International Journal of Management Science and Information Technology
IJMSIT

E-ISSN: 2774-5694 P-ISSN: 2776-7388 OPEN ACCESS

Volume 4 (2), July-December 2024, 285-296
DOI: https://doi.org/10.35870/ijmsit.v4i2.2934

The Influence of Compensation and Workload on the Quality of Health Services in Hospitals with the Effectiveness of Electronic Medical Records as a Mediating Variable

Mugi Rahayu Pangestuti [1*], Yusuf Alam Romadhon [2], Rini Kuswati [3]
[1*,2,3] Faculty of Economics and Business, Universitas Muhammadiyah Surakarta, Indonesia

Email: mugirahayupangestuti@gmail.com [1*], yar245@ums.ac.id [2], rk108@ums.ac.id [3]

Article history:
Received July 18, 2024
Revised August 4, 2024
Accepted August 6, 2024

Abstract

The aim of this research is to analyze the influence of compensation and workload on the quality of health services in hospitals with the effectiveness of electronic medical records as a mediating variable. This research method is quantitative. The population in this study were General Practitioners, Nurses, and Midwives at AN-NISA Tangerang Hospital. The sampling technique in this research uses a saturated sample technique. The number of respondents in this study was 302 respondents. This research uses primary data in its preparation. The data collection method used in this research was by distributing questionnaires. The data analysis technique in this research uses Partial Least Square (PLS) with the help of SMARTPLS Software. The results of this research are that compensation does not have a significant influence on service quality. Workload has a positive and significant influence on Service Quality. Compensation has a positive and significant influence on the effectiveness of electronic medical records. Workload has a positive and significant influence on the effectiveness of electronic medical records. The effectiveness of Electronic Medical Records has a positive and significant influence on Service Quality. The calculation results show that the effectiveness of electronic medical records can mediate the influence of compensation on service quality. The calculation results show that the effectiveness of electronic medical records can mediate the influence of workload on service quality.

Keywords:
Compensation; Workload; Effectiveness of electronic medical records; Quality of service.

1. INTRODUCTION

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022, it is stated that the Regulation of the Minister of Health of the Republic of Indonesia Number 269 of 2008 concerning medical records is no longer in accordance with developments in science and technology, health service needs and the legal needs of society so it needs to be replaced. The regulation also states that the development of digital technology in society has resulted in the transformation of the digitalization of health services so that medical records need to be held electronically with the principles of security and confidentiality of data and information (Andriani et al., 2022).

According to Kotler & Keller, (2016) Service is an action that is not formed and does not constitute ownership carried out by someone to another person. With this, service quality is all the efforts made by the company to fulfill the desires of its consumers (Chen et al., 2019).

In the world of health, quality is said to be the conformity between the specifications of a service and consumer perceptions. Service quality is a condition that will influence the product or service that supports it in providing satisfaction to the people who use it. Quality can be said to be good if the product in the form of goods or services has a value where when used it will be useful or useful for the user (Chi Minh et al., 2021). Increasing the quality of service can be influenced by several things, including workload, compensation provided and also effectiveness in the use of a tool (Triadi & Widyaningrum, 2019).

Compensation is closely related to employee job satisfaction, because compensation is a reward or feedback given to employees as a system for measuring job satisfaction and employee performance. Compensation is the total of all benefits received by employees in lieu of the services they have provided (Hakim & Muhdi, 2020). Fair compensation can encourage employees to improve their skills through additional training and development. Skilled and well-trained employees have a better ability to provide quality service to customers(Sitepu et al., 2019).

Apart from compensation, workload can be a factor in influencing service quality. According to Wijaya, (2018) Workload is a difference between the capacity or ability of workers and the job demands that must be faced. If the worker's abilities are higher than the job demands, feelings of boredom will arise. Employees who continually face excessive workloads feel burned out or emotionally exhausted. This can lead to increased employee turnover rates, which in turn can disrupt service and reduce overall quality.

In the midst of the development of the era of globalization and the increasingly rapid progress of science and technology, it is able to provide various impacts and benefits for human life, one of which is in terms of health services in various developed and developing countries which have provided very significant impacts and benefits. so that optimal health services can be felt and enjoyed by people in various corners of this country as health users (Suhartina, 2019).

Hospitals must improve the quality of health services by adopting technological developments in order to compete effectively with other health service institutions (Ikawati, 2024). Medical records are documents that include patient identity data and complete records of health history and medical procedures that have been received by patients during visits, treatments and medical interventions at health care facilities. Almost every health service, especially hospitals, experiences challenges with the use of manual (paper-based) medical records. To overcome this problem, implementing Electronic Medical Records (RME) in hospitals can be a solution to minimize problems that occur with medical records. Prihadi and Meilani, (2020) stated that the obstacles faced in using a manual (paper-based) archiving system include the lengthy time required to search for patient data and the difficulty in collecting scattered patient health record information.

Implementation of Electronic Medical Records (EMR) is vital for management in overcoming medical record challenges because it can ensure data integrity and accuracy, as well as being a solution in improving financial efficiency, access and quality of service in hospitals. However, despite its large potential benefits, the implementation of RME has not always gone smoothly in all hospitals. There are technical, financial and policy challenges that need to be overcome. In addition, the successful use of EMR also depends greatly on the level of acceptance and involvement of medical staff in adopting and mastering this new technology (Farid et al., 2021).

