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The role of readiness for change on behavioral intention viewed from performance and effort expectancy in the implementation of electronic medical records

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Abstract

Background: Technological developments have triggered a transformation in the implementation of electronic medical records (RME) in Indonesia, in line with regulations that require the implementation of RME in all health service facilities by the end of 2023. Although it has been proven to increase efficiency and reduce medical errors, the implementation of RME faces challenges such as infrastructure readiness and risk factors cultural.
Purpose: To identify factors that influence the success of RME implementation, including performance expectations and the use of RME in health facilities in Indonesia.
Method: The design of this research is quantitative, observational analytical type with a cross-sectional approach. The population of this study were employees of Community Health Centers in Kediri Regency. The probability sampling technique using a random sampling approach obtained a sample of 336 employees in 33 Community Health Centers and SmartPLS 2.9.8 was used to test the hypothesis. The variables used in this research are: performance expectancy (X1), effort expectancy (X2), Readiness for Change (Z), and Usage Intention (Y).
Results: The results of the research show that there is a direct influence of performance expectancy, effort expectancy, and Readiness to Change on Usage Intention with P = 0.000. Individual Change Readiness Mediates performance expectancy and effort expectancy on Usage Intention, which has a significant effect with a P value of 0.001.
Conclusion: This research concludes that new insights into the critical role of change readiness as a mediator between technology acceptance factors and behavioral intentions.

Keywords: Behavioral Intention; Effort Expectancy; Electronic Medical Records; Performance Expectancy; Readiness for Change.

INTRODUCTION

The health sector throughout the world, including Indonesia, is experiencing the development of digital transformation and has become a necessity in building quality national health. The Covid-19 pandemic has also pushed forward this issue regarding access to health services (Alfadda & Mahdi, 2021). The importance of the application of human resources (HR) and government efforts to accelerate the digitalization of health services, especially electronic medical records (RME). Electronic medical records are an implementation of the global trend in the application of information technology in the health sector which is widely used by health service facilities in the world which require the use of electronic medical records with the principles of security and confidentiality of data and information.

Government Regulation Number 47 of 2016 concerning Health Service Facilities, Community Health Centers, hereinafter referred to as Community

Health Centers, are one of the Health Service Facilities, therefore Community Health Centers also have the obligation to implement Electronic Medical Records. The benefits of electronic medical records for medical personnel are as a basis or guide for planning and analyzing a disease, planning treatment, care and medical actions that must be given to patients and can improve the quality of service so as to protect medical personnel to achieve optimal public health. However, to implement RME, many complex challenges are encountered (Wirajaya & Dewi, 2020).

The challenges are the lack of a uniform definition of the concept of information technology development, lack of needs assessment before implementation, concerns about privacy violations and legal cases. Another challenge is the lack of integration and sharing by various levels of management. The readiness assessment help identify processes and priority scales. Lack of organizational preparedness is a major contributor to RME failure in the healthcare industry. Several studies in 1999 have shown that one of the factors that caused 50% of health institutions to fail to implement RME was due to the lack of readiness of community health centers to implement RME (Faida & Afi 021).

Information and communication technology has developed so rapidly in various sectors, including the health sector, one of which is Electronic Medical Record (RME). Improvements in RME management have begun to be implemented in several hospitals/health centers in Indonesia. The challenges for implementing RME are so complex, it is necessary to carry out a readiness assessment before implementing RME. This is the most important step to do first before implementation. The readiness assessment will help identify processes and priority scales, as well as help establish operational functions to support the optimization of RME implementation (Ghazisaeidi, Ahmadi, Sadoughi, & Safdari, 2014). Readiness assessment is also a way to identify potential causes of failure in innovation (Ajami, Ketabi, Isfahani, & Heidari, 2011).

The results of the study at Dr. H. Abdul Moeloek Hospital, Lampung, stated that information technology (IT) offers many advantages compared to using paper for storing and retrieving patient data. However, several challenges have been encountered to implement RME, including infrastructure and structure problems, information technology problems, lack of needs assessment, cultural problems, high costs of software, hardware and data exchange standards. Therefore, it is necessary to carry out a readiness assessment before implementing RME. This will help identify processes and priority scales, as well as help establish operational functions to support the optimization of RME implementation (Sudirahayu & Harjoko, 2016).

