

Analysis of the Influence of the Hot-Fit Model on the Success of Hospital Management Information System (SIMRS) Implementation at Samaritan General Hospital Palu

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Article Info

Article History:

Received September 7, 2026

Revised September 30, 2026

Accepted: October 21, 2026

Keywords:

Human, Organization, Technology, HOT-Fit, SIMRS Implementation Success, Net Benefit.

Abstract

The Hospital Management Information System (SIMRS) is an information system that supports integrated information management and healthcare service delivery in hospitals. The success of SIMRS implementation is influenced by various factors, including human, organizational, and technological aspects. This study aimed to analyze the influence of the Human, Organization, and Technology aspects on the success of SIMRS implementation based on the Human–Organization–Technology Fit (HOT-Fit) model at Samaritan General Hospital Palu. This study employed a quantitative approach with a cross-sectional design involving 146 SIMRS users selected through purposive sampling. Data were collected using a questionnaire and analyzed using descriptive statistics, the Chi-Square test, and ordinal logistic regression. Most respondents assessed the Human aspect as moderate (42.5%), the Organization aspect as moderately supportive (36.3%), the Technology aspect as moderately good (40.4%), and the success of SIMRS implementation as moderately beneficial (38.4%). The results showed that the Human aspect ($p = 0.010$) and the Technology aspect ($p = 0.033$) had a significant influence on the success of SIMRS implementation, whereas the Organization aspect had no significant influence ($p = 0.716$). Simultaneously, the Human, Organization, and Technology aspects had a significant influence on the success of SIMRS implementation ($p = 0.010$). The Human aspect was identified as the most influential factor in the success of SIMRS implementation. In conclusion, the Human, Organization, and Technology aspects collectively influence the success of SIMRS implementation at Samaritan General Hospital Palu. Therefore, improving user competence and readiness, as well as enhancing system quality, information quality, and technical service support, is recommended to increase the benefits and overall success of SIMRS implementation.

Introduction

Advancements in information technology have brought about significant changes in healthcare systems worldwide. Adopting digital services is crucial for hospitals to enhance service quality, reduce operational costs, ensure patient safety, and accelerate data-driven decision-making. A prime example of this digitalization is the Hospital Management Information System (SIMRS), which manages the entire spectrum of service processes ranging from patient registration, digital medical records, medication management, and laboratory and radiology services to payment systems in a comprehensive and organized manner (WHO, 2020). The World Health Organization (WHO, 2020) notes that over 80% of hospitals in high-income countries have implemented comprehensive management information systems to improve service quality, cut

costs, and expedite service delivery. This underscores the fact that digital transformation is a vital component of efficient hospital management in developed nations (WHO, 2020). The Indonesian government has mandated the use of SIMRS through the Minister of Health Regulation Number 82 of 2013. This regulation emphasizes the need for an integrated information system to boost healthcare service efficiency and facilitate national reporting. However, a 2022 Ministry of Health survey revealed that only about 68.4% of hospitals had implemented SIMRS optimally, while many others relied on partial or hybrid systems. This disparity indicates that SIMRS implementation still faces various obstacles, such as data integration challenges, limited user proficiency, and issues regarding organizational readiness (Ministry of Health RI, 2014).

In Central Sulawesi Province, out of 42 hospitals, only 59.5% have implemented SIMRS, and few have successfully integrated all service units such as medical records, laboratories, pharmacy, and other clinical services. This demonstrates that the digital transformation process in the region is proceeding gradually and requires further evaluation (Central Sulawesi Provincial Health Office, 2023). Samaritan General Hospital (RSU) Palu, a private hospital in Palu City, has implemented SIMRS to support the delivery of healthcare services to the community. The implementation of the Hospital Management Information System (SIMRS) at RSU Samaritan Palu is expected to enhance service speed, facilitate access to patient data, and support more effective data management and hospital reporting. However, the system's implementation still faces various challenges (RSU Samaritan, 2025).

Preliminary data obtained at RSU Samaritan Palu gathered through observations and initial interviews with healthcare professionals and administrative staff indicate that the hospital has implemented a Hospital Management Information System (SIMRS) as the primary system supporting healthcare services and hospital administration. The SIMRS is utilized across several service units, including registration, outpatient care, inpatient care, pharmacy, cashier services, and medical records (Yuliasti, 2023; Syahbana et al., 2026). However, initial observations reveal that the SIMRS implementation at RSU Samaritan Palu is currently in a transitional phase, moving from a manual medical record system to an integrated electronic system. During this transition, some services and record-keeping tasks still rely on manual medical records; consequently, the SIMRS has not yet been fully adopted across all service processes. This situation suggests that the implementation process requires further adjustment and strengthening to ensure optimal, integrated use across all service units. Furthermore, several obstacles affecting the success of the SIMRS implementation have been identified, such as varying levels of user proficiency in operating the system and user feedback indicating a need for additional training to fully understand and utilize all SIMRS features (Mygel et al., 2024; Rahmi et al., 2025; Putri et al., 2026).

The success of SIMRS implementation relies heavily on a balance between technology, people, and the organization (Windari et al., 2023; Silmi, 2026; Syahbana et al., 2026). However, no comprehensive evaluation of SIMRS implementation at RSU Samaritan Palu using the HOT-Fit model has been conducted to date. Given the previously identified issues, an evaluation based on a theoretical model is essential to understand the extent of implementation success, the key factors influencing the benefits of the SIMRS, and potential improvements to enhance healthcare service quality and operational effectiveness. Based on this background, it is evident that the success of SIMRS implementation is influenced not only by technological quality but also by human factors and organizational support. Research examining the simultaneous interplay of these three factors particularly within private hospitals in Central Sulawesi remains limited (Muslimin et al., 2025; Sudirman et al., 2025; Norsaputera et al., 2025). Therefore, this study aims to analyze the influence of the Human Organization Technology Fit (HOT-Fit)

model on the success of SIMRS implementation at RSU Samaritan Palu. This study is expected to provide a more comprehensive overview of the factors influencing the successful implementation of the Hospital Management Information System (SIMRS) and to offer strategic recommendations for the system's development. Conducting this research is crucial to addressing the need for a thorough evaluation of SIMRS implementation at RSU Samaritan Palu, while also contributing to the enhancement of information technology-based healthcare service quality.