In the context of improving the quality of patient care, the use of EMR has significant potential. With effective adoption of EMR, hospitals can optimize care processes, speed diagnosis, improve interdepartmental coordination, and reduce medical errors that may occur due to a lack of accurate or complete information. Therefore, research on the effectiveness of using RME to improve the quality of patient care in hospitals is very relevant and important. With a better understanding of how RME can be implemented and utilized optimally, hospitals can improve their operational efficiency and provide better, more holistic care to their patients (Ikawati, 2024). The use of information systems provides various benefits for those who provide health services (Kusumawati & Listiana, 2022).

According to Cahya et al., (2021) The results of his research show that with compensation, working employees will feel satisfied and will give rise to employee instincts to further improve the quality of their services. In this way, visitors will feel satisfaction from the service they receive so that indirectly this is one of the successes of a business place which has the aim of increasing income by providing the best possible service. Meanwhile, research conducted by Sitepu & Londa, (2019)Compensation has a significant effect on service quality.

However, in some cases it also often happens that compensation does not really have an impact on good service quality. One of them is Organizational Culture where an organizational culture that supports high quality customer service is an important factor. If the organizational culture does not emphasize the importance of quality service, high compensation will not be enough to change employee behavior. Apart from training, it is also considered more important to improve service quality. Without adequate training, increasing compensation will not improve employees' ability to provide high-quality service(Yu et al., 2023).

AN-NISA Hospital Tangerang is a hospital on Jl. Gatot Subroto Km. 3 No. 96 Cibodas, Tangerang City, Banten Province. The hospital has used SIMRS under the name "ICHA" since 2014 to assist the health service system. The EMR application itself has only been used, especially in outpatient clinics, since February 2019. At that time, AN-NISA Tangerang Hospital was still in the RME development stage so that it could suit the hospital's needs and expectations. AN-NISA Tangerang Hospital is also one of the hospitals that has been using Electronic Medical Records (EMR) for a long time in Tangerang City. Even AN-NISA Hospital is also making efforts to develop and harmonize RME with the Hospital Management Information System. The development was carried out internally, starting in 2021 and starting to be implemented in 2022 (Persi, 2023).

The aim of this research is to analyze the influence of compensation and workload on the quality of health services in hospitals with the effectiveness of electronic medical records as a mediating variable.

2. RESEARCH METHOD

The type of research used in the research uses quantitative methods. Quantitative methods are a type of research whose specifications are systematic, planned and clearly structured from the start until the creation of the research design.

Basically, what is meant by research population is the totality of objects or all psychological items which are limited by certain criteria (Supriyanto, 2009). The population in this study were General Practitioners, Nurses and Midwives at AN-NISA Tangerang Hospital. Samples are some psychological objects or population members taken according to certain procedures (Supriyanto, 2009). The sampling technique used is non-probability, where the sampling technique does not provide an equal chance for each element or member of the population to be selected as a sample.

The sampling technique in this research uses a saturated sample technique. According to Sugiyono, (2016) saturated sampling is a sampling technique when the entire population is used as a sample and is also known as a census, if the population is less than 100 people, then the total number of samples is taken, but if the population is greater than 100 people, then can be taken as 10-15% or 20-25% of the total population. So the number of samples in this study was 302 respondents.

This research uses primary data in its preparation. Data was obtained through respondents' answers using an interview or closed questionnaire. Primary data refers to information obtained directly from the first hand by the researcher regarding the variables of interest for the specific purpose of the study. A closed questionnaire itself means a request for respondents to make a choice between a series of alternatives that have been given by the researcher (Sekaran & Bougie, 2013).

The data collection method used in this research was by distributing questionnaires. The questionnaire was created using a Likert scale format with the scale often used in preparing questionnaires being the interval scale.

The data analysis technique in this research uses Partial Least Square (PLS) with the help of SMARTPLS Software. The advantage of using partial least squares is that the number of samples required for analysis is relatively small, the SMARTPLS approach is considered more powerful because it is not based on assumptions, SMARTPLS is able to test SEM models with various forms of scales such as ratio, Likert and others (Harahap, 2020). PLS-SEM analysis consists of two, namely Outer model and Inner model (Ghozali and Latan, 2014).

3. RESULTS AND DISCUSSION

In this research, hypothesis testing uses Partial Least Square (PLS) data analysis techniques with the SmartPLS 3.0 program. The following is a schematic of the PLS program model that was tested.

