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An Analysis Acceptance of Hospital Management Information Systems Using Technology Acceptance Model at Hospital Harapan Bunda Batam

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Abstract

The hospital is one of the health care facilities by empowering various units of trained and educated personnel in dealing with and dealing with medical problems for the recovery and maintenance of good health (Setyawan D, 2016). From the explanation above about the definition of a hospital, it can be concluded that the hospital performs several types of services including medical services, medical support services, nursing services, rehabilitation services, prevention and health improvement, as a place for education and/or medical and medical training, as a place of research and the development of science and technology in the health sector as well as to avoid health risks and disturbances as intended, so it is necessary to carry out hospital environmental health in accordance with health requirements. This paper described a hospitals, which are part of the facilities that provide health services, are currently facing increasingly fierce competition, so hospitals must continue to strive to improve the quality of services offered to the community. Hospital competition conditions have a positive impact, namely providing more choices for the community. Efforts to improve service quality are efforts to improve the efficiency and effectiveness of organizational management as well as efforts to satisfy community needs. These efforts were carried out in all fields including the procurement of Hospital Management Information System (SIMRS).(Putra & Vadriasmi, 2020).

Keywords
hospital; health care; maintenance

I. Introduction

"Hospital is a health service institution that provides complete individual health services that provide inpatient, outpatient and emergency services," according to the Decree of the Minister of Health of the Republic of Indonesia No. 340/MENKES/PER/III/2010(PERMENKES, 2010). "Hospital is a health service facility, a gathering place for sick and healthy people, or can be a place for disease transmission and allows environmental pollution and health problems," according to the Regulation of the Minister of Health of the Republic of Indonesia concerning Hospital Environmental Health Requirements. 1204/Menkes/SK/X/2004(Decree of the Minister of Health of the Republic of Indonesia, 2004)

The hospital is one of the health care facilities by empowering various units of trained and educated personnel in dealing with and dealing with medical problems for the recovery and maintenance of good health.(Setyawan D, 2016). From the explanation above about the definition of a hospital, it can be concluded that the hospital performs several types of services including medical services, medical support services, nursing services, rehabilitation services, prevention and health improvement, as a place for education and/or medical and medical training, as a place of research and the development of science and

technology in the health sector as well as to avoid health risks and disturbances as intended, so it is necessary to carry out hospital environmental health in accordance with health requirements. Development is a change towards improvement (Shah et al, 2020).

Hospitals, which are part of the facilities that provide health services, are currently facing increasingly fierce competition, so hospitals must continue to strive to improve the quality of services offered to the community. Hospital competition conditions have a positive impact, namely providing more choices for the community. Efforts to improve service quality are efforts to improve the efficiency and effectiveness of organizational management as well as efforts to satisfy community needs. These efforts were carried out in all fields including the procurement of Hospital Management Information System (SIMRS).(Putra & Vadriasmi, 2020)

According to the world body WHO, an information system is a system that provides information for decision-making processes at every level in an organization; and the hospital information system (SIRS) is a system that integrates data collection, processing, reporting, and use of information needed to improve the efficiency and effectiveness of health services through better management at various levels of health services; while the hospital management information system (SIMRS) is an information system specifically designed to assist the management and planning of health programs (Setyawan D, 2016).

From the description above, it can be concluded that the quality of hospital services is one of the important elements in health services. This is due to the quality of service which is one of the indicators used to measure the performance of the hospital. Therefore, the quality of service must receive serious attention from hospital management. Improving services based on digitization is one of the attractions and also a reference for the community to assess whether a hospital is good or not in carrying out its services to the community. In addition, the hospital is one of the service industries that utilizes information technology to support its activities. Information technology plays an important role in the availability of information whenever and wherever it is needed.

The development of science and technology for information needs is increasingly important in the era of globalization. The faster the flow of information exchange is due to the rapid development of information technology. Information system technology encourages and influences the health services needed to meet the demands of society for the accuracy and speed of services provided by hospitals(Megawati & Firnandi, 2017).

According to the researcher's assumption, the development of information and communication technology in the health sector in Indonesia is growing. Hospital institutions are always under pressure to improve medical services, reduce medical errors, provide timely access to information, and at the same time monitor service activities and control operational costs. To be able to meet these demands, hospitals must have an integrated management information system (MIS) that can share real-time, precise and accurate information.