Method

Research Design

This study employs a quantitative approach utilizing an observational analytic method and a cross-sectional design. This design was selected because measurements of the independent and dependent variables were conducted during the same period without any intervention involving the respondents. The study aims to analyze the relationships among the human, organization, and technology aspects within the Human Organization Technology Fit (HOT-Fit) model, using "net benefit" as the indicator of success for the implementation of the Hospital Management Information System (SIMRS) (Sugiyono, 2021).

Research Location and Timing

The study was conducted at Samaritan General Hospital (RSU Samaritan Palu) in Central Sulawesi Province between March and June 2026. This location was chosen because RSU Samaritan Palu has implemented SIMRS in its healthcare services, administration, and hospital information management operations.

Population and Sample

The study population consisted of all SIMRS users at RSU Samaritan Palu in 2025, totaling 230 individuals. This population included doctors, nurses, midwives, pharmacy personnel, medical record staff, administrative staff, and management personnel who directly use SIMRS in the performance of their daily duties.

The sample size was determined using Slovin's formula with a 5% margin of error, as follows:

$$n = \frac{N}{1 + N(e^2)}$$

$$n = \frac{230}{1 + 230(0,05)^2}$$

$$n = \frac{230}{1 + 230(0,0025)}$$

$$n = \frac{230}{1 + 0,575}$$

$$n = \frac{230}{1,575} = 146,03 \text{ responden}$$

Based on these calculations, the sample size was rounded to 146 respondents. Respondents were selected using a purposive sampling technique, specifically by choosing SIMRS users who met the study's criteria (Sugiyono, 2021).

The study's inclusion criteria were: (1) healthcare or non-healthcare personnel using the SIMRS at RSU Samaritan Palu; (2) individuals directly involved in service delivery, administration, or information management using the SIMRS; and (3) individuals willing to participate as respondents by signing an informed consent form. Exclusion criteria included SIMRS users who were absent during the data collection period due to illness, leave, or other reasons, as well as respondents who did not fully complete the questionnaire.

Research Variables

The independent variables consist of human, organizational, and technological aspects. The human aspect encompasses system usage and user satisfaction. The organizational aspect includes management support, resource availability, and organizational structure suitability. The technological aspect covers system quality, information quality, and service quality. The dependent variable is net benefit specifically, the benefits gained by users and the organization serving as an indicator of the success of the Hospital Management Information System (SIMRS) implementation.

Operational Definitions

Variable	Operational definition	Indicator	Measuring instrument	Scale	Criteria
<i>Human</i>	Assessment of Hospital Management Information System (SIMRS) usage and user satisfaction in supporting daily work	System usage and user satisfaction	Questionnaire	Ordinal	Low: ≤ 31 ; moderate: 32–34; high: ≥ 35
<i>Organization</i>	Assessment of organizational support for SIMRS implementation	Management support, resources, policies, and organizational structure	Questionnaire	Ordinal	Less supportive: ≤ 31 ; moderately supportive: 32–34; supportive: ≥ 35
<i>Technology</i>	Assessment of the quality of technology used	System quality, information	Questionnaire	Ordinal	Poor: ≤ 47 ; fair: 48–53; good: ≥ 54

	in SIMRS implementation	quality, and service quality			
<i>Net benefit</i>	Perceived benefits of SIMRS implementation for user tasks and organizational performance	Efficiency, effectiveness, ease of work, and performance improvement	Questionnaire	Ordinal	Less beneficial: ≤ 20 ; moderately beneficial: 21–23; beneficial: ≥ 24

Instruments and Measurement

Primary data were collected using a structured questionnaire adapted from the research instruments of Alamsyah et al. (2025) and Lolo et al. (2018), which were developed based on the HOT-Fit model. The instrument was tailored to the context of the Hospital Management Information System (SIMRS) implementation at RSU Samaritan Palu. The questionnaire measures four key constructs: human, organization, technology, and net benefit. Each statement was rated using a Likert scale based on the response options specified in the instrument. Item scores were summed to derive the score for each variable and subsequently categorized according to predetermined objective criteria. Prior to main data collection, the instrument underwent validity and reliability testing. Item validity was assessed via item-total correlation, while construct reliability was evaluated using Cronbach's alpha. The instrument was deemed reliable if the Cronbach's alpha value met the established acceptance threshold.

Data Sources and Collection Procedures

The research data comprised both primary and secondary data. Primary data were obtained directly through questionnaires completed by SIMRS users who met the research criteria. Before completing the questionnaire, prospective respondents received an explanation regarding the study's objectives, procedures, benefits, risks, voluntary nature, and confidentiality guarantees. Respondents willing to participate were required to sign an informed consent form. Secondary data were obtained through a review of RSU Samaritan Palu documents, including the number and characteristics of SIMRS users, SIMRS implementation reports, internal policies, and other documents relevant to the system's implementation. Data collection was conducted in coordination with the hospital to identify prospective respondents meeting the criteria. Questionnaires were distributed to respondents and subsequently reviewed for completeness of answers. Incomplete questionnaires were excluded from the analysis.

Data Processing

Data were processed using Microsoft Excel and IBM SPSS Statistics version 27. The data processing involved five stages. First, editing, which entailed checking the completeness and consistency of respondents' answers. Second, coding, which involved assigning numerical codes to each variable and response category. Third, entry, which involved inputting data into an electronic database. Fourth, cleaning, which involved checking for entry errors, duplicate data, missing data, and value inconsistencies. Fifth, tabulating, which involved organizing data into distribution tables aligned with the analysis objectives.

Data Analysis

Data analysis was conducted using univariate, bivariate, and multivariate analyses with a 95% confidence level and a statistical significance level of $\alpha = 0.05$. Univariate analysis was used

to describe respondent characteristics and the distribution of each research variable. Categorical data were presented as frequencies and percentages, while numerical data were presented as mean and standard deviation or median and range, depending on the data distribution. Bivariate analysis was used to examine the relationship of each aspect human, organization, and technology with net benefit. Since the variables were analyzed categorically, the Pearson Chi-Square test was employed. If Chi-Square test requirements were not met, appropriate alternative tests were used, such as Fisher's Exact Test for 2×2 tables or the likelihood ratio test for larger tables. Relationships were considered significant if the p-value was ≤ 0.05 .

