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EXPERIENCE OF COMMUNITY HEALTH CENTER NURSES IN RECORDING AND REPORTING NURSING SERVICES USING THE E-PUSKESMAS APPLICATION

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Abstract

This research is motivated by the use of applications in the recording and reporting process of nursing services at Puskesmas, specifically the E-Puskesmas application at Puskesmas Cibatu in Garut Regency. The E- Puskesmas has been implemented since 2013, but its execution, especially at Puskesmas Cibatu, still faces several challenges. This study aims to analyze the experiences of nurses in recording and reporting nursing services using the E-Puskesmas application. The number of participants in this study is 5 people. The method used in this study is qualitative with a phenomenological approach. Data were collected through in-depth interviews with nurses working at Puskesmas Cibatu. The results of the study identified 6 main themes: nurses' understanding of nursing services using E-Puskesmas, nurses' readiness, needed support, benefits in recording and reporting, problems encountered, and efforts to optimize recording and reporting of nursing services. The conclusion from this study indicates significant benefits in increasing efficiency, although there are several obstacles in its implementation, including network issues, limited ability of nurses to operate the application, and the need to continue manual recording. This study provides recommendations for improving training and technical support for nurses and enhancing network infrastructure to optimize the use of the E-Puskesmas application.

Keywords: *E- Puskesmas, Nurse Experience, Nursing Service Recording And Reporting*

INTRODUCTION

Puskesmas (Community Health Centers) are health service facilities that provide primary public health and individual health services, with an emphasis on promotive and preventive measures within their working areas (Suharta & Lungguh Perceka, 2024). Puskesmas are tasked with implementing health policies to achieve health development goals within their working areas (Kusnadi et al., 2024). Puskesmas also develop information systems, which are structures that provide information to assist in the decision-making process in implementing puskesmas management to achieve objectives (Masyarakat et al., 2023).

In recent years, technological developments have opened up new opportunities to improve the effectiveness and efficiency of nursing practices in puskesmas (Fitriana & Persadha, 2024). One emerging trend is the implementation of application technology in the nursing service process (Larasati & Jiu, 2025). The use of application technology in nursing at Puskesmas can not only improve administrative efficiency but also has the potential to improve clinical aspects, patient monitoring, and nurse-patient interactions (Falastin, 2021), which states that improving the quality of human resources through the development and utilization of technology will help performance in providing health services effectively and efficiently.

One form of technology implementation in Puskesmas is through the use of the E-Puskesmas application, an information technology-based application specifically designed to support the provision of health services in Puskesmas. E-Puskesmas is an Integrated eHealth Solutions or electronic-based health integration solution (Khoerunisya et al., 2024). E-Puskesmas itself is a Health Information System (SIK) owned by Infokes Indonesia that can facilitate electronic medical records as required by the government through Permenkes No. 24 of 2022. Additionally, it is integrated with other applications such as BPJS and Satu Sehat. The E-Puskesmas application, which is web-based, can be accessed directly from a computer connected to the internet using a browser like Chrome, utilizing electronic infrastructure (Tarigan & Maksum, 2022).

The features available in E-Puskesmas include: (1) Patient Registration Counter; (2) Clinic/Outpatient Department (General, Dental, Maternal and Child Health, Elderly,

Pediatrics, Nutrition, IVA, VCT, Emergency Room, Inpatient Care, PONED); (3) Pharmacy/Medications; (4) Billing/Cashier; (5) Medical Records (Outpatient & Inpatient); (6) Master Data; (7) Registration Queue; (8) Laboratory; (9) User Access Rights; (10) Print Reports, Statistics, and Graphs. (Urbah, 2024), mentioned features that Nurses can access, including the anamnesis subpage, which contains information columns that can be filled in, such as vital signs like pulse rate, blood pressure, and body temperature, which doctors will use to continue the examination. E-Puskesmas greatly assists staff in their work and facilitates the recording process, such as patient data, medical records, pharmacy, laboratory, and simplifies the storage and retrieval of patient data in their work, as well as improving patient care (Agustin, 2023).

In the context of nursing care, the E-Puskesmas system allows nurses to record patient information electronically (Hestiana et al., 2025). This can improve the efficiency and accuracy of nursing care documentation compared to manual methods (Handayuni, 2021). E-Puskesmas can also be used to document the entire nursing care process, including vital sign measurements, nursing diagnoses, care plans, and outcome evaluations (Lestari, 2025). The E-Puskesmas system can integrate patient data from various departments and health services, helping nurses understand patients' health histories comprehensively (FAZA, 2025). This supports better decision-making in the provision of nursing care (Aliyani et al., 2023). E-Puskesmas enables nurses to monitor patient status in real-time, access vital information, and respond quickly to changes in patient condition (Amalia et al., 2024). This can improve the safety and quality of nursing care services. The E-Puskesmas system supports the development of integrated care plans. Nurses can access patient data, create care plans, and coordinate care actions with other healthcare team members. A study at the Karang Asam Samarinda Community Health Center in 2025 analyzed the performance of E-Puskesmas, which was often hindered by network issues, resulting in inefficient staff performance. Frequent errors in the E-Puskesmas system resulted in inefficient use of the application, leading to longer patient waiting times (Norhasanah et al., 2025).

In the context of nursing care, the E-Puskesmas system allows nurses to record

patient information electronically. This can improve the efficiency and accuracy of nursing care documentation compared to manual methods (DWIYANTI, 2025). E-Puskesmas can also be used to document the entire nursing care process, including vital measurements, nursing diagnoses, care plans, and outcome evaluations. The E-Puskesmas system can integrate patient data from various departments and healthcare services, helping nurses understand patients' health histories comprehensively. This supports better decision-making in providing nursing care (Nggode, 2024). E-Puskesmas enables nurses to monitor patient status in real-time, access vital information, and respond quickly to changes in patient condition. This can improve the safety and quality of nursing care services (DARMA, 2025). The E-Puskesmas system supports the development of integrated care plans. Nurses can access patient data, create care plans, and coordinate care actions with other healthcare team members (Fitriani, 2023).

