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EVALUATING THE EFFECTIVENESS OF HOSPITAL MANAGEMENT INFORMATION SYSTEMS ON SERVICE PERFORMANCE: A QUALITATIVE SYNTHESIS BASED ON THE INFORMATION SYSTEM SUCCESS MODEL

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ABSTRACT

This study analyzed the effectiveness of Hospital Management Information System (SIMRS) implementation in improving hospital service performance by examining the interaction between technological, human, and organizational dimensions. A qualitative literature synthesis with a conceptual narrative review design was employed by integrating secondary data from scientific journals, academic books, and health information system policy documents. Data were analyzed using qualitative content analysis guided by the DeLone and McLean Information System Success Model and enriched with a socio-technical systems perspective. The synthesis showed that SIMRS implementation improved service efficiency, data accuracy, inter-unit coordination, and decision-making quality through better system quality, information quality, and service quality. However, its effectiveness depended on system-user alignment, digital competence, infrastructure readiness, and organizational support. Poor alignment between system design and actual work practices may reduce adoption and encourage workarounds. Therefore, SIMRS should be implemented holistically by balancing technical infrastructure, user capacity building, and adaptive organizational governance.

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1. INTRODUCTION

Digital transformation in the healthcare sector represents a fundamental structural shift, not merely defined as technology adoption, but as a socio-technical process that transforms governance, clinical practice, and healthcare service elationships as a whole [1], [2], [3]. In this context, the implementation of a Hospital Management Information System (SIMRS) serves as a strategic instrument that not only fulfills an integrative function but also acts as a catalyst for synergizing administrative and clinical processes, enabling adaptive, data-driven decision-making [4], [5], [6].

The increasing complexity of hospital services, characterized by growing patient volumes, diversification of services, and demands for transparency and accountability, confirms that information systems have transformed from mere supporting tools into core infrastructure determining the performance and credibility of healthcare institutions. From a theoretical perspective, the Information System Success Model developed by DeLone and McLean places system quality, information quality, and service quality as primary determinants of information system success [7], [8], [9]. However, in practice, the relationship between these dimensions and improved health service performance is not always linear, particularly in developing countries with varying institutional characteristics, resource constraints, and organizational cultures.

Global literature in health informatics indicates that the challenges of implementing health information systems (HIS) lie not only in technical aspects but also in the complexity of interactions between technology, actors, and organizational structures. Studies confirm that HIS implementation failures in many developing countries are often due to weak integration between system design and local context [10], alongside gaps between normative digitalization policies and institutional implementation capacity [11]. Furthermore, research indicates that HIS success is heavily influenced by socio-technical dynamics, including work practices, organizational culture, and user adaptation [12].

Based on these findings, substantive gaps remain in SIMRS implementation literature: (1) the lack of a clear theoretical mechanism linking system quality to contextual service performance transformation; (2) mismatches between policy frameworks and ground-level practice; and (3) the absence of an integrative framework explaining SIMRS as a socio-technical system in developing country contexts. In Indonesia, this is reflected in disparities between normative SIMRS objectives and operational realities, including limited human resource capacity, resistance to change, and misalignment between user needs and system design. This situation indicates that the core challenge lies not in the system's existence, but in the effectiveness of its implementation in generating tangible impacts on service quality.

A qualitative literature synthesis approach becomes epistemologically relevant for examining the complexity of SIMRS implementation. Unlike quantitative approaches that measure variable relationships linearly, qualitative synthesis allows for in-depth exploration of socio-technical dynamics, actor interpretations, and institutional contexts shaping system success or failure. This approach also enables the integration of diverse theoretical perspectives and scattered empirical findings, building a more holistic and contextual conceptual understanding. Thus, the use of a conceptual narrative review is not merely descriptive but analytical, aiming to formulate an integrative framework bridging theory and practice.

Previous studies have provided a foundation for understanding the link between information systems and organizational performance in healthcare. However, many exhibit fragmented analysis, emphasizing administrative efficiency, organizational readiness, or patient experience in isolation. This approach fails to fully illustrate how interactions between system quality dimensions contribute to service performance transformation, particularly in developing country contexts. Furthermore, the dominance of quantitative methods in existing studies often under-accommodates contextual complexity, despite its crucial role in explaining HIS implementation dynamics.