Multivariate analysis was performed using ordinal logistic regression because the dependent variable, net benefit, consisted of three ordered categories: less beneficial, moderately beneficial, and beneficial. Independent variables with a p-value ≤ 0.25 in the bivariate analysis were considered candidates for the multivariate model. Prior to model interpretation, the proportional odds assumption was verified using the test of parallel lines. Model adequacy was assessed based on model fitting information, goodness-of-fit, pseudo R-square values, and the test of parallel lines. The influence of each independent variable was assessed using the Wald test at a significance level of $p \leq 0.05$. The magnitude of the association is reported in terms of regression coefficients, odds ratios ($\text{Exp}(B)$), and 95% confidence intervals. The dominant variable was determined by considering the odds ratio, confidence interval, statistical significance, and the direction of the association after controlling for other variables.

Research Ethics

The study was conducted following ethical approval from the authorized health research ethics committee and research authorization from RSU Samaritan Palu. The study adhered to the principles of beneficence, respect for human dignity, justice, and confidentiality. Respondent participation was voluntary. Each respondent had the right to receive complete information, decline participation, or withdraw without facing consequences regarding their employment or the services they received. Respondent identities were not recorded on the research instruments but were replaced with specific codes. All data were stored securely and used solely for research purposes.

Research Results

Univariate Analysis

Respondent Characteristics

The following is the distribution of general respondent characteristics based on gender, age, education, and length of employment at Samaritan Hospital Palu:

Table 1. Respondent Characteristics

Respondent Characteristics	Category	n	%
Gender	Male	60	41.1
	Female	86	58.9
Age	22–28 years	46	31.5
	29–34 years	70	47.9
	35–40 years	30	20.5
Education	Diploma (D3)	77	52.7
	Applied Bachelor's Degree (D4)	2	1.4
	Bachelor's Degree (S1)	67	45.9
Length of Employment	1–3 years	13	8.9

	4–6 years	70	47.9
	7–10 years	63	43.2
Total		146	100.0

Source: Primary Data, 2026.

Based on Table 1, this study involved 146 Hospital Management Information System (SIMRS) users at RSU Samaritan Palu. Most respondents were female (58.9%), aged 29–34 years (47.9%), held a Diploma III (D3) degree (52.7%), and had 4–6 years of work experience (47.9%). Furthermore, 91.1% of respondents had worked for more than three years, indicating that most had sufficient professional experience and familiarity with hospital workflows and SIMRS utilization. These characteristics are relevant to evaluating SIMRS implementation success, as respondents' work experience and daily interactions with the system may provide valuable insights into the Human, Organization, and Technology dimensions, as well as the benefits derived from system implementation.

Table 2. Distribution of respondents based on the Human aspect among SIMRS users

Category	Frequency	Percentage (%)
Low	48	32,9
Medium	62	42,5
High	36	24,7
Total	146	100,0

Source: Primary Data 2026.

Based on Table 2, of the 146 respondents who used SIMRS at RSU Samaritan Palu, the majority were in the Medium category, namely 62 respondents (42.5%), while in the Low category there were 48 respondents (32.9%) and in the High category there were 36 respondents (24.7%). Because the highest percentage is in the Medium category, namely 42.5%, the Human aspect in implementing SIMRS at RSU Samaritan Palu can be categorized as being at a medium level. This shows that the majority of SIMRS users have quite good ability, acceptance and utilization of the system, but there are still users who are in the low category so improvement efforts are needed, especially through training, mentoring and increasing the user's ability to operate SIMRS.

Table 3. Distribution of respondents based on Organization (Organizational Aspect) among SIMRS users

Category	Frequency	Percentage (%)
Less Supportive	50	34,2
Moderately Supportive	53	36,3
Supportive	43	29,5
Total	146	100,0

Source: 2026 Primary Data.

Based on Table 3, among the 146 respondents using the Hospital Management Information System (SIMRS) at RSU Samaritan Palu, the majority fell into the "Moderately Supportive" category (53 respondents or 36.3%), while 50 respondents (34.2%) fell into the "Less Supportive" category, and 43 respondents (29.5%) fell into the "Supportive" category. As the highest percentage (36.3%) falls within the "Moderately Supportive" category, the organizational aspect of SIMRS implementation at RSU Samaritan Palu can be classified as moderately supportive. This indicates that organizational support for the SIMRS

implementation is in place; however, there are still aspects requiring improvement so that such support whether in the form of policies, management commitment, coordination, or resource provision can more optimally facilitate the successful implementation of the system.

Table 4. Distribution of respondents based on technology (technology aspect) among SIMRS users.

Category	Frequency	Percentage (%)
Poor	54	37,0
Fair	59	40,4
Good	33	22,6
Total	146	100,0

Source: 2026 Primary Data.

Based on Table 4. among the 146 respondents using the Hospital Management Information System (SIMRS) at RSU Samaritan Palu, the majority fell into the "Fairly Good" category (59 respondents or 40.4%), while 54 respondents (37.0%) fell into the "Poor" category, and 33 respondents (22.6%) fell into the "Good" category. Since the highest percentage (40.4%) falls within the "Fairly Good" category, the technology aspect of the SIMRS implementation at RSU Samaritan Palu can be classified as fairly good. This indicates that the technology used to support the SIMRS implementation is generally functioning reasonably well; however, there are still technological aspects such as system quality, information quality, and the quality of service and technical support that require improvement to ensure the SIMRS implementation operates more optimally.

Table 5. Distribution of respondents based on Net Benefit (success of SIMRS implementation) among SIMRS users

Category	Frequency	Percentage (%)
Less Useful	55	37.7
Moderately Useful	56	38.4
Useful	35	24.0
Total	146	100.0

Source: Primary Data 2026.

Based on Table 4.5, among the 146 respondents using the Hospital Management Information System (SIMRS) at RSU Samaritan Palu, the majority fell into the "Moderately Beneficial" category (56 respondents or 38.4%), while 55 respondents (37.7%) fell into the "Less Beneficial" category, and 35 respondents (24.0%) fell into the "Beneficial" category. Since the highest percentage (38.4%) falls within the "Moderately Beneficial" category, the implementation of SIMRS at RSU Samaritan Palu can be classified as moderately beneficial. This indicates that, overall, the SIMRS implementation has provided benefits in supporting work operations and hospital services; however, the benefits perceived by users have not yet reached an optimal level. Therefore, efforts are needed to improve various aspects supporting the SIMRS so that the system's benefits and implementation success can be maximized for all users.

