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DETERMINANTS OF ACTUAL ELECTRONIC MEDICAL RECORD USE: A SYSTEMATIC REVIEW

FAKTOR-FAKTOR PENENTU PENGGUNAAN REKAM MEDIS ELEKTRONIK YANG SEBENARNYA: TINJAUAN SISTEMATIS

Eka Setiawan[1*], Tantri Yanuar Rahmat Syah[2], Edi Hamdi[3], Sandra Dewi[4]
Esa Unggul University, Jakarta, Indonesia[1,2,3,4]
eka.s.somawijaya78@student.esaunggul.ac.id[1*]

ABSTRACT

This systematic literature review (SLR) aims to identify the key factors influencing the actual use of Electronic Medical Records in hospitals. Applying the PRISMA method, 184 articles were screened, with eight studies meeting strict inclusion criteria (2020–2025). The findings reveal that usage is shaped by the interplay of four key dimensions: technical, psychological, organizational, and social. Technically, system interoperability and data reliability are essential. Psychologically, user trust, satisfaction, and privacy perception drive sustained usage. Organizational support, including training and policies, enhances adoption, while social aspects such as digital literacy and access inequality influence successful implementation. This review highlights the need for a multidimensional and context-sensitive approach to ensure the effective integration of Electronic Medical Record systems in healthcare settings.
Keywords*: Electronic Medical Records; Actual Use; User Behavior; System Interoperability; Organizational Support; Healthcare Technology.*

ABSTRAK

Tinjauan literatur sistematis (SLR) ini bertujuan untuk mengidentifikasi faktor-faktor kunci yang memengaruhi penggunaan aktual Rekam Medis Elektronik di rumah sakit. Dengan menerapkan metode PRISMA, 184 artikel disaring, dengan delapan studi memenuhi kriteria inklusi yang ketat (2020–2025). Temuan menunjukkan bahwa penggunaan dibentuk oleh interaksi empat dimensi kunci: teknis, psikologis, organisasi, dan sosial. Secara teknis, interoperabilitas sistem dan keandalan data sangat penting. Secara psikologis, kepercayaan pengguna, kepuasan, dan persepsi privasi mendorong penggunaan yang berkelanjutan. Dukungan organisasi, termasuk pelatihan dan kebijakan, meningkatkan adopsi, sementara aspek sosial seperti literasi digital dan ketidaksetaraan akses memengaruhi keberhasilan implementasi. Tinjauan ini menyoroti perlunya pendekatan multidimensional dan peka konteks untuk memastikan integrasi sistem Rekam Medis Elektronik yang efektif di lingkungan perawatan kesehatan.
Kata Kunci: Rekam Medis Elektronik; Penggunaan Aktual; Perilaku Pengguna; Interoperabilitas Sistem; Dukungan Organisasi; Teknologi Perawatan Kesehatan.

INTRODUCTION

Digital transformation in healthcare is no longer just an option; it has become a necessity. Amidst the complexity of patient data management and the need for fast and accurate services, many countries are starting to prioritize digitalization as a key strategy, including in medical record-keeping. One technology now widely adopted by hospitals is the Electronic Medical Records system. This system is expected to replace manual record-keeping methods, accelerate access to medical information, and improve the quality and efficiency of services.

As the implementation of Electronic Medical Record systems has expanded across healthcare institutions, attention has begun to focus on the actual level of use by healthcare professionals. In this context, the concept of actual use becomes highly relevant. Actual use refers to the extent to which a technology system is actually utilized by its users in their daily practice. This concept highlights not only the intention or planned use but also reflects actual measurable behavior, including frequency of use, duration, and context of activity. According to Schorr (2023), actual use reflects active user

engagement, indicating the successful functional adoption of the technology. Lee et al., (2025) added that in a hospital setting, actual use of Electronic Medical Record systems can be seen in routine practices such as recording diagnoses, accessing laboratory results, or prescribing medications electronically. Meanwhile, Yousef et al., (2021) emphasized the importance of demonstrating actual use through concrete data, not just based on user perceptions or intentions.

