

Improving the Performance of Health Workers at Bhakti Asih Hospital, Brebes Through Service Quality and Work Stress Moderated by the Use of Electronic Medical Records (Emr)

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Abstract. *The acceleration of digital transformation is a process of facilitating the integration of digital technologies into all areas of activity, both in business sectors and public services, including healthcare facilities such as hospitals. The implementation of digital transformation in the health sector is realized through the adoption of Electronic Medical Records (EMR), which plays a role in improving service efficiency. The involvement of healthcare workers is a crucial aspect because the use of this system is directly related to achieving Patient Safety Goals (PSG). This study aims to: empirically analyze the effect of service quality on the performance of healthcare workers, 2) empirically analyze the effect of work stress on the performance of healthcare workers, and 3) empirically analyze the effect of service quality moderated by the use of EMR on the performance of healthcare workers. This research employs an associative design with a quantitative and explanatory approach. Data were collected using a questionnaire instrument distributed to relevant respondents. The results indicate that service quality has a positive effect on the performance of healthcare workers, whereas work stress has a negative effect. Furthermore, the use of EMR does not moderate the effect of service quality or work stress on the performance of healthcare workers.*

Keywords: *Digital; Electronic; Healthcare; Medical; Transformation.*

1. Introduction

In the 21st century, digital technology in Indonesia has developed rapidly. People have easy access to the internet, whether through computers, laptops, or smartphones. This ease of access has also seen improvements and innovations over the years, resulting in several acceleration policies, one of which is currently impacting all aspects of human life: the acceleration of transformation. Digital transformation. Accelerating digital transformation is the process of facilitating the integration of digital technology into all sectors, both in business and public services. Accelerating the implementation of digital technology is a fundamental factor in increasing the efficiency of government services and accelerating the national development process. To accelerate this program, the President of the Republic of Indonesia, Joko Widodo, issued Presidential Regulation No. 82/2023 concerning "Accelerating Digital Transformation and Integrating National Digital Services."

This Presidential Regulation serves as a reference for the government to accelerate digital transformation to ensure that businesses, public services, and community participation remain competitive, innovative, and increasingly relevant.

The rapid development of the digital era has made digital technology a primary requirement for companies to compete. Digital transformation is now a reality that must be implemented to remain relevant and efficient. Furthermore, companies must consider data privacy and security when using digital technology. The acceleration of digital transformation has made it easier for the public to access public services through an integrated system (Bangsawan, 2023).

One public service sector currently undergoing accelerated digital transformation is hospitals. The implementation of digital transformation in this area is realized through the implementation of Electronic Medical Records (EMR). In the EMR implementation process, the involvement of healthcare workers is crucial because the use of this system is directly related to Patient Safety Goals (SKP). Healthcare workers are individuals with education and expertise in the health sector. Healthcare workers are required to possess competencies and be responsible for providing healthcare services recognized by the government.

so they can provide quality and safe healthcare services to patients. Healthcare workers such as doctors, nurses, midwives, pharmacists, pharmacist assistants, nutritionists, physiotherapists, and other professionals contribute to improving public healthcare services. Healthcare workers are human resources who play a role in providing services in various healthcare facilities, including hospitals. To improve the quality of patient care, healthcare workers are required to perform in line with the service standards established by the hospital.

Health worker performance can be defined as the work results achieved by medical personnel, both in terms of quality and quantity, within a certain time period in accordance with their responsibilities and roles (Mangkunegara in Alwi et al., 2023). This initiative emerged in response to increasing public expectations for quality and professional healthcare services. Through optimal work performance, healthcare workers are expected to make a significant contribution to improving the quality of healthcare services in their institutions, ultimately positively impacting the quality of life and welfare of the wider community. Previous research indicates that the performance of medical personnel, measured by physical evidence, reliability, responsiveness, assurance, and empathy, still needs improvement in terms of responsiveness and agility in handling patient complaints (Kiyai & Palar, 2022). In this regard, healthcare workers face complex tasks, and performance evaluation is essential to improve the quality of patient care. Furthermore, the digital era requires special attention to improving the quality of service performance. Hospital management, as leaders and managers of healthcare workers, is required to undertake digital transformation to improve the quality of public service, becoming more effective and efficient. Digitalization in hospitals is a crucial component of public health services, one of which is "Electronic Medical Records."

Electronic Medical Records (EMR) is a form of digital transformation in healthcare that functions to store various patient medical information in electronic format. The data recorded includes patient identity, medical history, and other information. health, diagnostic results, therapy or treatment received, supporting examination results, and other relevant health information. Furthermore, in the healthcare facility information system, the EMR serves as an integrated element with a number of other information subsystems to support the smooth management of health data. Another opinion states that the use of Electronic Medical Records (EMR) provides

User convenience, such as increased data completeness, automated alert systems, clinical decision support, and data integration with other medical knowledge sources (Darwito in Latipah et al., 2021). Based on Minister of Health Regulation No. 24 of 2022, all healthcare facilities, including hospitals, clinics, and independent practices, are required to implement EMR by December 31, 2023, and the system must be connected to the national One Healthy application (Siregar & Siregar, 2024).