The readiness assessment must be comprehensive including human resources, organizational work culture, governance and leadership, and infrastructure. The concept of readiness for change, which is similar to Lewin's concept of unfreezing , is reflected in the beliefs, attitudes, and intentions of organizational members regarding the extent of change required and the capacity of the organization to successfully make such changes (Armenakis, Harris, & Feild, 2000). Therefore , to be successful in using electronic medical records, health organizations need to pay attention to factors that influence individual and organizational readiness in facing change, such as the content of change, the change process, and the organizational context (Sulistya & Rohmadi, 2021).

Readiness to change is a comprehensive attitude that is influenced simultaneously by four factors, namely what is changing (the content), how the change is carried out (the process), the circumstances in which the change will take place (the context), and the characteristics of the person. who are asked to do so (the individuals). These four factors together are reflected in the memory of a person or group of people cognitively and emotionally to tend to accept, embrace, and adopt changes that are prepared and planned to replace the current situation (Holt, Armenakis, Feild, & Harris, 2007). Readiness is the most important factor supporting individual initiatives to make changes. Readiness is defined as the beliefs, intentions, attitudes and behaviors that support change and the organizational capacity to successfully achieve it. Readiness to change is a multi-dimensional construct consisting of four dimensions, namely appropriateness , self-confidence to change (change

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efficacy), management support, and personal valence (Holt, et al., 2007). The Theory of Planned Behavior (TPB) is a theory that has been widely applied in various fields of behavioral research. TPB states that the combination of attitudes towards behavior, subjective norms, and perceived behavioral control leads to the formation of behavioral intentions and subsequently shapes behavior (Jogiyanto, 2008).

The factors performance expectancy, effort expectancy, social influence, facilitating conditions, hedonic motivation, price value , and habit need to be observed and researched as determinants of the acceptance and use of electronic medical records, namely performance expectancy, effort expectancy, social influence, facilitating conditions, facilitating conditions, hedonic motivation, price value, and habit . The relationship between performance expectancy and behavioral intention is a reflection of the level of belief that the use of technology will provide benefits or advantages so that it will influence the desire to continue using the technology . This research describes the level of acceptance and use of electronic medical records which provide benefits that will influence the desire to continue using the service itself.

High performance expectancy towards RME will encourage health workers to use RME, because they believe that RME can improve their performance (Andriani, Kusnanto, & Istiono, 2017). Apart from that, increasing performance expectations can be done by demonstrated the specific benefits of RME for the work of Health workers (Faida & Ali, 2021). Meanwhile, other research states that performance expectancy and effort expectancy are the two main constructs in the Unified Theory of Acceptance and Use of Technology (UTAUT) which influence behavioral intention and use of technology, including the use of electronic medical records (Chao, 2019).

The relationship between effort expectancy and behavioral intention is an illustration of the level of ease of use of a technology that will influence the desire to continue using the technology. This research illustrates that the level of acceptance and use of SIMRS will influence the desire to use the service. The relationship between social influence and behavioral intention is a description of the user's perception regarding the opinions of people who are important to him in convincing him that he should use technology, which will influence his desire to use the technology. This research will illustrate that the user's perception regarding other people's opinions that he or she should use technology will influence the desire to use the technology (Hapsari & Mubarokah, 2023).

Performance expectancy and readiness to change are two things that are often studied in organizational research. Performance expectancy refers to an individual's belief that the use of a particular technology or system will help them do their job more effectively. On the other hand, readiness to change refers to an individual's willingness and ability to engage in change efforts (George, Sulphey, & Rajasekar, 2014).

Performance expectancy and readiness for change are both important factors that can influence an individual's adoption of new technology or systems in the workplace. For example, if someone believes that the use of new technology will help them do their job more effectively (high performance expectancy), they may be more willing to participate in change efforts and adopt the new technology (high change readiness). Conversely, if someone does not believe that the use of new technology will help them do their job more effectively (low performance expectancy), they may be less willing to engage in change efforts and adopt the new technology (low readiness for change) (Errida, Lotfi, & Chatibi, 2023).