Univariate Analysis

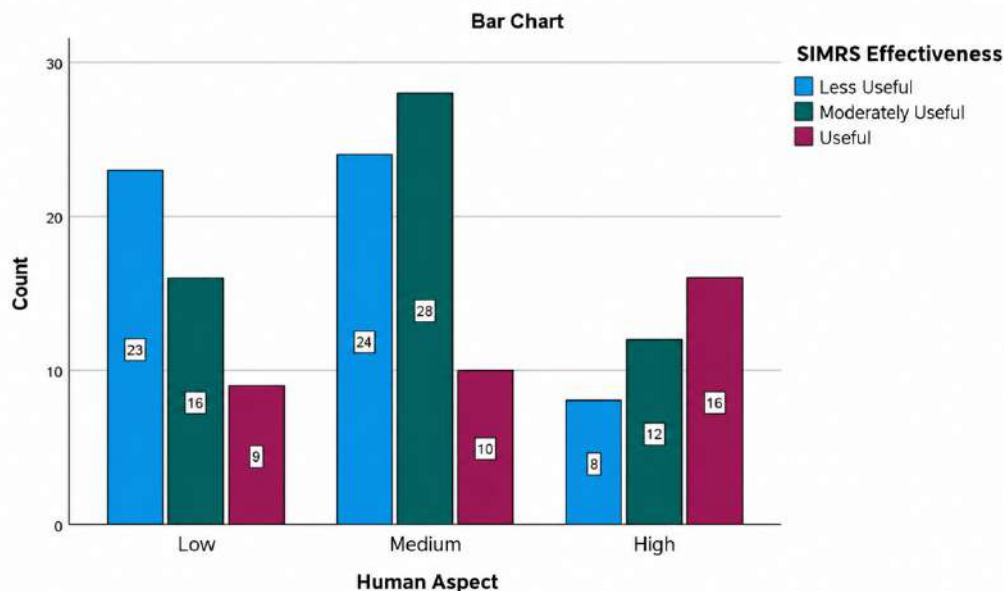
Influence of the "Human" Component on Net Benefit

Table 6. Distribution of the Influence of the Human Factor on Net Benefit (SIMRS Implementation Success) among SIMRS Users

Benefits									
Human Aspects	Not Very Useful		Quite useful		Beneficial		Total		p-value
	n	%	n	%	n	%	n	%	0,010
Low	23	47,9	16	33,3	9	18,8	48	100	
Medium	24	38,7	28	45,2	10	16,1	62	100	
High	8	22,2	12	33,3	16	44,4	36	100	
Total	55	37,7	56	38,4	35	24,0	146	100	

Source: 2026 Primary Data.

Table 4.6 shows that among respondents in the "low" category for the human aspect, 23 individuals (47.9%) rated the SIMRS implementation as having low utility, 16 (33.3%) as having moderate utility, and 9 (18.8%) as having high utility. Among respondents in the "medium" category for the human aspect, 24 individuals (38.7%) rated the implementation as having low utility, 28 (45.2%) as having moderate utility, and 10 (16.1%) as having high utility. Meanwhile, among respondents in the "high" category for the human aspect, 8 individuals (22.2%) rated the implementation as having low utility, 12 (33.3%) as having moderate utility, and 16 (44.4%) as having high utility. The Chi-Square test results show a p-value of 0.010 ($p < 0.05$); thus, it can be concluded that there is a significant influence of the human aspect on the success of SIMRS implementation. This indicates that the better the human aspect encompassing knowledge, skills, abilities, and user acceptance of the SIMRS the greater the success of the SIMRS implementation as perceived by the users.



The diagram illustrating the human aspect in relation to SIMRS success reveals a distribution pattern consistent with the analysis in the preceding table. Within the "low" human aspect category, the largest group of respondents (23) rated the SIMRS success as "less beneficial," followed by 16 respondents rating it "moderately beneficial" and 9 rating it "beneficial."

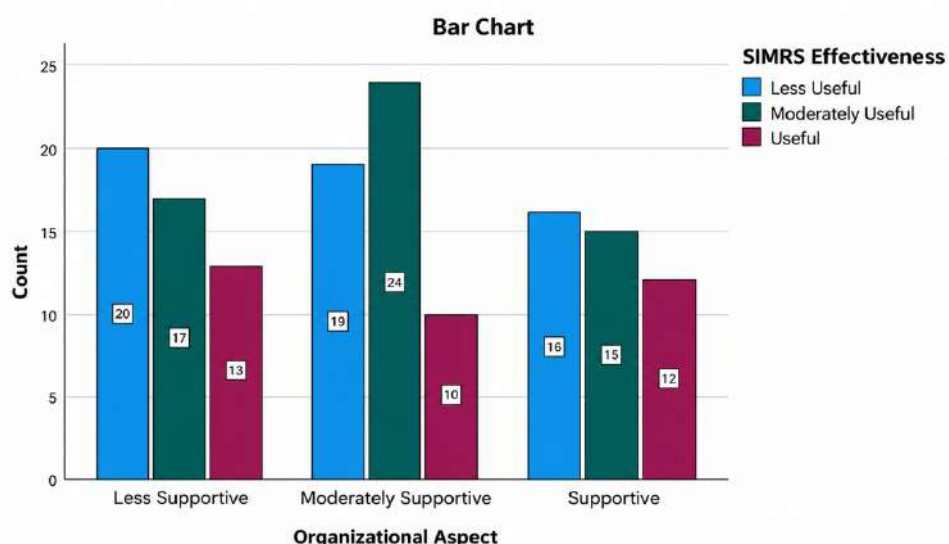
In the "moderate" human aspect category, the highest number of respondents (28) fell into the "moderately beneficial" category for SIMRS success. Meanwhile, 24 respondents rated it "less beneficial," and 10 rated it "beneficial." Finally, in the "high" human aspect category, the largest group of respondents (16) rated SIMRS success as "beneficial," followed by 12 respondents rating it "moderately beneficial" and 8 rating it "less beneficial." The diagram visualizes a trend in the distribution of SIMRS success corresponding to the level of the human aspect. Where the human aspect was low, more respondents perceived the SIMRS as "less beneficial," whereas where the human aspect was high, more respondents perceived it as "beneficial." This pattern indicates that a better human aspect regarding SIMRS usage tends to correlate with greater success or perceived benefits from the SIMRS implementation.