The EMR system can be developed directly by the Ministry of Health, independently created by healthcare facilities, or obtained through collaboration with third-party (private) system providers. Although regulations have set a deadline for implementation, the implementation of EMR in the field still faces several challenges. Previous research has shown that the implementation of EMR for Inpatients at Hospital X, North Bengkulu, negatively impacted compliance with EMR filling in inpatient settings, resulting in suboptimal patient care (Fenilho & Ilyas, 2023). As stated, the success of the digitalization program is still hampered by limited infrastructure, weak regulations, and low digital literacy among the public. Therefore, optimizing the use of digital technology is crucial for the advancement of the health sector, where human resources play a key role in supporting the acceleration of EMR implementation (Bangsawan, 2023).

Human resources (HR) play a crucial role in the performance of healthcare workers in a hospital. HR is a crucial role that must be managed by hospital management because it plays a crucial role in achieving comprehensive hospital service quality. The involvement of healthcare workers in utilizing RME can impact service quality if they can maximize it effectively. Service quality is an indicator of how appropriately the level of service offered by a hospital as a facility can meet the service standards expected by patients. Improving service quality by understanding and appropriately treating healthcare workers who interact directly with patients is a key strategy for hospitals. When a patient interacts with a healthcare worker, the patient's level of satisfaction is entirely determined by the performance of the healthcare worker. Healthcare worker performance is the output of good quality HR. To produce good quality HR, HR competency is essential in hospitals. According to research, Previously, to improve human resource capabilities, skills/knowledge, self-concepts, traits, and motives were needed. To achieve healthy human resource competencies, hospital management need to improve facilities to support HR, have an agile attitude if there is obstacles, and increasing professionalism by hospital medical committees such as training, education and organizational commitment (Ratnamiasih et al., 2012).

Previous research revealed that organizational commitment has a positive influence, but

this influence is not significant indirectly through organizational culture on sustainable performance (Pangkey et al., 2022). Meanwhile, work competency has been shown to have a positive and significant indirect influence through organizational culture on sustainable performance. However, this study has limitations, suggesting that type C hospitals should emphasize the implementation of competency-based strategies. This strategy requires attention to aspects of internal organizational consistency, environmental adaptability, optimal resource management, and effective communication and implementation. In addition to the strategies mentioned above, hospital management must assess the workload level of each hospital service unit. This is because workload will affect individual stressors, resulting in suboptimal HR competency strategies.

Work stress is a condition where someone experiences pressure or tension in their work environment, resulting in a negative response and feeling burdened in completing their responsibilities (Mangkunegara, 2017). This condition can impact employee productivity and performance. Work stress arises when there is an imbalance between job demands and an individual's ability to cope with existing pressures (Vanchapo, 2022). In line with this, another opinion suggests that work stress arises from employees' perceptions of work demands as excessive and causing psychological stress (Umum in Agustin, 2010). Changes in physical and psychological conditions due to adaptive reactions to the work environment can hinder task performance. Thus, when the workload exceeds an individual's physical and mental capacity, work stress will occur. Previous research has shown that work stress negatively impacts performance, meaning that if employees experience stress, their productivity will also decrease (David et al., 2019). Therefore, leaders in each healthcare facility must assess the workload experienced by healthcare workers, so that healthcare workers can perform well physically and psychologically.

Bhakti Asih Hospital in Brebes is the first private hospital in Brebes Regency. Established by PT Bhakti Asih, it was established on October 1, 2002. It is a Type C hospital. Partnering with BPJS Kesehatan (Social Security Agency) since 2014, Bhakti Asih Hospital has provided numerous general and specialist healthcare services. Many patients, particularly from Brebes Regency, seek treatment at this hospital, making it a popular choice for the people of Brebes. The hospital focuses on healthcare and treatment, guided by patient satisfaction and recovery. Its mission is to improve service quality, patient and employee safety, and maintain an environmentally friendly environment. Bhakti Asih Brebes Hospital collaborates with a third party called MEDISimeD to use the hospital's SIM. The number of employees authorized to use the MEDISimeD hospital SIM is 252 healthcare workers, 15 of whom are part of the hospital management, 35 specialist doctors, and 3 dentists. With the number of 252 healthcare workers in 2024, they have full authority to use the hospital SIM and RME. Meanwhile, the management of Bhakti Asih Brebes Hospital consists of the hospital director, medical service manager, nursing manager, human resource manager, finance manager, marketing and insurance manager, patient service manager (MPP), and the hospital casemix team. Hospital management has the authority to utilize RME and maximize their human resources so that the RME system can run smoothly.

Bhakti Asih Hospital in Brebes has 181 beds, comprising nine inpatient rooms including

nine nurse stations, 18 outpatient clinics, one laboratory, one radiology room, and one medical rehabilitation room. This number of rooms increases the complexity of RME utilization in each room, necessitating monitoring and anticipation for patient care. The following table shows the number of healthcare workers at Bhakti Asih Hospital in Brebes from 2021 to 2024:

TABLE Data on Bhakti Asih Brebes Hospital

Year	Number of Tenakes	Number of Patients
2021	240	99470
2022	233	102635
2023	249	113603
2024	252	127603

Based on HRD data and medical records at Bhakti Asih Hospital in Brebes, there is a gap between the number of healthcare workers and the number of patients from 2021 to 2024. Bhakti Asih Hospital experiences an annual increase in patient numbers. This results in a high workload, which negatively impacts the performance and psychological well-being of healthcare workers.

