

Review Article

Nurse Competence, Social Influence, and Usability on EMR Use with Perceived Ease as Mediator

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Abstract: Digitalization in the healthcare sector is a strategic step to enhance efficiency, accuracy, and service quality. One of the key innovations gaining significant attention is the use of Electronic Medical Records (EMR). Purpose: This study aims to analyze nurse competence, social influence, and usability on actual use electronic medical record with perceived ease of use as intervening variable at Satya Negara Hospital. Methods: The research method used a quantitative approach with a cross-sectional design, involving 108 nurses as respondents selected through a saturated sampling technique. Data were collected using a questionnaire and analyzed using a Structural Equation Model (SEM) based on Partial Least Squares (PLS). Findings: The results indicate that nurse competence, social influence, and usability significantly affect the actual use of EMR. Additionally, perceived ease of use mediates these relationships, enhancing the adoption and utilization of EMR systems. Implications: The managerial implications of this study include the need to enhance nurse competency training, strengthen social support in the workplace, and improve the usability of the Electronic Medical Records (EMR) system to encourage more optimal use. This study also contributes to the development of literature on health information technology implementation by integrating human, social, and technical factors into the analytical model.

Keywords: EMR; Nurse Competence; Perceived Ease; Social Influence; Usability.

1. Introduction

Digitalization in the healthcare sector is a strategic effort to improve efficiency, accuracy, and service quality, particularly through the implementation of Electronic Medical Records (EMR). EMR replaces manual paper-based systems with integrated digital platforms that enable real-time data access and support clinical decision-making. In Indonesia, EMR implementation is part of the national “Satu Sehat” initiative aimed at creating an integrated health ecosystem. Despite government regulations mandating EMR adoption, its implementation still faces challenges, including resistance from healthcare workers, limited infrastructure, and insufficient training.

The actual use of EMR depends on how effectively the system is adopted and utilized by healthcare professionals. Actual use refers to the real application of a technology after it has been adopted, reflecting how it is actually utilized in practice. Several factors influence EMR usage, including nurse competence, social influence, and system usability. Nurse competence covering knowledge, skills, and informatics ability plays a crucial role in effective system utilization (American Nurses Association, 2016; Staggers et al., 2001). Social influence also affects adoption, as support from colleagues and management can encourage acceptance, while usability determines how easily users interact with the system (Nielsen, 1994).

At Satya Negara Hospital, EMR has been implemented since early 2024; however, its utilization remains suboptimal. Issues include incomplete system features, difficulties in accessing EMR, and unstable internet connectivity. Data show that EMR usage is still relatively

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low, with only 41% utilization in inpatient services and 42% in outpatient services. Preliminary findings also indicate problems in user satisfaction, informatics competence, system efficiency, and perceived ease of use, which contribute to resistance and hinder optimal implementation.

Based on previous studies, research integrating nurse competence, social influence, and usability simultaneously in influencing EMR actual use is still limited. Most studies analyze these variables separately without exploring their combined effects. Therefore, this study aims to analyze the influence of nurse competence, social influence, and usability on the actual use of EMR, with perceived ease of use as an intervening variable, to provide a more comprehensive understanding of factors affecting EMR implementation in hospitals.

