supporting the effectiveness of inpatient services at Weda Bay Medical Center in 2024.

2. METHODS

This study uses a qualitative approach with a case study design to explore in depth the phenomenon of the application of Electronic Medical Records (RME), work culture, and the effectiveness of inpatient services at Wedabay Medical Center (Creswell & Poth, 2018; Yin, 2018). This approach was chosen because it allows a holistic understanding of the behaviors, perceptions, motivations, and experiences of health workers in a natural work context (Sugiyono, 2021). The determination of informants was carried out through purposive sampling with criteria of direct involvement in the use of RME, a minimum working period of six months, and willingness to participate in the research, with the number of informants determined based on the principle of data saturation (Etikan et al., 2016; Palinkas et al., 2015; Miles et al., 2020; Saunders et al., 2018; Creswell & Poth, 2018). This technique is used to obtain in-depth and relevant data related to the implementation of RME and work culture in the inpatient service environment (Wulandari, 2021).

Data collection is carried out in natural situations through triangulation methods to increase the validity of findings (Yadav, 2021; Putri & Mahfud, 2023). The techniques used included semi-structured in-depth interviews with 45 participants of health workers and inpatient service management (OH, 2021; Provenzano et al., 2024), non-participatory observations of the flow of services and the use of RME (Ramadhan & Wicaksono, 2021; Alharbi, 2025), as well as documentation studies in the form of SOPs, organizational policies, quality reports, and RME implementation documents (Review, 2024). The entire data collection process is carried out directly in the field to capture the authentic experience of health workers in the implementation of RME (Hossain et al., 2025).

The data analysis technique is carried out using a thematic analysis approach which includes the process of data identification, categorization, coding, reduction, pattern mapping, and synthesis of findings (Putri & Mahfud, 2023; OH, 2021; Ramadhan & Wicaksono, 2021; Sari & Pratama, 2020; Hidayat & Lestari, 2022). The analysis is carried out continuously from the data collection to the preparation of the research report (Rahmadani, 2021; Fitriyani & Sari, 2022). This process aims to uncover the relationship between work culture, constraints on RME implementation, and the effectiveness of inpatient services in a systematic and meaningful manner, while maintaining the validity of data through triangulation of sources and methods (Provenzano et al., 2024; Yadav, 2021).

3. FINDINGS AND DISCUSSION

Work Culture in the Implementation of RME

The results of the analysis show that the implementation of Electronic Medical Records (RME) is driving significant changes in the work culture at Weda Bay Medical Center (WMC), specifically the shift from manual documentation patterns to a more structured and accountable digital work system. Factually, most of the informants stated that the use of RME made the recording process more accurate, systematic, and could no longer be done carelessly. This is reflected in the statement of Informant P-07, a nurse, who stated:

> *"In the past, many records were scattered or had not been written. Now the system demands that we fill it completely, so inevitably everyone has to adjust."*

Field observations also reinforced the findings, where most nurses performed data input immediately after the action was given, no longer delaying recording until the end of the shift as was the previous practice. From a theoretical perspective, this phenomenon is in line with the concept *of digital workplace transformation* which explains that digitalization creates changes in work behavior through the structuring mechanism of the digital system (Kane et al., 2019; Harris et al., 2020). Systems such as RME are equipped with *prompting*, *data validation*, *workflow enforcement*, and *mandatory fields* features that automatically encourage healthcare workers to work more disciplined and compliant (Cresswell, Williams & Sheikh, 2020). Additionally, the adoption of RME has been shown to shape a more accountable work culture as the system reduces data omission, inconsistencies, and duplication (Kruse et al., 2021; Davenport & Calcutta, 2019). In the researchers' analysis, this adaptation shows that RME not only changes the way of working, but also the mindset of health workers, from just a "file filler" to a "clinical information manager" responsible for the accuracy, completeness, and traceability of data, which is the foundation for the formation *of digital mindset* and *digital work habits* in the work environment.

Field findings also show that the implementation of *mandatory field* and *timestamp features* in the RME system significantly strengthens discipline and compliance with SOPs. Factually, health workers cannot continue or complete the documentation process if the key data has not been filled in completely, as affirmed in the document "SOP for the Use of RME WMC" which states that the system

is designed to minimize omissions through automatic controls in the form of charging alerts, entry validation, and access restrictions. From a theoretical perspective, this mechanism is an important component in improving the quality of clinical documentation because *structured data entry*, *required fields*, and *workflow enforcement* have been proven to improve consistency and reduce variation between users (Rahman et al., 2022; Kruse et al., 2021). Permenkes No. 24 of 2022 also emphasizes that the completeness of medical records is a mandatory quality dimension that must be guaranteed by health service facilities through the use of digital systems. In addition, the existence of *timestamps* plays an important role in improving data accountability and traceability (Cresswell et al., 2020). In the researchers' view, these features not only serve as technical tools, but have evolved into organizational quality control mechanisms that strengthen internal discipline and foster a work culture that is more orderly, standardized, and accountable than the era of manual documentation.