3.1. Outer Model Analysis

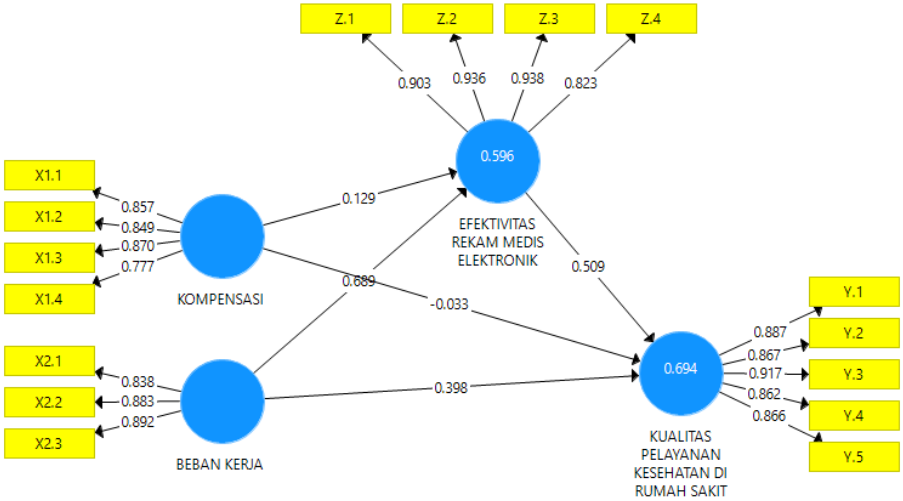

Figure 1. Outer Model

Outer model testing is used and carried out to determine the specifications of the relationship between latent variables and their indicators. This test includes validity, reliability and multicollinearity.

3.1.1. Validity test

3.1.1.1. Convergent Validity

To test convergent validity, the outer loading or loading factor value is used. An indicator is declared to meet convergent validity in the good category if the outer loading value is > 0.7. The following are the outer loading values for each indicator on the research variables.

Table 1. Outer Loading Values

	Effectiveness Of Electronic Medical Records	Workload	Service Quality	Compensation	Information
X1.1				0.857	Valid
X1.2				0.849	Valid
X1.3				0.870	Valid
X1.4				0.777	Valid
X2.1		0.838			Valid
X2.2		0.883			Valid
X2.3		0.892			Valid
Y.1			0.887		Valid
Y.2			0.867		Valid
Y.3			0.917		Valid
Y.4			0.862		Valid
Y.5			0.866		Valid
Z.1	0.903				Valid
Z.2	0.936				Valid
Z.3	0.938				Valid
Z.4	0.823				Valid

Source: Processed Primary Data, 2024

Based on table 1, It is known that many indicators of each research variable have an outer loading value > 0.7. However, according to (Chin, 1998) a measurement scale of loading values of 0.5 to 0.6 is considered sufficient to meet the requirements for convergent validity. The data above shows that there are no variable indicators whose outer loading value is below 0.5, so that all indicators are declared suitable or valid for research use and can be used for further analysis.

3.1.1.2. Discriminant Validity

Discriminant validity aims to ensure that each concept of each construct or latent variable is different from other variables. Discriminant validity can be assessed by looking at the AVE (Average Variance Extracted) value > 0.5 so that it can be said to be valid using convergent validity (Fornell and Larcker, 1981). The following are the AVE values for each of the research variables:

Table 2. Average Variance Extracted Value

	Average Variance Extracted (Ave)	Information
Compensation	0.704	Valid
Workload	0.759	Valid
Effectiveness of Electronic Medical Records	0.812	Valid
Service quality	0.775	Valid

Source: Processed Primary Data, 2024

Based on Table 2, each variable in this study shows an AVE (Average Variance Extracted) value, namely > 0.5. Each variable in this study has its own value for Compensation of 0.704, Workload 0.759, Effectiveness of Electronic Medical Records 0.812, and Service Quality 0.775. This shows that each variable in this research can be said to be valid in terms of discriminant validity.

3.1.2. Reliability Test

Reliability Test shows the level of consistency and stability of measuring tools or research instruments in measuring a concept or construct (Abdillah and Hartono, 2015). Reliability testing in this research used Composite Reliability and Cronbach Alpha.

3.1.2.1. Composite Reliability

Composite reliabilityis that the reliability of construct measurement is the part used to test the reliability value of indicators on a variable. A variable can be declared to meet composite reliability if it has a composite reliability value > 0.7. Below are the composite reliability values for each variable in this research.

Table 3.Composite Reliability

	Composite Reliability
Compensation	0.905
Workload	0.904
Effectiveness of Electronic Medical Records	0.945
Service quality	0.945

Source: Processed Primary Data, 2024

From table 3, it can be shown that the composite reliability value for all research variables is > 0.7. The compensation value is 0.905, workload 0.904, effectiveness of electronic medical records 0.945, and service quality 0.945. This shows that each variable has met composite reliability so it can be concluded that all variables have a high level of reliability.

3.1.2.2. Cronbach's Alpha

The second reliability test is Cronbach's Alpha. Cronbach's Alpha is a statistical technique used to measure the internal consistency of psychometric variable indicators. According to Cronbach, (1951) a construct is said to be reliable if the Cronbach alpha value is more than 0.60. Below is the Cronbach's Alpha value in this research.

Table 4. Cronbach's Alpha

	Cronbach's Alpha
Compensation	0.860
Workload	0.841
Effectiveness of Electronic Medical Records	0.922
Service quality	0.927

Source: Processed Primary Data, 2024

Based on table 4, it shows that the Cronbach alpha value for all variables in this study is above > 0.6, which means that the Cronbach alpha value meets the requirements so that the entire construct can be said to be reliable.

3.1.3. Multicollinearity Test

The multicollinearity test can be seen from the tolerance value and variance inflation factor (VIF). Multicollinearity can be detected with a cut off value which shows a tolerance value > 0.1 or the same as a VIF value < 5. Below are the VIF values in this study.

