
Analysis Of Healthcare Workers Satisfaction With Electronic Medical Records At Jimbaran I Primary Health Care

Dewa Ayu Cantika Pradyna Dewi¹⁾, Ika Setya Purwanti²⁾, Putu Ayu Sri Murcittowati³⁾

^{1,2,3)} Diploma Three (D3) Program in Medical Records and Health Information, STIKES Wira Medika Bali

*Corresponding Author

Email : dewaayucantikapradnyadewi@gmail.com

Abstract

The development of digital technology in the health sector encourages health facilities to implement Electronic Medical Records (EMR). The success of EMR implementation depends on the satisfaction of health workers as system users. Based on preliminary observations at Jimbaran I Sub-district Health Center, several obstacles were found, including limited human resources, system disruptions, and lack of IT personnel. These conditions may affect user satisfaction and service effectiveness. This study aims to determine the level of health worker satisfaction with the use of Electronic Medical Records based on the End User Computing Satisfaction (EUCS) method. This research uses a qualitative descriptive method with data collection techniques through observation, interviews, and documentation. The subjects of this study were eight health workers consisting of doctors, nurses, registration officers, and midwives. The results showed that health workers were generally satisfied with the use of Electronic Medical Records in terms of content, accuracy, format, ease of use, and timeliness. However, there are still obstacles related to system adaptation and data input accuracy during busy service hours.

Keywords: Satisfaction, Electronic Medical Record, Health Workers, Eucs.

INTRODUCTION

Minister of Health Regulation Number 24 of 2022, paragraph 1, explains that every Health Service Facility is required to organize Electronic Medical Records. As referred to in paragraph (1), this includes independent practices of doctors, dentists, and/or other Health Workers, Community Health Centers, clinics, hospitals, pharmacies, health laboratories, centers, and other Health Service Facilities determined by the Minister. The development of digital technology in society has resulted in the digital transformation of health services so that medical records need to be organized electronically with the principles of data and information security and confidentiality (Permenkes, 2022).

Referring to Article 7 of the Minister of Health Regulation Number 19 of 2024, Community Health Centers are obliged to organize medical records. Based on a preliminary study conducted by researchers in November 2025 at the Jimbaran I Sub-Health Center, several obstacles were found in organizing medical records. Jimbaran I Sub-Health Center does not have a medical records officer and the medical records are run by health workers who do not have medical records training certificates. During interviews with these officers, researchers learned that Jimbaran I Sub-Health Center has implemented electronic medical records but there are no IT officers in case the system encounters problems. The medical records officers who organize medical records activities do not have job descriptions and positions and do not have the professional authority and competencies required for organizing electronic medical records. The system used by the community health center has experienced delays in filling out the RME (Electronic Medical Record) due to data loading.

User satisfaction is a key indicator of the success of RME implementation. Satisfied users tend to be more productive, have a lighter workload, and are more motivated to use the system continuously. To measure this level of satisfaction, the End User Computing Satisfaction (EUCS) method is a relevant approach. This method assesses user satisfaction based on five main dimensions, namely: Content: Measuring the extent to which information in the system is relevant, complete, and meets user needs; Accuracy: Assessing the precision and reliability of data presented by the system; Format: Measuring the convenience of the interface and ease of system navigation; Ease of Use: Measuring how easily users can operate the system without the need for too intensive training; and

Timeliness: Measuring the speed of the system in presenting data according to clinical and administrative needs (Sulistian et al., 2025).

Research on user satisfaction with the electronic medical records system at the Jimbaran I Sub-District Health Center (Puskesmas Pembantu Jimbaran I) is crucial for improving the quality of healthcare services in accordance with Puskesmas accreditation standards. Furthermore, user satisfaction with electronic medical records influences the accuracy and completeness of medical record entries. Electronic medical records are mandatory for healthcare facilities, and are interoperably integrated with the SATUSEHAT system. This ensures that user satisfaction with electronic medical records delivers accurate, timely, and beneficial data and information to all stakeholders.

RESEARCH METHODS

This research was conducted in the period of January - February 2026 at the Jimbaran I Sub-Health Center located at Jalan. Ulun Siwi No. 4, Jimbaran, South Kuta District, Badung Regency, Bali.