Effort expectancy is significantly related to readiness to change and significantly related to usage intention (Errida, Lotfi, & Chatibi, 2023). Based on research conducted on e-wallet users, it was stated that effort expenditure has a significant positive effect on behavioral intention (Clarissa & Keni, 2022). Effort expectancy is an important determinant of behavioral intention to use and believe that the implementation is easy to use and easy to understand (Sair & Danish, 2018). Readiness to change will be significantly related to intention to use referring to research that states that in densely populated urban areas, shopping centers or malls, and train or subway stations carried out at For 410 respondents, there was a positive relationship between readers and perceived usefulness, perceived usage intention, attitudes towards use (Wirajaya & Dewi, 2020). Research

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conducted with research sites at two private universities in the UAE and Egypt, there was a positive relationship between technology readiness and intention to use e-learning technologies (El Alfy, Gómez, & Ivanov, 2017). The same results were also presented based on the results of research conducted with a sample of 500 adult consumers in Taiwan. The results provide evidence that there is a positive relationship between technology readiness and intention to use self-service technologies. Lastly, research was conducted in India shows that readiness will have a positive effect on usage intentions (Thakur & Srivastava, 2014).

Data from the Kediri district health service in 2023, as many as 37 Community Health Centers, have implemented electronic medical records (RME) but have not implemented it in an integrated manner, so that its use is not optimal and has an impact on the quality of community services (Abore, Debiso, Birhanu, Bua, & Negeri, 2022). Even though there has been a lot of research on readiness for change, there is still very little research that discusses the relationship between individual readiness to change and behavioral intentions in fine-tuning or gradual changes in health institutions, especially in Community Health Centers. Therefore, understanding the user's performance expectancy and effort expectancy can be the key to success in implementing and adopting a new system. So in this study, researchers wanted to test that readiness of change mediates performance expectancy and effort expectancy on electronic medical record (RME) behavioral intention.

RESEARCH METHOD

This research is quantitative research using an observational analytical research design approach cross sectional using Partial Least Square (PLS) analysis tools and sampling techniques using probability random sampling. The population in this study was all officers involved in implementing RME at 37 Kediri Regency Health Centers totaling 779 people and the sample size was 336 respondents calculated based on the Krejcie and Morgan tables. The inclusion criteria for this research sample were general practitioners, dentists, midwives, nurses, medical recorders, nutritionists, laboratory workers, pharmacists, and pharmaceutical technical personnel.

Data collection was carried out from September 2023 to February 2024 at the Kediri District Health Service. The research independent variable is Performance Expectancy and Effort Expentancy while the Mediating Variable is Readiness and the dependent variable is Usage Intention. The data collection tool uses a questionnaire with a Likert scale for measuring Performance Expectancy and Effort Expentancy, Readiness, Usage Intention which have met validity and reliability tests. The questionnaire consists of 25 questions, divided into 4 (four) parts, namely; part 1: 6 (six) questions about Performance expectancy, part 2: 6 (six) questions about effort expectancy, part 3: 10 (ten) questions about readiness; and part 4: 3 (three) questions about Usage Intentio. With measurement criteria of values 1 Strongly Disagree, 2 Disagree, 3 Neutral, 4 Agree, and 5 Strongly Agree. Data analysis was performed using the Partial Least Square (PLS) method using Smart PLS software version 3.

This research has been approved by the Health Research Ethics Committee of the Indonesian STRADA Institute of Health Sciences with Number: 000735/EC/KEPK/I/01/2024.

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RESEARCH RESULTS

Table 1. Characteristics of Respondent (N=336)

Variables	Results
(Mean±SD)(Range)	(39.75±13.571)(20-60)
Age (Year) (n/%)	
Early adulthood (20-44)	219/65.2
Middle adulthood (45-64)	117/34.8
Gender (n/%)	
Male	42/12.5
Female	294/87.5
Education (n/%)	
High School	2/0.6
Bachelor Degree	329/97.9
Master Degree	5/1.5
Profession (n/%)	
Midwife	84/25
Nurse	96/28.6
General Practitioners	35/10.4
Dentist	22/6.5
Medical check up	30/8.9
Nutrition Officer	22/6.5
Medical Laboratory Technician	24/7.2
Pharmacist	17/5.1
Pharmaceutical Technical Personnel	6/1.8
Years of Service (n/%)	
< 10 years	67/19.9
≥ 10 years	269/80.1

Table 1 explains the average age of respondents is 39.75 with a range between 20-60 years, for gender almost all are female with a total of 87.5%, while the education of respondents almost all have a bachelor's degree as much as 97.9%, with profession almost half are nurses namely 28.6% and with a service period of ≥10 years, namely 80.1%.