Table 5. Collinearity Statistics (VIF)

	Effectiveness of Electronic Medical Records	Service quality	Information
Compensation	1,551	1,592	Non-multicollinearity
Workload	1,551	2,726	Non-multicollinearity
Effectiveness of Electronic Medical Records		2,478	Non-multicollinearity

Source: Processed Primary Data, 2024

From table 5, the results of Colllinearity Statistics (VIF) to see the multicollinearity test with the results of the Compensation variable on the Effectiveness of Electronic Medical Records is 1.551 and on Service Quality is 1.592. Then the Workload variable on the Effectiveness of Electronic Medical Records is 1.551 and on Service Quality is 2.726. Then the effectiveness of electronic medical records on service quality is

2.478. If each variable has a cut off value > 0.1 or equal to a VIF value < 5, then this does not violate the multicollinearity test.

3.2. Inner Model Analysis

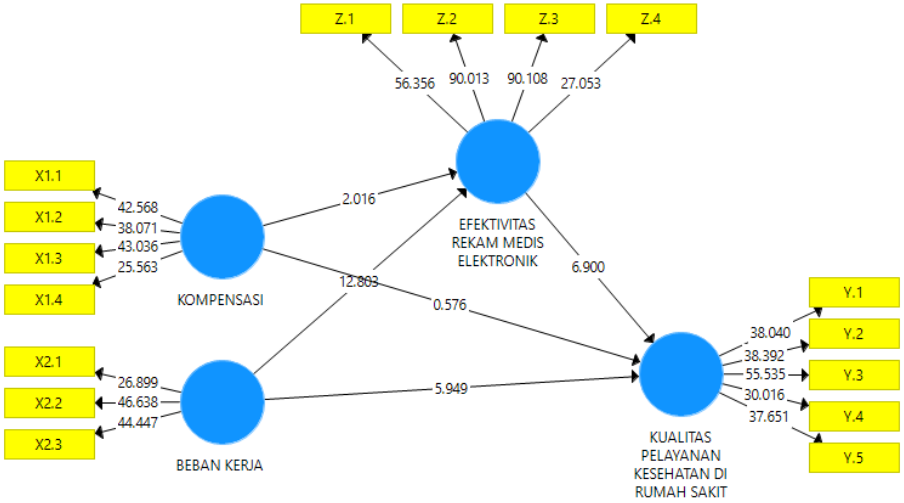

Figure 2. Inner Model

The structural or inner model can be measured by looking at the R-square value of the model which shows how much influence there is between the variables in the model. Then the next step is the estimation of path relationships in the structural model obtained using a bootstrapping procedure with a value that is considered significant if the t-statistic value is greater than 1.96 (5% significance level) or greater than 1.65 (10% significance level).) for each path relationship.

3.2.1. Model Goodness Test (Goodness of Fit)

Structural model evaluation was carried out to show the relationship between manifest and latent variables of the main predictor, mediator and outcome variables in one complex model. The goodness of fit test for this model consists of two tests, namely R Square (R2) and Q-Square (Q2).

3.2.2. R-Square Value (R2)

The R2 or R-Square value shows the determination of the exogenous variable on the endogenous variable. The greater the R2 value indicates the better level of determination. R2 values of 0.75, 0.50, and 0.25 can be concluded that the model is strong, moderate, and weak (Ghozali, 2015). The following are the values of the coefficient of determination in this research.

Table 6. R-Square Value

	R Square	R Square Adjusted
Effectiveness of Electronic Medical Records	0.596	0.594
Service quality	0.694	0.691

Source: Processed Primary Data, 2024

Based on table 6, R-Square is used to see the magnitude of the influence of the Compensation and Workload variables on the Effectiveness of Electronic Medical Records, namely with a value of 0.596 or 59.6%, so this relationship is a Medium relationship. R-Square is also used to see the magnitude of the influence of the Compensation and Workload variables on Service Quality, namely with a value of 0.694 or 69.4%, so this relationship is a Medium relationship.

3.2.3. Q-Square Value (Q2)

The next test is the Q-Square test. The Q2 value in structural model testing is done by looking at the Q2 value (Predictive relevance). The Q2 value can be used to measure how good the observation values produced by the model and its parameters are. A Q2 value > 0 indicates that the model has predictive relevance, while a Q2 value < 0 indicates that the model lacks predictive relevance. Based on the analysis of the data obtained, the Q-Square value was 0.877. This value explains the diversity of research data which can be explained by the research model by 87.7%, while the remaining 12.3% is explained by other factors which are outside this research model. Thus, from the results of these calculations, this research model can be stated to have good goodness of fit.

3.2.4. Effect Size Test (f2)

The Effect Size (f2) test is used to determine the proportion of variance of certain exogenous variables to endogenous variables. The results of the f2 calculation values are 0.02 (small), 0.15 (fair) and 0.35 (large), (Ghozali, 2018: 98). The results of the f2 analysis can be seen in the following table 7.