The subjects of this study were all health workers at the Jimbaran I Sub-Health Center. Subject selection was carried out by selecting samples from the human resource population at the Jimbaran I Sub-Health Center using electronic medical records, so that the research results were more representative, where the informants consisted of: 1 doctor, 3 nurses, 3 registrations and 1 midwife.

Data collection techniques in this study included observation, interviews, and documentation. Observations were conducted directly within the community health center environment to understand the phenomena occurring by recording important findings during the observation process based on regulations such as guidelines, manuals, and applicable standard operating procedures (SOPs). Interviews were conducted using a semi-structured method, where questions were tailored to the conditions and responses of the participants while still referring to the interview guidelines to allow researchers to obtain in-depth information. Furthermore, documentation was used as a supplement to data collection in the form of documents, archives, notes, photographs, and reports relevant to the research.

RESULTS AND DISCUSSION

The initial step of the research was to determine the characteristics of the respondents used in the study, including age, gender, and information. The following frequency table shows the respondent categories used in the study:

No	Age	Length Service	Gender	Information
1	32	5 Years	Female	Doctor
2	47	17 Years	Female	Nurse
3	40	7 Years	Female	Nurse
4	34	5 Years	Female	Nurse
5	29	5 Years	Male	Registration
6	30	5 Years	Female	Registration
7	34	6 Years	Female	Registration
8	45	18 Years	Female	Midwife

Table 4.1 Human Resource Characteristics

Results of identifying health worker satisfaction regarding the content of electronic medical records based on the EUCS method at the Jimbaran I Sub-Health Center.

Completeness of information available in the electronic medical record system.

For now, we're using Simpus, right? For now, we're using it. We input it every day, from registration to patient history taking. We also complete patient data registration with the patient's

address, date of birth, and name. The address also matches their ID card. Sometimes, there are patients from abroad, but they live here, we also fill it in. For medical purposes, we fill in the soap and therapy information.

Informant 1

Yes, before, we used Epus, now we use Simpus, so it's more complete than before.

Informant 2

It's complete, starting from patient identity and history taking, which are also filled in according to the patient's condition.

Informant 3

In the current application, the identity, diagnosis, and procedures are complete.

Informant 4

In the new Simpus we've been using recently, it's already complete.

Informant 5

It's more complete than the previous application. "I'm glad the current application is complete.

Informant 6, 8

It's complete, sir. The patient's diagnosis and complaints are also recorded in the application. You can also see the names of the doctors and nurses treating them.

Informant 7

Interviews with informants concluded that the SIMPUS application for patient data recording at community health centers (Puskesmas) is functioning well and is relatively comprehensive. The system is used daily to systematically record patient registration and medical data. Informants also stated that after switching from the e-pus system to SIMPUS, data recording has become more complete and structured, and has helped improve the regularity of patient service documentation at the Puskesmas.

Availability of information in the medical record system is relevant and appropriate to the needs of health workers.

So far, it's relevant and appropriate.

Informants 1, 2, 4

It's relevant because what's needed, such as the complaints, diagnosis, and therapy, is in line with our needs.

Informant 3

I think it's quite relevant because patient data, such as medical history and examinations, are relevant, so it meets our needs.

Informant 5

Overall, it's relevant, and meets the needs of the staff here.

Informant 6

It's quite relevant, meeting the needs of nurses and doctors.

Informant 7

In general, the information is relevant, especially the medical history and medical procedures.

Informant 8

Interviews with informants concluded that the information available in the SIMPUS application was relevant and appropriate to the needs of healthcare workers at community health centers. The system provided comprehensive patient data that supported healthcare services and facilitated staff in accessing the information needed for patient care.

The data and information presented in RME are updated on the latest developments in science and technology.

We update it if we're asked to update it from the center. We'll do it like this in the application.

Informant 1

Yes, we've updated it.

Informant 2, 7

We update it because if there's something new, we'll be informed and take care of filling it in and completing the new information.

Informant 3

We've updated it to keep up with developments in science and technology.

Informant 4, 8

Yes, if there's an update to the application from the center, we'll usually be informed and then we'll take care of whatever needs to be updated in the system, following the directives from the center.

Informant 5

Yes, we always update it.

Informant 6

From interviews with informants, it can be concluded that the data and information presented in the Electronic Medical Records system has kept pace with developments in science and technology. System updates typically originate centrally and are then communicated to staff at healthcare facilities to update the application.