Table 7. Distribution of the Influence of Organization on Net Benefit (SIMRS Implementation Success) among SIMRS Users

Organizational Aspects	Benefit								p-value
	Not Very Useful		Quite useful		Beneficial		Total		
	n	%	n	%	n	%	n	%	
Not Very Supportive	20	40,0	17	34,0	13	26,0	50	100	0,716
Moderately Supportive	19	35,8	24	45,3	10	18,9	53	100	
Supportive	16	37,2	15	34,9	12	27,9	43	100	
Total	55	37,7	56	38,4	35	24,0	146	100	

Source: Primary Data 2026.

Table 4.7 shows that among respondents in the "less supportive" organizational category, 20 individuals (40.0%) rated the SIMRS implementation as less beneficial, 17 (34.0%) as moderately beneficial, and 13 (26.0%) as beneficial. Among respondents in the "moderately supportive" category, 19 individuals (35.8%) rated the implementation as less beneficial, 24 (45.3%) as moderately beneficial, and 10 (18.9%) as beneficial. Meanwhile, among respondents in the "supportive" category, 16 individuals (37.2%) rated the implementation as less beneficial, 15 (34.9%) as moderately beneficial, and 12 (27.9%) as beneficial. The Chi-Square test results show a p-value of 0.716 ($p > 0.05$); thus, it can be concluded that there is no significant influence of the organizational aspect on the success of SIMRS implementation. This indicates that, in this study, differences in the level of organizational support did not demonstrate a meaningful impact on the level of SIMRS implementation success perceived by users. Nevertheless, descriptively, the proportion of respondents who rated SIMRS as beneficial was relatively higher in the "supportive" organizational category (27.9%) compared to the "moderately supportive" category (18.9%), although this difference was not statistically significant.



The diagram illustrating the relationship between organizational aspects and Hospital Management Information System (SIMRS) success reveals a distribution pattern consistent with the analysis in the preceding table. In the category where organizational aspects were "less supportive," the largest group of respondents (20) rated the SIMRS success as "less beneficial," followed by 17 respondents rating it "moderately beneficial" and 13 rating it "beneficial." In the category where organizational aspects were "moderately supportive," the highest number of respondents (24) rated the SIMRS success as "moderately beneficial." Meanwhile, 19 respondents rated it "less beneficial," and 10 rated it "beneficial." Furthermore, in the category where organizational aspects were "supportive," the distribution of respondents was 16 for "less beneficial," 15 for "moderately beneficial," and 12 for "beneficial." The distribution in this category appears relatively more even compared to the other organizational aspect categories. The diagram's visualization shows that in the "less supportive" organizational aspect category, respondents tended to rate the SIMRS as "less beneficial." In the "moderately supportive" category, the majority of respondents rated the SIMRS as "moderately beneficial." However, in the "supportive" category, the distribution of SIMRS success ratings was relatively balanced across all three categories. Visually, this pattern indicates a variation in SIMRS success distribution based on the condition of organizational aspects, although the differences are not particularly striking.

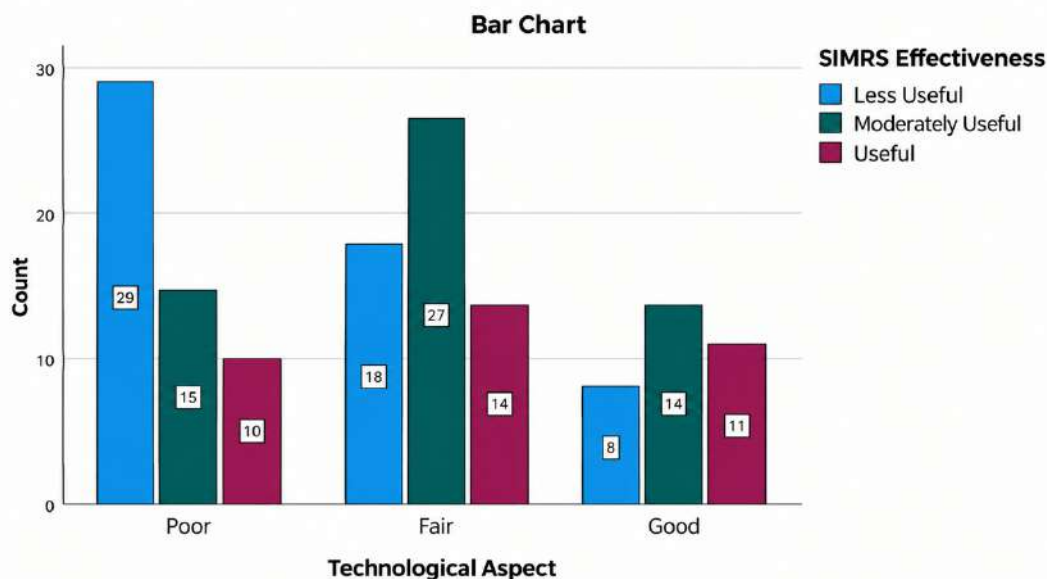
Table 8. Distribution of the Influence of Technology on Net Benefit (SIMRS Implementation Success) among SIMRS Users

Benefit									
Technology Aspect	Not Very Useful		Quite useful		Beneficial		Total		p-value
	n	%	n	%	n	%	n	%	
Poor	29	53,7	15	27,8	10	18,5	54	100	0,033
Fair	18	30,5	27	45,8	14	23,7	59	100	
Good	8	24,2	14	42,4	11	33,3	33	100	
Total	55	37.7	56	38.4	35	24.0	146	100	

Source: Primary Data 2026.

Table 4.8 shows that among respondents in the "poor" technology category, 29 individuals (53.7%) rated the SIMRS implementation as having low utility, 15 (27.8%) as moderately

useful, and 10 (18.5%) as useful. Among respondents in the "fair" technology category, 18 individuals (30.5%) rated the implementation as having low utility, 27 (45.8%) as moderately useful, and 14 (23.7%) as useful. Meanwhile, among respondents in the "good" technology category, 8 individuals (24.2%) rated the implementation as having low utility, 14 (42.4%) as moderately useful, and 11 (33.3%) as useful. The Chi-Square test results show a p-value of 0.033 ($p < 0.05$); thus, it can be concluded that there is a significant influence of the technology aspect on the success of SIMRS implementation. This indicates that the better the technology aspect, the greater the success of SIMRS implementation tends to be from the users' perspective.