Factually, the digital transformation process through RME at WMC is inseparable from the initial resistance, especially among senior healthcare workers who have long been accustomed to manual methods. However, over time, the commitment to the use of the system increased as the benefits of RME were increasingly felt in daily work practices. This is illustrated by the statement of Informant D-02, a doctor, who said:

"It was hard at first, but if you look at the benefits now, we are more helped. The commitment is getting better."

From a theoretical perspective, the dynamics of change from resistance to acceptance are a common pattern in digital transformation, where resistance arises due to the perception of complexity, disruption of old routines, and uncertainty, but gradually decreases as users feel the benefits, convenience, and relative superiority of the new system (Vial, 2019; O'Connor et al., 2021; Holden & Karsh, 2020). Organizational support, training, and effective communication factors have also proven crucial in strengthening commitment to new technologies (Adiati & Leitner, 2023; Al-Kahtani et al., 2022). In the researcher's analysis, the increase in the commitment of health workers at WMC reflects that digital transformation is not only taking place on the technical aspect, but also touches on the dimensions of individual behavior, motivation, and psychological readiness. Real-world experience, ongoing training, and managerial supervision have shaped a more positive digital culture, where RME is no longer seen as a "new tool", but rather as an integral part of professional work practices that reinforce efficiency, accuracy, and service standards.

Effectiveness of Inpatient Services After the Implementation of RME

Factually, most nurses and administrative officers stated that the implementation of Electronic Medical Records (RME) was able to reduce the workload, especially since there was no longer a need to rewrite reports or duplicate documents manually. However, the limited number of computer devices causes queues to be used during peak hours, slowing down the service process. This condition was confirmed by Informant P-14, a nurse, who stated:

"If you queue for the computer, it's still slow. But if there are enough devices, RME is faster."

The findings show that while digital systems have the potential to improve work efficiency, reliance on infrastructure remains a major limiting factor. Theoretically, RME has been shown to be able to reduce documentation burden, writing errors, and duplication of records through workflow automation (Kruse et al., 2018; Alotaibi & Federico, 2017). However, these benefits are only optimal if supported by adequate technological infrastructure, including the availability of devices, a stable network, and the capacity of the system that is suitable for the workload (Cresswell et al., 2020; Ratwani

et al., 2018; Goh et al., 2022). In the researcher's analysis, work efficiency through RME has begun to be realized, but it has not been felt evenly by all units due to the limitation of supporting facilities, so infrastructure investment is an important prerequisite for optimizing the benefits of the system.

The results of observations show that the implementation of RME accelerates communication and coordination between units, especially between nurses, doctors, and pharmacists through an automatic notification system. Drug orders, for example, can be received directly by the pharmaceutical unit without the need for physical file delivery, making the service flow shorter and more efficient. However, when the network is unstable, this process slows down again and creates coordination barriers. Theoretically, the health information system is indeed designed to improve service coordination through *real-time information exchange* that increases speed, accuracy, and transparency between units (HIMSS, 2020). In the researchers' view, this communication acceleration is one of the most significant improvements in inpatient services at WMC, although the dependence on network stability makes the system vulnerable to technical glitches, so improving the quality of technological infrastructure is a strategic need.

The findings of the interviews showed that RME significantly improved the accuracy of patient information by reducing misreadings of doctors' writings as well as the risk of losing documents. This was conveyed by Informant F-01 from the pharmaceutical unit who stated:

"Drug errors are decreasing because the data is clear. No more doctor's writings that are misread."

Theoretically, RME is known to be effective in reducing *medication errors* because the information is presented in a structured and readable manner (Bates et al., 2003). Digital data formats also improve information clarity and prevent loss of clinical records. In the researcher's analysis, increasing the accuracy of this information is a very important quality indicator because it has a direct impact on patient safety, so the implementation of RME makes a significant contribution to improving the quality of clinical services.

Field observations noted that action recording time decreased significantly from an average of 4–7 minutes on the manual system to 1–3 minutes after using RME. However, when a network outage occurs, the service time can increase by up to 10 minutes. Theoretically, time efficiency is one of the main advantages of the RME system (Likourezos et al., 2004), although the literature confirms that these benefits can only be achieved if the system works stably and quickly. In the researchers' analysis, WMC has shown a noticeable increase in service speed, but the stability of the system is still a major obstacle. Therefore, increasing server capacity, network, and number of devices is an urgent need to maintain the sustainability of the effectiveness of RME-based inpatient services.

Work Culture Constraints in Implementation

Factually, the study found that senior health workers with a working period of more than ten years needed a longer adaptation time to use RME than younger health workers. This discrepancy is evident from the statement of Informant P-22, a nurse, who said:

"If the young ones are fast, but we the seniors have to learn more often."