Presentation of a comprehensive patient data system without having to open several menus or other applications.

Oh yeah, in Simpus, it's a single application with one display, you know, without having to open a new menu, for example, history, next to diagnosis, next to therapy. The new menu is different. In this new Simpus, it's one page, with history above it, therapy below it, and diagnosis all on one page. There's no need for additional applications or opening other menus.

Informant 1

There's reporting directly in the application. Basically, Simpus is already complete, with reports there, so there's no need to add additional applications or menus.

Informant 2

Yes, you can.

Informants 3, 5

Yes, for example, if we don't know the diagnosis, what the code is, we usually use the ICD-10, not electronically, but we use Google for the ICD.

Informant 4

I think it's quite good. Patient information can be seen immediately without having to open an application outside of Simpus.

Informant 6

Overall, it's safe, no need for additional applications.

Informant 7

In my opinion, the current system is complete enough that it doesn't need another menu or application.

Informant 8

Interviews with informants revealed that the system presents patient data in an integrated manner in a single view, making it easier for staff to access information such as history taking, diagnosis, and therapy quickly and efficiently. However, in certain situations, staff may still require additional resources, such as when searching for ICD-10 diagnosis codes online.

Results of identifying healthcare worker satisfaction regarding the accuracy of electronic medical records based on the EUCS method at the Jimbaran I Sub-Health Center.

Data generated by the electronic medical records system at the health center is reliable.

The patients are usually from the BPJS team.

Informant 1

Yes, it's trustworthy because we input patient data according to their ID cards.

Informant 2

Well, you can trust it, because this application is from the agency, and the patient data is authentic.

Informant 3

It's trustworthy.

Informant 4

I trust it because we've followed the agency's instructions.

Informant 5

I think it's trustworthy because the data is input directly.

Informant 6

During the process, the staff input it correctly, so I can trust it.

Informant 7

Overall, it's trustworthy.

Informant 8

Data from the Electronic Medical Records system at community health centers is considered reliable because it comes directly from patients and official identification, and is input by staff during service. This trust is reinforced by BPJS Kesehatan verification. However, data accuracy depends heavily on the accuracy of staff input.

Data generated by the electronic medical record system at the community health center is free from input errors or duplication.

Medical matters are usually safe, usually at the front, where registration is done. Sometimes, there's a lot of patients, so not all of them get filled in, even though there's a lot to fill in. So, usually when it's busy like that, we fill in the stars first. For duplicates, we look at the date of birth and the patient's address, and then we cross-check with the patient to see if they're correct. If they have their NIK, that's even better.

Informant 1

If there's an input error, it depends on who entered it. If they entered it incorrectly, it means they entered it incorrectly, but they can be corrected, as there's an edit feature. If there's a duplicate entry, it's okay. The application will say, 'The patient was entered today' or 'Recorded today'.

Informant 2

If there's an input error, it probably depends on the registering officer. If there's a duplicate, there'll be a notification like, 'The patient was entered today'.

Informant 3

If there's no input error, it's not possible. If there's a duplicate, they don't want it saved because... Later, he'll write, 'The data was entered today'.

Informant 4

Input errors can happen because of rushing or accidentally. I don't think so with duplication.

Informant 5

Input errors do happen, but we can fix them. There's an edit menu. Duplications don't happen. They usually don't get saved if they're duplicated.

Informant 6

I've made input mistakes, but we can fix them. I've never recorded two pieces of data because it's obvious that the data is already in Simpus.

Informant 7

It depends on who input it. If it's wrong, it's wrong data, but there are edits in Simpus. We'll edit it if there are any errors. I've never experienced duplication.

Informant 8

Interview results showed that input errors can still occur, primarily due to staff factors or rushes, but can be corrected using the system's edit feature. Meanwhile, data duplication is prevented by system notifications and rechecking using data such as date of birth, address, or NIK.

Mismatch between the data recorded in the system and the actual condition of the patient.

The patient's condition never matches the recorded data.

Informant 1

Never.

Informants 2, 4, 7, 8

Never, because we record it directly. For example, we type the patient's complaints into the database.

Informant 3

I don't think that's ever happened because we also match it with the patient.

Informant 5

Never, because we directly input the patient's data and their complaints.