2. Literature Review

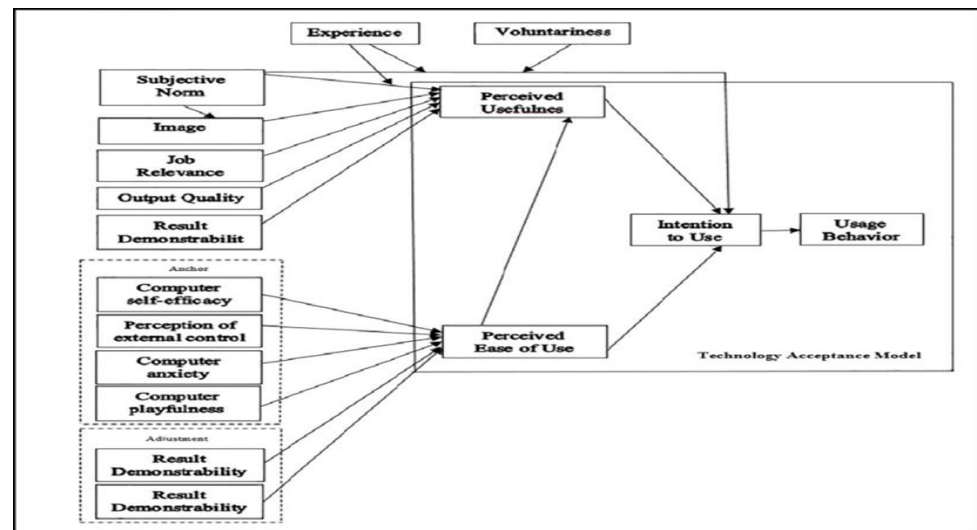


Figure 1. Model FINAL TAM 3.

TAM Theory (Technology Acceptance Model)

The Technology Acceptance Model (TAM) is a development of the Theory of Reasoned Action, explaining that individual behavior is based on intention or willingness to act. This model was introduced by Fred Davis to analyze how users accept and use new technology. TAM emphasizes that technology acceptance is influenced by user perceptions of perceived ease of use and usefulness (Davis, 1989). These two factors determine an individual's attitude and intention to use a system, thus serving as the basis for predicting the level of technology adoption within an organization (Ajzen, 1980; Chuttur, 2009).

Furthermore, the TAM was developed into the Technology Acceptance Model 2, adding external variables that influence perceived ease of use and usefulness. This model was expanded by Viswanath Venkatesh to include social influences such as subjective norms and image, as well as instrumental cognitive processes such as job relevance, output quality, and demonstrable results (Venkatesh & Bala, 2008; Venkatesh & Davis, 2000). In this model, behavioral intention is the primary factor determining actual technology use, influenced by perceived usefulness and ease of use. Thus, technology acceptance is influenced not only by system characteristics but also by social and cognitive factors that shape user perceptions.

TAM 3 by Venkatesh & Bala (2008), in addition to including social influence as a direct determinant of perceived usefulness and behavioral intention, also discusses several determinants of why individuals adopt and use an information technology, such as; subjective norms, experience, voluntariness, image which are included in the social influence group. Then job relevance, output quality, result demonstrability, perceived ease of use, computer self-efficacy, perception of external control, computer anxiety, computer playfulness, perceived enjoyment, objective usability are included in the cognitive instrumental process. Human resource competency is also included in the external variables that can influence the actual use of a technology.

Actual Use of Electronic Medical Records

Electronic Medical Records (EMR) or Rekam Medis Elektronik (RME) are digital information systems used to store comprehensive patient data, including medical history, diagnostic results, treatments, and administrative records. These systems are designed to improve

efficiency, accuracy, and patient safety by enabling integrated and real-time access to health information. EMR not only supports administrative order but also enhances the quality of healthcare services through accurate, fast, and accountable data management. In a broader context, EMR serves as a fundamental component of clinical information systems that facilitate data-driven decision-making, improve service efficiency, and strengthen collaboration among healthcare professionals, (McGonigle & Mastrian, 2024).

Actual use of EMR refers to the real and practical utilization of the system by individuals or organizations after its adoption. Actual use can be defined as observable behavior in the use of technology, while DeLone & McLean (1992) consider it a key indicator of information system success. This concept is further supported by Rogers (2003), who views technology use as part of the innovation adoption process, and Bhattacharjee (2001), who emphasizes that continued use depends on user satisfaction and the confirmation of expectations. In this study, actual use is reflected through several dimensions, including frequency of use, duration of use, intensity of use, quality of use, and user satisfaction.

The actual use of EMR is influenced by several key factors, particularly perceived ease of use and perceived usefulness as proposed in the Technology Acceptance Model (TAM) (Venkatesh & Davis, 2000). These factors shape users' attitudes and behavioral intentions, which ultimately determine whether the system is used consistently. In addition, other factors such as subjective norms, self-efficacy, and facilitating conditions also play an important role in influencing user acceptance and behavior. In Indonesia, the implementation of EMR is supported by legal frameworks, including Law No. 44 of 2009 on Hospitals, Law No. 11 of 2008 on Electronic Information and Transactions, and Minister of Health Regulation No. 24 of 2022 on Medical Records, which collectively strengthen the adoption and sustainability of digital health systems.