Research at the Cibeureum Community Health Center in 2025, analyzed the performance of E-Puskesmas, which was often hampered by network issues, resulting in poor staff performance (DWIYANTI, 2025). Frequent errors in the E-Puskesmas system led to inefficient use of the application, causing longer waiting times for patient services (Anwari, 2025). This was also found by (Boini, 2022) at the Indra jaya Community Health Center in Pidie, where network issues and insufficient features of the E-Puskesmas application caused similar obstacles in health services at the community health center. (MARYAM, 2025) at the Serdang Community Health Center in Cirebon found challenges both in terms of input and process, including human resources who are not yet skilled and competent in operating the E-Puskesmas system and infrastructure that is not yet capable of supporting the smooth and effective implementation of E-Puskesmas. The implementation of E-Puskesmas also remains a challenge due to the lack of firm and independent follow-up actions from the health centers.

Other issues include nurses who have not yet felt the expected benefits of the E-Puskesmas application (Bangun et al., 2024). Nurses feel that the system actually increases their workload because they must perform double data entry—not only inputting data into the application but also manually recording it. As a result, nurses complain

about the increased time, effort, mental strain, and costs incurred (Wahyudin & Perceka, 2019).

The E-Puskesmas system in Garut has been in operation since 2013. To date, nearly all Puskesmas in Garut have adopted E-Puskesmas to support healthcare services, including the Cibatu Puskesmas. However, despite the numerous benefits of implementing E-Puskesmas technology in nursing practice at these health centers, its implementation, particularly at Cibatu Health Center, still faces several challenges similar to those encountered at other health centers. Factors such as limited accessibility, nurses' readiness to adopt new technology, and the integration of the system with existing nursing practices are issues that require attention (Sari, 2024).

The researchers conducted an initial study in the form of interviews with nurses working at the Cibatu Community Health Center. There are still some clinics that have not fully adopted the E-puskesmas application, and there are features for recording and reporting nursing care that remain unfilled. Especially in the inpatient building, which still uses manual medical records. Most nurses have not just one but up to four tasks simultaneously, including field visits. Especially when patients surge or the network is disrupted, nurses must first create manual medical records and then enter them when the network is back to normal.

Therefore, to gain a deeper understanding of the experiences of community health center nurses in recording and reporting nursing care using the E-puskesmas application, this research is essential from both the perspective of experience and the perspective of nurses, particularly those at the Cibatu Community Health Center.

RESEARCH METHODS

The experience of nurses using an application, especially the E-Puskesmas application, will certainly differ from person to person. Therefore, the research design used is a qualitative design with a phenomenological approach. The population used in this study is all employees at the Cibatu Community Health Center in 2024. Sampling in this study used nonprobability sampling with purposive sampling. There were five informants in this study. The informants in this study are those who have various experiences that meet the inclusion

criteria, namely:

1. Able to communicate well.
2. Nurses at the health center.
3. Use the E-Puskesmas application.
4. Willing to participate in the study.

The data analysis technique used in this study is the Bogdan and Taylor model analysis, which is a phenomenological analysis conducted in three stages: the pre-field stage, the field stage, and the data analysis stage.

This research was conducted from March to June 2024 at the Cibatu Community Health Center in Garut Regency.

RESULT AND DISCUSSION

RESULT

The data collected in this study was obtained through participatory observation and by asking several questions through in-depth interviews with informants. The interview data was collected and then transcribed into a narrative text containing the informants' statements. The transcripts were then read repeatedly to obtain the informants' ideas in the form of keywords from each important statement so that they could be grouped. The results are presented in tabular form with interpretations of each data point and the analysis process conducted while maintaining the authenticity and integrity of the meaning contained within.

1.1 Description of Informants at the Time of Research

Before conducting in-depth interviews, the researcher first explained the purpose and objectives. After explaining the purpose and objectives, the researcher and informants agreed to participate by filling out an informed consent form.

The respondents who became informants in this study consisted of five informants, namely nurses working at the Cibatu Community Health Center. The number of informants was deemed sufficient as it had reached the data saturation point, and the researcher did not find any new statements from the last informant. This study yielded six main themes that provide an overview of the phenomenon of nurses' experiences in using E-puskesmas for recording and reporting nursing services. The results of this study will be presented in two parts. The first part will briefly describe the characteristics of the participants involved in this study, and the second part will discuss the findings of this study.

1.2 Participant Characteristics

The characteristics of the participants are as follows:

Table 1. Demographic Data of Informants

No	I	SEX	AGE	EDUCATION	Length of Work
1	I1	Female	44	Profession Ners	7 year
2	I2	Male	30	Diploma of Nursing	5 year
3	I3	Male	32	Bachelor of Nursing	5 year
4	I4	Female	45	Diploma of Nursing	8 year
5	I5	Male	54	Bachelor of Nursing	10 year

The characteristics of the respondents described here are gender, age, education, and length of service as a community health center nurse. There were five participants in this study, ranging in age from 30 to 54 years. The educational background of the participating nurses includes nursing professions, Bachelor of Nursing degrees, and Associate of Nursing degrees, with 3–10 years of experience working as nurses at community health centers.

1.3. Thematic Analysis

The researcher conducted an analysis of the participants' experiences based on the interview results using the Colaizzi method as described in Streubert and Carpenter, 2003. Listening to the interview results with informants, reading the transcripts corresponding to the participants' statements, interpreting the meaning of the content according to the participants' statements to form keywords, categorizing the keywords into new sub-themes, and describing the existing themes comprehensively based on the nurses' experiences in documentation and reporting using e-puskesmas. Conducting follow-up meetings with nurses regarding their experiences in recording and reporting using e-puskesmas. Informan to conduct validity testing, revising the content of statements based on the results of validity testing (Sobri, 2021).