Informant 6

The interview results showed that there was no discrepancy between the patient's condition and the data in the system, because the officers immediately recorded complaints during service so that the data matched the patient's information.

Results of identifying health worker satisfaction regarding the appearance (format) of electronic medical records based on the EUCS method at the Jimbaran I Sub-Health Center.

The electronic medical record system interface is easy for staff to understand.

It's easy, for now. We're still in the process, but we already have a pretty good understanding of Simpus. I mean, we used the e-pus application before.

Informant 1

Yes, it's easy, we're still getting used to using this new application.

Informant 2

It's easy to understand.

Informants 3, 4, 7, 8

For now, we're still learning about this new application.

Informant 5

Interview results indicated that the electronic medical records system's interface was considered quite easy to understand. However, some staff were still adjusting to the system because it was a new application, but overall, it was already usable in services.

The layout in the system already helps users find data quickly.

Yes, it's fast.

Informants 1, 4, 7

Yes, because it's organized and you can use the patient's medical record number to look up patient data.

Informant 2

Yes, it's easy and fast, because now, you can see the history, diagnosis, and therapy in one go.

Informant 3

Yes, because once you open it, everything automatically appears.

Informant 5

I think it's pretty fast.

Informant 6

The new app is pretty fast, bro.

Informant 8

Interview results showed that most informants considered the system layout to facilitate data retrieval. Data is neatly organized, accessible via medical record number, and information such as history, diagnosis, and therapy is available in a single view.

The presentation of information in the system helps users find data quickly.

Yes, I have.

Informants 1, 2, 4, 5, 7, 8

Yes, because it's organized.

Informant 3

Yes, I can find data quickly.

Informant 6

Interview results showed that most informants considered the system's information presentation to facilitate quick data retrieval. The structured information facilitates data access, making it considered quite effective and supporting the smooth operation of staff.

Results of identifying healthcare worker satisfaction regarding ease of use of electronic medical records based on the EUCS method at Sub-Health Center I.**Special training for healthcare center staff in completing electronic medical records at the healthcare center.**

Usually, we teach each other by word of mouth. Some are recruited for special training, but only a few people participate in training at the main office. Those who participate in the training usually spread the information. Or, we don't usually work at the main office. Information usually comes from the main office. When we're working at the main office and there aren't many patients, we learn new things and then apply them at the health center.

Informant 1

We have friends, but not all of them participate. Usually, those who do participate teach us how to use it.

Informant 2

There's training. Every time a new application is released, there's training. Just train one, then teach the others later.

Informants 3, 4

There's training.

Informants 5, 7

Yes, there's training, but only a few.

Informant 6

Yes, there's training for filling it in.

Informant 8

Interviews indicate that EMR training is available, but not all staff participate. Usually, a few representatives attend and then share the knowledge with others. Additionally, learning often occurs informally through peer discussions and direct practice during service delivery.

Health center officers find it difficult to operate the electronic medical record system without special training.**Training is needed to improve staff understanding of system usage, data entry procedures,**

At first, it was difficult because the system is new, and there are representatives who will help us fill it out daily. But now we're all here, we can do it.

Informant 1

Yesterday, we used Epus. Now, using Simpux is new, so it takes some getting used to. My friend had some training. It's actually the same, just the layout is different. The old one was self-analysis, then self-diagnosis, self-medication. Now, it's actually easier, but I'm still adapting because it's new, so it's not that difficult.

Informant 2

Yes, it's difficult. I'm afraid I'll make mistakes if I don't get taught first.

Informant 3

It's difficult to input data correctly, but the new one is just different in the layout.

Informant 4

The old application was difficult, but the current one is just different in the layout.

Informant 5

Yes, it's difficult.

Informants 6, 7

It was a bit difficult, yes.

Informant 8

Interviews revealed that most officers experienced initial difficulties using RME due to its new nature. There were concerns about input errors without training, but after receiving guidance and familiarization, the system became easier to use, despite the layout differences from previous applications.

Health Centers have IT officers equipped with guidelines and SOPs for handling downtime on RME.

If the health center doesn't have IT, but the main one does, we usually ask for help from the main one to fix the problematic system. Then, the health center just reports the problem and they'll fix it. There's no SOP here yet.