Nurse Competence

Nurse competence is a multidimensional concept that encompasses knowledge, skills, experience, and professional attributes required to deliver effective, safe, and holistic patient care. It involves the ability to integrate theoretical knowledge into clinical practice, apply critical thinking, communicate effectively, and demonstrate professionalism (Smith, 2012). Standards of nurse competence, as outlined in KMK No. HK.01.07-MENKES-425-2020, include knowledge, attitudes, and both soft and hard skills, organized into five domains: ethical and legal practice, professional nursing practice, leadership and management, education and research, and personal and professional development. The American Nurses Association (2008) defines competence as the application of professional knowledge and skills in practice. In the context of digital transformation, nursing informatics competence integrates knowledge, skills, and attitudes in using information technology to support nursing practice (American Nurses Association, 2016; Staggers et al., 2001), while digital competence enables nurses to confidently and critically use technology to improve care quality and collaboration.

In this study, nurse competence in the use of Electronic Medical Records (EMR) refers to the ability to effectively integrate technical and clinical knowledge in operating the system, ensuring data accuracy, and supporting clinical decision-making. This competence is influenced by experience, a supportive work environment, and the ability to adapt to technological changes (Hershey et al., 1977; Oermann & Gaberson, 2016). The dimensions of nurse competence are based on Staggers et al. (2001), consisting of computer skills, information literacy, and clinical informatics. Computer skills include basic abilities such as operating computers and using standard software; information literacy refers to the ability to search, evaluate, and utilize evidence-based health information; and clinical informatics involves the practical use of EMR systems to manage patient data, maintain confidentiality, and support clinical workflows. These dimensions collectively reflect the integration of knowledge, skills, and attitudes necessary for effective EMR utilization in nursing practice.

Social Influence

Social influence refers to the extent to which individuals perceive that others such as colleagues, supervisors, or significant social groups encourage or expect them to use a particular technology. This concept was initially introduced by Kelman (1958) and later developed in the context of technology adoption, who define social influence as the degree to which an individual believes that important others influence their decision to use a new system. In healthcare settings, particularly in the implementation of Electronic Medical Records (EMR), social influence plays a crucial role in shaping acceptance and usage behavior among healthcare professionals. The Theory of Planned Behavior by Ajzen (1991) further explains that subjective norms individual perceptions of social expectations affect behavioral inten-

tions. Similarly, Social Cognitive Theory by Bandura (1986) highlights that behavior is influenced by interactions between cognitive, behavioral, and environmental factors, where observation and modeling from peers can increase confidence and willingness to adopt technology. Thus, social influence reflects how encouragement, expectations, and social pressure contribute to technology acceptance.

In this study, the dimensions of social influence include subjective norms, image, voluntariness, and social factors. Subjective norm refers to the perceived support or expectations from important others, such as colleagues and management, regarding EMR usage. Image relates to the extent to which using technology enhances an individual's status or professional image within the workplace. Voluntariness reflects whether the use of technology is perceived as voluntary or mandatory within the organization. Meanwhile, social factors encompass broader environmental influences, including peer support, organizational culture, and the availability of training. Together, these dimensions illustrate how social environments and interpersonal dynamics influence the adoption and effective use of EMR systems in healthcare organizations.

Usability

Usability refers to the extent to which a system or product can be used effectively, efficiently, and satisfactorily by users within a specific context. In general, usability describes the quality of user experience when interacting with a system, where a usable system minimizes errors, is easy to operate, and provides benefits and satisfaction to users. According to Nielsen (1994), usability is a measure of how well users can interact with a system. It can also be defined as the extent to which a product can be used by specific users to achieve specific goals with effectiveness, efficiency, and satisfaction. Other experts, such as Preece et al. (2015), emphasize that usability includes aspects such as ease of learning, flexibility, efficiency, and user satisfaction in completing tasks.