The diagram illustrating the relationship between the technology aspect and SIMRS success reveals a distribution pattern consistent with the analysis in the previous table. It is evident that within the "poor" technology aspect category, the largest group of respondents (29) falls into the "less beneficial" SIMRS success category; meanwhile, 15 respondents fall into the "moderately beneficial" category, and 10 into the "beneficial" category. In the "moderately good" technology aspect category, the highest number of respondents (27) falls into the "moderately beneficial" SIMRS success category. Additionally, 18 respondents rated the SIMRS as "less beneficial," while 14 rated it as "beneficial." In the "good" technology aspect category, the largest group of respondents (14) falls into the "moderately beneficial" SIMRS success category, followed by the "beneficial" category (11 respondents) and the "less beneficial" category (8 respondents). The visualization of this diagram highlights the varying distribution of SIMRS success across the different technology aspect categories. Where the technology aspect is poor, respondents tend to rate the SIMRS as "less beneficial." Conversely, where the technology aspect is "moderately good" or "good," the majority of respondents fall into the "moderately beneficial" category. This pattern suggests a tendency wherein the better the technology aspect supporting SIMRS implementation, the better the perceived success of the SIMRS among users.

Multivariate Analysis

Multivariate analysis was conducted to determine the influence of the Human, Organizational, and Technological aspects on the success of Hospital Management Information System (SIMRS) implementation. Since the dependent variable—SIMRS success—comprises three

ordinal categories ("Less Beneficial," "Moderately Beneficial," and "Beneficial"), Ordinal Logistic Regression was employed for the analysis.

Table 9 Model Fitting Information for Ordinal Logistic Regression

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	140,632	—	—	—
Final	123,783	16,849	6	0,010

Source: Primary data, 2026.

Based on Table 4.9, the Model Fitting Information results show a Chi-Square value of 16.849, $df = 6$, and a significance value of 0.010. Since the significance value is less than 0.05, there is a significant difference between the intercept-only model and the final model that incorporates the Human, Organizational, and Technological aspects. Thus, the ordinal logistic regression model is significant overall in explaining SIMRS success.

Table 10. Ordinal Logistic Regression Goodness-of-Fit

Test	Chi-Square	df	Sig.
Pearson	41.551	46	0.659
Deviance	50.294	46	0.307

Source: Primary data, 2026.

Based on Table 4.10, the Goodness-of-Fit test results show a Pearson value of 41.551 with a significance value of 0.659, while the Deviance value is 50.294 with a significance value of 0.307. Both significance values are greater than 0.05. This indicates that there is no significant difference between the model and the observed data. Thus, the ordinal logistic regression model demonstrates a good fit with the research data.

Table 11. Test of Parallel Lines Regresi Logistik Ordinal

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	123.783	—	—	—
General	117.777	6.006	6	0.423

Source: Primary data, 2026.

Based on Table 11, the Test of Parallel Lines results show a Chi-Square value of 6.006 with $df = 6$ and a significance value of 0.423. Since the significance value is greater than 0.05, the parallel lines assumption is met. Thus, the ordinal logistic regression model is suitable for use in this study.

Table 12. Results of Ordinal Logistic Regression Analysis: Human, Organizational, and Technological Aspects regarding SIMRS Success

Variable	Category	B	Wald	Sig.	OR	CI 95%
Human Aspect	Low	-1,198	7,653	0,006	0,302	0,129–0,705
	Medium	-1,024	6,367	0,012	0,359	0,162–0,795
	High	—	—	—	1,000	—
Organizational Aspect	Less Supportive	0,219	0,293	0,588	1,245	0,564–2,748
	Moderately Supportive	0,123	0,094	0,759	1,131	0,517–2,475

	Supportive	–	–	–	1,000	–
Technological Aspect	Poor	-0,966	5,020	0,025	0,381	0,163–0,886
	Fair	-0,265	0,422	0,516	0,767	0,344–1,707
	Good	–	–	–	1,000	–

Source: Processed primary data, 2026.

Based on Table 4.12, the ordinal logistic regression analysis results indicate that the Human Aspect significantly influences SIMRS success. The "low" Human Aspect category has a significance value of 0.006 (< 0.05), with an OR of 0.302 and a 95% CI of 0.129–0.705. The "moderate" Human Aspect category has a significance value of 0.012 (< 0.05), with an OR of 0.359 and a 95% CI of 0.162–0.795. Using the "high" category as the reference, these results indicate that the "low" and "moderate" Human Aspect categories are associated with a lower likelihood of SIMRS success compared to the "high" category. Regarding the Organizational Aspect, the "less supportive" category has a significance value of 0.588 (> 0.05), while the "moderately supportive" category has a significance value of 0.759 (> 0.05). Thus, the Organizational Aspect does not significantly influence SIMRS success in this research model. Regarding the Technology Aspect, the "poor" category has a significance value of 0.025 (< 0.05), with an OR of 0.381 and a 95% CI of 0.163–0.886. These results indicate that the "poor" technology category is associated with a lower likelihood of SIMRS success compared to the "good" technology category (used as the reference). Meanwhile, the "moderately good" technology category has a significance value of 0.516 (> 0.05), indicating no significant influence.

The Influence of the Human Aspect on Net Benefit in SIMRS Implementation at RSU Samaritan Palu

In the Human-Organization-Technology Fit (HOT-Fit) model, the "Human" component refers to the aspect related to user characteristics, system use, and user satisfaction. Users are a crucial component in the implementation of Hospital Management Information Systems (SIMRS), as a system's success is determined not only by the sophistication of the technology employed but also by the users' abilities, skills, acceptance, and willingness to utilize the system. According to Yusof et al. (2008), the "Human" aspect describes how users interact with the information system and how such usage and satisfaction can generate benefits from the implementation of health information systems.

In the study conducted at RSU Samaritan Palu, the "Human" aspect revealed that respondents falling into the low "Human" category tended to rate the SIMRS as having low utility. Among the 48 respondents in the low "Human" category, 23 (47.9%) rated the SIMRS as having low utility, 16 (33.3%) rated it as moderately useful, and only 9 (18.8%) rated it as useful. Conversely, within the high "Human" category, 16 respondents (44.4%) rated the SIMRS as useful, while only 8 (22.2%) rated it as having low utility. These findings indicate a trend where a stronger "Human" aspect correlates with a greater perception of the SIMRS's benefits among users.