Workload can be defined as the amount or variety of work that must be completed by professional health workers within a year in a health care facility. This workload includes both physical and non-physical stress experienced by workers while carrying out their duties, and can increase if the work environment is not optimally supportive (Ministry of Health of the Republic of Indonesia, 2004). A nurse's workload is the total activity or task performed within a month, with the ideal national standard ranging from 120 to 150 working hours per month (Ministry of Health of the Republic of Indonesia, 2009). Meanwhile, workload analysis can be reviewed through various aspects, such as the type of tasks carried out based on primary and additional functions, the number of patients treated, work ability according to educational level, the duration of work time used to complete tasks, and the availability of supporting facilities that affect nurses' work efficiency (Syaer, 2010).

According to the Ministry of Health's nurse-to-patient ratio, Type C hospitals require a nursing staffing requirement of two nurses for three beds (Ministry of Health, Republic of Indonesia). This is inconsistent with the nurse-to-patient ratio at Bhakti Asih Hospital in Brebes. For example, in one hospital, The Kalpataru ward has three nurses for a 24-bed capacity. The presence of RME will likely add to the healthcare workers' duties, increasing their workload and impacting their performance.

2. Research Methods

In relation to the research title, the type of research used is associative research with a quantitative approach. This research design is explanatory, because it seeks to explain the

relationship between variables through hypothesis testing. The data collection method was carried out using a questionnaire instrument distributed to research respondents. The purpose of this study is to test and explain the validity of the proposed hypothesis, so that the results can strengthen the theory that serves as the conceptual basis of the research. In this study, researchers examined three types of variables: service quality and work stress as independent variables, health worker performance as the dependent variable, and electronic medical records (EMR) which acts as a moderating variable.

3. Results and Discussion

3.1. Respondent Demographics

The study, conducted at Bhakti Asih Hospital in Brebes, presents a comprehensive overview of the demographic characteristics of the healthcare workers respondents, including age, gender, education, length of service, marital status, and position. An in-depth analysis of these characteristics not only provides demographic context for the study sample but also provides a foundation for understanding how these variables may influence the relationship between service quality, job stress, and healthcare worker performance, as moderated by the use of electronic medical records.

Table 1. Frequency Distribution of Respondent Characteristics Based on Age

Age Group	Frequency	Percentage (%)
20-30 years	23	14.8
31-40 years	97	62.6
41-50 years	31	20.0
> 50 years	4	2.6
Total	155	100.0

The age distribution of respondents shows that the majority of health workers (62.6%) are in the 31-40 age range, representing a workforce in the middle productive phase. This group is generally characterized by an optimal combination of adequate energy and work experience. The proportion of respondents aged 41-50 years reached 20.0%, indicating a significant representation of health workers with substantial work experience. Meanwhile, young health workers (20-30 years) comprised 14.8% of the total respondents, reflecting workforce regeneration in the institution, albeit at a relatively limited proportion. This age composition is significant in

The research context considers that generational differences can influence adaptability to information technology such as electronic medical records, with younger health workers

generally having a higher ability to adapt to technological innovations.

TableFrequency Distribution of Respondent Characteristics Based on Gender

Gender	Frequency	Percentage (%)
Man	40	25.8
Woman	115	74.2
Total	155	100.0

From a gender perspective, there is a significant imbalance, with a predominance of female healthcare workers (74.2%) compared to male (25.8%). This phenomenon is consistent with the general characteristics of healthcare professions in Indonesia, particularly in nursing and midwifery, which historically and culturally have been more attractive to women. The implications of this gender composition need to be considered in the context of studies on work stress and performance, given that previous literature has indicated differences in perceptions and coping mechanisms for stress between male and female healthcare workers (Zaghini et al. 2023). Furthermore, gender perspectives may also play a role in healthcare workers' experiences adapting to new technologies such as electronic medical records.

TableFrequency Distribution of Respondent Characteristics Based on Education

Level of education	Frequency	Percentage (%)
DIII (Various Majors)	102	65.8
DIV/S1 (Various Majors)	9	5.8
Nursing Profession	31	20.0
Level of education	Frequenc y	Percentage (%)
Pharmacist and pharmacist assistant profession	6	3.9
Other Professions	7	4.5
Total	155	100.0

Analysis of educational attainment revealed that the majority of respondents (65.8%) had Diploma III qualifications in various health disciplines. The proportion of health workers with specialized professional qualifications, such as Nursing Profession (20.0%) and The pharmacist profession (3.9%) demonstrates the diversity of professional competencies that

are important in the context of hospital services. This distribution of educational levels reflects the typical workforce structure in type C hospitals in Indonesia, which tends to be dominated by personnel with Diploma III qualifications. This pattern has implications for technological adaptation capacity and service quality, as educational level often correlates with the ability to master new technologies and the complexity of services provided.