In this study, usability in the context of Electronic Medical Records (EMR) is measured using five dimensions proposed by Nielsen (1994), namely learnability, efficiency, memorability, errors, and satisfaction. Learnability refers to how easily users can understand and use the system for the first time, while efficiency measures how quickly tasks can be completed once the system is learned. Memorability reflects how easily users can remember how to use the system after a period of not using it. Errors relate to the frequency and severity of mistakes and how easily users can recover from them. Finally, satisfaction indicates the level of comfort and positive experience users feel when interacting with the system. These dimensions collectively determine how well EMR systems support nurses in performing their tasks effectively and efficiently.

Perceived Ease of Use

Perceived ease of use refers to the extent to which an individual believes that using a system will be free of effort (Davis, 1989). This concept implies that the easier a system is to understand and operate, the more likely it is to be accepted and used by individuals. Rogers (2003) also highlights that ease of use influences the adoption of innovations, as users are more inclined to adopt technologies that are simple and not mentally or physically demanding. Similarly, Chau (1996) emphasizes that perceived ease of use reflects how a system minimizes user effort, while Gefen et al. (2003) state that it relates to how easily a system can be learned and utilized. In the context of Electronic Medical Records (EMR), perceived ease of use is crucial because it determines how comfortably healthcare professionals, particularly nurses, can adapt to and consistently use the system in their daily work.

In this study, perceived ease of use is measured using several dimensions adapted from Davis (1989) and Venkatesh et al. (2003), including interface usability, ease of access, system responsiveness, learning curve, system support, and system reliability and stability. Interface usability refers to how intuitive and user-friendly the system design is, while ease of access reflects how easily users can retrieve information anytime and anywhere. System responsiveness relates to the speed and accuracy of system responses, and the learning curve indicates how quickly users can understand and master the system. Additionally, system support highlights the availability of technical assistance, and system reliability and stability measure the consistency and dependability of the system during use. Together, these dimensions determine how easily EMR systems can be used effectively by healthcare professionals.

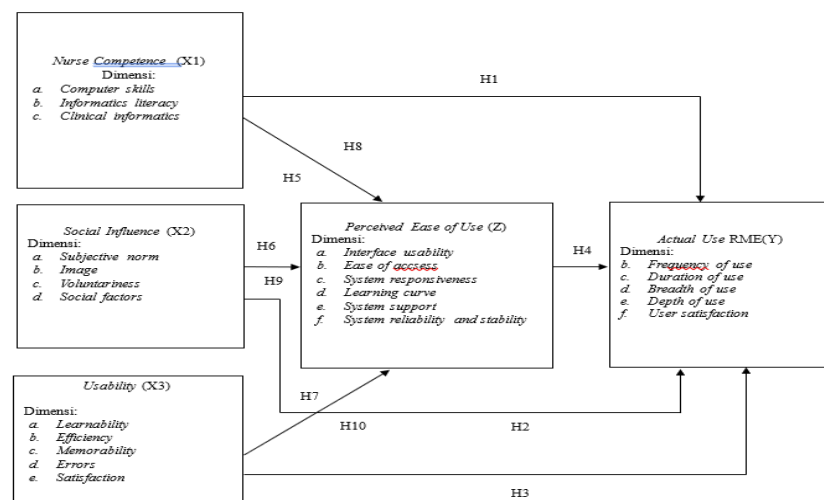


Figure 2. Conceptual Framework.

3. Proposed Method

This study employed a quantitative method with a cross-sectional approach, where data were collected at a single point in time to examine the influence of nurse competence, social influence, and usability on the actual use of Electronic Medical Records (EMR), with perceived ease of use as an intervening variable at Satya Negara Hospital (Creswell & Creswell, 2017). The population consisted of all 108 nurses involved in EMR implementation, and a saturated sampling (census) technique was applied, meaning all population members were included as respondents (Sugiyono, 2018). Inclusion criteria required nurses to be willing to participate and sign informed consent, while those on leave were excluded. Data were collected using validated and reliable questionnaires distributed directly over one month (July 2025), and the responses were analyzed using SEM-PLS. Measurement was conducted using a four-point Likert scale ranging from Strongly Disagree to Strongly Agree to assess respondents' perceptions (Sugiyono, 2019)

