LAMPIRAN

DAFTAR RIWAYAT HIDUP

A. **Data Pribadi**

Nama Lengkap   : Yulianti

Tempat/Tanggal Lahir   : Tani Jaya, 21 Agustus 2000

Jenis Kelamin   : Perempuan

Agama   : Islam

Alamat   : Jl. Soekarno Hatta, Desa Batuah Dusun Tani Jaya KM 28 RT 25, Kecamatan Loa Janan, Kabupaten Kutai Kartanegara

Alamat Email   : ulianti2108@gmail.com

Nama Ayah   : Hendrik

Nama Ibu   : Marwati

B. **Riwayat Pendidikan Formal**

Tahun Tamat	Sekolah/Institusi/Universitas	Jurusan
2013	SD NEGERI 016 LOA JANAN	-
2016	SMP NEGERI 2 LOA JANAN	-
2019	SMA NEGERI 4 SAMARINDA	IPS

Lampiran 2 Surat Telah Melaksanakan Penelitian

PEMERINTAH KOTA SAMARINDA
DINAS KESEHATAN KOTA SAMARINDA
UPTD PUSKESMAS SIDOMULYO
Jalan Jelawat Gang 6 Rt 8 Samarinda 75116
Telepon (0541)736044
Pos-el: pkm.sidomulyo@yahoo.co.id

Nomor   : 800/ 105 /100.02.016   Kepada Yth.
Lamp   : -   Ketua Program Studi S1 Kesehatan Masyarakat
Perihal   : Keterangan Telah Selesai   Universitas Muhammadiyah Kalimantan Timur
             Ijin Penelitian   di
                                            Samarinda

Dengan Hormat,

Yang bertanda tangan di bawah ini :

N a m a   : Eka Akhmad Nuryani, SKM.,M.Si
NIP   : 197412161998031003
Jabatan   : Kasubbag Tata Usaha UPTD Puskesmas Sidomulyo

Menerangkan bahwa :

No	NIM	NAMA MAHASISWA	JUDUL SKRIPSI
1	1911102413143	Sri Mulyani Adilla Alirianing Wahyu	Hubungan Harapan Pengguna Dengan Kesediaan Untuk Menggunakan Rekam Medis Elektronik di Puskesmas Sidomulyo Kota Samarinda
2	1911102413042	Cindy Oktavia Ananta	Hubungan Niat Perilaku Dengan Kesediaan Untuk Menggunakan Rekam Medis Elektronik di Puskesmas Sidomulyo Kota Samarinda
3	1911102413043	Yulianti	Hubungan Lingkungan Sosial Dengan Kesediaan Untuk Menggunakan Rekam Medis Elektronik di Puskesmas Sidomulyo Kota Samarinda
4	1911102413029	Atika Apriati	Hubungan Pengalaman Menggunakan Aplikasi Teknologi Kesehatan Dengan Kesediaan Untuk Menggunakan Rekam Medis Elektronik di Puskesmas Sidomulyo Kota Samarinda

Dengan ini menerangkan bahwa yang bersangkutan telah menyelesaikan Ijin penelitian di UPTD Puskesmas Sidomulyo Samarinda.

Demikian surat keterangan ini dibuat untuk dapat diketahui dan dipergunakan sebagaimana mestinya

Samarinda, 30 Mei 2023
Kasubbag Tata Usah

Eka Akhmad Nuryani, SKM.M.Si
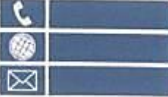Pembina, IV/a
NIP. 197412161998031003

Tembusan :

1. Arsip

UMKT
Program Studi
Kesehatan Masyarakat
Fakultas Kesehatan Masyarakat

Telp. 0541-748511 Fax.0541-766832
Website http://kesmas.umkt.ac.id
email: kesmas@umkt.ac.id

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Nomor : 218/FIK.3/C.2/B/2023
Lampiran : 1 lembar
Perihal : **Permohonan Rekomendasi Izin Penelitian**

Yth.
Kepala Dinas Kesehatan Kota Samarinda
di Tempat

Assalamu'alaikum Warahmatullahi Wabarakatuh

Dengan hormat teriring salam dan do'a kami haturkan semoga Bapak/Ibu selalu dalam keadaan sehat walafiat.