Indicator Reliability

Indicator reliability testing aims to assess whether each indicator of each variable is reliable or not as a variable measuring tool by looking at the reliability items (validity indicators) which are indicated by the loading factor values.

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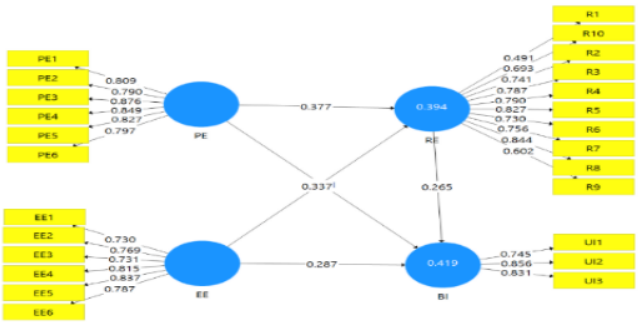

Figure 1. Initial PLS Model

Figure 1. M shows that the outer loadings values for variables X_1 (Performance Expectancy), X_2 (Effort Expectancy), Z (Readiness of Change) and Y (Behavioural Intention) are all > 0.4. Thus, all indicators for each variable are valid as a tool for measuring each variable.

Construct Reliability and Validity

The definition of construct reliability and validity is a test to measure the reliability of a construct (variable). The reliability of the construct (variable) score must be high enough. The criteria are if the Composite Reliability value is > 0.6 then the construct (variable) is reliable, conversely if the Composite Reliability value < 0.6 then the construct (variable) is unreliable (Masturoh, & Anggita, 2018) .

Table 2. Construct Reliability and Validity

	Cronbach's Alpha	Composite Reliability	Average Variance Extracted (AVE)
BI	0.745	0.853	0.660
EE	0.871	0.902	0.607
P.E	0.906	0.927	0.681
RE	0.901	0.919	0.538

Based on table 2 states that the test results of Construct Reliability and Validity testing shows that the test value is > 0.5, so it is declared valid.

Discriminant Validity

The best new measurement criterion is to look at the Heterotrait-Monotrait Ratio (HTMT) value. If the HTMT value is < 0.90 then a construct/variable has valid (good) or unique discriminant validity, conversely if the HTMT value is > 0.90 then a construct/variable has invalid (bad) or non-unique discriminant validity (Masturoh, & Anggita, 2018) .

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Table 3. Heterotrait-Monotrait Ratio (HTMT)

	BI	EE	P.E	RE
BI		-	-	-
EE	0.670		-	-
P.E	0.613	0.585		-
RE	0.644	0.598	0.609	

Based on table 3. Heterotrait-Monotrait Ratio (HTMT) Testing, the HTMT value is > 0.90, thus indicating good discriminant validity (valid) or completely different from other constructs/variables (unique) .

R-square

R-Square is a measure of the proportion of variation in the value of a variable that is influenced (endogenous) that can be explained by the variable that influences it (exogenous). In other words, R-Square is the ability of the influencing (exogenous) variable to explain the influenced (endogenous) variable. This is useful for predicting whether the model is good/bad (Juliandi, 2018). The criteria used to analyze R-Square are as follows:

(1) If the R-Square value (R^2) = 0.75: The model is strong (substantial)
(2) If the R-Square value (R^2) = 0.50: The model is moderate (moderate)
(3) If the R-Square value (R^2) = 0.25: The model is bad (weak)

Table 4. R-Square Test Results

	R Square	R Square Adjusted
BI	0.419	0.413
RE	0.394	0.390

Based on table 4. The test results show R-Square Model I (Z → Y) = 0.419. This means that the ability of the variable Z (Readiness of Change) to explain Y (Behavioural Intention) is 41.9% . Then R-Square Model II (PE and EE → READINES) = 0.39 4 . This means that the ability of the Performance Expectancy (X_1) and Effort Expectancy (X_2) variables to explain Z (Readiness of Change) is 39.4 % . so it can be concluded that it is categorized as a moderate model, or not too strong but not weak either.

f-square

f-Square or f2 effect size test is a measure used to assess the "relative impact" of an influencing (exogenous) variable on the influenced (endogenous) variable. The f-Square criteria according to Cohen (Juliandi, 2018) are as follows: If the value of f^2 = 0.02 → There is a small effect if certain exogenous variables are removed (not included) on the endogenous variables; If the value of f^2 = 0.15 → There is a moderate effect if certain exogenous variables are removed (not included) on endogenous variables; If the value of f^2 = 0.35 → There is a large effect if certain exogenous variables are removed (not included) on endogenous variables.