4. Results and Discussion

Respondent Characteristics

The majority of respondents in this study were female (95 people) (88.0%), while 13 were male (12.0%), reflecting the dominance of women in the nursing profession. Based on age, the majority of respondents were in the 26–35 years range (40 people) (37.0%), followed by 36–45 years (27.8%), >45 years (19.4%), and <26 years (15.7%), indicating that most were in a productive and professionally mature phase and tended to be adaptive to technological developments such as electronic medical records. In terms of education, the majority of respondents had a D3 background (76 people) (70.4%), while 32 had a S1 (29.6%), illustrating the dominance of nursing personnel with practical skills ready to be applied in health services.

Convergent Validity Test

The purpose of the Convergent Validity test is to determine the validity of the research instrument used to measure the latent variables. According to Hair et al. (2021), the test criteria are: if the loading factor value is >0.7, the instrument is valid and can be used for the latent variables. If the AVE value is >0.5, the indicators measuring the latent construct have good convergent validity.

All variables in this study showed good convergent validity. Nurse Competence had an outer loading value between 0.721–0.816 with an AVE of 0.588, Social Influence ranged from 0.730–0.833 with an AVE of 0.615, Usability between 0.707–0.876 with an AVE of 0.538, Perceived Ease of Use between 0.724–0.848 with an AVE of 0.599, and Actual Use between 0.738–0.799 with an AVE of 0.596. All outer loading values were above 0.70 and the AVE value was above 0.50, so it can be concluded that all constructs have met the convergent validity criteria and the research instrument is declared valid in measuring each variable.

Reliability Test

Reliability testing aims to determine whether the instruments used as research tools are consistent. According to Hair et al. (2021), a construct is considered reliable if the composite reliability and Cronbach's alpha values are >0.70 .

Tabel 1. Realibility Test.

Variable	Cronbacch's Alpha	Rho_A	Composite Reliability	Description
Actual Use	0.925	0.925	0.937	Reliabel
Nurse Competence	0.946	0.946	0.952	Reliabel
PEOU	0.952	0.954	0.957	Reliabel
Social Influence	0.921	0.925	0.935	Reliabel
Usability	0.941	0.953	0.945	Reliabel

Source: Results of Primary Data Analysis, 2025.

Based on the table above, it can be seen that the variables Actual Use, Nurse Competence, Social Influence, Usability, and Perceived Ease of Use have composite reliability and Cornbach's alpha values > 0.70 . Therefore, it can be concluded that all constructs meet the required reliability.

Hypotesis Test

Hypothesis Testing Results – The research data were processed using SmartPLS.

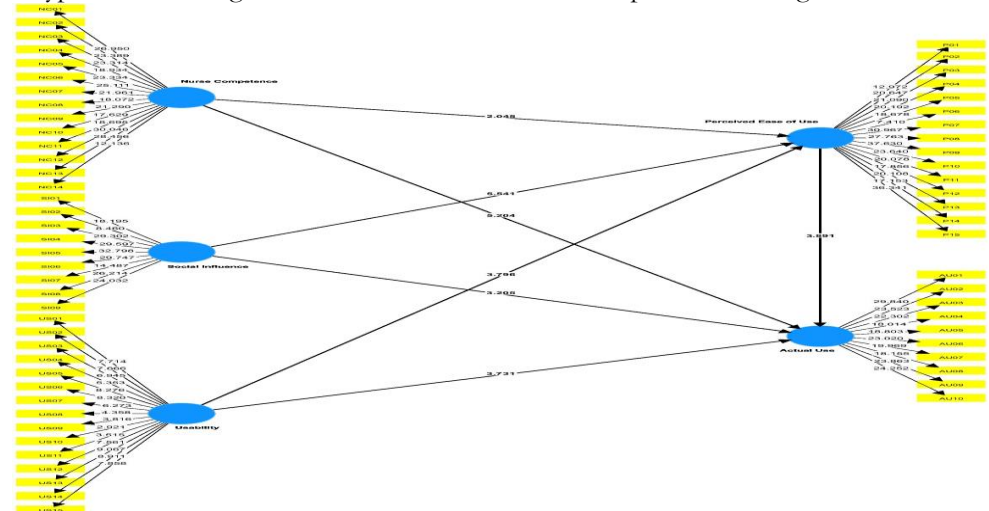


Figure 3. Bootstrapping Analysis Results.