Bivariate analysis yielded a significance value (p-value) of 0.010, which is below the 0.05 threshold. This result demonstrates a significant influence of the "Human" aspect on the "Net Benefit" or the success of the SIMRS implementation at RSU Samaritan Palu. Thus, the higher the users' abilities, usage levels, and acceptance of the SIMRS, the greater the likelihood that they will perceive benefits from the system (Alsyouf et al., 2023; Jayanagara, 2024; Wati et al., 2025).

The results of this study align with the research conducted by Qowimah & Putra (2025) regarding the analysis of the successful implementation of the Hospital Management Information System (SIMRS) at RSUD Besuki using the HOT-Fit model. That study demonstrated that the "Human" aspect significantly influences "Net Benefit." These results reinforce the findings from the study at RSUD Samaritan Palu, indicating that the human factor is a crucial determinant of successful SIMRS implementation (Rifial et al., 2024; Nuryadin et al., 2026).

This study also aligns with research by Nastiti & Santoso (2022) on the evaluation of SIMRS implementation at RSUD SLG Kediri using the HOT-Fit method. That study showed the highest level of satisfaction within the "System Use" variable (71.79%), indicating that users perceived the SIMRS as easy to use and supportive of their work. These findings support the results from the RSUD Samaritan Palu study, suggesting a link between user capabilities and system usage and the perceived benefits of SIMRS implementation.

Based on these results, it can be concluded that the "Human" aspect has a significant influence on the "Net Benefit" of SIMRS at RSUD Samaritan Palu. Therefore, it is necessary to continuously enhance user capabilities through training, mentoring, and raising awareness about SIMRS usage and to improve user acceptance of the system. Such measures ensure that the SIMRS is utilized optimally and delivers greater benefits to both users and the hospital.

The Influence of "Organization" on "Net Benefit" in SIMRS Implementation at RSUD Samaritan Palu

In the HOT-Fit model, "Organization" represents the aspect describing the organizational environment where the information system is implemented. This aspect encompasses management support, organizational structure, policies, the work environment, and various forms of organizational support for information system usage. In the context of SIMRS implementation, organizational support is essential to ensure the availability of policies, resources, training, coordination, and a work environment conducive to using the system (Windari et al., 2023; Darlis et al., 2024; Silmi, 2026).

Regarding the "Organization" aspect at RSUD Samaritan Palu, the study found that 50 respondents fell into the "less supportive" category, 53 into the "moderately supportive" category, and 43 into the "supportive" category. Within the "less supportive" organization category, 20 respondents (40.0%) rated the SIMRS as having low utility, 17 (34.0%) rated it as having moderate utility, and 13 (26.0%) rated it as having high utility. In the "moderately supportive" category, 19 respondents (35.8%) rated the SIMRS as having low utility, 24 (45.3%) as having moderate utility, and 10 (18.9%) as having high utility. Meanwhile, in the "supportive" category, 16 respondents (37.2%) rated the SIMRS as having low utility, 15 (34.9%) as having moderate utility, and 12 (27.9%) as having high utility.

Bivariate analysis yielded a Sig. value (p-value) of 0.716, which exceeds the 0.05 threshold. These results indicate no significant influence of the "Organization" aspect on the "Net Benefit" or the success of the SIMRS implementation at RSUD Samaritan Palu. Consequently, variations in the level of organizational support perceived by respondents did not result in significant differences regarding the benefits of the SIMRS as experienced by users (Syahbana et al., 2026).

This finding suggests that organizational support for the SIMRS does not necessarily translate directly into increased user-perceived benefits. The benefits of the SIMRS are largely realized through direct user interaction with the system. Even when management provides support, establishes policies, and fosters a conducive work environment, the system's benefits ultimately

depend on the users' ability to operate the SIMRS and the quality of the technology in supporting their work.

These results align with the study by Qowimah & Putra (2025), which demonstrated that the "Organization" aspect did not significantly influence "Net Benefit," whereas the "Human" and "Technology" aspects did show a significant influence. This consistency indicates that, in the context of SIMRS implementation, organizational support is not necessarily the direct determinant of system benefits unless accompanied by adequate user competence and technology quality (Windari et al., 2023; Damanik et al., 2025).

However, the results of this study differ from those of Lolo et al. (2018) at Tora Belo Regional General Hospital (RSUD) in Sigi Regency. That study indicated that organizational structure and regulations were factors influencing the Net Benefit of the Hospital Management Information System (SIMRS). Such discrepancies may arise due to differences in organizational characteristics, policies, management structures, work environment conditions, and the level of SIMRS implementation across the respective hospitals.

Although it did not show a statistically significant influence, the "Organization" aspect remains crucial for the sustainability of SIMRS implementation. Leadership support, hospital policies, the availability of training, inter-unit coordination, and a supportive work environment are still required to ensure consistent SIMRS usage. Therefore, the lack of a statistically significant influence of the "Organization" factor in this study does not imply that the organization is unimportant; rather, it indicates that organizational support was not a statistically determining factor for the variation in Net Benefit within this specific study (Lada et al., 2023; Soelton, 2023; Prasad, 2024).

Based on these results, it can be concluded that the "Organization" factor does not have a significant influence on the Net Benefit of SIMRS at Samaritan General Hospital (RSU) Palu. Nevertheless, organizational support must be maintained and enhanced to ensure the sustainability of SIMRS implementation.

The Influence of Technology on Net Benefit in SIMRS Implementation at RSU Samaritan Palu

In the HOT-Fit model, "Technology" encompasses aspects related to system quality, information quality, and service quality. System quality covers ease of use, speed, stability, and system reliability. Information quality relates to the accuracy, completeness, relevance, and currency of the information generated by the SIMRS. Meanwhile, service quality pertains to the technical support provided to users when they encounter issues while using the system.

In the study conducted at RSU Samaritan Palu, respondents who perceived the "Technology" aspect negatively tended to rate the SIMRS as less beneficial. Among the 54 respondents who rated the technology poorly, 29 (53.7%) considered the SIMRS less beneficial, 15 (27.8%) considered it moderately beneficial, and 10 (18.5%) considered it beneficial. Meanwhile, within the "good technology" category, only 8 respondents (24.2%) rated the Hospital Information System (SIMRS) as having low utility, whereas 11 respondents (33.3%) rated it as beneficial. This indicates that the higher the quality of the technology, the greater the likelihood that users will perceive the benefits of the SIMRS.