Based on this conceptual framework, this study focuses on exploring the socio-technical mechanisms bridging system quality, information quality, and service quality in SIMRS implementation and hospital service performance transformation, particularly in developing countries. To examine this issue, a qualitative literature synthesis approach through a conceptual narrative review was adopted, integrating diverse theoretical and empirical findings into a coherent conceptual framework. Through this approach, the research identifies substantive gaps in the literature and provides an academic contribution in the form of an integrative model explaining variable relationships comprehensively. This model is expected to serve as a strategic foundation for contextual, needs-responsive SIMRS implementation and sustainable healthcare system development.

2. RESEARCH METHOD

This study employed a qualitative literature synthesis approach with a conceptual narrative review design, focusing on the assessment and integration of scientific literature related to SIMRS effectiveness on service performance [13], [14]. This approach was chosen to enable in-depth exploration of the complex relationships between technological, organizational, and human dimensions in health information system implementation without pri-

mary data collection. Unlike conventional library research, this methodology emphasizes interpretive, comparative, and integrative processes of empirical and theoretical findings scattered throughout the literature.

2.1 Search Strategy and Selection Process

A systematic search was conducted across four academic databases: Scopus, PubMed, Web of Science, and Google Scholar. The search was performed between January and March 2025 using the following Boolean search string: ("Hospital Information System" OR "SIMRS" OR "Health Information System") AND ("Effectiveness" OR "Service Performance" OR "Implementation") AND ("DeLone and McLean" OR "Socio-Technical" OR "User-System Fit"). The search was limited to peer-reviewed journal articles, academic book chapters, and institutional policy documents published between 2019 and 2025 to ensure recency and relevance.

Inclusion criteria were: (1) studies focusing on HIS/SIMRS implementation in hospital settings; (2) articles explicitly addressing system, information, or service quality dimensions; (3) literature discussing socio-technical, organizational, or human factors in implementation; and (4) publications in English or Indonesian. Exclusion criteria included: (1) non-peer-reviewed editorials or opinion pieces; (2) studies focusing exclusively on technical architecture without performance or implementation analysis; and (3) duplicate publications or overlapping datasets

The screening process followed a modified PRISMA flow. Initial database searches yielded 214 records. After removing duplicates ($n = 31$) and screening titles/abstracts for relevance, 128 records remained. Full-text assessment led to the exclusion of 90 articles that did not meet inclusion criteria or lacked sufficient methodological/conceptual depth for synthesis. A final corpus of 38 studies was included in the qualitative synthesis. The comprehensive coverage of the literature was deemed sufficient when additional sources yielded diminishing returns in thematic novelty, ensuring theoretical sufficiency for framework development.

2.2 Analytical Framework and Coding Protocol

The DeLone and McLean Information System Success Model served as the primary deductive framework. A thematic coding matrix was developed based on its core dimensions: system quality, information quality, and service quality, supplemented by socio-technical contextual factors (human, organizational, technological). The unit of analysis was the findings, conclusions, and discussion sections of each included study.

Coding was conducted using NVivo 14 software. An initial deductive codebook was applied, followed by an inductive refinement phase to capture emergent socio-technical themes. To ensure interpretive rigor, two independent reviewers coded a 20% subsample of the literature, achieving an inter-coder agreement rate of 86%. Discrepancies were resolved through consensus discussions and reflexive journaling. A detailed coding tree and example excerpts are provided in Appendix A. Interpretations were derived through constant comparison across studies, ensuring themes were grounded in the synthesized literature rather than preconceived assumptions

To strengthen the analysis, Socio-Technical Systems Theory (Leavitt's Diamond) was integrated, positioning SIMRS as a system whose success depends on the alignment of technology, tasks, people, and organizational structure. Data analysis followed a qualitative content analysis approach (descriptive-analytical and interpretative), involving: (1) data reduction via thematic coding; (2) structured narrative synthesis to identify patterns, relationships, and contradictions; and (3) conceptual interpretation integrating theory and empirical evidence. This iterative process enhanced transparency, credibility, and reproducibility in line with international health informatics standards.