Informant 1

I don't think there's an SOP yet. There's an IT officer, who's been trained by the Health Office, so if there's a problem, he's the one who handles it. The officer is from the main one, so if there's no one here, at most, if there's a problem with the system, we ask the main one, and they'll fix it.

Informant 2

Yes, but if there's a problem, we call the main one.

Informant 3

There's no officer here, but there is one at the main one, so we ask the main one for help.

Informant 4

There's a technician at the main one, but there isn't one here.

Informant 5

There isn't one at the health center itself, but there is one at the main one, and they'll handle it if there's a problem.

Informant 6

No "It's here.

Informants 7, 8

Interviews revealed that the Jimbaran I Sub-Health Center lacked IT personnel or a dedicated SOP for handling information system/RME downtime. If a disruption occurs, handling is entirely dependent on the parent health center, which has trained IT personnel from the Health Office. This situation demonstrates a lack of independence and a lack of formal procedures (SOPs) for handling system issues at the Jimbaran I Sub-Health Center.

Occurrence of system downtime and its handling

Yes, we do. Usually, we report to the main IT officer who fixes it. During service, we write it down on paper first, and then, when the system is usable, we enter it into the system.

Informant 1

Yes, we usually report to the main IT officer first, and then someone fixes it. We write it down on paper first, and then re-enter it into the system.

Informant 2

Yes, we report to the main IT officer because there isn't one here. We usually write it down on paper first, and then, when the system is correct, we re-enter the patient data we just wrote down.

Informant 3

Yes, there's an officer who fixes it, probably from the department. We write the data down on paper for now, but if the department calls us and confirms the system is correct, we type it back into the system.

Informant 4

Yes, an expert officer fixes the system. Then, when it's usable again, we use it temporarily. "It's written down in a book.

Informant 5

I have, but not often. Usually, it's checked and then fixed so the system can run again. We write it down on paper first.

Informant 6

Yes, I have. We write it down on paper while waiting for the system to be usable again.

Informant 7

Yes, we have. We contact the team that usually handles it and write it down in a book first.

Informant 8

Interviews revealed that system downtime had occurred at the Jimbaran I Sub-Health Center. This was handled by contacting the main health center or IT staff, while services continued through manual recording. Once the system was restored, data was re-entered. This suggests a temporary mechanism exists, although it is not yet supported by formal SOPs and internal IT staff.

Results of identifying healthcare worker satisfaction regarding the timeliness of electronic medical records use based on the EUCS method at the Jimbaran I Sub-Health Center.

The ability of the electronic medical records system to display and update patient data quickly according to medical service needs.

Currently, I can quickly view and update patient data.

Informant 1

Yes, I can, because it's easier and faster using this one.

Informant 2

I can, because there's a medical record number, so if you want to update it, just edit it.

Informant 3

Yes, I can.

Informants 4, 5, 8

Yes, I can.

Informant 6

I can display and update data quickly.

Informant 7

Interview results showed that the RME at the Jimbaran I Sub-Health Center is capable of quickly displaying and updating patient data. This system simplifies recording through directly editable medical record numbers, thus supporting smooth service delivery and expediting access to patient information.

There is a delay in accessing or loading data when using the system at the health center.

Yes, the current application, because it's new, sometimes has errors, so sometimes we call the main office so they can help us.

Informant 1

It's rare, usually it's loading when the internet is disrupted, that's the only problem.

Informant 2

No, except if the Wi-Fi is bad, then it loads.

Informant 3

Not often, only sometimes when the signal is bad.

Informant 4

Sometimes, sir, if there's a problem with the Wi-Fi.

Informant 5

Yes, it does happen, but it only happens when the internet is disrupted.

Informant 6

Yes, it does happen because of network problems, so the system loads.

Informant 7

Yes, but not often, I think it was because of the Wi-Fi network.

Informant 8

Interviews revealed that delays in accessing or loading data on the RME at the Jimbaran I Sub-Health Center rarely occur. These issues are generally caused by temporary internet or Wi-Fi network disruptions. If these occur, staff contact the parent health center for technical assistance, and the system generally remains accessible quickly when the network is normal.

There is a delay in filling in the RME due to data loading.

I have, but it didn't take too long. The solution is to contact IT first. If it's quick, we'll wait. If it takes longer, we'll input it tomorrow.

Informant 1

I have. It's usually because the internet or system is having an error.

Informant 2

I have, but it's only for a short time.