The themes identified in this study consist of five main themes: 1) nurses' understanding, 2) nurses' readiness, 3) support needed, 4) the benefits of e-puskesmas, 5) problems faced, and 6) efforts to optimize nursing service documentation and reporting. These themes will be discussed separately and in detail to uncover the meaning/significance of the participants' various experiences. Although discussed separately, these themes remain interconnected and form a cohesive whole, thereby explaining the essence of the participants' experiences—nurses'

experiences in documentation and reporting using E-Puskesmas.

1.3.1 Nurses' understanding of nursing services using E-Puskesmas

Informants in this study revealed how nurses understand nursing services using E-Puskesmas.

1) Technical understanding

A nurse's technical understanding refers to their knowledge and skills in providing direct care to patients. In the use of E-Puskesmas, technical understanding is essential in certain tasks such as conducting anamnesis (diagnosis), entering patient data, and managing medical records.

> *"..ya kita harus tahu bagaimana cara input data pasien, dan melakukan anamnesa pasien tersebut, jangan sampai salah diagnosa.." (I1)*
>
> *" E-Pus kan pengganti rekam medis lama yang asalnya manual, sedangkan sekarang kita harus tahu pasti bagaimana cara pengelolaan rekam medik secara elektronik."(I2)*
>
> *" ...pakai E-Pus lebih lengkap, anamnesa gak harus ditulis lagi kayak dulu asal kita paham sama bisa diagnosa keluhan pasien…(I5)*
>
> *" pastinya kita harus memiliki kemampuan anamnesa dan pemeriksaan fisik" (I3)*
>
> *"contohnya ya saat kita input riwayat medis pasien secara lengkap, sama rencana tindakan yang akan dilakukan. Apalagi di IGD yang pasti harus sigap dan cepat' (I2).*

2) Non-technical understanding

Non-technical understanding refers to other understanding that nurses need to perform their duties, such as IT skills.

> *"..harus bisa menguasai IT, baru lancar menggunakan E-Pus.."(I4)*
> *"..yang sering pegang HP atau alat elektronik mah gampang menyesuaikan dan menggunakan e-pus, apalagi anak muda pasti bisa IT..."(I2)*
>
> *",,harus bisa IT juga pangpangna mah (yang utama)."(I3*)

In addition to understanding the use of IT or technology, communication is also part of nurses' understanding of non-technical skills that must be possessed. As explained by the following informant:

> *"..intinya semua masalah dikomunikasikan. Jadi rekan lain bisa saling bantu kalau ada masalah dalam penggunaan e-pus" (I4)*
>
> *"..kalau ada masalah di e-pus, ya saling bantu aja dengan sesama rekan. Ada grup khusus juga yang bisa bantu permasalahan.." (I1)*

"..lebih banyak tanya dan komunikasi aja kalau ada masalah mah. Yang penting koordinasi aja kalau ada masalah sama E-Pus..(I4)

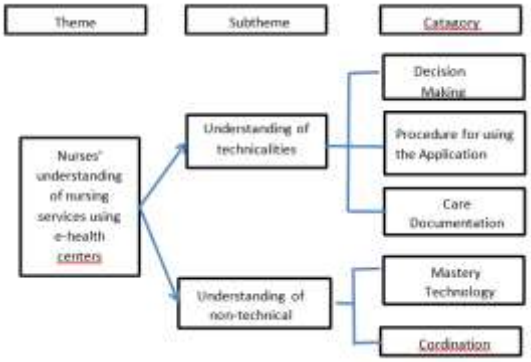

Chart 1 Theme 1: Nurses' understanding of nursing services using e-Puskesmas

1.3.2 Nurses' readiness

Nurses' readiness in facing work demands, especially in using E-Puskesmas, can be seen in terms of work motivation and the skills required by nurses in carrying out their duties.

1) Work Motivation

Work motivation can indicate nurses' readiness to perform their daily nursing duties, especially in the use of E-Puskesmas. This involves intrinsic motivation that arises within the nurse themselves, and extrinsic motivation that comes from the surrounding environment. This is evident in the statements made by informants as follows:

> *"...E-Pus juga berpengaruh pada E-Kinerja kita apalagi perawat yang sudah PNS. Jadi harus siap, mau tidak mau menggunakan e- pus.." (I4)*

> *"pada intinya mah ada kemauan keras buat belajar biar termotivasi. Atau bisa belajar dari yang sudah paham sama E-Pus, sama sering latihan menggunakan e-pus nya aja" (I5)*

2) Work skills

Adequate basic skills in using E-Puskesmas are also necessary in order to meet work demands and carry out the daily tasks of nurses using E-Puskesmas. This presentation provided informants with information on how documentation of care and nurses' IT skills are needed, with the following statement:

> *"..beberapa perawat masih belum terlalu mahir dalam penggunaan E-Pus..apalagi ketika menentukan diagnosa tindakan. Nah harus terus diberikan pelatihan satu persatu.." (I1)*

> *" ..selain kemampuan IT, kita juga harus saling koordinasi dengan unit lain." (I3)*

> *"..alhamdulilah di IGD semua perawat sudah bisa menggunakan E- Pus. Jadi kalau satu perawat berhalangan hadir, perawat lain bisa gantikan input.."(I4)*

> *"..harus bisa menguasai IT, baru lancar menggunakan E-Pus.."(I4)*

> *"..yang sering pegang HP atau alat elektronik mah gampang menyesuaikan dan menggunakan e-pus, apalagi anak muda pasti bisa IT..."(I2)*

> *",,harus bisa IT juga pangpangna mah (yang utama)."(I3*)

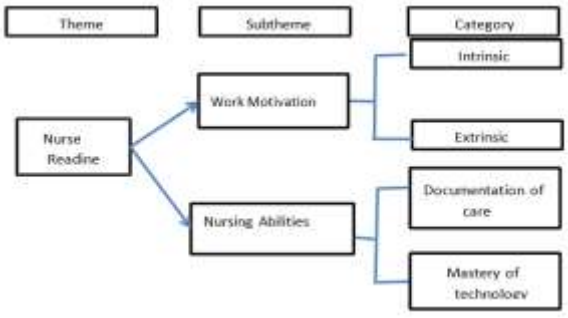

Chart 2 Theme 2: Nurse Readiness

1.3.3 Support Needed

The support needed by nurses is very important in carrying out their duties and facing work challenges. This support comes in the form of support from leaders, colleagues, and support in the form of facilities and infrastructure.