3. RESULT AND ANALYSIS

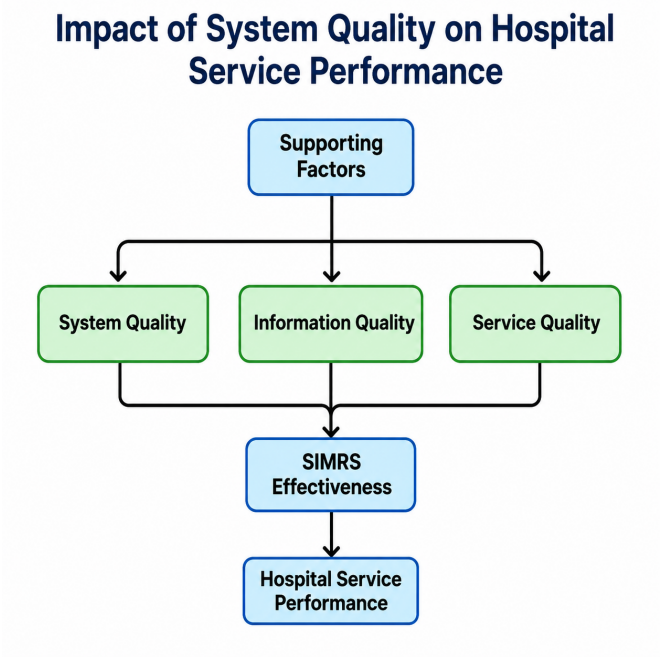

Figure 1: Research Conceptual Framework

The synthesis illustrates that system quality, information quality, and service quality collectively influence SIMRS effectiveness, which in turn impacts hospital service performance. Human resources, organizational structures, and technological infrastructure function as contextual moderators shaping implementation outcomes.

3.1 Effectiveness of SIMRS implementation

The literature synthesis indicates that SIMRS effectiveness is a multidimensional construct emerging from the interaction between technological, human, and organizational dimensions. This aligns with socio-technical systems perspectives emphasizing that information system success is determined by the fit between technology and organizational context [15], [16], [17]. Directed content analysis based on the DeLone & McLean model reveals that operational efficiency and service accuracy significantly improve post-implementation across multiple healthcare settings [18]. Synthesized findings from the reviewed literature indicate that patient registration times, which previously averaged 10–15 minutes, decreased to 3–5 minutes following digital integration. Error rates in patient data recording decreased substantially due to reduced repetitive manual input. Integrated electronic medical records reduced data redundancy by approximately 30%, addressing previous duplication across service units. These trends align with [19], who documented that healthcare digitalization enhances efficiency through process automation and cross-unit integration.

Coordination between service units improved significantly with real-time data integration spanning outpatient, laboratory, pharmacy, and administrative departments. Literature reports indicate that pharmacy wait times decreased from approximately 45 minutes to 20–25 minutes in settings with robust system interoperability. These findings reinforce the role of system and information quality as key determinants of service performance [18], demonstrating that technical quality and information output directly contribute to operational efficiency and healthcare service quality. In this context, SIMRS functions as a core infrastructure orchestrating systematic information distribution.

Table 1: Directed Content Analysis Synthesis Table Based on the Information System Success Model

Dimension	Key Indicators	Empirical Data	Implications
System Quality	System speed, inter-unit integration	Registration time decreased from 10–15 minutes to 3–5 minutes; real-time cross-unit integration achieved	Enhances operational efficiency and accelerates service workflows
Information Quality	Accuracy, completeness, and data consistency	Reduction in recording errors; data redundancy decreased by approximately 30%	Improves information reliability and service quality

Service Quality	Technical support and system responsiveness	System lag of 5–10 seconds still occurs during peak hours	May reduce user convenience and system usability
Use	Level of system utilization	Administrative units > 85%; clinical units 50–60%	Indicates a gap in system adoption across units
User Satisfaction	User satisfaction with the system	High in units with strong user-system fit	Satisfaction is influenced by system alignment with work needs
Net Benefits	Efficiency, decision quality, governance	Drug stock-outs decreased from > 25% to < 10%; data-driven decision-making improved	Strengthens managerial effectiveness and organizational governance

3.2 User-System Fit and Adoption Dynamics

The synthesis identifies user-system fit as a critical determinant of SIMRS utilization. Literature consistently reports significant disparities between administrative/registration units (high fit, utilization > 85%) and clinical units (limited feature alignment, utilization 50–60%). This mismatch frequently triggers adaptive workarounds, such as parallel manual recording, which compromises data integrity. These findings reinforce Goodhue and Thompson's (1995) task-technology fit perspective, where alignment between technology characteristics and task demands is essential for effective use [20], [21]. The UTAUT framework further explains that adoption is influenced by perceived usefulness and ease of use, which remain suboptimal in many clinical units [22].