Sehubungan penyusunan tugas akhir Skripsi Mahasiswa Program Studi Kesehatan Masyarakat, Fakultas Kesehatan Masyarakat, Universitas Muhammadiyah Kalimantan Timur, bersama ini kami sampaikan permohonan rekomendasi izin penelitian ke Puskesmas Sidomulyo. Pelaksanaan waktu kegiatan disesuaikan dengan tempat Bapak/Ibu pimpin, adapun daftar nama-nama mahasiswa dan judul skripsi terlampir.

Demikian yang dapat kami sampaikan, atas perhatian dan kerjasamanya kami mengucapkan terima kasih.

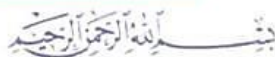*Wassalamu'alaikum Warahmatullahi Wabarakatuh*

Samarinda, 09 Ramadhan 1444 H
31 Maret 2023 M

Ketua Program Studi S1 Kesehatan Masyarakat

Nida Amalia, M.PH
1101119301

Tembusan disampaikan kepada:
1. Mahasiswa yang bersangkutan
2. Arsip

Kampus 1 : Jl. Ir. H. Juanda, No.15, Samarinda
Kampus 2 : Jl. Pelita, Pesona Mahakam, Samarinda

UMKT
Program Studi
Kesehatan Masyarakat
Fakultas Kesehatan Masyarakat

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بِسْمِ اللهِ الرَّحْمَنِ الرَّحِيمِ

Daftar Nama Mahasiswa :

No.	NIM	NAMA MAHASISWA	JUDUL SKRIPSI
1	1911102413143	Sri Mulyani Adilla Alirianing Wahyu	Hubungan Harapan Pengguna Dengan Kesediaan Untuk Menggunakan Rekam Medis Elektronik di Puskesmas Sidomulyo Kota Samarinda
2	1911102413042	Cindy Oktavia Ananta	Hubungan Niat Perilaku Dengan Kesediaan Untuk Menggunakan Rekam Medis Elektronik di Puskesmas Sidomulyo Kota Samarinda
3	1911102413043	Yulianti	Hubungan Lingkungan Sosial Dengan Kesediaan Untuk Menggunakan Rekam Medis Elektronik di Puskesmas Sidomulyo Kota Samarinda
4	1911102413029	Atika Apriati	Hubungan Pengalaman Menggunakan Aplikasinya Teknologi Kesehatan Dengan Kesediaan Untuk Menggunakan Rekam Medis Elektronik di Puskesmas Sidomulyo Kota Samarinda

Samarinda, 03 April 2023

Nomor	: 400.7.22.1/ 3182/100.02	Kepada Yth.
Lampiran	: 1 Lembar	Kepala Puskesmas Sidomulyo
Perihal	: Ijin Penelitian	di –
		Tempat

Menindaklanjuti surat dari Universitas Muhammadiyah Kalimantan Timur Program Studi Kesehatan Masyarakat Nomor.218/FIK.3/C.2/B/2023 tanggal 31 Maret 2023 perihal Surat Permohonan ijin Penelitian. Maka melalui surat ini, kami memberitahukan bahwa Dinas Kesehatan memberikan ijin untuk melakukan Penelitian di Puskesmas Sidomulyo Kota Samarinda dengan tetap memperhatikan Protokol Kesehatan, bagi Mahasiswa UMKT Sebagai Berikut :

No	Nama	NIM
1	Sri Mulyani Adilla Atirianing Wahyu	1911102413143
2	Cindy Oktavia Ananta	1911102413042
3	Yulianti	1911102413043
4	Atika Apriati	1911102413029

Demikian surat ijin ini kami sampaikan, atas perhatian dan kerjasamanya kami ucapkan terima kasih.