However, most previous studies still focus on behavioral intention, namely the user's intention to use technology. Theories such as TAM and UTAUT are helpful in understanding the initial phase of adoption, but they do not fully describe actual behavior after the system is implemented. On the other hand, some studies overemphasize technical aspects such as the system interface or specific features, but do not sufficiently explore the psychological aspects of users and the dynamics of the organization where the system is implemented. However, the reality on the ground shows that successful system use is influenced not only by technological features, but also by managerial support, adequate training, psychological comfort, and a supportive work culture.

Although the adoption of Electronic Medical Record systems continues to increase in various countries, including hospitals in developing countries, studies specifically addressing the actual use of Electronic Medical Record systems are still limited, especially those using a systematic and comprehensive approach. Most of the existing literature focuses on behavioral intentions or solely on the technical aspects of the system. Few studies have balanced the integration of user psychology, system design characteristics, and organizational support to explain the successful actual use of Electronic Medical Record systems. Furthermore, there are still a few studies linking this phenomenon to the post-COVID-19 pandemic context, where many hospitals have had to rapidly digitize without adequate systemic preparedness. This situation creates a gap between the availability of technology and its actual implementation in the field.

This study offers novelty in several important aspects. First, this study uses a Systematic Literature Review (SLR) approach with the PRISMA method to identify, filter, and analyze recent literature (2020–2025) relevant to the actual use of Electronic Medical Records systems in hospitals. Second, this study examines actual use from a multidimensional perspective, encompassing technical factors (such as interoperability and data quality), psychological factors (such as user trust and satisfaction), and organizational factors (such as training and policy support). Third, this study focuses on the context of hospitals in developing countries during the digital transition period accelerated by the pandemic, making it contextual and relevant for both policy and practice. With this approach, this study is able to offer a comprehensive and applicable conceptual synthesis.

This study aims to systematically identify and synthesize the key factors influencing the actual use of Electronic Medical Record systems in hospitals. Specifically, this study emphasizes the interaction between three key dimensions: user psychology (e.g., trust and satisfaction), system design quality (e.g., interoperability and data reliability), and the level of organizational support (including training and internal policies). The

results of this study are expected to provide deeper theoretical understanding and practical guidance useful for policymakers, hospital administrators, and Electronic Medical Record system developers in designing more effective and sustainable health technology implementation strategies.

RESEARCH METHOD

A Systematic Literature Review (SLR) is a method used to systematically and comprehensively review various literature sources. In the Indonesian context, this term is often referred to as a systematic literature review. A Systematic Literature Review (SLR) is a structured literature review approach to identify, evaluate, and interpret all findings from studies relevant to a specific topic. The goal is to objectively answer research questions. By following clear steps and protocols, SLR helps minimize bias and subjective interpretation in the review process. Furthermore, this method is also useful for identifying research gaps and identifying opportunities for potential and interesting new studies to be developed in the future.

A Systematic Literature Review (SLR) aims to formulate an appropriate strategy for addressing research problems, while simultaneously exploring diverse perspectives related to the issue being studied. Furthermore, an SLR is used to identify relevant theories and support analysis of the research topic. In general, the SLR method involves five stages, including (Van Dinter et al., 2021):

The first step is problem formulation, the process of identifying the motivation for this research. Researchers explored this issue by reviewing various scientific journals and previous studies. In this study, the focus is on factors influencing the actual use of the Electronic Medical Record system. This literature review was designed to help answer several established research questions, including:

RQ1: What are the main factors that influence the actual use of the Electronic Medical Record system in hospitals?

RQ2: What is the influence of psychological factors, system design quality, and level of organizational support on the realization of the use of Electronic Medical Record (EMR) systems in hospitals?

The second stage is literature search or identification, discussing the search for relevant journals and articles through academic databases such as Scopus. Based on the research title, "Determinants of actual electronic medical record use: a systematic review."

The study design used in this research relies on data analysis and synthesis methods, with a primary focus on the results of previous research. This process was carried out to systematically summarize the study's contents and draw relevant conclusions, thus providing a strong foundation for designing further research.