Table 7. F2 value

	Effectiveness of Electronic Medical Records	Service quality
Compensation	0.027	0.032
Workload	0.757	0.190
Effectiveness of Electronic Medical Records		0.342
Service quality		

Source: Processed Primary Data, 2024

Based on table 7, the results obtained in the table above show that:

a. The Compensation variable produces an f2 value of 0.027 which means > 0.02, but < 0.15, and < 0.35 so that the Compensation variable has a low proportion of the Effectiveness of Electronic Medical Records.
b. The Workload variable produces an f2 value of 0.757, which means > 0.02, and > 0.15, and > 0.35 so that the workload variable has a large proportion of the effectiveness of Electronic Medical Records.
c. The Compensation variable produces an f2 value of 0.032 which means > 0.02, but < 0.15, and < 0.35 so that the compensation variable has a low proportion of Service Quality.
d. The Workload variable produces an f2 value of 0.190, which means > 0.02, and > 0.15, but < 0.35 so that the workload variable has a sufficient proportion of service quality.
e. The Electronic Medical Record Effectiveness variable produces an f2 value of 0.342, which means > 0.02, and > 0.15, but < 0.35 so that the Electronic Medical Record Effectiveness variable has a sufficient proportion of the quality of service.

3.3. Hypothesis test

3.3.1. Path Coefficient Test (Direct Effect)

A p value < 0.05 indicates there is a direct influence between variables, while a p value > 0.05 indicates there is no direct influence between variables. In this study, the significance value used was the t-statistic 1.96 (significant level = 5%). If the t-statistic value is > 1.96 then there is a significant influence. Hypothesis testing was carried out with the help of SmartPLS (Partial Least Square) 3.0 software. Below is the path coefficient value of the test results.

Table 8. Path Coefficient (Direct Effect)

	Original Sample (O)	T Statistics (|O/STDEV|)	P Values	Information
Compensation (X1) -> Service Quality (Y)	-0.033	0.576	0.565	Negative Not Significant
Workload (X2) -> Service Quality (Y)	0.398	5,949	0,000	Significant Positive
Compensation (X1) -> Effectiveness of Electronic Medical Records (Z)	0.129	2,016	0.044	Significant Positive
Workload (X2) -> Effectiveness of Electronic Medical Records (Z)	0.689	12,803	0,000	Significant Positive
Effectiveness of Electronic Medical Records (Z) -> Quality of Service (Y)	0.509	6,900	0,000	Significant Positive

Source: Processed Primary Data, 2023

Based on table 8, the interpretation is as follows:

a. The first hypothesis tests whether compensation has a positive and significant effect on service quality. The table above shows that the t-statistic value is 0.576 with a large effect of -0.033 and a p-value of 0.565. With a t-statistic value <1.96 and a p value > 0.05, it can be concluded that the first hypothesis is rejected.
b. The second hypothesis tests whether Workload has a positive and significant effect on Service Quality. The table above shows that the t-statistic value is 5.949 with an effect size of 0.398 and a p-value of

0.000. With a t-statistic value > 1.96 and a p value < 0.05, it can be concluded that the second hypothesis is accepted.

c. The third hypothesis tests whether compensation has a positive and significant effect on the effectiveness of electronic medical records. The table above shows that the t-statistic value is 2.016 with an effect size of 0.129 and a p-value of 0.044. With a t-statistic value >1.96 and a p value <0.05, it can be concluded that the third hypothesis is accepted.
d. The fourth hypothesis tests whether Workload has a positive and significant effect on the Effectiveness of Electronic Medical Records. The table above shows that the t-statistic value is 12.803 with an effect size of 0.689 and a p-value of 0.000. With a t-statistic value >1.96 and a p value <0.05, it can be concluded that the fourth hypothesis is accepted.
e. The fifth hypothesis tests whether the effectiveness of electronic medical records has a positive and significant effect on service quality. The table above shows a t-statistic value of 6.900 with a large influence of 0.509 and a p-value of 0.000. With a t-statistic value >1.96 and a p value <0.05, it can be concluded that the fifth hypothesis is accepted.

3.3.2. Specific Indirect Effects

If the P-Values < 0.05 then it is significant. This means that the mediator variable mediates the influence of an exogenous variable on an endogenous variable, in other words the influence is indirect. If the P-Value value is > 0.05 then it is not significant. This means that the mediator variable does not mediate the influence of an exogenous variable on an endogenous variable. In other words, the influence is direct (Juliandi, 2018). Below are the specific index model values.

Table 9. Indirect Effect

	Original Sample (O)	T Statistics (|O/STDEV|)	P Values	Information
Compensation (X1) -> Effectiveness of Electronic Medical Records (Z) -> Service Quality (Y)	0.066	2,161	0.031	Significant Positive
Workload (X2) -> Effectiveness of Electronic Medical Records (Z) -> Service Quality (Y)	0.351	5,609	0,000	Significant Positive

Source: Processed Primary Data, 2024

Based on table 9, the results obtained are:

a. The sixth hypothesis tests whether the effectiveness of electronic medical records mediates the relationship between compensation and service quality. Based on the table above, it shows that the t-statistic value is 2.161 and the p-value is 0.031. With a t-statistic value > 1.96 and a p-value < 0.05. So it can be concluded that the sixth hypothesis is accepted, namely that compensation influences service quality, which is mediated by the effectiveness of electronic medical records.
b. The seventh hypothesis tests whether the Effectiveness of Electronic Medical Records mediates the relationship between Workload and Service Quality. Based on the table above, it shows that the t-statistic value is 5.609 and the p-value is 0.000. With a t-statistic value > 1.96 and a p-value < 0.05. So it can be concluded that the seventh hypothesis is accepted, namely that Workload influences Service Quality which is mediated by the Effectiveness of Electronic Medical Records.