Sekretaris,
Dinas Kesehatan Kota Samarinda

dr. Irama Fitamina
NIP. 19690815 200312 2 004

Tembusan :

1. Kaprodi
2. Arsip

SURAT PERSETUJUAN

(***INFORMED CONSENT***)

Kepada Yth. Responden

Di Tempat.

Dengan Hormat,

Saya Mahasiswi S1 Program Studi Kesehatan Masyarakat Universitas Muhammadiyah Kalimantan Timur:

      Nama   : Yulianti

      NIM   : 1911102413043

      Bermaksud akan melakukan penelitian mengenai "Hubungan Lingkungan Sosial dengan Kesediaan untuk Menggunakan Rekam Medis Elektronik Pada Tenaga Kesehatan di Puskesmas Sidomulyo Kota Samarinda". Segala informasi yang Anda berikan akan dijamin kerahasiaanya dan saya bertanggung jawab apabila informasi yang diberikan akan merugikan Saudara/i. sehubungan dengan hal tersebut, apabila Saudara/I setuju untuk ikut serta dalam penelitian ini mohon untuk menandatangani kolom yang telah disediakan.

      Atas kesediaanya saya mengucapkan terima kasih.

Samarinda,………..2023

Responden,

(……………………..)

LEMBAR KUESIONER

HUBUNGAN LINGKUNGAN SOSIAL DENGAN KESEDIAAN UNTUK MENGGUNAKAN REKAM MEDIS ELEKTRONIK PADA TENAGA KESEHATAN DI PUSKESMAS SIDOMULYO KOTA SAMARINDA

Petunjuk Pengisian

1. Isilah identitas secara lengkap dan benar.
2. Isilah dengan cara memberikan tanda check () pada kolom jawaban yang tersedia, apabila jawaban anda ya atau tidak
3. Dalam memilih jawaban, anda cukup memilih satu jawaban disetiap pertanyaan.
4. Nomor responden akan diisi oleh peneliti.

Identitas Responden

1. Nomor Responden   :
2. Nama   :
3. Jenis Kelamin   :
4. Usia   :
5. Spesialisasi Medis (unit) :
6. Pengalaman Medis   :   Tahun
7. Jenis aplikasi TI di bidang :
   Pelayanan Kesehatan yang
   Pernah digunakan
   ☐ P-Care
   ☐ E-PostBorder
   ☐ E-Sign
   ☐ SIKDA
   ☐ DLL……

Kuesioner Independent

NO	PERTANYAAN	YA	TIDAK
LINGKUNGAN SOSIAL			
1.	Apakah perilaku Saudara/I berpengaruh terhadap penggunaan sistem RME ?		
2.	Apakah Saudara/I berpikir bahwa penting untuk menggunakan sistem RME ?		
3.	Apakah Saudara/I termotivasi dalam menggunakan sistem RME ?		
4.	Apakah Saudara/I mendapatkan dukungan untuk menggunakan sistem RME ?		
5.	Apakah Saudara/I menghabiskan banyak waktu pada sistem RME ?		

Kuesioner Dependent

NO	PERTANYAAN	BERSEDIA	TIDAK BERSEDIA
KESEDIAAN			
1.	Apakah Saudara/I bersedia pindah dari konfensional ke elektronik ?		
2.	Apakah Saudara/I memiliki kesediaan untuk menjalani pelatihan computer untuk mengaktifkan penggunaan sistem RME ?		
3.	Apakah Saudara/I memiliki kesediaan menerapkan sistem RME setelah mengikuti pelatihan RME ?		
4.	Apakah Saudara/I memiliki kesediaan untuk menggunakan sistem RME untuk layanan pasien dan jika terlatih dengan baik ?		
5.	Apakah Saudara/I memiliki kesediaan		

	untuk menggunakan sistem RME jika infrastruktur lengkap tersedia ?		
6.	Apakah Saudara/I memiliki kesediaan untuk menggunakan sistem RME, secara keseluruhan ?		