The literature identification stage includes collecting theories, articles, and research journals from various reliable sources, which are used as the main basis in the discussion process in this study.

The third stage is the process of searching for relevant literature, which aims to select whether the information found is suitable and appropriate to be used as material in this research.

QA1: Are the selected journals published between 2020 and 2025?

This research examines various factors influencing the actual utilization of Electronic Medical Records systems. To address this theme, data from journals used in the research process were

analyzed based on specific criteria: research published within the last five years (2020–2025), publication types including both scientific articles and review articles, and journals with full accessibility.

The fourth stage, the qualitative feasibility assessment stage, focuses on evaluating the methodological quality of the systematic literature review (SLR). Researchers assess the journal data sources used by referring to several credibility indicators, such as peer-reviewed status, the CiteScore index, the Journal Impact Factor (JIF), the Source Normalized Impact per Paper (SNIP) from the Elsevier Scopus database, and the SCImago Journal Rank (SJR). The application of these criteria aims to ensure that only articles of high scientific quality are included in the further analysis stage.

To ensure the validity of the results of this review, bias mitigation strategies were systematically applied. Article selection followed the PRISMA 2020 guidelines, while the use of Scopus and PubMed databases helped reduce publication bias. Data extraction was performed by two independent researchers, and study quality was assessed using MMAT, accompanied by inter-rater reliability testing. Results are presented transparently through PRISMA diagrams and synthesis tables, and a discussion covering study limitations and potential residual bias, as per the Cochrane Handbook guidelines (Chandler et al., 2019) and (Higgins, 2019).

The final stage of the systematic literature review process involves drafting a conclusion that summarizes the main findings, logically discussing the analysis results, and providing a concise and comprehensive explanation. At this stage, the researcher also provides answers to the previously formulated research questions and demonstrates a thorough understanding of the analyzed literature.

RESULT AND DISCUSSION

Study selection and screening

This research was conducted using a systematic literature review approach based on the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) method, which consists of four main stages: identification, screening, eligibility assessment, and determination of final results. Initially, the researchers established search criteria for inclusion in the database, focusing on articles and journals discussing factors influencing the actual utilization of Electronic Medical Record systems. Furthermore, inclusion and exclusion criteria were applied, including a publication period limitation between 2020 and 2025, to ensure the relevance and recency of the analyzed data.

The data search in this study was conducted by selecting academic databases as the primary source, where relevant journals and scientific articles were obtained to support the systematic literature review process. The article search was conducted through the Scopus database with the keywords "actual use" and "healthcare", and was limited to the period 2020–2025. The initial search found 142 articles. This number was then narrowed by filtering articles from authors from eight Asian countries active in health technology innovation, and only those from related scientific fields. As a result, 15 articles remained. The final selection focused on publication quality; only articles that were peer-reviewed, final versions, open access, written in English, and original research were selected, resulting in six articles.

Next, a literature search was conducted through the PubMed database

using the keywords "actual use" AND "healthcare" AND "hospital," resulting in 42 documents published between 2020 and 2025. The initial screening stage was conducted by applying several inclusion criteria. First, articles that provided abstracts and full text for free were filtered, reducing the number to 33 documents. Second, applying an English filter to maintain consistency of scientific terminology resulted in 32 documents. Third, articles focused on human studies were selected to fit the context of healthcare users, narrowing the number to 17 documents. Finally, by limiting publications to the last five years, 16 articles were obtained that met all criteria and were ready for further analysis in this study.

Inclusion and Exclusion Criteria were established to ensure that the articles analyzed truly align with the study's focus. Inclusion criteria for this study were peer-reviewed scientific publications published between 2020 and 2025, in the form of empirical studies or systematic reviews, available in full text, and written in English. The primary focus should address the actual use of Electronic Medical Records systems in hospitals, as well as the factors influencing it, such as psychological, technical, or organizational aspects. Subjects included medical personnel, hospital staff, or policymakers.