The figure above shows valid item results with a statistical T value of ≥ 1.96 . This shows that patient involvement, self-efficacy, and accessibility significantly influence the quality of life of hemodialysis patients.

Partial Hypotesis

Tabel 2. Partial Hypotesis Test (Indirect Effect).

	Original Sample(O)	T Statistics	P Values	Description
Nurse Competence → Actual Use	0.705	5.204	0.000	H1 Accepted
Social Influence → Actual Use	0.484	3.205	0.027	H2 Accepted
Usability → Actual Use	0.501	3.731	0.026	H3 Accepted
Perceived Ease of Use → Actual Use	0.761	3.891	0.022	H4 Accepted
Nurse Competence → Perceived Ease of Use	0.268	2.045	0.041	H5 Accepted
Social Influence → Perceived Ease of Use	0.660	5.541	0.000	H6 Accepted
Usability → Perceived Ease of Use	0.530	3.796	0.026	H7 Accepted

Source: Results of Primary Data Analysis, 2025.

The analysis results indicate that all independent variables have a positive and significant effect on the Actual Use of Electronic Medical Records (EMR). Nurse competence shows the strongest influence with a coefficient of 0.705, followed by perceived ease of use at 0.761, usability at 0.501, and social influence at 0.484. All relationships are statistically significant, with t-values greater than 1.96 and p-values less than 0.05. These findings suggest that improvements in nurses' competence, workplace social support, system usability, and perceived ease of use can substantially enhance the actual utilization of EMR systems in hospitals.

In addition, nurse competence, social influence, and usability also have a positive and significant effect on perceived ease of use. Social influence exerts the strongest impact (0.660), followed by usability (0.530) and nurse competence (0.268), with all relationships meeting statistical significance criteria. This indicates that perceived ease of use is influenced not only by individual capability but also by social environment and system quality. Therefore, perceived ease of use plays a crucial mediating role in linking individual and system-related factors to the actual use of EMR.

Indirect Effect Hypothesis Test

Tabel 3. Indirect Effect Hypothesis Test.

	Original Sample (O)	T Statistics	P Value	Description
Nurse Competence → Perceived Ease of Use → Actual Use	0.504	2.522	0.028	H8 Accepted
Social Influence → Perceived Ease of Use → Actual Use	0.503	2.108	0.035	H9 Accepted
Usability → Perceived Ease of Use → Actual Use	0.523	2.748	0.014	H10 Accepted

Source: Results of Primary Data Analysis, 2025.

The results indicate that Perceived Ease of Use significantly mediates the relationship between nurse competence, social influence, and usability on the Actual Use of Electronic Medical Records (EMR). Nurse competence has a positive and significant indirect effect on actual use ($t = 2.522$; $p < 0.05$) with an indirect coefficient of 0.504. Similarly, social influence also shows a positive and significant indirect effect ($t = 2.108$; $p < 0.05$) with a coefficient of 0.503, while usability demonstrates a positive and significant indirect effect ($t = 2.748$; $p < 0.05$) with a coefficient of 0.523. These findings confirm that improvements in nurse competence, social support, and system usability can enhance EMR usage indirectly by increasing users' perceptions of ease of use, assuming other variables remain constant.