*RMD : REKAM MEDIS DIGITAL

LEMBAR KONSULTASI

Nama   :   Yulianti

Judul Skripsi   :   Hubungan lingkungan sosial dengan
                    kesediaan untuk menggunakan rekam medis
                    elektronik di puskesmas sidomulyo kota
                    samarinda

Pembimbing   :   Ferry Fadzlul Rahman, Ph.D

No	Tanggal	Konsultasi	Hasil konsultasi	Paraf
1.	11 Oktober 2022	Konsultasi tema kelompok	ACC	
2.	27 Oktober 2022	Konsultasi mengenai Definisi Operasional	Revisi dan memasukkan beberapa saran dari dosen pembimbing	
3.	12 November 2023	Revisi atau perbaikan tema dan judul	ACC	
4.	29 November 2023	Konsultasi Definisi Operasional	Revisi	
5.	03 Januari 2023	Konsultasi Bab 1 (Latar Belakang Masalah)	Revisi / perbaikan masukan dan saran	
6.	07 Januari 2023	Konsultasi Bab 1 (Latar Belakang Masalah, Kerangka Konsep, Hipotesis)	Revisi / perbaikan masukan dan saran	
7.	14 Januari 2023	Konsultasi Bab 2 (Desain Penelitian, Teknik Pengambilan Sampel, Tabel Definisi Operasional)	Revisi	
8.	04 Februari 2023	Konsultasi Bab 2 (Teknik Pengambilan Sampel, Tabel Definisi Operasional,	Revisi / perbaikan	

		Instrument Penelitian, Analisis Data)	masukan dan saran	
9.	11 Februari 2023	Konsultasi Bab 1 dan Bab 2	ACC	
10.	14 April 2023	Pembuatan hasil setelah penelitian	Revisi	
11.	13 Mei 2023	Konsultasi hasil	ACC	
12.	24 Mei 2023	Konsultasi hasil (Analisis Univariat Dan Bivariat) kesimpulan dan saran	Revisi	
13.	30 Mei 2023	Konsultasi hasil (Analisis Univariat Dan Bivariat) kesimpulan dan saran	ACC	

Investigating factors influencing the physicians' adoption of electronic health record (EHR) in healthcare system of Bangladesh: An empirical study

Akram Hossain[a,*], Rui Quaresma[a], Habibur Rahman[b]

[a] University of Evora, Portugal
[b] BGMEA University of Fashion & Technology Dhaka, Bangladesh

ARTICLE INFO

ABSTRACT

Electronic Health Record (EHR) can promote awareness or knowledge about healthcare among patients and healthcare professionals to improve collaboration between different governmental bodies, and enhance healthcare quality. The aim of the study is to identify the critical farctors affecting the physicians' adoption of EHR in healthcare system of Bangladesh by extending the Unified Theory of Acceptance and Use of Technology (UTAUT) to include Personal Innovativeness in Information Technology and Resistance to Change. A cross-sectional survey questionnaire was used to collect data from 300 participants in different private and public hospitals in Dhaka, the capital city of Bangladesh. The study used partial least square (PLS) method, a statistical analysis technique based on the structural equation modeling (SEM), to analyze the collected data. The results of the study determined that Social Influence ($\beta = 0.19$, $P < 0.05$), Facilitating Conditions ($\beta = 0.19$, $P < 0.05$), and Personal Innovativeness in Information Technology ($\beta = 0.19$, $P < 0.05$) had a significant influence on physicians' Behavioral Intention to adopt the EHR system, whereas Performance Expectancy ($\beta = 0.08$, $P > 0.05$), Effort Expectancy ($\beta = -0.02$, $P > 0.05$), and Resistance to Change ($\beta = 0.03$, $P > 0.05$) had no significant influence. The findings suggest that policymakers should increase the adoption of the EHR system by developing social strategies to encourage physicians to stimulate each other to use the EHR system and ensuring technical sufficiency, training to facilitate the use of the EHR system. In addition, the policymakers should identify physicians who possess a propensity to experiment with new information technologies as well as reduce existing challenges and barriers such as computers crush, poor infrastructure with erratic power supply etc. Moreover, we identify future research areas that provide scholars opportunities to push theoretical and empirical boundaries and offer further insights into the study of the EHR system.