Informants 3, 4, 5, 7

I have at that time.

Informant 6

Oh yeah, it's been loading.

Informant 8

Interviews revealed that delays in completing the RME at the Jimbaran I Sub-District Health Center (Puskesmas Pembantu Jimbaran I) occurred, but were temporary. The primary cause was internet network disruptions or system errors. During these delays, staff waited for the system to return to normal or postponed data entry until the following day.

There is a limitation of officers in filling out RME

It's nice. The number of staff isn't that small, and the patient load isn't as large as at the main hospital.

Informant 1

No, there's no shortage of staff, because here we're required to be competent. The limitation is probably due to the internet issues earlier.

Informant 2

No, because we also teach each other if we don't know.

Informant 3

I've never had a shortage of staff, but we can still handle everything.

Informant 4,7,8

Never.

Informant 5

So far, there's never been a shortage of staff when filling out patient medical records.

Informant 6

Interviews revealed that the limited number of staff completing the RME at the Jimbaran I. Community Health Center was not a problem. The number of staff was deemed sufficient, and cooperation and mutual assistance among staff ensured the data entry process ran smoothly and without interruption.

Discussion

Health worker satisfaction regarding the content of electronic medical records based on the EUCS method at the Jimbaran I Sub-Health Center.

Interview results indicated that the RME application at the Jimbaran I Sub-Health Center generally met the needs of medical personnel. However, the lack of a written SOP for filling out the form has subsided, resulting in less than optimal uniformity in the RME application. Professional healthcare services support successful health development, which is determined, in part, by service quality. Digital transformation through electronic medical records (EMR) can accelerate services, but faces challenges in human resources. Differing user perceptions often lead to EMR being perceived as increasing the workload and decreasing job satisfaction of medical personnel (Lina et al., 2023). Another study conducted by Arjuna Ginting in 2024 at Santa Elisabeth Hospital in Medan obtained similar results, with the content of the EMR application achieving 98% user satisfaction. Respondents understood the content of the electronic medical record as a source of information that assists in completing patient medical records in the EMR application. Healthcare workers at Santa Elisabeth Hospital in Medan perceived the electronic medical record as providing accurate and complete information that helps complete tasks and expedites coordination with other units (Arjuna Ginting, 2024). Content is a critical factor in an EMR system because the completeness and accuracy of information significantly impact user satisfaction. A system capable of presenting relevant and up-to-

date data can meet user needs and support accurate and efficient medical decision-making (Laili et al., 2025).

Health worker satisfaction regarding the accuracy of electronic medical records based on the EUCS method at the Jimbaran I Sub-Health Center.

Interview results indicate that the accuracy of the RME at the Jimbaran I Sub-Health Center is good and reliable. Patient data is valid because it is directly obtained and verified, although input errors can still occur due to staff inattention. However, the system is equipped with editing and notification features to minimize errors. Electronic Medical Records (EMR) improve efficiency, accuracy, and quality of care by storing patient data in an integrated, digital format. This system facilitates real-time access to information, accelerates clinical decision-making, and allows for faster service delivery without relying on physical files (Sulistian et al., 2025). Research by Lutfiyah Rizqulloh (2024) at Sultan Agung Islamic Hospital in Semarang showed that the accuracy of the RME was in the good category, with a user satisfaction rate of 77.05%. This indicates that the input data was generally correct and appropriate to the patient's condition. However, several challenges persisted, including data inaccuracies due to input errors or inappropriate information updates (Rizqulloh & Putra, 2024). The accuracy of the RME significantly impacts user satisfaction because it determines the quality of the information, output, and reports produced. Correctly inputted data produces valid and reliable information, thus facilitating rapid and accurate clinical decision-making. The higher the accuracy of the RME, the higher the user's trust and satisfaction with the system (Windiyansih & Garmelia, 2025).

Health worker satisfaction regarding the appearance (format) of electronic medical records based on the EUCS method at the Jimbaran I Sub-Health Center.