Conversely, exclusion criteria for the study included articles that only discussed intended use (without measuring actual use), discussed non-Electronic Medical Record system technologies, focused on technical aspects without user context, were conducted outside the healthcare sector, or were not scientific publications (such as opinion pieces and editorials). Articles in non-English languages or not available in full-text were also excluded.

As part of the selection process for this Systematic Literature Review, 22 scientific articles were evaluated to assess their suitability for the study's focus, namely the actual use of Electronic Medical Records systems in hospitals. Eight articles were deemed eligible because they explicitly discussed the implementation and actual use of Electronic Medical Records systems by medical personnel within the context of hospital institutions. Two articles were categorized as "limited consideration" because they discussed digital health technology in general without a specific focus on Electronic Medical Records systems or the hospital context. Meanwhile, 12 articles were rejected for being irrelevant in topic or context, such as discussing wearable devices, PHRs, or healthcare services outside of hospital institutions.

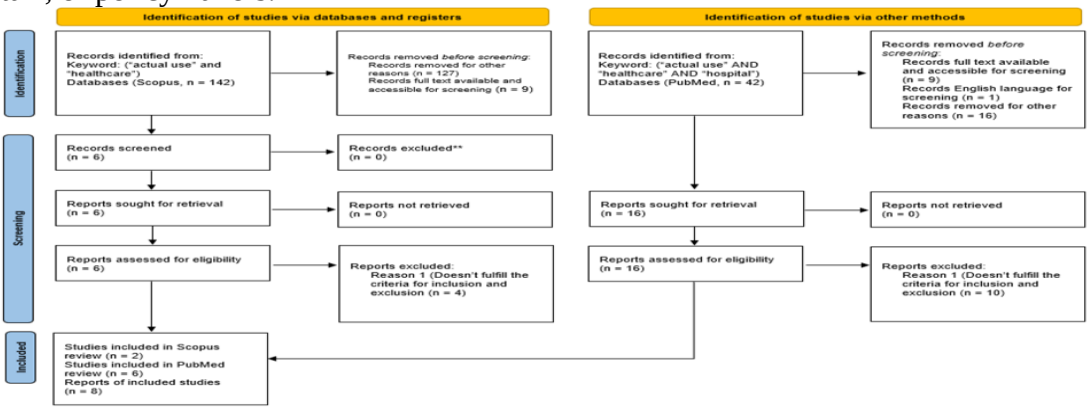

Figure 1. PRISMA flow diagram

Characteristics of included studies

Table 1. Data extraction for included studies

No	Author	Article Title	Study Context	Focus	Method	Key Findings
1	(Ekaimi et al., 2024)	Teleconsultation Adoption Using TAM	Hospital teleconsultation	Actual use of Electronic Medical Record based systems	Quantitative model of TAM	The use of telehealth-based Electronic Medical Record systems is influenced by perceived ease of use and usefulness.
2	(Aborujiah et al., 2021)	Post-Acceptance Model for Online Teleconsultation Services	Malaysia digital clinic services	Actual use of the teleconsultation system	Empirical survey, post-acceptance model	User satisfaction and system quality influence the continued use of the telehealth Electronic Medical Record system.
3	(Barsom et al., 2021)	Emergency Upscaling of Video Consultation During COVID-19	Hospitals during the pandemic	Implementation of actual use of EHR in video consultations	Observational study	The use of EHR in video consultations effectively supports remote services during the pandemic.
4	(Förstel et al., 2024)	Data Quality in Hospital Information Systems	Regional hospitals in Europe	Utilization of Electronic Medical Record systems in the context of data quality	Quantitative survey and secondary data analysis	The quality of HIS data and Electronic Medical Record systems affects the effectiveness of services and decision-making.
5	(C. I. Lee et al., 2021)	Access to Digital Breast Tomosynthesis Screening	Digital hospital screening	Access and use of the Electronic Medical Record based screening system	Retrospective cohort	Disparities in digital access impact the utilization rate of Electronic Medical Record systems for cancer screening.
6	(Saifullah et al., 2024)	Telehealth Service Quality in Pakistan	Telehealth in Pakistan	Actual use of digital systems by patients and medical personnel	Quantitative models of TAM and SQ	Service quality and trust influence the intensity of use of the telehealth Electronic Medical Record system
7	(Senthilrajah & Ahangama, 2025)	Acceptance of HIS in Sri Lankan Public Hospitals	Sri Lankan public hospitals	Actual use and acceptance of HIS/Electronic Medical Record systems	TAM and UTAUT integrative model	Factors of trust, efficiency, and organizational culture influence the use of Electronic Medical Record Systems
8	(Byrd IV et al., 2021)	Use of Mobile Healthcare Communication Tools	Hospital health workers	Actual use of digital communication tools	Survey-based SEM	Ease of use and perceived usefulness influence intention and actual use of medical digital tools.