1. Introduction

This study is based on a particular type of eHealth service, the Electronic Health Record (EHR) system (Tavares & Oliveira, 2014). There is a growing consciousness among healthcare institutions for adopting the EHR system to ensure better care and services to patients (Andreassen et al., 2007; Angst & Agarwal, 2009; Knaup & Schöpe, 2014). The EHR system is linked with the clinical Decision Support Systems (DSS) that ensures decision support for all types of healthcare service providers such as physicians, staff, and administration. It facilitates to take quick and proper decisions regarding lab testing, billing, diagnosis, and data analysis etc. (Knaup & Schöpe, 2014; Patient Portals, 2017; Weingart, Rind, Tofias, & Sands, 2006).

Health information system (HIS) refers to any system that captures, stores, manages or transmits information related to the health of individuals or the activities of organizations that work within the health sector (Haried, Claybaugh, & Dai, 2017). The key objective of HIS is to render better care and services to the patients including diagnosis, test results, treatment, monitoring, information access, billing, and patient handling (Purtova, 2016). The customary doctor-patient relationship has now altered to healthcare team systems which guarantee the better care to the patients (Ferraz & Guedes, 2017). Moreover, the EHR system contains information related to the patients including monitoring details, treatment details, diagnosis, billing, medical insurance, and contact details etc. (Mahmood, Burney, Abbas, & Rizwan, 2012). An example of the EHR system is shown in Fig. 1.

The recording of patients' information in most of the hospitals of developing countries is based on papers (Tun, 2017). Tun (2017) identified several drawbacks of such kind of paper-based records such as ambiguity, illegibility, incomplete data, and data disintegration.

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The Factors Related to Cadres' Competency in Integrated Health Service Post during Pandemic

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[1]Department of Public Health, Universitas Muhammadiyah Kalimantan Timur, Kalimantan Timur, Indonesia
[2]Department of Economics, Faculty of Economics and Business, Universitas Muhammadiyah Yogyakarta, Indonesia
[3]Department of Health Science, Lincoln University College, Kota Bharu, Malaysia

Abstract: The competence of Posyandu (Integrated Service Post) cadres played a crucial role in response to the pandemic. They were responsible for raising awareness about COVID-19 and implementing preventive measures. The impact of their competence cannot be overstated and highlights the importance of investing in health worker training. This study aims to determine the factors related to the competence of Integrated Health Service Post cadres during the pandemic in the Samarinda Primary Healthcare working area. Observational research was employed with stratified random sampling, and primary data was collected from five Primary Healthcare in Samarinda. This study employed three steps to examine the effect of competency cadres: univariate analysis, bivariate analysis using the Spearman Rank test, and multivariate analysis with Multiple Linear Regression. The bivariate analysis results showed that supervision had a very strong correlation with the cadres' competency, and social environment had a strong correlation with the cadres' competency. At the same time, the organization had a moderate correlation with cadres' competency. The multivariate test results showed that the social environment contributed 0.165 times to the competence of cadres, organizational support contributed 0.211 times in cadre competence, and supervision support contributed 0.652 times to cadre competence. It provides them with the necessary resources, training, and recognition for their work.