Interview results indicate that the RME display (format) at the Jimbaran I Sub-Health Center was generally considered easy to understand and did not pose significant difficulties for most staff. This indicates that the interface design is sufficiently user-friendly. However, because the system is still relatively new, some staff are still in the adaptation and learning phase and are not yet fully familiar with the available features. Electronic Medical Records (EMR) are digital systems that store patient health records in an integrated and accessible manner to support continuity of care. Their implementation helps accelerate the exchange of medical information, improve diagnostic accuracy, and simplify data management. Furthermore, EMRs contribute to improving service quality, reducing recording errors, and enhancing patient data security (Adiba et al., 2023). A good system interface includes pleasing visuals, a logical information structure, and a clear and systematic format for easy understanding. Optimal interface design helps healthcare workers access data quickly and reduces errors. The appropriate use of color, fonts, and layout also improves comfort, work efficiency, and productivity in healthcare (Sulistian et al., 2025).

Health worker satisfaction regarding ease of use of electronic medical records based on the EUCS method at Assistant Health Center I.

Interview results indicated that the ease of use of the EMR at the Jimbaran I Sub-Health Center was considered quite good, especially after the healthcare workers had undergone an adaptation period. Although formal training was limited and delivered informally, most staff were able to operate the system effectively. Initial challenges, such as changes to the layout and input flow, were not considered significant. Furthermore, technical support from the parent health center facilitated smooth use, and when system disruptions occurred, services continued through manual recording before being re-inputted into the EMR. The national e-health strategy is an integrated framework to guide the use of ICT in the health sector, encompassing aspects of technology, governance, regulation, infrastructure, human resources, and data security. Its implementation is part of a global trend to improve the quality and efficiency of healthcare services, one of which is through the use of electronic medical records (Pinerdi et al., 2022). Research by Ajeng Fitriani (2024) at the Weru Community Health Center (Puskesmas) showed that the ease of use aspect of the EMR system was considered good, as the system was easy to use and understand, thus facilitating the work of healthcare workers.

However, server and internet connection issues persisted, which could hinder data access, particularly when searching for patient medical histories (Fitriani et al., 2024). Ease of use is a critical factor in the success of an information system because it significantly impacts user experience and satisfaction. A clear and intuitive interface makes it easy for users to navigate, recognize feature functions, and navigate the system independently. The easier and smoother a system is to use, the higher the level of user satisfaction (Aliyah, 2025).

Health worker satisfaction regarding the timeliness of the use of electronic medical records based on the EUCS method at the Jimbaran I Sub-Health Center.

Interview results indicate that the timeliness of the EMR at the Jimbaran I Sub-Health Center is considered good, as indicated by the system's ability to display and update patient data quickly, thus supporting smooth service delivery. The use of medical record numbers also facilitates data retrieval and management. Although obstacles such as access delays due to internet disruptions or system errors occurred, these were rare and easily resolved. Overall, the EMR implementation proceeded well, with the main challenges being the technical aspects of the network, while no deficiencies were found in terms of healthcare personnel. A health information system (HIS) integrates various components such as human resources, technology, procedures, and databases to systematically manage health data. The goal is to produce accurate, relevant, and timely information to support education, raise awareness, and aid decision-making for medical personnel and policymakers (Rahmansyah et al., n.d.). This indicates that information presentation was running smoothly and in line with user expectations. Timeliness is crucial because delays in information can lead to errors in decision-making (Utami, 2024). Timeliness is a critical factor in information systems because it determines the relevance and usefulness of information. Timely information delivery supports accurate planning, evaluation, and decision-making. Conversely, delays in information delivery can hinder performance, reduce effectiveness, and increase the risk of errors in decision-making (Simatupang & Zagato, 2024).

CONCLUSION

1. The content aspect of the EUCS method indicates that the RME application at the Jimbaran I Sub-District Health Center (Puskesmas Pembantu Jimbaran I) supports user needs in the service process. However, the lack of written SOPs for filling in content has the potential to lead to irregularities in the completion of RME content in SIMPUS.
2. The accuracy aspect of the EUCS method indicates that the RME application at the Jimbaran I Sub-District Health Center (Puskesmas Pembantu Jimbaran I) is quite accurate and reliable. Data is obtained directly from patients, and diagnoses are evaluated by BPJS Kesehatan (Social Security Agency for Health). However, input errors can still occur due to inattention by staff during busy service times.
3. The format aspect of the EUCS method indicates that the RME application at the Jimbaran I Sub-District Health Center (Puskesmas Pembantu Jimbaran I) is easy to understand and supports smooth service delivery. However, because the system is still new, some staff are still adapting.
4. The ease of use aspect of the EUCS method indicates that the RME application at the Jimbaran I Sub-District Health Center (Puskesmas Pembantu Jimbaran I) is quite easy to use after an adaptation period. Despite limited formal training, staff are able to operate the system effectively, with technical support from the parent health center if problems arise.
5. The Aspects of timeliness in the EUCS method demonstrate that the RME application at the Jimbaran I Sub-Health Center is capable of displaying and updating patient data quickly. Occasional issues occur due to network or system disruptions, but these can be resolved with IT assistance from the parent health center.