3.4. Discussion

3.4.1. The Effect of Compensation on Service Quality

Compensation does not have a significant influence on Service Quality. This research is in contrast to research conducted by Apomfires & Attamimi, (2021) who found that compensation had a positive and significant effect on service quality. So it can be concluded that this research does not support previous research.

The size of the compensation received has no effect on the quality of service. This is because employees work not only to seek compensation. The research results prove that direct compensation does not have a significant effect on the quality of service at Annisa Tangerang Hospital. The quality of service is not influenced by periodic increases in employee compensation because the most important thing for employees is that they can get a job and dedicate themselves to serving patients well, thereby improving the quality of service. Compensation for employees is usually given every month in the form of financial and non-financial compensation. Compensation received by employees outside of salary includes holiday allowances, services and health insurance. Even though the compensation given is quite a lot, the performance of employees at Annisa Tangerang Hospital is not affected by the quality of service because employees feel that this compensation is a right that they deserve.

Overall, service quality is the result of a complex interaction between various factors, including employee motivation, working conditions, training and development, organizational culture, customer experience, and external factors. Compensation is an important factor, but not the only or most determining

one. To effectively improve service quality, organizations need to adopt a holistic approach that includes all these factors (Yu et al., 2023).

3.4.2. The Effect of Workload on Service Quality

Workload has a positive and significant influence on Service Quality. This research is in line with research conducted by Apomfires & Attamimi, (2021) who found that workload had a positive and significant effect on service quality. So it can be concluded that this research supports previous research.

Effective workloads require careful planning and ongoing monitoring. Companies need to ensure that the distribution of duties and responsibilities is carried out fairly and realistically. In addition, companies must provide adequate support, such as training, appropriate work tools, and a conducive work environment, to help employees manage their workload well. A balanced workload can support optimal employee performance. When workloads are well managed, employees can manage their time and resources effectively, allowing them to provide better and more consistent service to customers.

When workload is managed well, employees can work efficiently and focus on their main tasks. An optimal workload allows each employee to have enough work to stay busy but not overwhelmed, which allows them to give full attention to service quality. In addition, employees can better organize their work priorities, giving high priority to tasks that directly affect the quality of service, ensuring that important aspects of service are not overlooked. A balanced workload encourages collaboration and cooperation among employees. In a supportive work environment, employees are more likely to help each other and share knowledge, which in turn improves the overall quality of service.

3.4.3. The Effect of Compensation on the Effectiveness of Electronic Medical Records

Compensation has a positive and significant influence on the effectiveness of electronic medical records. This research is in line with research conducted by Ardiyanto & Suryono, (2020) who found that compensation had a positive and significant effect on the effectiveness of use. So it can be concluded that this research supports previous research.

Good compensation can influence how medical and administrative staff use and utilize EMR systems effectively. Competitive compensation can increase employee motivation to learn and master the EMR system. When employees feel valued through adequate compensation, they are more likely to invest in training and developing the skills necessary to operate an EMR system efficiently. Competitive compensation can attract a more qualified and experienced workforce. A more skilled and experienced workforce tends to have a better ability to understand and operate EHR systems. This increases efficiency and accuracy in medical data management, which in turn increases the overall effectiveness of the EMR system

However, compensation alone is not enough to ensure EMR effectiveness. Adequate training, ongoing technical support, and reliable technology infrastructure are also important factors. Therefore, a holistic approach that combines good compensation with adequate training and support is necessary to maximize EMR effectiveness.

3.4.4. The Effect of Workload on the Effectiveness of Electronic Medical Records

Workload has a positive and significant influence on the effectiveness of electronic medical records. This research is in line with research conducted by Prihadi & Agustian, (2020) who found that workload had a positive and significant effect on the effectiveness of using electronic medical records. So it can be concluded that this research supports previous research.

Effective workload management requires careful planning and ongoing monitoring. Healthcare institutions need to ensure a fair and realistic distribution of tasks and provide adequate support to help employees manage their workload. This includes ensuring that the EMR system itself is user-friendly and supported by a reliable technology infrastructure. A well-managed workload can increase the effectiveness of electronic medical records by reducing recording errors and increasing participation in training. Conversely, excessive workload can damage EMR effectiveness by reducing data quality and hindering employee mastery of the technology.

The right workload also increases employee motivation and engagement. When employees feel their workload is balanced and manageable, they tend to be more motivated to perform their tasks well. This includes making optimal use of EMR. High motivation increases their willingness to learn and use more complex EHR features, to increase system effectiveness.

3.4.5. Influence of the Effectiveness of Electronic Medical Records on Service Quality

The effectiveness of Electronic Medical Records has a positive and significant influence on Service Quality. This research is in line with research conducted by Ikawati, (2024) who found that effectiveness had a positive and significant effect on service quality. So it can be concluded that this research supports previous research.