Table Frequency Distribution of Respondent Characteristics Based on Length of Service

Years of service	Frequency	Percentage (%)
2-5 years	2	1.3
5-10 years	92	59.4
11-20 years	34	21.9
> 20 years	27	17.4
Total	155	100.0

Regarding length of service, the majority of respondents (59.4%) have worked for 5-10 years, followed by groups with 11-20 years of service (21.9%) and more than 20 years (17.4%). This distribution shows that most health workers have experience

sufficient work experience to understand the operational dynamics of a hospital, but have not yet reached the senior phase of their careers. This pattern is relevant in the research context, given that tenure can influence stress levels and adaptability to changes in work systems, including the implementation of electronic medical records. Healthcare workers with medium tenure (5-10 years) generally have mastered the technical aspects of their work but still have the flexibility to adapt to new systems, in contrast to very senior workers who may experience greater resistance to change.

Table Frequency Distribution of Respondent Characteristics Based on Marital Status

Marital status	Frequency	Percentage (%)
Married	149	96.1
Not married yet	6	3.9
Total	155	100.0

Respondents' marital status showed high homogeneity, with 96.1% of respondents being married. The predominance of married healthcare workers While this reflects the demographic profile common to Indonesia's productive-age population, it also implies dual responsibilities between work and family, potentially contributing to additional work-related

stress. In the context of research on work stress and performance, marital status is an important contextual variable that can influence personal work-life balance and stress resilience.

Table Frequency Distribution of Respondent Characteristics Based on Position

Position	Frequency	Percentage (%)
Nurse	71	45.8
Pharmacists and Pharmacist Assistants	23	14.8
Head of Room/Manager	24	15.5
Midwife	15	9.7
Executive Staff	4	2.6
Other Supporting Staff	18	11.6
Total	155	100.0

The distribution of positions indicates that nearly half of the respondents (45.8%) were nurses, healthcare workers who interact directly with patients in their daily care activities. Other significant groups included ward heads/managers (15.5%) and pharmacist assistants (14.8%). This position composition indicates that the study sample was dominated by healthcare workers on the front lines of care, who are the primary users of electronic medical records in their daily clinical activities. The perspectives of healthcare workers at various levels of the organizational hierarchy provide a comprehensive picture of how EMR implementation impacts work dynamics at various levels.

Overall, the demographic profile of respondents reflects the workforce population. The study was conducted in a health care facility dominated by women aged 31-40 years with a Diploma III education qualification, having worked for 5-10 years, married, and working as executive staff. These characteristics reflect the reality of workforces in type C hospitals in Indonesia in general, and provide an important context for understanding how demographic factors may interact with the main variables in the study, namely service quality, job stress, and health worker performance moderated by the use of electronic medical records.

The results of the answers to the health worker performance variable indicators are as follows:

Table Health Worker Performance Indicator Answer Results

Statement	N	Minimum	Maximum	Mean	Standard Deviation
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I am used to taking immediate action to complete tasks without having to wait for instructions from other people	155	1.00	5.00	3.7871	.96016
I often consider how I can affect the quality of patient care in the future front	155	1.00	5.00	4.0387	.88188
I am able to respond to patient needs without having to wait instructions.	155	1.00	5.00	3.9548	.87788
Management always gave me the opportunity to get involved in taking decision in the matter service improvement	155	1.00	5.00	3.5871	1.06165
I often get praise from management for the proactive actions I take. do	155	1.00	5.00	3.4387	1.03875

Source: Processed primary data, 2025

The descriptive statistics on the performance indicators of healthcare workers at Bhakti Asih Brebes Hospital show that healthcare workers tend to be proactive. The statement about the habit of taking immediate action without waiting for instructions obtained an average of 3.7871 with a standard deviation of 0.96016. This value indicates that the majority of healthcare workers are quite independent in completing tasks. The score range A scale ranging from 1.00 to 5.00 indicates a variety of individual experiences, although most were positive. This proactive behavior is an important indicator of service effectiveness

because it expedites patient care. However, some respondents may still tend to wait for direction. This could be influenced by experience, self-confidence, or applicable internal policies. Overall, this indicator confirms that individual initiative is quite strong in supporting performance.

Indicators related to future orientation performed very well. The statement about considering how actions affect the quality of future patient care achieved an average score of 4.0387 with a standard deviation of 0.88188. This score was the highest compared to other indicators, indicating that healthcare workers have a high awareness of the long-term impact of each decision. The majority of respondents considered maintaining the sustainability of service quality important. While responses varied, many tended to rate themselves as agreeing to strongly agreeing. This awareness demonstrates a work culture that consistently prioritizes quality. It also reinforces the image of professionalism in healthcare practice. Therefore, the future orientation indicator is a key strength in healthcare worker performance.

Indicator of the ability to respond to patient needs quickly without waiting

Instructions also yielded positive results. A mean of 3.9548 with a standard deviation of 0.87788 indicates that healthcare workers are quite responsive to patient needs. This figure approaches the high category, indicating good readiness to provide direct services. A score range of 1.00 to 5.00 indicates that some respondents While some felt less than optimal, the majority remained positive. Response speed is one of the key indicators directly perceived by patients in assessing service quality. This demonstrates that healthcare workers demonstrate good responsiveness in their daily practices. However, to ensure consistency, clear operational standards are needed. This way, all healthcare workers can respond quickly and appropriately according to procedures.