The health information system is built to integrate data and information management systematically at all levels of government to support health management (PERMENKES, 2010). SIMRS is a necessary facility for hospitals to improve service quality. Hospital Management Information System, hereinafter abbreviated as SIMRS, is a communication information technology system that processes and integrates the entire flow of hospital service processes in the form of a network of coordination, reporting and administrative procedures to obtain precise and accurate information, and is part of the Health Information System. Health Information System is a set of arrangements that include data, information, indicators, procedures, technology, devices, and human resources that are interrelated and managed in an integrated manner to direct useful actions or decisions in

supporting health development.(Ministry of Health of the Republic of Indonesia, 2013). The government through Permenkes Number 82 of 2013 concerning SIMRS in article 3 requires every hospital to implement SIMRS(Ministry of Health of the Republic of Indonesia, 2013)

This research is a quantitative research. In this study, researchers looked at the extent to which SIMRS was useful and useful in completing a job and saw how interested, enthusiastic and easy it was for officers with the presence of SIMRS in hospitals, and the quality of technology used in hospitals in order to complete a job.

II. Review of Literature

2.1 Hospital

Hospital according to the Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2018 is a health service institution that provides complete individual health services that provide inpatient, outpatient, and emergency services.

Supartiningsih also defines a hospital as an organization carried out by professional medical personnel who are organized both from medical infrastructure, continuous nursing care, diagnosis and treatment of diseases suffered by patients.(Supartiningsih, 2017), while Bramantoro also explained that the hospital is a health service facility that carries out health efforts in an efficient and effective manner in an integrated healing and recovery effort with efforts to increase and prevent as well as carry out referral efforts.(Bramantoro, 2017).

Hospital is a health service institution for the community with its own characteristics that are influenced by the development of health science, technological progress, and the socio-economic life of the community which must continue to be able to improve services that are more qualified and affordable by the community in order to realize the highest degree of health. (Law of the Republic of Indonesia No. 44 of 2009).

2.2 Hospital Duties and Functions

Rikomah said that hospitals have duties and functions based on law no. 44 of 2009 concerning hospitals. The task of the hospital is to carry out health service efforts in an efficient and successful manner by prioritizing healing and recovery which is carried out in a harmonious and integrated manner with improvement and prevention as well as the implementation of referral efforts. Hospitals also have the task of providing complete individual health services.(Rikomah, 2017).

General Hospital has the task of carrying out health efforts. Health efforts are every activity to maintain and improve health with the aim of realizing optimal public health degrees. Health efforts are carried out with a maintenance approach, health improvement (promotive), disease prevention (preventive), disease healing (curative), which are carried out in a harmonious and integrated and sustainable manner.

The function of the hospital varies greatly, according to the times, meaning that the hospital does not only function as a place for healing disease, a place of care, a place of service, education, and simple research, as well as being social. The following are the duties and functions of the hospital, namely:

a. Carry out medical services, medical support services,
b. Carry out additional medical services, additional medical support services,
c. Carry out medical and judicial services,
d. Carry out special medical services,
e. Carry out health referral services

f. Carry out dental services
g. Carry out social medicine services,
h. To provide health education services,
i. Carry out outpatient or emergency care and inpatient care (observation),
j. Provide inpatient services,
k. Carry out administrative services
l. Carry out medical education
m. Assist in the education of general medical personnel,
n. Assist in the education of specialist medical personnel,
o. Assist in health research and development,
p. Assist with epidemiological investigations

2.3 Hospital Requirements

In the Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals, article seven, hospitals must meet the requirements of location, building, infrastructure, human resources, pharmacy, and equipment. Hospitals can be established by the government, local governments, or the private sector. Hospitals established by the government and regional governments must be in the form of technical implementing units from agencies in charge of health, certain agencies, or regional technical institutions with the management of public service agencies or regional public service agencies in accordance with the provisions of laws and regulations. Hospitals established by the private sector must be in the form of legal entities whose business activities are only engaged in the hospital sector.

2.4 Hospital Type

In the Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals, article 18, hospitals can be divided based on the type of service and management. Based on the type of service provided, hospitals are categorized into general hospitals and special hospitals. General hospitals provide health services in all fields and types of disease. Hospitals provide primary services in a particular field or type of disease based on scientific discipline, age group, organ, type of disease, or other specificity.