1) Support from Leaders

Informants stated the need for support from leaders in interviews with the following statements:

> "*.. kalau ada masalah, kita setidaknya dapat dukungan dari pimpinan atau atasan..*"*(I2)*
>
> *"segala kebijakan kan ada di pimpinan, rekan kerja juga pastinya kita butuhkan untuk saling memotivasi dalam hal pekerjaan" (I5)*
>
> *"..pimpinan saling mengingatkanlah, mengarahkan kalau ada apa- apa.." (I2)*
>
> *"seharusnya pimpinan bisa mengatasi dan mengantisipasi semua pegawai agar bisa menguasai IT" (I5)*

2) Support from Colleagues

Statements from identified informants regarding the need for support from colleagues are as follows:

> *" sesama rekan kalau ada masalah harus saling bantu. Contohnya kalau misalnya obat tidak ada, harus koordinasi input ulang resepnya.."(I3)*
>
> *"..kemarin juga ada pasien yang tidak dipanggil-panggil lama di lab, ya karena pasien nya juga yang tidak informasi ke lab padahal sudah kami infokan ke pasien untuk bilang langsung juga. Kita juga harus bisa koordinasi sama rekan terus kerja sama dengan pasien juga kan.(I4)*
>
> *".. kalau perawat yang satu tidak bisa, perawat lain yang bisa membimbing yang tidak bisa itu…(I3)*

3) Support for Facilities and Infrastructure

Regarding support for facilities and infrastructure, informants stated the following needs:

"*... Fasilitas internet dan komputer disediakan, malah ada tim khusus E-Puskesmas dan grup yang bisa digunakan kalau kita ada masalah..*" *(I2)*

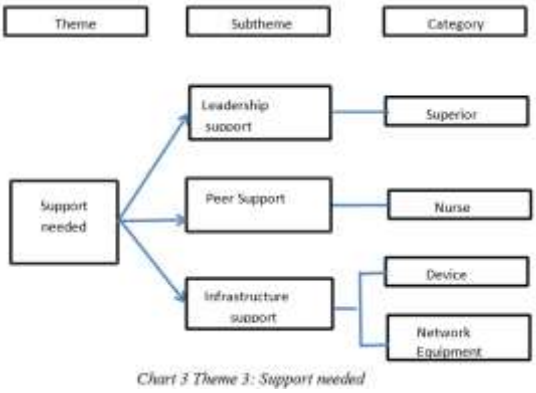

Chart 3 Theme 3: Support needed

1.3.4 Usefulness in Recording and Reporting

The usefulness of the E-Puskesmas application in recording and reporting patient health services is seen in terms of its effectiveness, time usage, and the benefits it provides to nurses.

1) Effectiveness of E-Puskesmas

The benefits of the E-Puskesmas

application can include improving the effectiveness and efficiency of recording, facilitating reporting, improving data integrity, and supporting data-driven decision-making. This is supported by the following statements:

"*..sekarang paperless, kita jadi melakukan pencatatan riwayat pasien tanpa kertas. Kertas kan bisa hancur,kalau data elektronik kan tidak..*" *(I4)*

"antrian teratur, jadi siapa yang pertama daftar, ya pertama ditindak, malahan e-pus ini memudahkan meminimalisir komplen pasien mengenai antrian tersebut"(I5)

"..data pasien dan riwayatnya sudah pasti tidak akan hilang kalau pakai E-pus. Otomatis teregister datanya mulai dari awal pasien datang sampai pulang" (I2)

" enaknya e-pus laporannya nanti kita tinggal print saja terus tinggal minta tanda tangan, gak harus rekap lagi.." (I3)

"unit lain bisa tahu langsung pencatatan diagnosa kita, malahan pasien aja bisa ngecek online juga jadinya.." (I1)

"tidak usah tulis tangan manual, tinggal minta tanda tangan aja" (I1)

"E-Pus gampang diakses, bisa pakai PC atau laptop juga. Malah bisa diakses via HP" (I3)

"enaknya sih pakai e-pus otomatis teregister tidak hilang datanya mulai dari awal pasien datang sampai pulang" (I2)

" data aman, tidak tercecer atau bahkan hilang seperti menggunakan kertas yang dicatat manual" (I1)

"sistem informasi jadi lebih cepat tinggal klik saja" (I3)

" lebih praktis, lengkap dan canggih sih sesuai perkembangan zaman" (I5)

"data E-Pus juga kan dipantau pusat. Udah pasti bisa pantau kita langsung. Jadi misal di Cibatu banyak pasien apa yang meningkat tuh bisa tahu penyebarannya juga.." (I4)

2) Time Usage

The time required to use E-Puskesmas for reporting and recording is related to the practicality of running E-Puskesmas. This was mentioned by informants with the following statement:

"efisien sih ya, kita tidak usah datang ke ruangan lain untuk minta rekam medik pasien..pakai E-pus tuh tinggal masukkan NIK pasien nanti ke breezing sendiri. Rujukan juga jadi gampang, mau ke bagian obat, rawat jalan atau rawat inap atau lab" (I3)

" kita jadi bisa langsung cepat tahu berapa jumlah pasien perbulannya kalau di e-pus" (I1)

"*butuh waktu lama sih dalam penginputan awal dibandingkan manual, apalagi yang gak bisa IT. Kalau bisa askep nya lebih update lagi bahkan dipermudah penginputannya"(I4)*

3) For Nurses

For nurses, the E-Puskesmas application for recording and reporting health services is a centralized digital application platform for recording patient data, easy health service reporting, and data integration.