Indicators of support and recognition from management also provide an overview. Interesting. The opportunity to be involved in service improvement decision-making achieved an average of 3.5871 with a standard deviation of 1.06165, indicating significant variation. This means that some healthcare workers feel involved, while others may not be fully involved. Similarly, statements regarding praise from management for proactive actions had an average of 3.4387 with a standard deviation of 1.03875. This value is relatively lower than other indicators, indicating that management recognition of healthcare workers' performance is not evenly distributed. Management support and appreciation play an important role in maintaining work motivation. This variation in assessments can be used as evaluation material for management to improve the reward system. By strengthening structural support, healthcare workers' performance can be optimized. This will have a positive impact on the overall quality of hospital services.

The following are the results of reliability testing assisted by the SmartPLS program.

Table Reliability Test

	Cronbach's alpha	Composite reliability (rho_c)	Average varianceextracted (AVE)
Internal Service Quality	0.904	0.925	0.673
Proactive Health Worker Performance	0.888	0.918	0.692
Use of Recording Medical	0.971	0.975	0.832
Work-Related Stress	0.958	0.964	0.708

Source: Processed primary data, 2025

The reliability test results indicate that all constructs in the study have an excellent level of reliability. Cronbach's alpha values for all variables were above 0.70, with Internal Service Quality at 0.904, Proactive Health Worker Performance at 0.888, Medical Record Use at 0.971, and Work-Related Stress at 0.958, indicating high internal consistency. This is reinforced by the composite reliability value which also exceeds the minimum limit of 0.70, with a range of 0.918 to 0.975, thus indicating excellent construct reliability.

In addition, the Average Variance Extracted (AVE) value for all variables was also above 0.50, namely 0.673 for Internal Service Quality, 0.692 for Proactive Health Worker Performance, 0.832 for Use of Medical Records, and 0.708 for Work-Related Stress.

This AVE value proves that each construct is able to explain more than 50% of the variance in its indicators. Thus, all variables in the study can be declared reliable and convergently valid for use in further structural model analysis.

Inner model testing includes evaluating the level of goodness of fit in the model. structural analysis, path coefficient analysis, significance test of partial influence between exogenous and endogenous variables, and calculation of coefficient of determination values. Evaluation of the structural model was conducted using several measures, namely R-Square, F-Square, predictive relevance (Q^2), and Standardized Root Mean Square Residual (SRMR). The results of the data processing are presented as follows:

The results of the R Square test are as follows:

R Square Evaluation Table

Information	Mark
Performance of health workers	0.160

Source: Processed primary data, 2025

The results of the R-Square analysis show that the construct of Health Worker Performance has a value of 0.160. This figure means that the independent variables used in the model, namely Internal Service Quality, Work-Related Stress, and Use of Medical Records, are able to explain variations in health worker performance by 16%, while the remaining 84% is influenced by other factors outside the research model. The R-Square value of 0.160 is included in the weak category, thus indicating that there are still many other external factors that influence the proactive performance of health workers at Bhakti Asih Brebes Hospital. Nevertheless, the contribution of the variables in the model still provides an initial picture of the direction of significant relationships in the context of health services. In other words, this study shows that there is an influence, but it is not strong enough to explain the overall performance of health workers.

This can be the basis for further research to add other variables more relevant. Overall, this value underscores the need to strengthen the model to more comprehensively explain healthcare worker performance.

Inner VIF Table

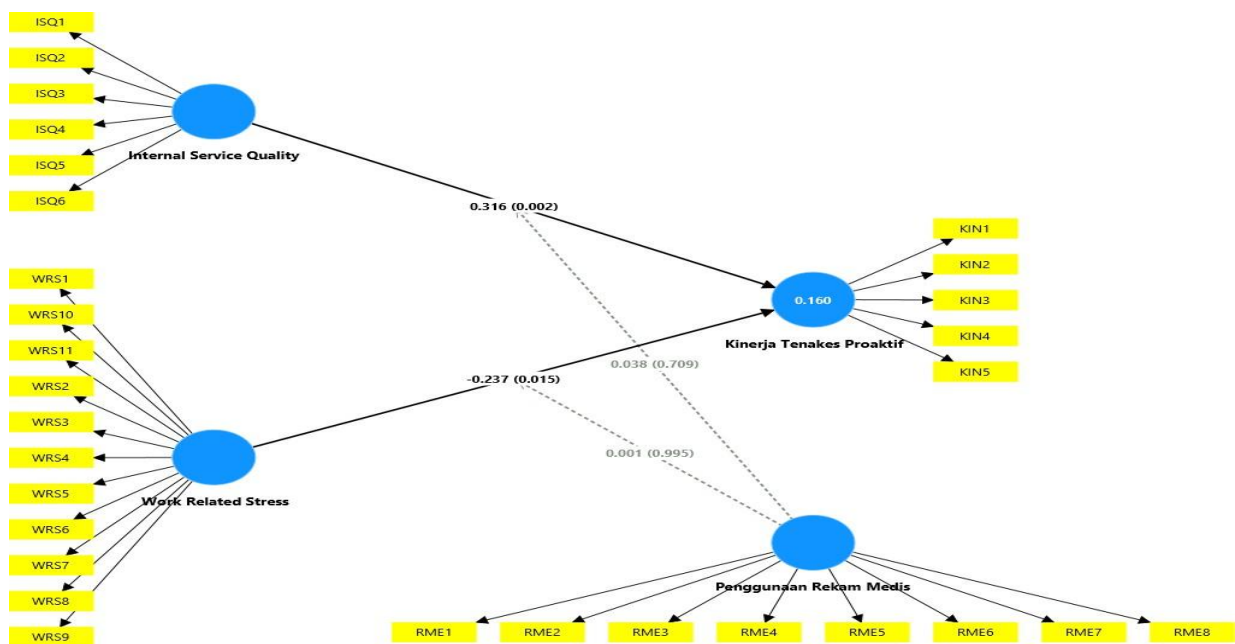
	VIF
Internal Service Quality -> Proactive Healthcare Worker Performance	1,405
Use of Medical Records -> Proactive Healthcare Worker Performance	1,137
Work Related Stress -> Proactive Healthcare Worker Performance	1,027
Use of Medical Records x Internal Service Quality -> Proactive Healthcare Worker Performance	1,301
Use of Medical Records x Work Related Stress -> Proactive Health Worker Performance	1,023