An effective EMR can improve accuracy and speed in clinical decision making. With quick and easy access to a patient's medical history, doctors and other healthcare professionals can make more timely and

well-informed decisions. This is important in emergency situations where time is precious, as well as in ensuring that patients receive treatment appropriate to their medical condition.

The effectiveness of electronic medical records plays a major role in improving the quality of health services. By providing accurate medical data, speeding decision making, reducing medical errors, and improving coordination and operational efficiency, an effective EMR can contribute to better and safer patient care.

EHR systems allow departments and specialists to share information in real-time, reducing the risk of communication errors and duplication of tests or procedures. This better coordination increases efficiency in managing patient care, ensuring that all aspects of patient care are well integrated, thereby improving the quality of service to patients.

3.4.6. The Effect of Compensation on Service Quality with the Effectiveness of Electronic Medical Records as a Mediating Variable

The calculation results show that the effectiveness of electronic medical records can mediate the influence of compensation on service quality. This proves that the ability to mediate the effectiveness of electronic medical records on the relationship between compensation and service quality is significant. This is in line with the research results Tajirian et al., (2020) which states that effectiveness can mediate the relationship between compensation and service quality.

The effectiveness of EMR use is greatly influenced by how well employees can operate the system. Employees who are motivated and satisfied with their compensation are more likely to participate in training and develop the skills necessary to get the most out of an EMR. When employees use the EMR effectively, they can access and record medical information more accurately and quickly, which is important for appropriate clinical decision making and coordination across medical teams.

Good compensation plays an important role in increasing employee motivation and performance, which has a positive impact on the effectiveness of using electronic medical records. The effectiveness of EMR, in turn, contributes to improving the quality of Health services.

Appropriate compensation can increase employee motivation, especially employees who frequently use EMR. The better coordination facilitated by EMR also ensures that all patient medical information is available and updated in real-time, allowing medical personnel to make more informed and faster decisions. These better decisions improve the quality of medical services provided to patients. Additionally, with more efficient data tracking and analysis, EHRs help identify health problems earlier and design more effective treatment plans, which also contributes to improving the quality of care.

3.4.7. The Effect of Workload on Service Quality with the Effectiveness of Electronic Medical Records as a Mediating Variable

The calculation results show that the effectiveness of electronic medical records can mediate the influence of workload on service quality. This proves that the ability to mediate the effectiveness of electronic medical records on the relationship between workload and service quality is significant. This is in line with the research results Berihun et al., (2020) which states that effectiveness can mediate the relationship between compensation and service quality.

A balanced workload allows employees to use the EMR more effectively. With a reasonable workload, employees have more time to ensure that medical data is entered correctly and according to standards. Employees can also receive training and updates regarding EMR use, improving their skills and understanding of the system.

The quality of health care depends largely on the effectiveness of the EMR. An effective EMR system allows quick access to a patient's medical history, reduces medical errors, and increases operational efficiency. Thus, when employees' workload is managed well and they can use the EMR effectively, the quality of health care can improve significantly.

A well-managed workload increases the effectiveness of EMR use, and improves the quality of service. An effective EMR facilitates better workload management, improves coordination and decision making, supports employee training and development, and increases patient engagement. All of these mechanisms work together to ensure that the EMR system is used optimally, which contributes to improving the overall quality of medical services.

4. CONCLUSION

Based on the results and discussion, it was concluded that compensation does not have a significant influence on service quality. Workload has a positive and significant influence on Service Quality. Compensation has a positive and significant influence on the effectiveness of electronic medical records. Workload has a positive and significant influence on the effectiveness of electronic medical records. The effectiveness of Electronic Medical Records has a positive and significant influence on Service Quality. The

effectiveness of Electronic Medical Records can mediate the influence of Compensation on Service Quality. The effectiveness of Electronic Medical Records can mediate the influence of Workload on Service Quality.

Based on the conclusions explained above, researchers have several suggestions, especially for further research, it is better to use other factors that can influence Service Quality other than the variables used by researchers such as Intrinsic and Extrinsic Motivation factors, Work Environment Conditions, Training and Development and Organizational culture.

REFERENCES

Andriani, R., Wulandari, D. S., & Margianti, R. S. (2022). Rekam Medis Elektronik sebagai Pendukung Manajemen Pelayanan Pasien di RS Universitas Gadjah Mada. Jurnal Ilmiah Perekam Dan Informasi Kesehatan Imelda (JIPIKI), 7(1), 96–107. https://doi.org/10.52943/jipiki.v7i1.599

Apomfires, P. F., & Attamimi, Y. (2021). Pengaruh Kompensasi Dan Kepemimpinan Terhadap Kepuasan Kerja Dan Dampaknya Terhadap Kualitas Pelayanan Pegawai Pada Kantor Dinas Kebudayaan Dan Pariwisata Provinsi Papua. JUMABIS, 4(1), 90–98.

Ardiyanto, D. A. D., & Suryono, B. (2020). Audit Manajemen Atas Fungsi Sumber Daya Manusia Di RS. Bhayangkara Surabaya. Jurnal Ilmu Dan Riset Akutansi, 9(2), 1–20.