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Table 5. f-Square test results

	BI	EE	P.E	RE
BI	-	-	-	-
EE	0.088	-	-	0.132
P.E	0.051	-	-	0.165
RE	0.073	-	-	-

Based on table 5, the test results show that PE → RE : Value of $f^2 = 0.165$ has a large effect, and EE → RE : Value of $f^2 = 0.132$ has a medium effect if the Performance Expectancy variable is removed in relation to the moderating variable (Readiness of Change). While PE → BI: Value of $f^2 = 0.051$, EE → BI: Value of $f^2 = 0.088$ means the effect is "medium , meaning the variables Performance Expectancy and Effort Expectancy removed in relation to the Behavioral Intention variable and finally RE → BI: The value of $f^2 = 0.073$, has a medium effect which means the Moderation (Readiness of Change) variable is removed in relation to the Y (Behavioural Intention) variable.

Tabel 6. Direct Effect

Hypotesis	Path Analysis	Original Sample (O)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	p-values	Decision
H1	EE -> RE	0,337	0.066	5.090	0.000	Supported
H2	PE -> RE	0,377	0.065	5.759	0.000	Supported
H3	PE -> BI	0,221	0.061	3.613	0.000	Supported
H4	EE -> BI	0,287	0.058	4.962	0.000	Supported
H5	RE -> BI	0,261	0.058	4.543	0.000	Supported

The conclusion of the path coefficient based on the value of Table 3 includes: The influence of EE → BI Path coefficient = 0.287 and p-value = 0.000 <0.05, meaning that the influence of Effort Expectancy on Behavioral Intention is positive and significant; The influence of EE → RE Path coefficient = 0.337 and p-value = 0.000 <0.05, meaning that the influence of Effort Expectancy on Readiness Of Change is positive and significant; The influence of PE → BI Path coefficient = 0.221 and p-value = 0.000 <0.05, meaning that the influence of Performance Expectancy on Behavioral Intention is positive and significant; The influence of PE → RE Path coefficient = 0.377 and p-value = 0.000 <0.05, meaning that the influence of Performance Expectancy on Readiness Of Change is positive and significant; The influence of RE → BI Path coefficient = 0.261 and p-value = 0.000 < 0.05, meaning that the influence of Performance Expectancy on Behavioral Intention is positive and significant.

DISCUSSION

The Influence of Effort Expectancy on Readiness of Change

Research finds that there is a fairly strong correlation between effort expectancy and readiness of change , with a correlation value of 0.337 and a very low significance level, namely 0.000. This shows that the relationship between the two variables is not only statistically significant but also relevant in practice. The results of this research are relevant to the research in the Republic of North Macedonia providing additional empirical support for these findings. They examined general practitioners' readiness to adopt an Electronic Health Record

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(EHR) system and found that perceptions of the ease of use of the EHR system positively influenced their readiness to accept and use the technology (Dimitrovski, Bath, Ketikidis, & Lazuras, 2021). This confirms that effort expectancy is a crucial factor in readiness to adopt change, suggesting that understanding the effort required plays a key role in lowering psychological barriers and increasing willingness to adopt innovations.

The Influence of Performance Expectancy on Readiness of Change

Recent research shows that there is a positive and significant relationship between performance expectancy and readiness of change. This finding is strengthened by a correlation value of 0.337 and a very low significance level, reaching 0.000, which indicates the strength of the relationship. The implication is that individuals who have positive expectations regarding increased performance due to changes that will occur tend to be better prepared to face these changes in their organizational environment. This means that high performance expectations directly correlate with a person's readiness to adapt to change.

The results of this study are similar to the results of previous studies that found a similar relationship in the context of the public sector. This study confirms that expectations for performance improvement are not just expectations, but are a key factor that influences how prepared individuals or organizations are to manage and face change (Trisnawati, Damayanti, & Novita, 2020). This finding is important because it emphasizes the importance of having a positive perspective on performance improvement as a first step in preparing oneself and the organization to adapt to the dynamics of change.