Keywords: competency; social environment; integrated health service post

INTRODUCTION

Health services are the maintenance or improvement of health status through prevention, diagnosis, therapy, recovery, or healing of diseases, injuries, and other physical and mental disorders.[1] High health care is the goal that hospitals and patients always expect. With the development of understanding and standards regarding the quality of health services, it is expected that health services can be encouraged by routine patient safety data for the community.[2] Integrated health service post, commonly named *Posyandu,* is managed and coordinated from, by, and for the community in the application of health development to empower and facilitate access to essential health services. It strives to enhance the reduction of maternal and infant mortality.[3] Implementation of the *Posyandu* program by selected health cadres who have received education and training from the Community Health Centers (*Puskesmas*) regarding essential health services.[4]

The spearhead of *Posyandu* health services is the cadres. The *Posyandu* cadres are the surrounding community and have the will, ability, and time to organize *Posyandu* activities.[5,6] The *Posyandu* implementers have contributed to reducing maternal mortality and toddler. The knowledge and skills of cadres need to be improved through coaching so that they can lead *Posyandu* activities according to their abilities. In this case, the role of cadres as implementers of *Posyandu* activities, especially in preparation and implementation, is necessary to improve both through basic training for cadres.[3]

Integrated Health Service Post (*Posyandu*) is a strategic step in developing the quality of human resources. Health cadres have a significant role in improving the community's ability to help themselves achieve optimal health status. In addition, the role of cadres is to participate in fostering the community in
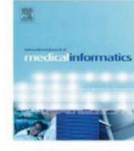
Factors influencing the adoption of health information technology in Thai public health centers: Implement the UTAUT model

Boonchai Kijsanayotina,ÿ,1, Supasit Pannarunothai b, Stuart M. Speediec

A *Bureau of Policy and Strategy, Ministry of Public Health, Tiwanon Rd., Nonthaburi 11000, Thailand*

B *Health Equality Monitoring Center, Faculty of Medicine, Naresuan University, Phitsanulok, Thailand*

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article info

abstract

Background: One of the most important factors for the successful implementation of technology health information (IT) is user acceptance of and use of such technology. Thailand has implemented a national universal health program and has restructured the health IT system country to support it. However, no national data is available on the acceptance of and use of health IT in many health facilities, including community health centers (Public health center). This study uses the structural model of the Unified Theory of Acceptance and Use of Modified Technology (UTAUT), to understand the factors influencing health IT adoption in public health centers in Thailand and to validate existing IT adoption models in the context of developing country health care.

Methods: An observational study design was used to study the adoption and use of CHC IT. A random sample of 1607 CHCs regionally stratified from a total of 9806 CHCs was selected. Data collection was carried out using a cross-sectional survey via a self-administered questionnaire with levels response 82%. The research model is applied using the partial least square path modeling (PLS).

Results: The data shows that people working in Puskesmas show a high level of acceptance and use of IT. Analysis of the research model shows that IT acceptance is influenced by performance expectations, effort expectations, social influence, and volunteerism. Use of health IT predicted by previous IT experience, intention to use the system, and facilitation of conditions.

Conclusion: Health IT is widespread and well adopted by CHCs in Thailand. The study results have implications for health IT development efforts in Thailand and health informatics research. This study validates the UTAUT model in the context of the country's health care system field developed and demonstrated that PLS path modeling works well in field studies and in exploratory research with complex models.

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Frequencies

Statistics

		Jenis Kelamin	Usia Responden	Spesialis Medis (Unit)	Pengalaman Medis (Tahun)	Jenis Aplikasi yang Pernah digunakan	Lingkungan Sosial	Kesediaan
N	Valid	48	48	48	48	48	48	48
	Missing	0	0	0	0	0	0	0

Frequency Table

Jenis Kelamin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Laki-laki	9	18.8	18.8	18.8
	Perempuan	39	81.3	81.3	100.0
	Total	48	100.0	100.0	

Usia Responden

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	17-25	1	2.1	2.1	2.1
	26-35	16	33.3	33.3	35.4
	36-45	9	18.8	18.8	54.2
	45-55	18	37.5	37.5	91.7
	56-65	4	8.3	8.3	100.0
	Total	48	100.0	100.0	