A hospital can be designated as a teaching hospital after meeting the requirements and standards of a teaching hospital. Teaching hospitals are determined by the minister after coordinating with the minister in charge of education affairs. A hospital is a hospital that organizes integrated education and research in the fields of medical professional education, continuing medical education, and education of other health workers. In the organization of teaching hospitals, a network of teaching hospitals can be formed. Further provisions regarding teaching hospitals are regulated by government regulations.

In the Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals, article 24, in the context of providing tiered health services and referral functions, general hospitals and special hospitals are classified based on the facilities and capabilities of hospital services.

a. General Hospital classification consists of:
    1. Class A general hospital;
    2. Class B general hospital
    3. Class C general hospital;
    4. Class D general hospital.

b. Classification of special hospitals consists of:
   1. Class A special hospital;
   2. Class B special hospital;
   3. Class C special hospital.

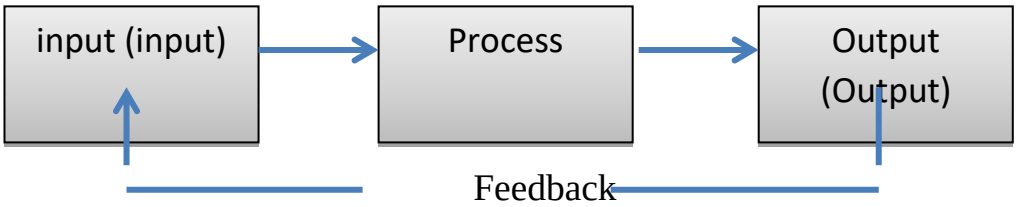

Figure1. *General model of a system*

2.5 Technology Acceptance Model (TAM) Method

Everyone has a different orientation regarding the use of technology, especially on new technologies. An organization that implements new technology usually faces resistance from employees or users due to a lack of trust in something new that can have an impact on employee performance systems. Therefore, research is needed to see how the influence of the use of an information system or new technology is needed. The Technology Acceptance Model (TAM) was first introduced by Davis in 1989. In formulating TAM, Davis used the TRA (Theory of Reasoned Action) model as the beginning of his theory but did not use all components of TRA. Davis only uses the components of "belief" and "attitude" in the acceptance of information technology.

According to Davis (1986) TAM is an information systems theory that models how users are willing to accept and use technology. This model explains that when users are offered to use a new system. The main purpose of the TAM model is to explain some of the factors that influence their decisions about how and when to use the system. Especially in terms of usefulness (users believe that their performance will improve by using this system), easy of use (users believe that using this system will free them from difficulties because this system is easy to use) (Erawantini, 2017)

Technology Acceptance Model, hereinafter abbreviated as TAM, is a theory about the use of information technology systems which is considered very influential and is generally used to explain individual acceptance of the use of information technology systems. TAM is a development of Theory of Reasoned Action (TRA). TAM adds two main constructs to the TRA model. These two main constructs are perceived usefulness and perceived ease of use. TAM argues that individual acceptance of information technology systems is determined by these two constructs.

The actual behavior of using the system is the actual condition of using the system, which is conceptualized in the form of measuring the frequency and duration of technology usage. Schematically, the TAM theory is described as follows:

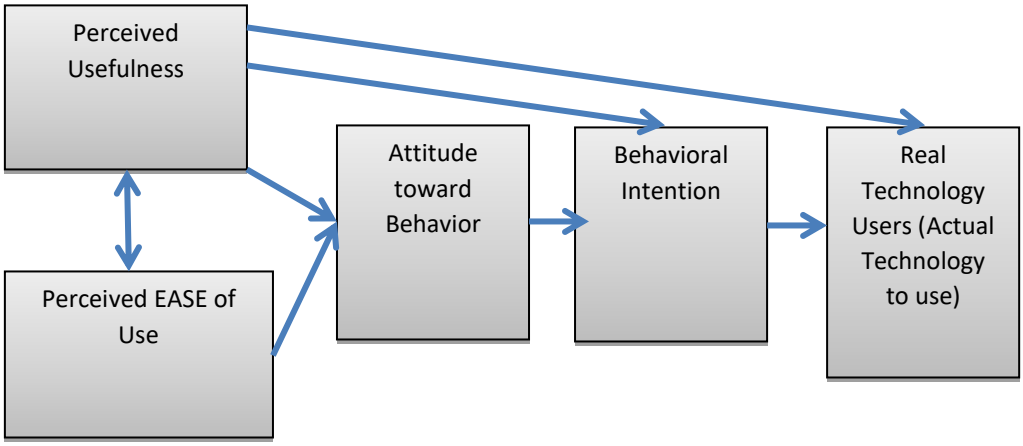

Figure 2. *Basic Technology Acceptance Model*

III. Research Method

In this study, researchers use analytic research because research is directed at testing hypotheses and explaining a situation or situation regarding the influence of perceived usefulness, perceived ease of use, attitudes towards using SIMRS, behavioral interest using SIMRS (behavioral intention to use SIMRS), for users of SIMRS (Actual usage of SIMRS). Analytical research is research aimed at testing hypotheses and conducting deeper interpretations of relationships in which researchers only measure natural phenomena that exist without intervening on variables (Nazir, 2014).

Based on the research time, this study uses a cross sectional approach, which is a study to study the relationship or correlation between the independent variables, namely the perceived ease of use, the dependent variable, namely the perceived usefulness factor and SIMRS users (Actual usage of SIMRS) and the intervening variable is attitude towards using SIMRS (attitude towards using SIMRS) and behavioral interest in using SIMRS (behavioral intention to use SIMRS), by approaching, observing or collecting data all at once (point time approach). This means that each research subject is only observed once and measurements are made on the status of the character or subject variable at the time of the study (Notoatmodjo, 2010).

According to Sugiyono (2015:137) data collection techniques are strategic steps taken during research with the main goal of research being to obtain data from where the research was conducted. The technique or data collection process used in this study is as follows:

a. Structured Interview

Structured interview is a data collection technique, if the researcher or data collector already knows for sure about what information is obtained, therefore in conducting interviews, data collection has prepared research instruments in the form of written questions for which alternative answers have been provided. In this structured interview, respondents provide answers and researchers record the answers (Sugiyono, 2015: 138). Structured interviews in this study were used to obtain data on the satisfaction of using SIMRS for admins and SIMRS officers at Harapan Bunda Hospital.

b. Observation

Observation is a data collection technique that has specific characteristics when compared to interview and questionnaire techniques which are not limited to people but other natural objects. This technique is used to observe human behavior, work processes, natural phenomena and if the observed respondents are not too large (Sugiyono, 2015: 145). Observations made in this study were by observing the appearance and components of the SIMRS at Harapan Bunda Hospital.

IV. Results and Discussion

4.1 Hope Mother Hospital Batam Profile

Harapan Bunda Hospital was established in 1984, starting from the Maternity Clinic until now it has become a type B private general hospital that has been nationally accredited. By prioritizing services and HR excellence, among others by joining qualified doctors in their fields and employees who are trained and oriented to patient satisfaction, Harapan Bunda Hospital is ready to compete with other hospitals by continuing to bring professional, ethical, humane and integrity values. in all aspects of service Our commitment to serve the community has made Harapan Bunda Hospital one of the referral hospitals in Jakarta.

4.2 Respondent Profile

This research involves staff and employees who work inHope Mother Hospital Batam. Selection of respondents based on random (random sample) in the populationas many as 150 peoplespecified inHope Mother Hospital Batam, with the following details: Based on Table 4.1.2.1, it turns out that the educational background that dominates is Diploma 117 people (78%), and followed by Bachelor degree 14 people (9%), and followed by other educational backgrounds by 19 people (13%).

4.3 Research Discussion

In this chapter, matters relating to the data that have been collected, the results of data processing and discussion of the results of the processing will be described. The order of systematic discussion to be carried out is as follows: (1) general descriptive analysis of research variable data, (2) data quality testing and classical assumption testing, (3) analyzing and testing the results of data processing with multiple linear regression analysis, multivariate test and (4) discussing the formulation of the research problem and its implementation.