" *data pasien pastinya aman gak bakal tercecer, mudah diakses perawat juga" (I1)*

"E-pus bisa digunakan untuk mencatat berbagai data pasien dari riwayat penyakit dahulu sampai sekarang, periksa fisik juga, diagnosa keluhan, obat, sampai tindakan yang mau diberikan tercatat semua.."(I3)

"laporan jadi mudah kalau pakai e-pus, dari jumlah pasien sampe obat apa yang dikasih udah pasti tercatat. Administrasi pun jadi tertib" (I5)

"kita bisa kasih rujukan online kalau pakai e-pus. Jadi dokter di RS atau tempat yang dirujuk udah pasti tahu informasi kesehatan pasien yang dirujuk itu. Intinya udah nge-link lah mau antar unit dari IGD ke rawat jalan atau misal dari puskesmas ke RS gitu"(I4)

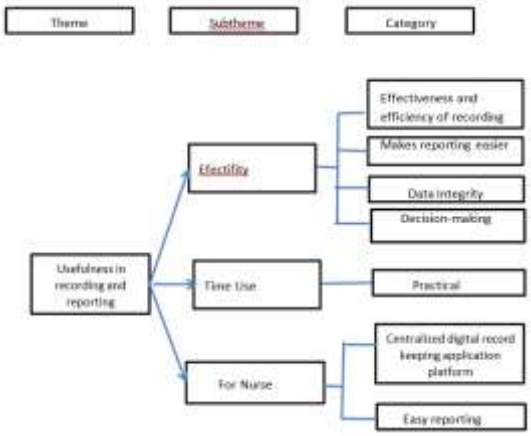

Chart 4 Theme 4: Usefulness in Recording and Reporting

1.3.5 Problems encountered

The incompatibility of the E-Puskesmas application can be seen from the fact that this application is not yet suitable or adequate for nurses to support their daily work needs and demands. This has given rise to various problems that nurses must face. This can be seen from the following interview excerpts:

1) Patient communication

"Kurang interaksi dengan pasien, kita jadi kurang ada tatap muka atau kontak mata karena kebanyakan fokus pada komputer aja. Jadi kesannya kurang sopan" (I5)

"*butuh waktu lama sih dalam penginputan awal dibandingkan manual, apalagi yang gak bisa IT. Jadinya gak bisa full konsentrasi ke pasien"(I4)*

"IGD kewalahan ketika penginputan data. Selain fokus pasien kita harus input diagnosa pasien, sedangkan pasien perlu tindakan cepat, waktu penginputan agak lama gitu dibanding manual" (I2)

2) Available resources

"..beberapa perawat masih belum terlalu mahir dalam penggunaan E-Pus..apalagi ketika menentukan diagnosa tindakan. Nah harus terus diberikan pelatihan satu persatu.." (I1)

"masih ada perawat yang belum terlalu paham bagaimana mencatat diagnosa pasien apalagi bila fitur yang ada tidak sesuai diagnosa. Kebanyakan kurang kemauan, karena banyak tugas juga perawat nya" (I5)

"Fasilitas yang ada belum terlalu memadai. PC yang dipakai masih yang lama. Terus Printer hanya 1 jadi harus giliran" (I4)

"Seringnya karena loading. Kadang juga PC kita mati, karena PC yang saya gunakan itu PC lama" (I3)

3) E-Puskesmas Application Menu

"banyak pertanyaan atau fitur yang tidak perlu padahal intinya sama saja" (I4)

"fiturnya banyak yang tidak sesuai untuk IGD, perlu tambahan. Malah e-pus ini belum digunakan kalau di unit rawat inap" (I1)

"masih ada perawat yang belum terlalu paham bagaimana mencatat diagnosa pasien apalagi bila fitur yang ada tidak sesuai diagnosa. Kebanyakan kurang kemauan, karena banyak tugas juga perawat nya" (I5)

" kadang pas mau kasih rujukan, datanya gak breezing sepenuhnya, gak bisa dicetak"(I3)

"masih ada diagnosa, obat, sama tindakan yang sebenarnya ada tapi gak ada di fitur. Harus pinter-pinter kita sesuaikan masuk yang mana" (I1)

" kalau real nya sih banyak pas fitur asuhan keperawatannya yang penginputannya dilewat, apalagi kalau misal pasien nya lagi antri banyak"(I4)

"idealnya E-pus buat di unit rawat jalan. Kalau di IGD banyak fitur yang kurang sesuai. Selama ini kan fitur di berbagai unit sama aja. Padahal kebutuhan fitur untuk di IGD harusnya tampilannya dibedain"(I2)

"Kalau di rawat jalan suka kewalahan pas pakai e-pus. Soalnya kan rinci banget, mana pasien antri. Kayaknya kalau dipakai untuk unit rawat inap lebih sesuai deh. Kan pasien itu-itu saja gak akan membludak dadakan" (I5)

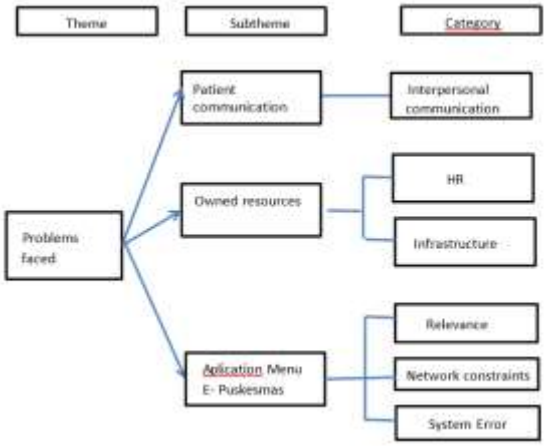

Chart 5 Theme 5: Problems encountered

1.3.6 Efforts to optimize nursing service recording and reporting

The emergence of challenges, obstacles, and problems in the E-Puskesmas application is certainly influenced by several factors. However, every application has efforts to optimize its use, especially in terms of nursing service recording and reporting.