These findings show that there is a digital literacy gap between generations of health workers which has a direct impact on the speed of adaptation to the digital work system. From a theoretical perspective, the difference in digital competencies between the younger and senior generations is an important factor in the successful implementation of health technology. Recent research explains that senior healthcare workers tend to have lower levels of *digital confidence* and *technology self-efficacy*, requiring a different and more intensive training approach compared to the younger generation (Lam

et al., 2020; O'Connor et al., 2021). Other studies have also shown that digital literacy variations between ages affect the ease of use, perception of benefits, and speed of adaptation to electronic medical record systems (Donnelly et al., 2021; Zinc & Palojoki, 2022). In the researcher's analysis, this condition requires WMC to develop a more personalized and gradual training strategy, especially for senior groups, through intensive mentoring and continuous technical support so that digital transformation is inclusive and does not cause prolonged resistance.

Factually, WMC's third-quarter IT report recorded an average of 2–3 minor *downtime* incidents per week, with the main user complaints being slow network speeds, limited number of computers, and system outages during peak service hours. These findings are consistent with the latest literature that states that the limitations of information technology infrastructure are still the main obstacle in the digitization of hospital information systems. Putri & Harjo (2022) found that many regional hospitals face budget constraints for the provision of hardware and stable network connections, while research by Purwayanto, Natasa, & Triwibowo (2024) confirms that infrastructure limitations are one of the biggest obstacles to the implementation of medical information systems in healthcare facilities in Indonesia. In the researcher's analysis, technical constraints like this greatly disrupt the documentation flow and have the potential to push some health workers back to manual recording as a temporary solution when the digital system is disrupted. Therefore, strengthening IT infrastructure through the addition of computer devices, increasing network capacity, and continuous system maintenance must be a priority for WMC management so that the benefits of implementing RME can be felt optimally, evenly, and sustainably.

Efforts to Strengthen the Effectiveness of RME

The results of the study show that almost all informants consider the existing RME training to be inadequate, especially related to system updates. An IT staff member said:

"The system is updated frequently, but it is not always accompanied by socialization." (Informant IT-01).

This condition causes anxiety among users as they feel they are not adequately prepared for feature changes, while training is not always provided every time a significant update occurs. In the digital health system *change management* literature, continuous training is a crucial element so that users are able to adapt to system updates and maintain productivity (Herfiyanti & Febriana, 2021). Studies in primary health facilities in Indonesia also prove that improving the competence of health workers through routine digital training increases the acceptance and effectiveness of the use of RME (Maryati & Susanto, 2023), while research at Jakarta Health Centers found that the variability of admission is greatly influenced by post-implementation training and socialization support (Muchlis, 2024). Based on these findings, WMC requires a more systematic and sustainable training mechanism through regular update modules, work unit-based socialization, and *a just-in-time training approach* whenever the system is updated so that health worker readiness is maintained and resistance can be suppressed.

Factually, the mandatory policy of *real-time input*, daily supervision, and monthly evaluation implemented by WMC management has been proven to encourage consistency in the use of RME and improve the discipline of health workers in complying with record-keeping operational standards. The latest literature confirms that leadership support is one of the key determinants of the success of the digital transformation of healthcare. The WHO Global Strategy on Digital Health 2020–2025 (WHO, 2021) emphasizes that the success of digital transformation is highly dependent on governance, clear policies, and organizational leadership support. The OECD (2023) also emphasized that *clinical leadership* plays an important role in maintaining health workers' compliance with digital systems, especially in the implementation and stabilization phases. The study of Alami et al. (2020) reinforces

these findings by stating that the successful adoption of health information systems is highly dependent on *organizational readiness*, including leadership commitment and a consistent supervisory culture. Based on these findings and theories, the structural support provided by WMC management is a strong foundation for the sustainability of digital practices and the formation of a work culture that is in line with the principles *of digital health governance*.

The need for additional computer equipment and human resources appears in almost all informants, especially in inpatient units and emergency departments, which have a high service load. The literature shows that the ratio of devices to health workers greatly determines the productivity of digital documentation and the speed of service flows (DesRoches et al., 2013). In the researcher's analysis, the addition of devices and optimization of HR distribution is a strategic step to accelerate the full adoption of RME, reduce the queue of system usage, and ensure that the benefits of digital transformation can be felt equally by all service units.

4. CONCLUSION

This study shows that the implementation of RME at Wedabay Medical Center has formed a digital work culture that has significantly contributed to increasing the effectiveness of inpatient services, especially in the aspects of documentation speed, accuracy of patient information, and coordination between units. The transformation of work culture is reflected through the adaptation of real-time documentation, increased discipline towards SOPs, and the growth of health workers' commitment to the digital system. However, this effectiveness is still faced with obstacles in the form of digital competency gaps between generations, limited technology infrastructure, lack of continuous training, and not optimal digital workflows. Therefore, strengthening human resource competencies through continuous training, IT infrastructure optimization, consistent management support, workflow adjustments, and the development of an inclusive digital culture are strategic steps that must continue to be taken so that the implementation of RME can be sustainable and provide maximum benefits for the quality of inpatient services.

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