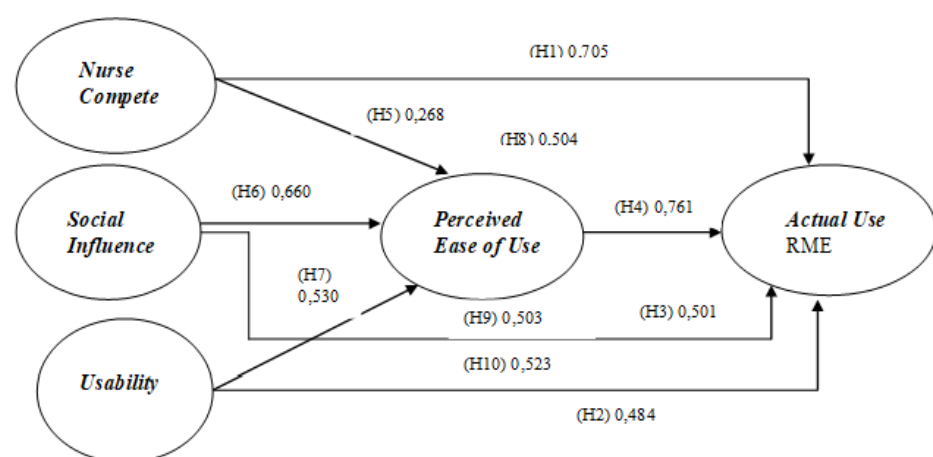


Figure 4. Hypothesis Testing Results.

Based on the image above, it can be seen that perceived ease of use is able to mediate the influence of nurse competence, social influence, and usability on the actual use of electronic medical records by significantly increasing the total effect.

Discussion

The results of this study indicate that nurse competence has a positive and significant effect on the actual use of electronic medical records (EMR). This finding suggests that higher levels of nurse competence lead to greater utilization of EMR in daily clinical practice. Competent nurses are better able to understand system workflows, which enhances efficiency and effectiveness in using digital systems. This supports the view that human factors are critical determinants in the successful implementation of health information technology. In addition, higher competence increases confidence in operating digital systems, thereby encouraging consistent use. Therefore, improving nurse competence is a key strategy for optimizing EMR utilization.

Descriptively, nurse competence at RS Satya Negara is categorized as high, particularly in the clinical informatics dimension, indicating that nurses are capable of understanding EMR workflows for documentation and reporting. However, the information literacy dimension remains relatively low, suggesting gaps in the ability to search, evaluate, and apply digital health information. This highlights the need to strengthen nurses' digital literacy skills. Competence should not only focus on technical abilities but also on analytical and evidence-based practice skills. Therefore, continuous training programs are necessary to enhance these competencies. This is consistent with the competency framework proposed by Staggers et al. (2001) and the American Nurses Association (2016).

Social influence also has a positive and significant impact on the actual use of EMR. Support from management, colleagues, and the organizational environment plays an important role in encouraging technology adoption. When nurses perceive that using EMR enhances their professional image, their motivation to use the system increases. A supportive work environment fosters a stronger culture of technology adoption. However, limitations in training provided by management were identified, indicating the need for continuous evaluation and improvement of training programs. These findings align with the concept of social influence in the extended TAM model.

Usability was found to significantly influence the actual use of EMR, indicating that system ease of use is a key determinant of technology adoption. Systems that are easy to learn and operate improve nurses' efficiency in performing their tasks. The learnability dimension showed the highest score, suggesting that the system is relatively easy to understand. However, issues related to efficiency were still reported, as some nurses perceived the system as slowing down their workflow. This indicates the need for system improvements to better align with clinical processes. Good usability enhances user satisfaction and productivity (Nielsen, 1994).

Perceived ease of use (PEOU) also has a significant effect on the actual use of EMR. The easier the system is perceived, the more likely it is to be adopted and used consistently. Nurses generally perceive the EMR system as easy to use, particularly in terms of system responsiveness. However, challenges remain in accessing technical support services, indicating the importance of improving system support. PEOU not only influences usage behavior but also user satisfaction and confidence. This finding is consistent with the Technology Acceptance Model proposed by Davis (1989).

Furthermore, nurse competence has a significant effect on perceived ease of use. Nurses with higher competence tend to find the system easier to use due to their ability to adapt to technological changes. This suggests that training and professional development are essential to improve perceptions of system usability. Competent nurses are more confident in using digital systems, which enhances their perception of ease. Thus, competence acts as an internal factor influencing technology acceptance. This finding is supported by Hershey et al. (1977).