Quality appraisal of included studies

Table 2. Mixed Methods Appraisal Tool summary

No	Author	Study Design	Q1 Screening: Is it an empirical study?	Q2 Screening: Has data been collected?	Criteria 1: Was the sampling strategy relevant to addressing the research question?	Criteria 2: Are the measurements appropriate (valid and reliable?	Criteria 3: Was the data analysis conducted with sufficient rigor?	Criteria 4: Are ethical issues taken into consideration?	Criteria 5: Is there a clear statement of findings?	Total Score	Quality Category
1	(Ekaimi et al., 2024)	Quantitative descriptive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5	High

2	(Aborujiah et al., 2021)	Quantitative descriptive	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	4	Moderate
3	(Barsom et al., 2021)	Quantitative descriptive	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	4	Moderate
4	(Förstel et al., 2024)	Quantitative descriptive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5	High
5	(C. I. Lee et al., 2021)	Quantitative non-randomized	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5	High
6	(Saifullah et al., 2024)	Quantitative descriptive	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	4	Moderate
7	(Senthilraja h & Ahangama, 2025)	Mixed Methods	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	4	Moderate
8	(Byrd IV et al., 2021)	Quantitative descriptive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5	High

Publication year distribution and country of case studies

This evaluation indicates that only studies that align their themes, contexts, and approaches to the actual use of Electronic Medical Record systems can serve as the basis for this SLR thematic synthesis. Figure 2 shows a diagram of the countries used as case studies in the journals, and Figure 3 shows a diagram of the years of publication in the journals.