The Influence of Performance Expectancy on Behavioral Intention

The findings of this research show that there is a significant relationship between performance expectancy and Behavioral Intention , which is indicated by a correlation value of 0.221 and a significance level of 0.000, exceeding the significance limit of 0.05. This indicates that individuals with performance expectancy those who are high on technology or new changes have a strong intention to adopt and use these changes. In line with these findings, research in Surabaya strengthens the positive and significant relationship between performance expectancy and behavioral intention, emphasizing the importance of performance expectancy in driving technology adoption. This study supports the theory that individuals tend to act based on the perceived benefits and effectiveness of using new technology in improving their performance (Wibowo, Mursityo, & Herlambang, 2019).

This finding is very relevant in the context of RME services at Community Health Centers, where the adoption of information technology and service innovation is often carried out. By building positive performance expectancy among health workers and staff about the benefits of changes or new technology that will be implemented, it is hoped that they can increase their behavioral intention to adopt and use these changes. The Health Center management can carry out socialization, training and effective communication to convince staff that changes will provide real benefits in improving the performance and quality of health services

Direct Effect of Effort Expectancy on Behavioral Intention

The research results show a positive and significant relationship between effort expectancy and Behavioral Intention, with a correlation value of 0.287 and a significance level reaching 0.000, indicating a strong relationship below the threshold of 0.05. These findings indicate that the higher the perceived effort expectancy , namely, the hope for the ease of use of a change, such as the use of Electronic Medical Records (RME), the higher the individual's intention to adopt and use the change.

This finding is in line with previous research which states that effort expectancy (perceived ease of use of the system) has a positive influence on behavioral intentions to use online learning systems. This means that the easier the user's perception of using an online learning system, the more likely they are to have the intention to use the system, and pay attention to the ease of use aspect of the online learning system to increase acceptance and use among students (Batucan, Gonzales, Balbuena, Pasaol, Seno, & Gonzales, 2022). Likewise, in a

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study in Pakistan, which confirmed that effort expectancy had a significant positive effect on behavioral intentions (Sair & Danish, 2018).

The expectation of ease of use such as clarity, ease of learning, flexibility, and efficiency of time and energy offered by Electronic Medical Records (RME) proved to be an important factor motivating Puskesmas employees to adopt and use the system. This shows that when a system is designed to be easy to use and understand, employees will be more motivated to adopt it, which in turn can increase work efficiency and productivity.

Influence of Readiness of Change Against Behavioral Intention

The findings of this research reveal the significant and positive influence of readiness of change towards behavioral intentions, with a correlation value of 0.261 and a significance level of 0.000. This indicates that the relationship between readiness for change and intention to accept and adopt that change is very strong, exceeding the conventional confidence threshold of 0.05. This means that individuals who demonstrate a high level of readiness for change tend to have a strong intention to accept and adopt the change. This shows that the more prepared someone is to face change, the more likely they are to participate and accept the change positively.

The results of this research are in accordance with research conducted in India also supports these findings, indicating that readiness positively influences technology use intentions. This emphasizes that readiness for change is not only relevant in the context of e-learning technology but also applies in various other contexts and technologies (Thakur & Srivastava, 2014).

Thus, change readiness is an important predictor of behavioral intentions. This underscores the importance of managing and enhancing change readiness among individuals to ensure successful change implementation. Thus, managing change readiness is not only important in the context of new technology adoption but also in broader organizational change efforts, underscoring the importance of preparing individuals for the changes to come.

Readiness of Change Mediating the Effect of Performance Expectancy Against Behavioral Intention

In the context of Community Health Centers in Kediri Regency, research related to the implementation of Electronic Medical Records (RME) shows significant results regarding the relationship between performance expectancy and Behavioral Intention RME, with Readiness of change acting as a mediating variable. The results of data analysis reveal that the influence of Readiness of change in mediating the relationship between performance expectancy and Behavioral Intention RME is positive (0.100) and significant (0.001 < 0.05). This shows that when there are high performance expectations for change, such as the implementation of RME, a positive level of readiness for change will increase the intention to use RME . This research confirms that high performance expectancy towards an innovation or change can increase behavioral intention towards using the innovation, bridged by positive readiness to change. This means that individuals or organizations that see benefits in change and believe that the change will improve their performance are likely to be more ready to adapt and, as a result, more open to adopting innovations such as RME.

Research by Trisnawati et al., adds important insights, revealing that Readiness of change not only mediates the relationship between performance expectancy and Behavioral Intention in the context of information technology but also shows that the higher the Readiness of change, the stronger the intention to implement change. This indicates that readiness to change is a key factor in encouraging acceptance of new technology (Trisnawati, Damayanti, & Novita, 2020).