Bivariate analysis yielded a Sig. value (p-value) of 0.033, which is below the 0.05 threshold. This result demonstrates a significant influence of the Technology aspect on Net Benefit or the success of the SIMRS implementation at RSU Samaritan Palu. It highlights the crucial role technology quality plays in determining the benefits users derive from the system.

High-quality technology facilitates users in performing their tasks. A system that is user-friendly, responsive, reliable (with minimal downtime), capable of providing complete and accurate information, and backed by a responsive IT team enhances user comfort and satisfaction. Conversely, system disruptions, slow access, incomplete information, or a lack of technical support can hinder work processes, thereby diminishing the perceived benefits of the SIMRS (Makaranga et al., 2025; Putri et al., 2026; Nurisyafa'ah, 2026).

These findings align with the study by Qowimah & Putra (2025), which demonstrated that the Technology aspect significantly influences Net Benefit. They reinforce the conclusion drawn from the RSU Samaritan Palu study that technology quality is a key determinant of successful SIMRS implementation.

The results also align with the study by Alamsyah et al. (2025) regarding the evaluation of the Khanza SIMRS implementation based on the HOT-Fit model. That study concluded that while the implementation was successful, improvements were still needed in system quality, information quality, and service quality. These findings support the current study's conclusion that technology quality must be continuously improved to ensure users derive optimal benefits from the SIMRS.

Furthermore, research by Nastiti & Santoso (2022) found that users considered the Hospital Management Information System (SIMRS) easy to use and supportive of their work, whereas the highest level of dissatisfaction was related to vendor support. These results indicate that technology quality relates not only to the application or system itself but also to the quality of service and technical support provided to users.

Thus, it can be concluded that Technology has a significant influence on the Net Benefit of the SIMRS at RSU Samaritan Palu. Improving system quality, information quality, and technical service quality is crucial for enhancing the benefits of the SIMRS for users.

The Influence of Human, Organization, and Technology Factors on Net Benefit in SIMRS Implementation at RSU Samaritan Palu

The Human Organization Technology Fit (HOT-Fit) model posits that the successful implementation of a health information system is influenced by the alignment of human, organizational, and technological factors. These three aspects are interconnected in determining whether an information system is accepted, utilized, and capable of delivering benefits to both users and the organization (Neumann et al., 2024).

In the study conducted at RSU Samaritan Palu, the success of SIMRS implementation—measured via Net Benefit revealed that 55 respondents (37.7%) rated the SIMRS as having low benefit, 56 respondents (38.4%) rated it as having moderate benefit, and 35 respondents (24.0%) rated it as beneficial. These results indicate that there is still room to enhance the benefits of the SIMRS as perceived by users.

Based on the results of multivariate analysis using ordinal logistic regression, the Model Fitting Information yielded a Chi-Square value of 16.849 (df = 6, Sig. = 0.010). A significance value of less than 0.05 indicates that the model comprising Human, Organization, and Technology factors collectively exerts a significant influence on the Net Benefit of the SIMRS.

These results demonstrate that the success of SIMRS implementation cannot be viewed from a single aspect alone. User capabilities must be supported by high-quality technology and a supportive organizational environment. If any one component is weak, the benefits derived from SIMRS implementation may be suboptimal. The results of this study align with the research by Qowimah & Putra (2025), which utilized the HOT-Fit model to analyze the success

of Hospital Management Information System (SIMRS) implementation. That study demonstrated that the Human and Technology aspects significantly influenced Net Benefit, whereas the Organization aspect did not. This pattern of results mirrors the findings from the study conducted at RSU Samaritan Palu, thereby providing empirical support for the application of the HOT-Fit model in evaluating SIMRS implementation success.

Individually, the Human and Technology aspects in this study demonstrated a significant influence on Net Benefit, while the Organization aspect did not show a significant effect. These results indicate that the SIMRS benefits perceived by users at RSU Samaritan Palu are largely linked to the users' ability to utilize the system and the quality of the technology employed.

These findings also concur with the research by Alamsyah et al. (2025), which indicates that SIMRS implementation requires continuous improvement across aspects such as system quality, information quality, service quality, usage intensity, user satisfaction, and organizational support. Consequently, SIMRS development must be approached comprehensively rather than focusing solely on application development.

Based on these results, it can be concluded that Human, Organization, and Technology factors collectively influence the Net Benefit of SIMRS at RSU Samaritan Palu, with Human and Technology emerging as the factors exerting a significant individual influence. Therefore, efforts to enhance SIMRS success should focus on improving user competence and acceptance, upgrading system and information quality, and strengthening technical support. Organizational support remains essential to ensure the sustainability and ongoing development of the SIMRS within the hospital.

Conclusion

Based on the research findings regarding the analysis of the influence of the HOT-Fit model on the successful implementation of the Hospital Management Information System (SIMRS) at Samaritan General Hospital (RSU) Palu, the following conclusions can be drawn; (1) The Human aspect has a significant influence on the Net Benefit of SIMRS at RSU Samaritan Palu ($p\text{-value} = 0.010$). This result indicates that human factors such as competence, acceptance, system usage, and user satisfaction are crucial elements influencing the successful implementation of SIMRS; (2) The Organization aspect does not have a significant influence on the Net Benefit of SIMRS at RSU Samaritan Palu ($p\text{-value} = 0.716$). This result indicates that, in this study, organizational factors have not demonstrated a statistically significant influence on the benefits derived from SIMRS implementation; (3) The Technology aspect has a significant influence on the Net Benefit of SIMRS at RSU Samaritan Palu ($p\text{-value} = 0.033$). This result indicates that system quality, information quality, and technology service quality are important factors influencing the benefits and successful implementation of SIMRS; (4) Simultaneously, the Human, Organization, and Technology aspects significantly influence the Net Benefit of SIMRS ($p\text{-value} = 0.010$). Individually, the Human and Technology aspects show a significant influence, whereas the Organization aspect does not. The Human aspect is the most influential factor; therefore, enhancing user competence, skills, knowledge, and readiness must be prioritized to support the successful implementation of SIMRS at RSU Samaritan Palu, particularly during the transition from manual to electronic medical records.

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