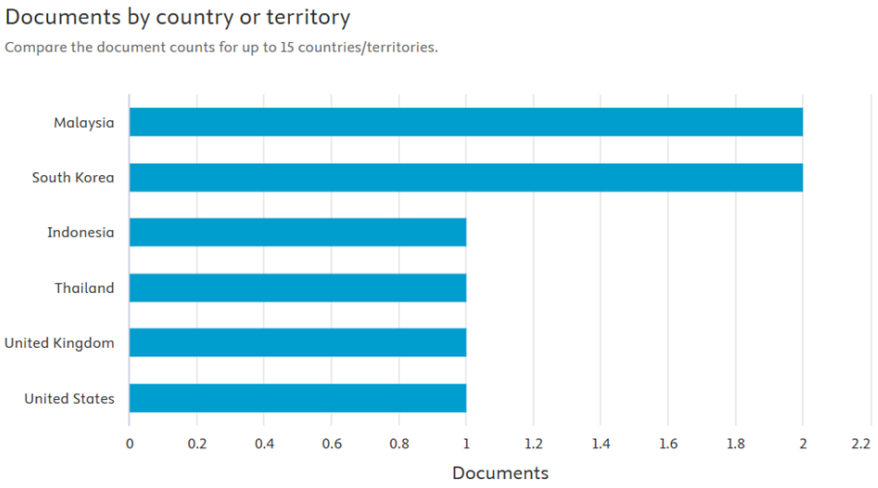

Figure 2. Case Study Countries

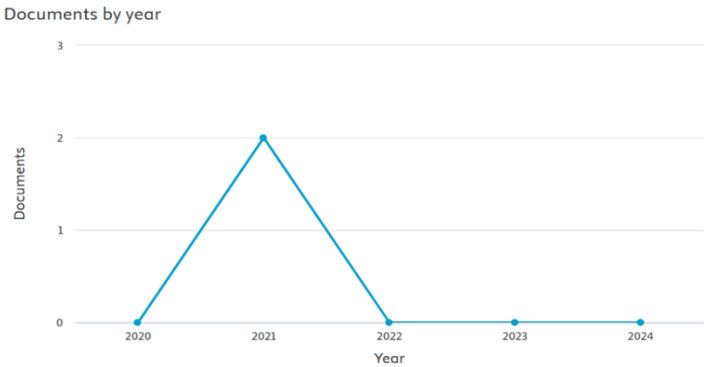

Figure 3. Publication year distribution of included studies

DISCUSSION

The results of a review of eight articles indicate that the actual use of electronic medical record systems is the result of a multifactorial interaction, encompassing technical, individual, organizational, and social aspects. The study by Barsom et al., (2021) highlighted that the integration of online consultation services with Electronic Medical Record systems is a crucial factor in increasing actual use, especially

during the pandemic. They emphasized the importance of system interoperability, user technological readiness, and the need for guidelines that consider digital literacy, security, and ethics.

Furthermore, Förstel et al., (2024) showed that data quality is a major barrier to the effective use of Electronic Medical Record systems. In a long-term study in German hospitals, it was found that a quarter of the recorded data was unusable due to input errors and suboptimal database structures. This emphasizes the importance of data governance and user training in ensuring the reliability of Electronic Medical Record systems.

From a social perspective, C. I. Lee et al., (2021) found that disparities in access to technology, whether due to racial, educational, or economic factors, impact the adoption rate and actual use of digital health systems. These implications are relevant in many developing countries, including Indonesia, which still faces challenges in creating an inclusive digital ecosystem for all levels of society.

Meanwhile, a study by Saifullah et al., (2024) confirmed that factors such as service quality, affordability, and waiting time significantly influence the intention and actual use of telehealth connected to the Electronic Medical Record system. This expands the understanding that perceptions of service efficiency and convenience are important drivers in the continued use of the system.

Several studies also use technology acceptance models such as TAM and UTAUT to examine user behavior. Senthilrajah & Ahangama, (2025) showed that perceived usefulness, perceived ease of use, attitude, and organizational support (facilitating conditions) have a significant relationship to actual use. This finding is reinforced by Byrd IV et al., (2021), who introduced the concept of perceived critical mass, namely the belief that many colleagues also use technology as an effective social influence in strengthening usage intentions and behavior.

System trust and security are dominant factors in the context of emergency adoption. Ekaimi et al., (2024) study highlighted that trust and privacy are more important than perceived usefulness in driving actual use of teleconsultation services, which are often integrated with Electronic Medical Record systems. This suggests that in crisis situations, emotional factors and perceptions of safety are key determinants of health technology adoption.

Finally, Aborujiah et al., (2021) study in Malaysia emphasized the importance of satisfaction and fulfillment of initial expectations towards the system as key to maintaining continued use. They noted that while factors such as technology readiness and supporting facilities were important, psychological factors such as confirmation and satisfaction had a greater influence on actual use.

Overall, this discussion demonstrates that the adoption and actual use of Electronic Medical Records systems cannot be driven solely by technological factors. User readiness, service quality, trust in the system, and organizational and social support play equally important roles. Therefore, a successful Electronic Medical Records system implementation strategy requires a multidimensional approach that is responsive to the user context and the institutional environment in which the system is implemented.

The main factors that influence the actual use of the Electronic Medical Record system (RQ1)

Based on a literature synthesis of eight studies, it can be concluded that the actual use of Electronic Medical Record systems in hospitals is influenced by four main groups of factors: technical, individual, organizational, and social. Technically, system interoperability and data quality are key. Integration of Electronic Medical Record systems with services such as online consultations (Barsom et al., 2021) and data reliability (Förstel et al., 2024) has been shown to be important for increasing actual use. From an individual perspective, perceived usefulness, ease of use, trust, and user satisfaction influence usage intentions and behavior (Aborujiah et al., 2021) and (Saifullah et al., 2024). At the organizational level, a supportive work environment and the perception that colleagues also use the system (perceived critical mass) encourage wider adoption (Senthilrajah & Ahangama, 2025). Meanwhile, social factors such as digital literacy, access gaps, and perceived service efficiency also influence actual use, particularly in developing countries (C. I. Lee et al., 2021) and (Byrd IV et al., 2021). Thus, the successful use of Electronic Medical Record systems in practice requires an approach that encompasses technological readiness, user readiness, organizational readiness, and the social context as a whole.