1) Personal Efforts

Addressing and overcoming existing challenges can be achieved through a personal approach, which involves efforts originating from oneself, such as the willingness to learn. Informants shared several statements related to this matter.

" kita harus ada kemauan belajar, mempersiapkan diri dengan perkembangan zaman walaupun tidak mudah karena tidak terbiasa"(I5)

2) Interpersonal Efforts

Problems can also be overcome and dealt with through interpersonal approaches originating from the environment, namely cooperation and sharing among colleagues. Informants made several statements related to this.

> *" Saling bantu dan saling sharing kalau ada masalah. Kita juga ada grup khusus pengguna E-Pus. Kalau masih tidak selesai, bisa disharing di grup E-Pus kabupaten" (I1)*
>
> *"kita mah sesama rekan juga saling bantu sama saling dukung ya. Apalagi misal kalau satu unit kewalahan atau penuh, unit lain juga ikut bantu*" (I4)

3) Institutional Efforts

The next way to overcome and deal with existing problems can be done institutionally, in this case where nurses work, namely community health centers (Puskesmas), such as requesting adequate facilities and various training programs. Informants made several statements related to this.

> *" Melakukan pengajuan ke bagian terkait soal pengadaan fasilitas yang memadai yang bisa digunakan. Bila kita dituntut menggunakan E-Pus oleh atasan, tentu atasan pun harus mau dituntut untuk memfasilitasi pekerjaan kita dalam menggunakan E- Pus" (I5)*
>
> *"Sering cek jaringan, kalau masih bermasalah, pakai hotspot HP saja. Kadang saya cek juga kabel atau PC nya takutnya PC nya yang bermasalah. Saya siapkan rencana cadangan juga, misal dengan membawa laptop pribadi" (I3)*
>
> *"Pengajuan fasilitas pasti perlu kan Harusnya disediakan fasilitas mendukung kayak tablet gitu. Jadi kita gampang kerja" (I3)*
>
> *"Sering adakan sosialisasi aja mungkin ya biar kita paham bagaimana menggunakan E-Pus. Terus pengajuan PC mungkin untuk membantu pekerjaan" (I4)*
>
> *"...perawat yang sudah melakukan pelatihan, mengajarkan dan melatih yang lain sampai bisa.."(I4)*

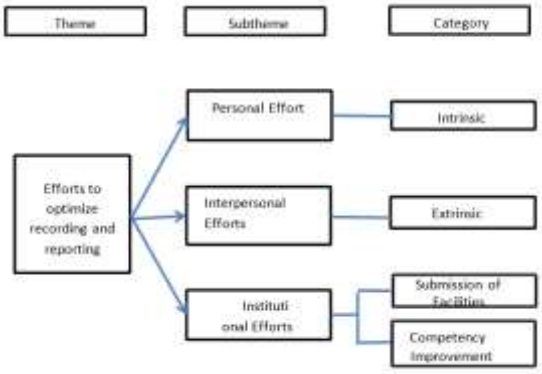

Chart 6 Theme 6: Efforts to optimize recording and reporting

DISCUSSION

E-Puskesmas has become an important platform in Indonesia's healthcare system that can help improve the efficiency and effectiveness of healthcare services (Hetrianto et al., 2024). However, the successful implementation of E-Puskesmas depends on nurses' experience in using it. Nurses' experience in using E-Puskesmas for recording and reporting nursing services can be determined by their understanding and ability, their readiness to use E-Puskesmas, the support needed in performing their duties, especially in using E - Puskesmas, the benefits

of using E-Puskesmas in recording and reporting nursing services, to the problems encountered when using E-Puskesmas for recording and reporting nursing services and efforts to optimize its use. Based on interviews conducted with 5 (five) informants, 6 themes were identified that can describe nurses' experiences in using E-Puskesmas for recording and reporting nursing services.

1. Nurses' Understanding of Nursing Services Using E-Puskesmas

Interviews with informants in this study provided valuable insights into how nurses' experiences relate to their understanding of how to provide nursing services by optimally utilizing E-Puskesmas. According to Pasuraman in Yudiarso (2021), one of the quality measures of service is the dimension of communication and reliability, or the ability of the service unit to deliver the promised service accurately. The understanding of nurses in nursing care that is needed and considered important in performing their duties as nurses in using E-Puskesmas, as identified in this study, includes technical understanding and non-technical understanding.

Technical understanding refers to nurses' knowledge and skills in providing direct care to patients. Informants emphasized the importance of basic nursing knowledge and skills in using E-Puskesmas, particularly regarding medical decision-making. This includes the ability to conduct anamnesis, physical examinations, and establish diagnoses. E-Puskesmas is not only used for entering data and recording medical records, but also assists nurses in the clinical decision-making process in the field based on the recorded diagnosis. In addition, nurses must also understand the relationship between the data entered in E-Puskesmas and the patient's condition and the nursing action plan to be carried out.

E-Puskesmas replaces the manual medical record system, so nurses must also be skilled in managing patient data electronically. This understanding includes recording procedures in the use of the application, including accurate and complete patient data input, health history tracking, and regular updating of patient information. Nurses must ensure the confidentiality and security of patient data in the E-Puskesmas system.

Informants also showed how E-Puskesmas can be used to improve the quality of patient care. E-Puskesmas allows nurses to document care more completely, including patient medical history, allergies, medications, and laboratory test results. This information can help nurses create more appropriate and individualized care plans for each patient.

Non-technical understanding refers to other skills nurses need to perform their duties, such as IT and communication skills. Informants acknowledge the importance of IT and technology skills in using E-Puskesmas. Nurses must be familiar with computers and other electronic devices to access and use E-Puskesmas effectively. These skills are particularly important for nurses who are not yet familiar with technology.