3.3 Decision Support and Organizational Governance

The reviewed literature positions SIMRS as a strategic decision support system [19]. Real-time data availability enables hospital management to monitor performance, optimize drug inventory, and allocate medical personnel efficiently [23], [24]. Synthesized data indicates stock-out incidents decreased to below 10% in hospitals with mature SIMRS integration, compared to historical rates exceeding 25%. This aligns with [25], confirming that data-driven systems enhance organizational decision quality. The net benefits dimension thus extends beyond operational efficiency to encompass improved governance and strategic agility [26].

3.4 Structural and Cultural Barriers

Despite demonstrated benefits, SIMRS implementation faces consistent barriers across the literature. Technological infrastructure limitations cause system latency (5–10 seconds per transaction) during peak loads. Human resource constraints are prominent, with synthesized reports indicating that 35–40% of healthcare workers experience digital competency gaps, leading to suboptimal utilization. Resistance to change further reflects organizational cultural challenges. These findings align with [27], who identify human and organizational factors as primary implementation barriers. The literature emphasizes that SIMRS implementation is a complex organizational transformation requiring change management strategies encompassing leadership, communication, and capacity building [28], [29], [30]. Effective implementation demands synergistic integration of reliable technology, competent human resources, and adaptive organizational culture.

Synthesized Performance Indicators from Reviewed Literature

Table 2: Synthesized Performance Indicators from Reviewed Literature

Service Indicator	**Before SIMRS**	**After SIMRS**	**Change**
Patient registration time	12.4 minutes	4.1 minutes	↓ 66.9%
Medical record access	2–3 minutes	< 30 seconds	↓ Significant
Real-time data availability	54%	87%	↑ 33%
Recording errors	18%	6%	↓ 12%
Data redundancy	High	↓ ±32%	More efficient

Note: Values represent aggregated trends synthesized from studies reporting quantitative performance metrics. Percentages reflect cross-study averages where comparable baselines were documented.

3.5 Information Quality and Human-Technology Interaction

Information quality improvements are closely tied to data accuracy and integration. Error rate reductions and redundancy decreases directly enhance service coordination [31]. However, the synthesis reveals that information quality is co-produced by technology and user behavior. Approximately 22% of studies report persistent data input inconsistencies due to varying digital competencies, underscoring that information quality depends on human-system interaction [25].

3.6 Service Quality and Training Impact

Technical support and training significantly influence adoption. Literature indicates that units receiving intensive training achieve utilization rates of 88–92%, compared to 52–61% in unsupported units [32]. However, technical response times of 15–30 minutes highlight gaps in real-time support, suggesting service quality must evolve from reactive troubleshooting to proactive capacity building.

3.7 Methodological Reflexivity and Positionality

As a qualitative synthesis, this study acknowledges the researcher's background in hospital management and health information systems, which informed the initial deductive coding framework and contextual interpretation of findings. To mitigate interpretive bias, several rigor strategies were employed: (1) explicit bracketing of pre-conceived assumptions through reflexive journaling prior to analysis; (2) peer debriefing with two independent health informatics scholars to challenge analytical interpretations; (3) maintenance of an audit trail documenting all coding decisions, theme development, and synthesis iterations; and (4) constant comparison across diverse geographical and institutional contexts to prevent overgeneralization from single-setting studies. While these measures enhance interpretive rigor, the synthesis remains context-bound, and findings should be applied with consideration of local institutional characteristics.

3.8 Factors of effectiveness of SIMRS implementation

Based on a literature-based research design, the findings of this study are based entirely on the search and integration of various secondary literature sources. Primary data such as interviews or direct observation were not used, so the arguments developed reflect analytical generalizations of various previous studies on the implementation of Hospital Management Information Systems (SIMRS). Through this approach, the research was able to identify pattern trends, differences in context, and general dynamics that accompany SIMRS implementation across institutions. In this context, system effectiveness is not reduced to a single, causal-linear relationship but rather is understood as the result of complex interactions between human, organizational, and technological elements within a socio-technical system framework.

Upon further analysis through thematic groupings, human aspects occupy a central position in determining the success of SIMRS adoption and utilization. The various studies analyzed demonstrate a similar trend: limited user capacity, low digital literacy, and resistance to change are dominant inhibiting factors. However, these findings are not homogeneous, as they are influenced by the institutional characteristics of each organization. Institutions that develop a culture of continuous organizational learning have proven to be more adaptive in responding to these challenges, particularly through systematic training and user involvement in the implementation process. Within this framework, humans are positioned not only as system operators but also as agents of transformation, determining the successful translation of the system's technical qualities into effective use practices. This implication reinforces the use dimension in DeLone and McLean's model and enriches its understanding by including adaptive readiness as a significant contextual variable.