The relationship between performance expectancy and Behavioral Intention in the use of RME at the Kediri Regency Health Center is positively strengthened by Readiness of change. This shows the importance of preparing individuals and organizations psychologically and practically for change, to maximize the acceptance and use of technological innovations such as RME, for improved performance and efficiency in healthcare.

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Readiness of Change Mediates the Influence of Effort Expectancy on Behavioral Intention

This research has provided empirical evidence that readiness of change functions as a significant mediator in the relationship between effort expectancy and behavioral intention , with a correlation value of 0.089 and a significance level of 0.001, far below the threshold of 0.05. These findings indicate readiness of change is not only important as an individual condition that influences how a person responds to change, but also as a critical link between effort expectancy positive towards new technology.

Research conducted on e-wallet users, supports these findings, emphasizing that readiness for change plays an important mediating role between factors such as effort expectancy and performance expectancy on intention to change (Clarissa & Keni, 2022). This readiness is influenced not only by individual tendencies and characteristics, such as organizational commitment and personal competence, but also by their perception of future benefits, such as increased performance and ease of use of new technology. Thus, by increasing individual beliefs, attitudes and intentions regarding the importance of changing and using RME , community health centers can accelerate the acceptance and adoption of this new technology. This highlights the importance of understanding and managing the dynamics of change readiness as a way to facilitate successful transitions to new technologies in the context of healthcare organizations.

CONCLUSION

Effort expectancy and performance expectancy has a positive and significant influence on readiness of change. As well as performance expectancy, effort expectancy and readiness of change with behavioral intention to adopt and use Electronic Medical Records (RME). With readiness of change as mediation.

REFERENCES

Abore, K. W., Debiso, A. T., Birhanu, B. E., Bua, B. Z., & Negeri, K. G. (2022). Health professionals' readiness to implement electronic medical recording system and associated factors in public general hospitals of Sidama region, Ethiopia. PLOS ONE, 17(10), e0276371. https://doi.org/10.1371/journal.pone.0276371

Ajami, S., Ketabi, S., Isfahani, S. S., & Heidari, A. (2011). Readiness assessment of electronic health records implementation. Acta Informatica Medica, 19(4), 224.

Alfadda, H. A., & Mahdi, H. S. (2021). Measuring Students' Use of Zoom Application in Language Course Based on the Technology Acceptance Model (TAM). Journal of Psycholinguistic Research, 50(4), 883–900. https://doi.org/10.1007/s10936-020-09752-1

Andriani, R., Kusnanto, H., & Istiono, W. (2017). Analisis kesuksesan implementasi rekam medis elektronik di RS Universitas Gadjah Mada. Jurnal Sistem Informasi, 13(2), 90. https://doi.org/10.21609/jsi.v13i2.544

Armenakis, A. A., Harris, S. G., & Feild, H. S. (2000). Making change permanent a model for institutionalizing change interventions. In Research in organizational change and development (pp. 97-128). Emerald Group Publishing Limited.

Batucan, G. B., Gonzales, G. G., Balbuena, M. G., Pasaol, K. R. B., Seno, D. N., & Gonzales, R. R. (2022). An Extended UTAUT Model to Explain Factors Affecting Online Learning System Amidst COVID-19 Pandemic: The Case of a Developing Economy. Frontiers in Artificial Intelligence, 5, 768831. https://doi.org/10.3389/frai.2022.768831

Clarissa, C., & Keni, K. (2022). Effort Expectancy, Facilitating Condition, dan Trust untuk Memprediksi Behavior Intention Penggunaan e-Wallet. Jurnal Manajemen Bisnis dan Kewirausahaan, 6(5), 525–530. https://doi.org/10.24912/jmbk.v6i5.20316

Chao, C.-M. (2019). Factors Determining the Behavioral Intention to Use Mobile Learning: An Application and Extension of the UTAUT Model. Frontiers in Psychology, 10, 1652. https://doi.org/10.3389/fpsyg.2019.01652

Dimitrovski, T., Bath, P. A., Ketikidis, P., & Lazuras, L. (2021). Factors affecting general practitioners' readiness to accept and use an electronic health record system in the republic of north macedonia: a national survey of general practitioners. JMIR Medical Informatics, 9(4), e21109.