Source: Processed primary data, 2025

The results of the Inner VIF analysis show that all independent variables in the model have VIF values far below the threshold of 5, so it can be concluded that there is no multicollinearity problem. The Internal Service Quality variable on the Performance of Proactive Health Workers has a VIF value of 1.405, while the Use of Medical Records is 1.137, both indicating a low correlation between predictors. Likewise, Work-Related Stress with a value of 1.027, as well as the interaction of Use of Medical Records x Internal Service Quality of 1.301 and Use of Medical Records x Work-Related Stress of 1.023, all of

which are at a safe level. These values confirm that the contribution of each predictor variable in explaining the dependent variable does not distort each other. In other words, all constructs in the model have good independence in providing their influence on the performance of proactive health workers.

Hypothesis testing is used to test hypotheses about regression coefficients, namely to determine whether the obtained regression equation is valid or not. The calculation diagram is as follows:



Structural Model Analysis Image

The results of the SmartPLS calculations for significance in hypothesis testing on health worker performance are as follows:

Hypothesis Test Results Table

Information	Original Sample (O)	T	P Values
Quality of service -> Performance of health workers	0.316	3,140	0.002
Work stress -> Health worker performance	-0.237	2,426	0.015
Use of electronic medical records x Quality of service -> Performance of health workers	0.038	0.373	0.709

Use of electronic medical records x Job stress -> Health worker performance	0.001	0.007	0.995
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Source: Processed primary data, 2025

a. Hypothesis test of the influence of service quality on the performance of health workers

Based on the calculations, a significance level of 0.002 and a coefficient value of 0.316 were obtained. A significance level of 0.002 is less than 5%, meaning that the first hypothesis, namely that service quality has a positive effect on health worker performance, or H1, is accepted. Based on these results, it can be concluded that the test shows service quality has a positive impact on the performance of healthcare workers. Improving service quality will improve healthcare worker performance.

b. Hypothesis test of the influence of work stress on the performance of health workers

Based on the results of the calculations that have been carried out, the significance results obtained are 0.015 and a coefficient value of -0.237. A significance level of 0.015 is less than 5%, meaning the second hypothesis, namely that job stress has a positive effect on the performance of healthcare workers, or H2, is rejected. Based on these results, it can be concluded that the test shows that job stress has a negative effect on the performance of healthcare workers. This explanation can be interpreted as meaning that increased job stress can reduce the performance of healthcare workers.

c. Hypothesis Test: The Use of Electronic Medical Records Moderates the Effect of Service Quality on the Performance of Health Workers

Based on the calculation results, a significance value of 0.709 and a coefficient value of 0.038 were obtained. A significance value of 0.709 is greater than 5%, meaning that the third hypothesis, namely the use of electronic medical records, moderates the effect of service quality on the performance of health workers, or H3, is rejected.

d. Hypothesis Test: The Use of Electronic Medical Records Moderates the Effect of Work Stress on the Performance of Health Workers

Based on the calculation results, a significance value of 0.995 and a coefficient value of 0.001 were obtained. The significance value of 0.995 is greater than 5%, meaning that the fourth hypothesis, namely the use of electronic medical records, moderates the effect of work stress on the performance of health workers, or H4, is rejected.

3.2. Discussion

1) The Influence of Service Quality on Health Worker Performance

The results of the study indicate that service quality has a positive effect on the performance of healthcare workers at Bhakti Asih Brebes Hospital, showing a positive and

significant coefficient value. These results align with previous research that states that service quality has a positive effect on healthcare worker performance (Rauf et al., 2024) (Waldi et al., 2022). This is understandable because good service quality will encourage healthcare workers to work more professionally and consistently in accordance with standard operating procedures. Healthcare workers who perceive a structured service system will find it easier to carry out their duties without significant obstacles. These results align with the theory of service quality management, which states that quality service can increase patient satisfaction while simultaneously motivating healthcare workers in carrying out their work. Thus, high service quality not only impacts patients, but also provides internal motivation for healthcare workers to continuously improve their performance. This demonstrates the reciprocal relationship between service quality and individual healthcare worker performance.