REFERENCES

- Adiba, F., Kalli, M. I., Rachman, M. A., Tinggi, S., & Administrasi, I. (2023). *Medis Elektronik di RSIA Mutiara Bunda*
- Aliyah, D. faizatul. (2025). *Program Studi Akuntansi Fakultas Bisnis dan Ekonomi Universitas Islam Indonesia Yogyakarta.*
- Arjuna Ginting, N. G. C. O. (2024). *JURNAL PROMOTIF PREVENTIF Kepuasan Pengguna Rekam Medis Elektronik Berdasarkan Metode EUCS di Rumah Sakit Santa Elisabeth Medan User Satisfaction of Electronic Medical Records*
- Fitriani, A., Zakiyah, E., Pratama, B. A., & Kurnianingsih, W. (2024). *DI PUSKESMAS WERU DENGAN METODE EUCS (END USER COMPUTING SATISFACTION). 13(1).*
- Laili, D. R., Maulidah Hariez, T., & Rusdi, A. J. (2025). Analisis Kepuasan Pengguna Terhadap Penerapan Rme Di Klinik Rawat Inap Nu Madinah Pujon. *Jurnal Informasi Kesehatan Indonesia, 11(1)*, 85–93.
- Lina, A., Nursanti, D., Sriwiyati, L., Kurniawan, H. D., Ismandani, R. S., Hartono, M., Kosala, S. P., & Tengah, J. (2023). *Kepuasan Tenaga Medis dan Tenaga Kesehatan dalam Implementasi RME di Rumah Sakit Dr. Oen Kandang Sapi Solo. 11(2)*, 173–181.
- Permenkes. (2022). *Peraturan Menteri Kesehatan. 1–20.*
- Pinerdi, S., Ardianto, E. T., Nuraini, N., Nurmawati, I., Kesehatan, J., & Jember, P. N. (2022). *J-REMI : Jurnal Rekam Medik Dan Informasi Kesehatan J-REMI : Jurnal Rekam Medik Dan Informasi Kesehatan. 1(2)*, 104–112.
- Rahmansyah, A., Widiyaningrum, D., Jend, J., Soebroto, G., & Bandung, N. (n.d.). *Kepuasan Penggunaan Rekam Medis Elektronik Melalui Pendekatan Eucs Di Rsud Kota Bandung. 301*, 26–34.
- Rizqulloh, L., & Putra, A. N. (2024). Kepuasan Pengguna Rekam Medis Elektronik Melalui Pendekatan EUCS di RSI Sultan Agung. *J-REMI : Jurnal Rekam Medik Dan Informasi Kesehatan, 5(4)*, 330–344. <https://doi.org/10.25047/j-remi.v5i4.5105>
- Simatupang, D. N., & Zagato, T. (2024). Analisis Kepuasan Pengguna Terhadap Penerapan Sistem Informasi Manajemen Puskesmas Di Puskesmas Sibabangun Menggunakan Metode EUCS (*Jurnal Ilmiah Kesehatan Masyarakat*), 3(1), 32–39.
- Sulistian, A., Kridawati, A., Nugroho, D., & Pengguna, K. (2025). *Analisa kepuasan pengguna rekam medis elektronik (rme) di rs bhayangkara mataram. 9(3)*, 311–322.
- Utami, A. C. (2024). *Analisis Tingkat Kepuasan Pengguna Terhadap Penerapan Rekam Medis Elektronik (RME) di RS PKU Muhammadiyah Karanganyar 1(3)*, 17–27.
- Windiyarningsih, C., & Garmelia, E. (2025). *Analisis Kepuasan Pengguna Rekam Medis Elektronik Berdasarkan Metode End User Computing Satisfaction di RS Tingkat II Putri Hijau Medan. 11(2).*