Descriptive analysis is useful to know about the characteristics of the sample used in the study. To find out the various descriptions of research variables from the questions used in measuring the Hospital Information System Acceptance variable which is presented in the dimensions of Perceived ease of use (X1), Perceived usefulness (X2), Attitude toward using Technology (X3), and Behavioral Attention (X4) on Actual Technology use applies SIMRS (Y) which are presented in the frequency distribution tables below.

a. Descriptive Analysis of Variables perceived Easy of Use (X1)

The results of respondents' responses regarding*Perceived ease of use*shown in the table as follows:

Table 1. Description of Respondents' Answers Regarding Variables Perceived easy of use (X1)

No Item	Question	Frequency of Respondents Response					Total
			SS	S	TS	STS	
			1	2	3	4	
1	Use of SIMRS to learn and apply	F	130	20	0	0	150
		%	87	13	0	0	100
2	Learning to use SIMRS only takes a short time	F	35	42	62	11	150
		%	23	28	41	7	100
3	Searching for patient data that has been stored in the database using SIMRS	F	79	66	5	0	150
		%	53	44	3	0	100
4	Patient data that has been stored in the database can be viewed based on the type of disease, village origin, or type of payment	F	51	93	6	0	150
		%	34	62	4	0	100
5	Easy to make reports with SIMRS	F	63	78	5	4	150
		%	42	52	3	3	100
6	I understand the steps for data entry in SIMRS in operating it	F	61	83	4	2	150
		%	41	55	3	1	100
7	Users of existing features or facilities on SIMRS	F	59	88	3	0	150
		%	39	59	2	0	100
8	The language on SIMRS is easy to understand	F	51	93	5	1	150
		%	34	62	3	1	100
9	The SIMRS application is flexible when used because patients who already have a SIMRS registration number do not need to record their identity from the start, just like when they first received treatment.	F	67	83	0	0	150
		%	45	55	0	0	100
10	Applications on SIMRS are easy to repair if an error occurs in operating it	F	22	71	35	22	150
		%	15	47	23	15	100
11	I master (expert) in operating SIMRS without experiencing any difficulties	F	13	25	46	66	150
		%	9	17	31	44	100
12	I still need help or ask other officers in recording patient data using SIMRS	F	15	79	53	3	150
		%	10	53	35	2	100
13	The features available on SIMRS are easy to use	F	25	125	0	0	150
		%	17	83	0	0	100

b. Descriptive Analysis of Perceived usefulness (X2)

Table 2. A results of respondents' responses regarding Perceived usefulness are shown in the table as follows:

No Item	Question	Frequency of Respondents Response					Total
			SS	S	TS	STS	
			1	2	3	4	
1	By using SIMRS I can enter patient data faster than using manual patient data recording	**F**	36	111	3	0	150
		%	24	74	2	0	100
2	By using SIMRS I can improve my performance	**F**	39	109	2	0	150
		%	26	73	1	0	100
3	I always record complete patient data in accordance with the command menus on SIMRS	**F**	16	134	0	0	150
		%	11	89	0	0	100
4	Using SIMRS reduces my workload	**F**	34	114	2	34	150
		%	23	76	1	0	100
5	By using SIMRS, it is easier for me to enter patient data than manually recording	**F**	39	106	5	0	150
		%	26	71	3	0	100
6	Recording patient data using SIMRS is not a burden for me	**F**	24	124	2	0	150
		%	16	83	1	0	100
7	By using SIMRS in entering patient data I can increase work productivity	**F**	19	127	4	0	150
		%	13	85	3	0	100
8	I don't get tired easily when I record patient data using SIMRS than when I record patient data manually	**F**	51	99	0	0	150
		%	34	66	0	0	100
9	SIMRS is more effective in recording patient data than manual recording	**F**	45	98	6	1	150
		%	30	65	4	1	100
10	The available facilities and infrastructure are complete so that it is very helpful in recording patient data using SIMRS	**F**	29	112	7	2	150
		%	19	75	5	1	100
11	The use of SIMRS can save time in recording patient data	**F**	27	123	0	0	150
		%	18	82	0	0	100
12	The use of SIMRS is very useful in recording patient data	**F**	23	123	4	0	150
		%	15	82	3	0	100
13	The use of SIMRS is very useful	**F**	37	113	0	0	150

	in improving services in hospitals	%	25	75	0	0	100
14	The use of SIMRS is very useful in accelerating patient care	**F**	41	103	6	0	150
		%	27	69	4	0	100

c. Descriptive Analysis of Attitude toward using Technology (X3)

Table 3. A results of respondents' responses regarding Attitude toward using Technology are shown in the table as follows:

No Item	**Question**	**Frequency of Respondents Response**					**Total**
			SS	**S**	**TS**	**STS**	
			1	**2**	**3**	**4**	
1	I am still willing to use SIMRS and more skilled in using it	**F**	50	100	0	0	150
		%	33	67	0	0	100
2	I feel bored in operating SIMRS	**F**	5	45	95	5	150
		%	3	30	63	3	100
3	I feel that using SIMRS provides convenience in recording patient data	**F**	53	93	4	0	150
		%	35	62	3	0	100
4	I'm still comfortable using SIMRS even though it doesn't suit my service needs	**F**	11	97	42	0	150
		%	7	65	28	0	100
5	I feel happy to operate SIMRS in medical and non-medical services	**F**	19	128	3	0	150
		%	13	85	2	0	100
6	I find it fun to record patient data using SIMRS	**F**	10	134	6	0	150
		%	7	89	4	0	100
7	I really enjoy using SIMRS with a less attractive appearance	**F**	17	29	104	0	150
		%	11	19	69	0	100
8	I find the features in SIMRS boring	**F**	0	34	102	14	150
		%	0	23	68	9	100

d. Descriptive Analysis of Behavioral Attention Variables (X4)

Table 4. The results of respondents' responses regarding Behavioral Attention are shown in the table as follows:

No Item	Question	Frequency of Respondents Response					Total
			SS	S	TS	STS	
			1	2	3	4	
1	I use SIMRS because it can provide optimal service	F	45	105	0	0	150
		%	30	70	0	0	100
2	I will try to use SIMRS because it can help me in inputting medical and non-medical services	F	41	109	0	0	150
		%	27	73	0	0	100
3	I want to use SIMRS as technology develops	F	29	121	0	0	150
		%	19	81	0	0	100
4	I will install antivirus software for computer security	F	31	119	0	0	150
		%	21	79	0	0	100
5	I will try to learn the features in SIMRS	F	24	123	4	1	150
		%	16	82	3	1	100
6	I have no interest in using other features on SIMRS	F	3	23	111	13	150
		%	2	15	74	9	100
7	I will always use SIMRS both now and in the future	F	9	137	4	0	150
		%	6	91	3	0	100
8	I will use SIMRS continuously or continuously for patient registration in 1 day	F	36	111	3	0	150
		%	24	74	2	0	100
9	I will suggest other officers who have not used SIMRS for patient registration	F	10	135	4	1	150
		%	7	90	3	1	100

4.4 Data Validity Test Results

Validity has meaning if it moves from 0.00 to 1.00 and the limit of the correlation coefficient is considered satisfactory if rtable = 0.30. The decision criteria for whether the questionnaire is valid or not is stated if the r value obtained from the calculation of rcount product moment> from the value of rtable product moment with a significant level of 5% then the items of the questionnaire statement are valid. (Sarwono, 2018). Test the validity of the items in the questionnaire for the independent variable and the dependent variable using the SPSS 21.0 program.

Out of a total of 5There are 4 questions in the questionnaire, 2 questions are invalid, namely questions Q8 and Q15 because the value of rcount < rtable, so the three questions are excluded from the data tabulation.

The data to calculate the alpha reliability coefficient is obtained through the presentation of a scale that is applied only once to a group of respondents (single-trial administration). The technique used is the alpha coefficient technique from Cronbach. The alpha coefficient technique to test the reliability of the measuring instrument was calculated with the help of the SPSS version 21.0 program. A construct or variable is said to be reliable if the positive Cronbach's alpha value has a value of 0.6. (Ghozali, 2019).

V. Conclusion

Based on the results of research conducted by researchers, the following conclusions can be obtained:

a. There is an effect of perceived ease of use on perceived user attitudes (attitude toward using) on admins and SIMRS users at Harapan Bunda Hospital.
b. There is an effect of perceived ease of use on perceived usefulness of admins and SIMRS users at Harapan Bunda Hospital R.
c. There is no effect of perceived usefulness of users on perceptions of user attitudes (attitude toward using) on admins and SIMRS users at Harapan Bunda Hospital.
d. There is an effect of perceived usefulness of users on perceptions of behavioral intention to use SIMRS (behavioral intention to use SIMRS) on admins and SIMRS users at Harapan Bunda Hospital.
e. There is an effect of perceived user attitudes (attitude toward using) on perceptions of behavioral intention to use SIMRS (behavioral intention to use SIMRS) on admins and SIMRS users at Harapan Bunda Hospital.
f. There is an effect of perceived behavioral intention to use SIMRS (behavioral intention to use SIMRS) on perceptions of actual use of SIMRS (actual usage of SIMRS) on admins and SIMRS users at Harapan Bunda Hospital.

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