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DOI: https://doi.org/10.33024/minh.v7i7. 373

El Alfy, S., Gómez, J. M., & Ivanov, D. (2017). Exploring instructors' technology readiness, attitudes and behavioral intentions towards e-learning technologies in Egypt and United Arab Emirates. Education and Information Technologies, 22(5), 2605–2627. https://doi.org/10.1007/s10639-016-9562-1

Errida, A., Lotfi, B., & Chatibi, Z. (2023). Development of an Assessment Model of Organizational Change Readiness by using Fuzzy Logic. Procedia Computer Science, 219, 1909–1919. https://doi.org/10.1016/j.procs.2023.01.490

Faida, E. W., & Ali, A. (2021). Analisis Kesiapan Implementasi Rekam Medis Elektronik dengan Pendekatan DOQ-IT (Doctor's Office Quality-Information Technology). Jurnal Manajemen Informasi Kesehatan Indonesia, 9(1), 67. https://doi.org/10.33560/jmiki.v9i1.315

George, M., Sulphey, M. M., & Rajasekar, S. (2014). Organizational performance and readiness for change in public sector undertakings. African Journal of Business Management, 8(19), 852–863. https://doi.org/10.5897/AJBM2014.7520

Ghazisaeidi, M., Ahmadi, M., Sadoughi, F., & Safdari, R. (2014). An Assessment of Readiness for Pre-Implementation of Electronic Health Record in Iran: A Practical Approach to Implementation in general and Teaching Hospitals. 53(7).

Hapsari, M. A., & Mubarokah, K. (2023). Analisis Kesiapan Pelaksanaan Rekam Medis Elektronik (RME) Dengan Metode Doctor's Office Quality-Information Technology (DOQ-IT) di Klinik Pratama Polkesmar. J-REMI : Jurnal Rekam Medik dan Informasi Kesehatan, 4(2), 75–82. https://doi.org/10.25047/j-remi.v4i2.3826

Holt, D. T., Armenakis, A. A., Feild, H. S., & Harris, S. G. (2007). Readiness for organizational change: The systematic development of a scale. The Journal of applied behavioral science, 43(2), 232-255.

Jogiyanto, H. M. (2008). Sistem informasi keperilakuan. Yogyakarta: Andi Offset, 235.

Masturoh, I., & Anggita, T. (2018). Metodologi Penelitian Kesehatan, Pusat Pendidikan Sumber Daya Manusia Kesehatan, Jakarta Selatan.

Sair, S. A., & Danish, R. Q. (2018). Effect of performance expectancy and effort expectancy on the mobile commerce adoption intention through personal innovativeness among Pakistani consumers. Pakistan Journal of Commerce and Social Sciences, 12(2), 501–520.

Sudirahayu, I., & Harjoko, A. (2016). Analisa kesiapan penerapan rekam medis elektronik menggunakan DOQ_IT di RSUD Dr. H. Abdul Moeloek Lampung. Journal of Information Systems for Public Health, 1(2).

Sulistya, C. A. J. & Rohmadi, R. (2021). Literature review: tinjauan kesiapan penerapan rekam medis elektronik dalam sistem informasi manajemen di rumah sakit. Indonesian Journal of Health Information Management, 1(2). https://doi.org/10.54877/ijhim.v1i2.12

Thakur, R., & Srivastava, M. (2014). Adoption readiness, personal innovativeness, perceived risk and usage intention across customer groups for mobile payment services in India. Internet Research, 24(3), 369–392. https://doi.org/10.1108/IntR-12-2012-0244

Trisnawati, A. D., Damayanti, N. A, & Novita, R. D. (2020). How Change Valence Impacts Readiness to Change In Teaching Hospital. Clinical Medicine, 07(05).

Wibowo, A. H., Mursityo, Y. T., & Herlambang, A. D. (2019). Pengaruh Performance Expectancy, Effort Expectancy dan Social Influence terhadap Behavioral Intention dalam Implementasi Aplikasi SIMPG PT Perkebunan Nusantara XI Surabaya. Jurnal Pengembangan Teknologi Informasi dan Ilmu Komputer, 3(9), 9047–9053.

Wirajaya, M. K. M., & Dewi, N. M. U. K. (2020). Analisis Kesiapan Rumah Sakit Dharma Kerti Tabanan Menerapkan Rekam Medis Elektronik. Jurnal Kesehatan Vokasional, 5(1), 1-9. https://doi.org/10.22146/jkesvo.53017

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