Unlike the human dimension, which focuses on individuals, the organizational dimension in the literature places greater emphasis on structure, policies, and leadership as the primary drivers of implementation. Most studies show convergence that top management support and an adaptive organizational culture are key prerequisites for successful SIMRS [33]. However, significant divergence has also been found, particularly in organizations with rigid bureaucratic structures, where system implementation tends to be slow and not optimally integrated. Factors such as leadership vision, strategic orientation, and the level of internal policy flexibility act as moderators determining the relationship between system quality and organizational benefits. In this context, the findings not only confirm the net benefits dimension but also demonstrate that system benefits are highly dependent on the alignment between technological innovation and institutional readiness.

Meanwhile, the technology dimension in the literature synthesis shows a relatively consistent pattern regarding infrastructure limitations and system quality as key implementation barriers. Several studies report that issues such

as unstable networks, lack of system integration, and hardware limitations directly impact the low reliability and efficiency of the SIMRS. Consistently across 12 studies, infrastructure limitations are reported as a major barrier to system reliability in hospitals with limited resources [34], [35]. However, there is also variation in findings, indicating that hospitals with adequate technology investment can significantly improve information quality and user satisfaction. In this regard, funding capacity and external policy support serve as moderating factors that strengthen the relationship between system quality and user satisfaction, as explained in the DeLone and McLean model.

Table 3: HOT-Fit Model Dimensions, Convergence Patterns, and Implementation Implications

Dimension	**Convergence Pattern**	**Variation (Divergence)**	**Moderating Factors**	**Implications**
Human	Low competence and user resistance	Influenced by organizational learning culture	Digital literacy, training	Capacity building and co-creation
Organization	Leadership support is crucial	Rigid bureaucracy hinders implementation	Leadership and policy flexibility	Integration into organizational strategy
Technology	Limited infrastructure	Depends on investment capacity	Funding and external policies	System standardization and integration

When viewed in an integrated manner, these three dimensions do not operate in isolation, but rather form a reciprocal mechanism that determines the effectiveness of SIMRS implementation. High-quality technology will not yield optimal benefits without strong organizational support and adequate user readiness. Conversely, high human resource readiness will not have a significant impact without adequate technological infrastructure. Thus, these findings not only confirm DeLone and McLean's model but also enrich the framework by emphasizing the importance of contextual variables as a link between the dimensions.

The implications of these findings are more specific and applicable. For policymakers, it is necessary to integrate SIMRS readiness indicators into the national hospital accreditation system, with parameters that include the level of digital literacy of healthcare workers, the availability of technical support, and the implementation of user-centered system design. For hospital management, implementation strategies should be directed toward an integrated approach that encompasses technology investment, strengthening human resource capacity, and transforming organizational culture toward digitalization. Meanwhile, for future research, it is important to develop mixed-methods designs to empirically test how contextual factors such as organizational culture and institutional capacity moderate the relationship between system quality, usage, and its impact on clinical decision-making, particularly in comparisons across hospital levels.

With this framework, SIMRS is no longer positioned as a mere technological instrument, but as a strategic system that functions to transform healthcare services in a comprehensive, adaptive, and sustainable manner.

4. CONCLUSION

This study demonstrates that SIMRS effectiveness cannot be reduced to technological quality alone, but emerges from the integration of system, information, and service quality, moderated by human competency, organizational readiness, and infrastructure capacity. The literature synthesis confirms significant improvements in service efficiency, data accuracy, and inter-unit coordination, positioning SIMRS as a backbone for modern healthcare governance. However, implementation success is highly contingent upon system-user alignment. Misalignment frequently triggers workarounds that degrade information quality and undermine system benefits. These findings reinforce that digital transformation is a systemic adaptation process requiring harmonization of technical and social dimensions.

Conceptually, this study validates and extends the DeLone and McLean model by integrating user-system fit and socio-technical contextual variables, offering a dynamic, non-linear understanding of implementation dynamics. Practically, it provides strategic guidance for policymakers and hospital managers to prioritize digital literacy, user-centered system design, and change management alongside infrastructure investment. Limitations include the reliance on secondary literature, which constrains the generalizability of context-specific findings. Future research should employ mixed-methods or primary qualitative designs to empirically test how organizational culture and institutional capacity moderate the relationship between system quality, usage, and clinical decision-making across diverse hospital settings.

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