E-Puskesmas requires good communication and cooperation among nurses. This is part of a coordination process where nurses must assist one another in addressing issues and sharing knowledge about the use of E-Puskesmas. Open communication and effective coordination can help resolve problems and improve the effectiveness of E-Puskesmas use. This is in line with the opinion of Attamimi et al. (2024),

who stated that communication skills will underpin efforts to solve patient problems and facilitate the provision of assistance, both in medical and psychological services. Effective communication between nurses and other health workers, as mentioned by Nasrianti et al. (2022), can create professional cooperation in providing information so as not to cause errors and unexpected events (KTD).

2. Nurse Readiness

Nurse readiness in facing work demands, especially in the use of E-Puskesmas, depends on the motivation and ability of the nurses themselves. Informants in this study indicated that work ability and motivation are important factors in nurse readiness.

Work motivation and willingness to adapt to new technology are very important for improving nurses' readiness to use E-Puskesmas, especially in recording and reporting patient nursing services. Motivation, according to Siagian (in Yudiarso, 2021), is expressed as the driving force or desire for someone to contribute as much as possible to the success of the organization in achieving its goals. Nurses' work motivation stems from two sources. There is intrinsic motivation, which originates from within the individual, and extrinsic motivation, which arises from the surrounding environment. Intrinsic motivation, according to Nawawi in Putra (2013), is a work motivator that originates from within the worker as an individual, in the form of an awareness of the importance, benefits, or meaning of the work they perform. Extrinsic motivation, on the other hand, is a work motivator that originates from outside the worker as an individual, in the form of a condition that requires them to perform their work to the best of their ability. Both types of motivation were identified in the interviews conducted. E-Puskesmas even influences the performance evaluation of nurses, so they need to be motivated to use it effectively because it is related to the E-Performance evaluation tool for nurses, especially for those who are civil servants.

Nurses must have basic skills in documentation and the use of IT technology, as well as sufficient knowledge of E-Puskesmas to use it effectively and optimally. Wolf et al. (in Nasution, 2021) mention basic skills as one of the fundamental aspects of readiness. Meanwhile, Yudiarso (2021) states that ability is the skill and capacity of an individual to perform a task, manifested through actions that enhance work productivity. Nurses' non-compliance in documenting nursing care can lead to malpractice and duplication of nursing actions (Wisuda, 2019). Therefore, nurses' ability and compliance in documentation are crucial. Additionally, IT skills can also influence nursing performance. This aligns with (ADITYA, 2025), which states that employees' ability to utilize technology significantly impacts their performance.

3. Support required

Support is crucial and necessary for nurses in performing their duties and addressing work challenges, particularly in using E-Puskesmas. This support can come from supervisors, colleagues, or in the form of facilities and infrastructure. By providing appropriate support, colleagues and supervisors can assist nurses in enhancing their skills, efficiency, and effectiveness, as well as improving the quality of healthcare services for patients.

Support from supervisors and colleagues is vital in helping nurses use the E-

Puskesmas system. Supervisors must provide adequate guidance and instruction to nurses on how to use the E-Puskesmas system. Colleagues should also help each other and share knowledge about E-Puskesmas. Improving communication and coordination among nurses and supervisors should be ongoing to ensure their support helps nurses prepare for using the E-Puskesmas application. This support includes mentoring and training from more experienced nurses to those who are still unfamiliar with E-Puskesmas. Making clinical decisions together with colleagues or supervisors can also help nurses use E-Puskesmas appropriately. This is also highlighted by Pasaribu (2021), who emphasizes that support from colleagues is crucial to fostering collaboration among nurses to achieve optimal service delivery.

The importance of facilities and infrastructure to assist nurses in using E-Puskesmas was identified in this study. Facilities and infrastructure are described by Robbins in Syelviani (2019) as facilities needed to help employees complete their work more easily, thereby improving their performance. This support includes the provision of adequate facilities, such as computers and internet access or mobile tablets, to make the use of E-Puskesmas easier and more efficient. Other support includes robust network equipment that can support the use of existing devices. Infrastructure and facilities are key factors in the success and smooth operation of the system, thereby also influencing the performance of nurses.

4. Benefits in Recording and Reporting

E-Puskesmas has proven to be a very useful tool in improving the effectiveness and efficiency of recording and reporting patient health services. By optimally utilizing E-Puskesmas, nurses, doctors, and administrative staff can improve the quality of health services for patients and make more accurate decisions to improve public health.

Informants indicated that the benefits of E-Puskesmas include assisting nurses in recording patient data more quickly and easily. The E-Puskesmas electronic recording system minimizes the risk of data loss and maximizes data accuracy. E-Puskesmas also helps manage patient queues more effectively, thereby reducing patient waiting times.

E-Puskesmas provides structured and user-friendly reporting formats. Data entered into E-Puskesmas can be automatically processed into various types of reports, such as patient count reports, medication usage reports, and disease reports. This facilitates nurses and administrative staff in creating the required reports, as mentioned by Leonard (2018), where E-Puskesmas is expected to simplify and encourage its use, thereby improving performance effectively.

E-Puskesmas has a robust data security system, ensuring patient data confidentiality and preventing manipulation. Data entered into E-Puskesmas is centralized and integrated, making it easy to access and analyze. This enhances the integrity and quality of data used for decision-making.

E-Puskesmas provides reports and data analysis that can be used by nurses, doctors, and policymakers to make more informed decisions in providing healthcare services. Accurate and up-to-date data from E-Puskesmas can help identify health issues and develop effective intervention programs.

The informants mentioned the practical benefits of E-Puskesmas in terms of time efficiency. Using E-Puskesmas makes recording and reporting more efficient and faster. However, it sometimes takes a long

time to enter the initial data of new patients. This is also related to the nurses' adjustment to using the E-Puskesmas application.