The performance of health workers is very dependent on the quality of service managed by the hospital as a whole. When the hospital emphasizes the importance of timeliness, accuracy of procedures, and friendliness in service, then the health workers feel more appreciated and motivated. A supportive work environment with a clear service system will reduce the psychological burden on healthcare workers, allowing them to focus on improving their performance. This study also demonstrates that service quality can be a benchmark for a hospital organization's success in boosting healthcare worker performance. With good service quality, healthcare workers are more likely to be proactive in completing tasks without waiting for instructions. This indicates that service quality is a driving force for a productive work culture. Therefore, service quality should be positioned as a primary strategy in improving healthcare worker performance.

In addition, improving the quality of service can also foster a sense of responsibility. greater responsibility for healthcare workers. When the services provided by a hospital meet accreditation standards and are recognized by patients, healthcare workers will feel their work has added value and is beneficial. This creates job satisfaction and intrinsic motivation, which directly impacts performance improvement. Healthcare workers will

They are more results-oriented because they feel their work contributes significantly to patient satisfaction. In the long term, good service quality will strengthen healthcare workers' commitment to the hospital organization. These findings suggest that service quality can serve as a catalyst for strengthening healthcare workers' loyalty and dedication. Thus, improving service quality not only benefits patients but also strengthens healthcare workers' morale.

The results of this study also emphasize that service quality is a crucial variable that must be considered in human resource development strategies in the healthcare sector. If service quality is improved through consistent training, evaluation, and monitoring, healthcare worker performance will significantly improve. This indicates that investing in improving service quality is tantamount to improving human resource performance. In other words, service quality is a crucial instrument in creating superior healthcare services while simultaneously increasing healthcare worker productivity. Therefore, hospital management needs to Making service quality a top priority to strengthen competitiveness

and maintain organizational sustainability. With good service quality, healthcare workers can deliver optimal performance, which will ultimately increase public trust in hospitals.

2) The Influence of Work Stress on the Performance of Health Workers

Research shows that work stress negatively impacts the performance of healthcare workers at Bhakti Asih Brebes Hospital. Work stress negatively impacts healthcare workers' performance. The study showed that the higher the stress levels experienced by healthcare workers, the lower their performance tended to be (Alayoubi et al., 2022). This is understandable because excessive workloads, time pressures, and high task complexity can drain both physical and mental energy. These conditions impact healthcare workers' concentration, accuracy, and effectiveness in providing care.service. Uncontrolled work stress can also potentially lead to emotional exhaustion, reducing work motivation. In the long term, this can impact the quality of healthcare worker-patient interactions. Therefore, hospital management needs to take preventive measures to prevent work stress from becoming a major obstacle to achieving optimal performance.

The negative impact of work stress on healthcare worker performance can also be seen in their decreased ability to make quick and accurate decisions. When under high pressure, healthcare workers tend to experienceConfusion or even errors that can affect the quality of care. This suggests that work stress can disrupt the cognitive processes necessary to treat patients professionally. Excessive mental stress makes it difficult for healthcare workers to focus on patient needs. This contrasts with situations where work stress is controlled, where healthcare workers are able to work more efficiently. Therefore, managing work stress is crucial for supporting the successful performance of healthcare workers. Hospitals must recognize the importance of maintaining a balanced workload to ensure healthcare workers remain productive.

In addition, work stress is also closely related to personal life balance healthcare workers. Long working hours, night shifts, and significant responsibilities often reduce time for family and personal needs. This imbalance leads to fatigue, which impacts workplace performance. Healthcare workers who cannot manage stress effectively tend to experience decreased work morale, which ultimately impacts the quality of care provided. Therefore, it is important for hospitals to provide stress management facilities, such as counseling, job rotation, and employee wellness programs. With support fromThrough management, healthcare workers will feel more cared for and able to manage work stress effectively. This, in turn, will strengthen their performance in providing patient care.

The results of this study confirm that occupational stress management is a key factor in improving the performance of healthcare workers. Efforts to reduce occupational stress must be systematically implemented through improving the work environment, managing workloads, and providing organizational support. A conducive work environment allows healthcare workers to be more focused, motivated, and perform optimally. This study also indicates that without effective stress management, investments in other aspects such as service quality and medical technology may not be optimal in improving healthcare worker performance. Therefore, occupational stress management strategies must be an

integral part of hospital policies. This approach can improve healthcare worker performance and ensure sustainability, supporting the achievement of high-quality healthcare services.

3) The Use of Electronic Medical Records Moderates the Influence of Service Quality on Health Worker Performance.

The study found that the use of electronic medical records did not moderate the effect of service quality on the performance of healthcare workers at Bhakti Asih Brebes Hospital. This finding is consistent with other research that found that the use of electronic medical records did not moderate the effect of service quality on healthcare worker performance (Tolera et al., 2022). This finding indicates that although EMR serves as an administrative tool in recording patient data, its presence does not strengthen or weaken the relationship between service quality and healthcare worker performance. In other words, healthcare worker performance is more influenced by fundamental aspects of service quality such as timeliness, skills, and communication, rather than by the use of electronic systems. This may be because EMR utilization is not yet fully optimized and is still considered an administrative support, rather than a strategic factor that directly influences work effectiveness.