Berihun, B., Atnafu, D. D., & Sitotaw, G. (2020). Willingness to Use Electronic Medical Record (EMR) System in Healthcare Facilities of Bahir Dar City, Northwest Ethiopia. BioMed Research International, 2020. https://doi.org/10.1155/2020/3827328

Cahya, A. D., S, R. A., N, S. A., & Jati, P. S. (2021). Pengaruh Pemberian Kompensasi Karyawan terhadap Kepuasan dalam kinerja untuk Meningkatkan Kualitas Pelayanan. Jesya (Jurnal Ekonomi & Ekonomi Syariah), 4(2), 1288–1294. https://doi.org/10.36778/jesya.v4i2.495

Chen, L., Li, Y. Q., & Liu, C. H. (2019). How airline service quality determines the quantity of repurchase intention - Mediate and moderate effects of brand quality and perceived value. Journal of Air Transport Management, 75(October), 185–197. https://doi.org/10.1016/j.jairtraman.2018.11.002

Chi Minh City Quarter, H., Trung Ward, L., Duc City, T., & Chi Minh City, H. (2021). The impact of customer experience on customer satisfaction and customer loyalty. Turkish Journal of Computer and Mathematics Education, 12(14), 1027–1038.

Farid, Z. M., Fernando, N. R., & Sonia, D. (2021). The effectiveness of using electronic medical records for outpatient services at Darul Arqam Garut clinic. Cerdika: Jurnal Ilmiah Indonesia, 1(9), 1247–1254.

Hakim, A. R., & Muhdi, M. (2020). Motivasi Kerja Dan Kompensasi Terhadap Kepuasan Kerja Guru Smk Swasta Di Wilayah Timur Kabupaten Pemalang. Jurnal Pendidikan Ilmu Sosial, 29(2), 105–115. https://doi.org/10.23917/jpis.v29i2.9354

Ikawati, F. R. (2024). Efektivitas Penggunaan Rekam Medis Elektronik Terhadap Peningkatan Kualitas Pelayanan Pasien di Rumah Sakit. Journal of Multidicciplinary Research and Development, 6(3), 282–292.

Kotler, P., & Keller, K. L. (2016). Marketing Management (15th ed.). Pearson Education,Inc.

Kusumawati, R. M., & Listiana. (2022). Jurnal Ilmiah Kesehatan 2022 Jurnal Ilmiah Kesehatan 2022. Jurnal Ilmiah Kesehatan, 21(1), 14–19.

Persi. (2023). RS Annisa Berbagi Kiat Sukses Selaraskan RME dan SIMRS Pada 400 Peserta Webinar. Persi.or.Id. https://www.persi.or.id/webinar-persiapan-rumah-sakit-menuju-kewajiban-emr-1-januari-2024-vol-02-rs-annisa-berbagi-kiat-sukses-selaraskan-rme-dan-simrs-pada-400-peserta-webinar/

Prihadi, M. D., & Agustian, R. (2020). Analisis Kebutuhan Sumber Daya Manusia Dengan Menggunakan Metode Beban Kerja Bagian Penyimpanan Berkas Rekam Medis Guna Menunjang Efektivitas Kerja Di Rumah Sakit Al-Islam Bandung. Ekono Insentif, 14(2), 101–106. https://www.academia.edu/download/84765194/136.pdf

Prihadi, M. D., & Meilani, S. (2020). Pengaruh Efektivitas Kinerja Terhadap Produktivitas Kerja Petugas Distribusi Rekam Medis Rawat Jalan Di RSUD Cibabat Cimahi. Target : Jurnal Manajemen Bisnis, 2(1), 117–124. https://doi.org/10.30812/target.v2i1.710

Sitepu, C. M., Lengkong, F. D. J., & Londa, V. (2019). Pengaruh Kompensasi Terhadap Kualitas Pelayanan Publik Dinas Kesehatan Kota Manado. Journal of Chemical Information and Modeling, 53(9), 1689–1699.

Sugiyono. (2016). Metode Penelitian Kuantitatif, Kualitatif dan R&D. Alfabeta.

Suhartina, I. (2019). Analisis Efektivitas SOP Pelaksanaan Penyimpanan Berkas Rekam Medis Di Puskesmas Lawang. Jurnal Manajemen Informasi Kesehatan Indonesia, 7(2), 128. https://doi.org/10.33560/jmiki.v7i2.226

Tajirian, T., Stergiopoulos, V., Strudwick, G., Sequeira, L., Sanches, M., Kemp, J., Ramamoorthi, K., Zhang, T., & Jankowicz, D. (2020). The influence of electronic health record use on physician burnout: Cross-sectional survey. Journal of Medical Internet Research, 22(7). https://doi.org/10.2196/19274

Triadi, A. D., & Widyaningrum, D. (2019). Pengaruh Pendistribusian Rekam Medis Elektronik Pasien Rawat Jalan Terhadap Efektivitas Pelayanan Di Rumah Sakit Umum. Jurnal Kesmas Asclepius, 5(2), 232–236.

Wijaya, A. (2018). Pengaruh Beban Kerja Terhadap Kepuasan Kerja Dengan Stres Kerja Sebagai Variabel Mediasi Pada Pekerja Di Hotel Maxone Di Kota Malang. Edisi Revisi Jakarta: Bumi Aksara, 4(1), 391.