In its role for nurses, E-Puskesmas functions as a centralized digital application platform for recording patient data, generating reports, and integrating data from various sources. This aligns with what Surita (2021) mentioned, where she stated that the E-Puskesmas application is a digitalization of the public health service process at Puskesmas. This also facilitates data access and management for nurses, doctors, and administrative staff. E-Puskesmas enables nurses to record comprehensive patient data, including health history, physical examinations, diagnoses, and treatments. This data can be easily accessed by nurses and doctors treating the patient, thereby improving the quality of healthcare services.

E-Puskesmas provides various types of reports that can be used to monitor the performance of health services. These reports can be used to identify problems and improve service quality. E-Puskesmas can also be integrated with other health information systems, such as electronic medical records and laboratory systems. This facilitates data exchange and improves the efficiency of health services.

5. Problems encountered

E-Puskesmas has great potential to improve the quality of health services in Indonesia. However, there are still several shortcomings that need to be addressed in order for E-Puskesmas to be maximized by nurses. The development of E-Puskesmas must be carried out by considering the needs and work demands of nurses in various units so that it can be used optimally and provide maximum benefits for patients. Therefore, we need to examine how E-Puskesmas aligns with the needs for recording and reporting patient nursing services.

The challenges in using E-Puskesmas, as mentioned by informants, lie in interpersonal communication, specifically the interaction with patients. Nurses stated that using E-Puskesmas can reduce direct interaction with patients. Nurses are more focused on the computer and documentation within E-Puskesmas, paying less attention to and focusing on patients, thereby creating barriers to the rapport established with those patients. This can have a negative impact on the nurse-patient relationship and create an impression of rudeness. This statement is also supported by Putri (2023), who notes that the impact of information technology does indeed result in changes in societal interaction patterns.

The next issue concerns the resources available. Some nurses are still not accustomed to technology and do not understand how to use E-Puskesmas properly. A lack of willingness to learn and adapt to new technology also poses a barrier to the use of E-Puskesmas. Factors related to learning motivation can be attributed to internal factors, consisting of physiological factors, as well as external factors in the form of the environment (SETIAWATI, 2025). Additionally, the use of E-Puskesmas increases the workload of nurses, especially in the emergency room unit, which requires quick action. This can increase stress and reduce the quality of service.

Furthermore, the menu in the E-Puskesmas application has limited relevance, with many features that are unnecessary for nurses. This can confuse nurses and hinder the data entry process. E-Puskesmas still has several feature limitations, such as incomplete data, forcing nurses to adapt to actual conditions. Nursing care features are also not yet optimal, especially when patients are

queuing and numerous. E-Puskesmas features are also not always suitable for all service units. For example, the features used in the emergency room are not yet optimal and are the same as those in other units. Even the inpatient unit does not use E-Puskesmas, although informants feel that this feature is more suitable for nurses in the inpatient unit, considering that patients are stable and do not change as quickly as in the outpatient unit.

Network issues such as slow or unstable internet connections (loading) or system errors where data does not load properly during recording and input are another challenge nurses face in their daily tasks. This issue was also identified in several similar studies using E-Puskesmas. (Suryaningtyas, 2022) highlighted this challenge as the primary factor hindering the effectiveness of E-Puskesmas implementation. Saputro also emphasized it as the main problem, as inadequate internet connectivity prevents the full utilization of E-Puskesmas services.

6. Efforts to optimize recording and reporting

The problems faced by nurses in using E-Puskesmas need to be addressed through various efforts. With the cooperation of various parties, such as nurses, supervisors, and E-Puskesmas developers, it is hoped that E-Puskesmas can be optimized to provide maximum benefits for patients:

The results of the informant interviews regarding efforts to optimize documentation and reporting using E-Puskesmas include personal, interpersonal, and institutional efforts. Personal efforts involve nurses' intrinsic efforts, originating from themselves, in addressing issues related to inadequate human resources. The efforts made by nurses include their willingness to learn in order to enhance their skills, both technical skills related to nursing services and non-technical skills in IT proficiency. Nurses need to improve their skills and willingness to learn and adapt to new technologies. With a willingness to learn, this will indirectly enhance nurses' performance (Prima, 2019).

Interpersonal efforts are extrinsic efforts undertaken by nurses through collaboration and information sharing among colleagues. These efforts aim to address resource-related challenges originating from external factors, such as inadequate human resources or facilities. Nurses need to support one another and share information about the use of E-Puskesmas. Nurses have a special group for E-Puskesmas users at both the health center and district levels. The E-Puskesmas user group can be a forum for exchanging information and solving problems together.

Another effort is an institutional initiative at the health center where nurses work. This initiative addresses challenges such as inadequate facilities and infrastructure constraints. The effort involves nurses submitting requests to their superiors for the provision of adequate facilities, such as new computers, printers, and stable internet connections. Nurses also need to have alternative solutions to overcome technical challenges, such as using mobile hotspots and bringing their own laptops. In addition to these measures, the developers of E-Puskesmas also need to evaluate and optimize features to better align with the needs of nurses across all service units.

The next institutional effort is to enhance nurses' competencies through various training and education programs on the use of E-Puskesmas, which should be conducted on an ongoing basis. Training and human resource development can help organizations strengthen their competitive advantages in the

global market, improve employee performance and satisfaction, enhance the organization's adaptability to change, and boost employee innovation and creativity (Putra et al., 2020). Informants have mentioned that they have received training but still hope for further socialization. Nurses also often conduct interpersonal training when facing problems in recording and reporting using E-Puskesmas.

CONCLUSIONS

Based on research conducted on the experiences of community health center nurses in providing nursing services using the E-Puskesmas application at the Cibatu Community Health Center in Garut Regency, it can be concluded that the E-Puskesmas application provides significant benefits in improving the effectiveness of nursing services for nurses at the Cibatu Community Health Center. However, there are several challenges faced by nurses in its implementation, such as network issues, limitations in operating the application, and the need to continue manual record-keeping. These factors influence nurses' experiences in using the E-Puskesmas application and require further attention to be addressed.

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