This lack of a moderating effect also demonstrates that service quality has its own power to influence healthcare worker performance, regardless of the use of EMR. Healthcare workers are still capable of delivering good performance if the hospital service system operates according to standards, even if technological support is not yet fully utilized. Other factors such as interpersonal skills, empathy for patients, and management support are more dominant in influencing this relationship. This suggests that health information technology has not yet been perceived as an instrument capable of increasing added value in the daily practice of healthcare workers. Therefore, EMR still functions primarily as a means of documenting medical data, not as a reinforcing variable in the relationship between service quality and healthcare worker performance. Furthermore, these results suggest that the implementation of EMR still faces a number of technical and user adaptation challenges. Although the EMR system can accelerate access to patient information, not all healthcare workers directly experience these benefits in improving service quality. Some healthcare workers may even view EMR use as an additional workload due to the need to input detailed data, thus not impacting performance improvement. This low moderating effect indicates the need for further evaluation of the extent to which EMR has been integrated into healthcare worker workflows. With intensive training and infrastructure improvements, EMR can function more optimally in supporting the relationship between service quality and performance.

service with performance overall, these findings imply that managing service quality must remain a top priority in efforts to improve healthcare worker performance. Meanwhile, the use of EMR should be positioned as a supporting tool that needs to be continuously developed to truly improve work efficiency and medical team coordination. With improvements to a more integrated, transparent, and user-friendly EMR system, this technology has the potential to play a more significant role in strengthening service

quality in the future. However, currently, the research results confirm that healthcare worker performance is more influenced by the direct dimensions of service quality, while the moderating role of EMR has not yet been clearly demonstrated. This provides important input for hospital management in designing performance improvement strategies that are not only based on technology, but also on improving the quality of services that directly impact patients.

4) The Use of Electronic Medical Records Moderates the Effect of Work Stress on the Performance of Health Workers

The study found that the use of electronic medical records did not moderate the effect of work stress on the performance of healthcare workers at Bhakti Asih Brebes Hospital. This finding is consistent with other research that found that the use of electronic medical records did not moderate the effect of work stress on healthcare worker performance (Widianingrum et al., 2024). This finding indicates that although EMR serves as a toolAdministrative support systems are not sufficient to mitigate the negative impact of work stress on performance. In other words, when healthcare workers are under stress, the use of medical record-keeping technology has little effect on maintaining their work performance. This may be because work stress is more closely related to workload, time demands, and psychological conditions, which cannot be addressed solely by the use of medical information systems.

The insignificant moderating role of RME also confirms that psychosocial factors are more dominant in influencing healthcare worker performance than technological support. While RME can help facilitate access to patient information and expedite administrative processes, they are not sufficient to reduce stress levels stemming from daily work pressures. High workloads, long hours, and significant clinical responsibilities remain major sources of occupational stress that directly reduce healthcare worker performance. Therefore, even if healthcare workers are accustomed to using RME, psychological distress will still impact their performance their performance. This shows that addressing the impact of work stress requires a more comprehensive management strategy, not just relying on technology.

Furthermore, these results also indicate that healthcare workers have not fully perceived EMR as a helpful tool in reducing work stress. Some healthcare workers may perceive the use of EMR as increasing administrative burdens, as they must divide their time between directly caring for patients and inputting medical data into the system. This situation prevents EMR from functioning as a buffer that can neutralize the negative impact of work stress on performance. Instead, the benefits of EMR are felt more in the administrative aspects and coordination among healthcare workers, rather than in individual stress management. Therefore, the moderating role of EMR in the context of work stress is not seen as significant.

Overall, these findings provide important implications that strategiesImproving the performance of healthcare workers in dealing with work stress should focus on more concrete stress management policies, such as creating a balanced work schedule, providing

psychological support, and providing a comfortable work environment. While RME still needs to be developed to enhance work efficiency, its role cannot be considered the primary solution in reducing the impact of stress on healthcare workers' performance. Therefore, hospital management should view RME as merely a supporting tool, while primary efforts should be directed toward more effective work stress management and a focus on healthcare workers' well-being.

4. Conclusion

Based on the research conducted, it can be concluded that improving the performance of healthcare workers at Bhakti Asih Brebes Hospital can be directly influenced by service quality and work stress, moderated by the use of electronic medical records. Service quality has a positive effect on healthcare worker performance. This means that higher employee service quality will improve healthcare worker performance. Work stress has a negative effect on healthcare worker performance. High work stress can disrupt employee performance, resulting in a decline. The use of electronic medical records does not moderate the effect of service quality on healthcare worker performance. The use of electronic medical records does not moderate the effect of work stress on healthcare worker performance. The finding that Electronic Medical Records (EMR) did not act as a moderating variable indicates that the adoption of health information technology is still not optimal in supporting aspects of work behavior and performance. This finding supports the results of other research explaining that the implementation of digital systems in the healthcare sector often still functions as an administrative instrument and has not become a strategic component that influences organizational performance (Darwito et al. 2016) (Bangsawan, 2023). Thus, this study provides a new theoretical contribution by strengthening the argument that the effectiveness of technology implementation in healthcare organizations requires the readiness of human resources, digital work culture, and strong organizational support (Venkatesh et al., 2019) in the "Technology Acceptance Model" theory.

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