Social influence also significantly affects perceived ease of use. Support from colleagues and supervisors can increase nurses' belief that the system is easy to use. Positive reinforcement from the work environment improves perceptions of technology usability. This indicates that social factors influence not only behavioral intention but also perceptions of ease of use. A collaborative organizational culture can accelerate technology adoption. Therefore, fostering a supportive work environment is essential. These findings are consistent with Graf-Vlachy et al. (2018).

Usability also influences perceived ease of use, demonstrating that well-designed systems enhance user perceptions of ease. System characteristics such as responsiveness, accessibility, and stability contribute to positive user experiences. As usability improves, users are more likely to perceive the system as easy to use and adapt more quickly. This highlights the strong relationship between system quality and user perception. Therefore, system development should adopt a user-centered design approach.

Perceived ease of use is proven to mediate the relationship between nurse competence and actual use. This indicates that competence will more effectively increase EMR usage when accompanied by the perception that the system is easy to use. PEOU acts as a bridge between individual capability and actual technology use. Even competent nurses may not fully utilize the system if they perceive it as difficult to use. Therefore, improving both user competence and system usability is essential. This finding is supported by Davis (1989).

Finally, perceived ease of use also mediates the effects of social influence and usability on actual use. This suggests that social support and system quality have a stronger impact when they enhance users' perceptions of ease. A supportive work environment combined with a user-friendly system strengthens technology adoption. Overall, the success of EMR implementation depends on the interaction between individual, social, and technological factors. A holistic approach is necessary to ensure effective implementation. Emphasizing usability and perceived ease of use is crucial for improving EMR adoption.

Comparison

The findings of this study confirm that nurse competence, social influence, usability, and perceived ease of use all have significant positive effects on the actual use of Electronic Medical Records (EMR), both directly and indirectly. In line with the Technology Acceptance Model proposed by Fred Davis (1989), perceived ease of use plays a crucial mediating role in strengthening these relationships. Previous studies have emphasized that user perceptions and competencies play a significant role in determining technology utilization. Consistent with these findings, this study shows that higher competence, supportive social environments, and better system usability enhance both perceived ease of use and actual system usage. Thus, this research aligns with prior literature, reinforcing that human, organizational, and system factors collectively drive successful EMR implementation.

However, this study also reveals some contextual differences compared to previous research. While earlier studies often highlight technical readiness and system quality as dominant factors, the findings here indicate that perceived ease of use serves as a stronger mediating variable, particularly in translating social influence and usability into actual use. This suggests that even when competence and organizational support are high, limitations such as inadequate training, low information literacy, and insufficient system support (e.g., helpdesk accessibility) can still hinder optimal utilization. Compared to other studies that emphasize usability and system quality, this research provides a more integrated perspective by highlighting the interplay between user competence and perception. Therefore, improving EMR adoption in this context requires not only enhancing system design but also strengthening continuous training, digital literacy, and organizational support to reinforce users' perception of ease and ultimately increase actual use.

5. Conclusions

Based on the results of the study conducted at RS Satya Negara, it can be concluded that nurse competence, social influence, usability, and perceived ease of use each have a positive and significant effect on the actual use of Electronic Medical Records (EMR). Improvements in nurse competence particularly in information and informatics skills contribute to increased EMR utilization. Likewise, supportive social influence within the hospital environment and better system usability enhance the frequency, intensity, and effectiveness of EMR use. In addition, perceived ease of use plays a crucial role, indicating that when nurses perceive the system as easy to use, their actual usage of EMR increases. Furthermore, nurse competence, social influence, and usability are also proven to positively influence perceived ease of use, suggesting that both individual capabilities and organizational support contribute to shaping positive user perceptions toward the system.

Moreover, this study confirms that perceived ease of use acts as a significant mediating variable in the relationship between nurse competence, social influence, usability, and actual EMR use. This means that the presence of perceived ease of use strengthens the influence of these variables on actual system usage. In other words, higher nurse competence, stronger social support, and better system usability will more effectively increase EMR utilization when accompanied by a strong perception that the system is easy to use. Therefore, efforts to improve EMR adoption in RS Satya Negara should not only focus on enhancing technical aspects of the system but also on strengthening nurse competence, organizational support, and user-friendly system design to foster positive perceptions and maximize actual use.

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