Spesialis Medis (Unit)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Promosi Kesehatan	3	6.3	6.3	6.3
	Promosi Kesehatan Lingkungan	2	4.2	4.2	10.4
	Pelayanan KIA-KB	5	10.4	10.4	20.8
	Gizi Kesmas	1	2.1	2.1	22.9
	PPM (Pencegahan Pengendalian Penyakit)	4	8.3	8.3	31.3
	Imunisasi	3	6.3	6.3	37.5
	Keperawatan Kesehatan Masyarakat	1	2.1	2.1	39.6
	Kesehatan Jiwa	1	2.1	2.1	41.7
	Kesehatan Gizi	3	6.3	6.3	47.9
	Gigi	3	6.3	6.3	54.2
	Kesehatan Olahraga	1	2.1	2.1	56.3
	Kesehatan Indera	1	2.1	2.1	58.3
	Kesehatan Lansia	1	2.1	2.1	60.4
	Kesehatan Kerja	1	2.1	2.1	62.5
	Kesehatan Peduli Remaja	1	2.1	2.1	64.6
	Pemeriksaan Umum	2	4.2	4.2	68.8
	Pelayanan Tindakan	1	2.1	2.1	70.8
	Farmasi	4	8.3	8.3	79.2
	Laboratorium	3	6.3	6.3	85.4
	TB, Kusta	2	4.2	4.2	89.6
	Pelayanan VCT, IMS, dan Lass	2	4.2	4.2	93.8
	Rekam Medis	1	2.1	2.1	95.8
	Pendaftaran	2	4.2	4.2	100.0
	Total	48	100.0	100.0	

Pengalaman Medis (Tahun)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-3 tahun	5	10.4	10.4	10.4
	4-6 tahun	9	18.8	18.8	29.2
	7-9 tahun	5	10.4	10.4	39.6
	> 10 tahun	29	60.4	60.4	100.0
	Total	48	100.0	100.0	

Jenis Aplikasi yang Pernah digunakan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	P-Care	21	43.8	43.8	43.8
	E-PPGBM	3	6.3	6.3	50.0
	SIKDA	16	33.3	33.3	83.3
	E-Kohort	2	4.2	4.2	87.5
	ASIK	3	6.3	6.3	93.8
	Selena	1	2.1	2.1	95.8
	SIGA	2	4.2	4.2	100.0
	Total	48	100.0	100.0	

Lingkungan Sosial

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Baik	23	47.9	47.9	47.9
	Baik	25	52.1	52.1	100.0
	Total	48	100.0	100.0	

Kesediaan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Bersedia	23	47.9	47.9	47.9

Bersedia	25	52.1	52.1	100.0
Total	48	100.0	100.0	

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Lingkungan Sosial * Kesediaan	48	100.0%	0	0.0%	48	100.0%

Lingkungan Sosial * Kesediaan Crosstabulation

Count

		Kesediaan		
		Tidak Bersedia	Bersedia	Total
Lingkungan Sosial	Tidak Baik	16	7	23
	Baik	7	18	25
Total		23	25	48

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8.293[a]	1	.004		
Continuity Correction[b]	6.711	1	.010		
Likelihood Ratio	8.544	1	.003		
Fisher's Exact Test				.009	.004
Linear-by-Linear Association	8.120	1	.004		
N of Valid Cases	48				

a. 0 cells (,0%) have expected count less than 5. The minimum expected count is 11,02.

b. Computed only for a 2x2 table

Lampiran 8 Dokumentasi Penelitian

HUBUNGAN LINGKUNGAN SOSIAL DENGAN KESEDIAAN UNTUK MENGGUNAKAN REKAM MEDIS ELEKTRONIK PADA TENAGA KESEHATAN DI PUSKESMAS SIDOMULYO KOTA SAMARINDA

by Yulianti Yulianti

HUBUNGAN LINGKUNGAN SOSIAL DENGAN KESEDIAAN UNTUK MENGGUNAKAN REKAM MEDIS ELEKTRONIK PADA TENAGA KESEHATAN DI PUSKESMAS SIDOMULYO KOTA SAMARINDA