The role of psychological factors, system design quality, and organizational support (RQ2)

The results of the synthesis of eight articles show that the realization of the use of the Electronic Medical Record system in hospitals is greatly influenced by three main components: user psychological factors, the quality of system design, and the level of organizational support.

First, psychological factors play a significant role in driving intention and continued use. A study by (Ekaimi et al., 2024) showed that trust and perceptions of privacy were key determinants of Electronic Medical Record system use, particularly in crisis situations. This finding is supported by (Aborujiah et al., 2021), who stated that confirmation and user satisfaction were more influential on actual use than mere technological readiness.

Second, the quality of system design also determines the comfort and efficiency of its use. Barsom et al., (2021) emphasized the importance of system interoperability, especially integration between Electronic Medical Records systems and online consultation services, in increasing adoption. In contrast, Förstel et al., (2024) highlighted that suboptimal database design and poor data quality are major obstacles to effective system use.

Third, organizational support greatly influences implementation success. Senthilrajah & Ahangama, (2025) stated that supporting conditions such as training, institutional policies, and technical infrastructure are highly correlated with actual use. Byrd IV et al., (2021) added that perceived critical mass, namely the belief that peers are also using the system, strengthens the intention of new users to adopt the technology.

CONCLUSION

This study aims to identify and synthesize factors influencing the actual use of Electronic Medical Record systems in hospitals using a Systematic Literature Review (SLR) approach following PRISMA guidelines. Of the 184 initial articles identified in the Scopus and PubMed databases, eight

articles were selected based on strict inclusion criteria, encompassing peer-reviewed publications published between 2020 and 2025, focusing on the actual use of Electronic Medical Record systems and the hospital and healthcare context. The study results indicate that the actual use of Electronic Medical Record systems is influenced by the interaction of various factors, which can generally be grouped into technical, psychological, organizational, and social dimensions. Technically, system interoperability and data quality are essential requirements for promoting effective and efficient use. Psychologically, trust in the system, user satisfaction, and perceptions of privacy have been shown to encourage intention and continued use of Electronic Medical Record systems, particularly in crisis contexts such as the pandemic. At the organizational level, structural support such as training, policies, and social support from the work environment play a significant role in strengthening adoption, as explained through the concepts of facilitating conditions and perceived critical mass. Meanwhile, social factors such as digital literacy, access gaps, and perceptions of service efficiency also play a role in determining successful implementation, particularly in developing countries. Answering the first research question (RQ1), the results of this systematic review confirm that four main groups of factors—technical, individual, organizational, and social—have complementary influences on the actual use of Electronic Medical Record systems in hospitals. Meanwhile, to answer the second research question (RQ2), the findings indicate that user psychological factors (such as trust and satisfaction), the quality of system design (especially interoperability and data reliability), and the level of organizational support (such as training and internal policies) synergistically form the basis for the successful use of Electronic Medical Record systems in practice.

Thus, the successful use of an Electronic Medical Record system depends not only on the technology but also on user readiness and the organizational environment. For future research, it is recommended to empirically test this integrative model in various hospital contexts, as well as expand the analysis of the influence of local culture and policies on the sustainable adoption of an Electronic Medical Record system.

SUGGESTION

First, the number of studies meeting the criteria in this SLR is still limited, so generalization of the findings should be done with caution. Further research should expand the scope of contexts (e.g., across hospital types and countries) to allow for more robust comparisons of the determinants of actual use.

Second, the findings indicate that technical aspects (e.g., interoperability and data quality) and psychosocial and organizational aspects are often discussed separately. Future research is recommended to test a more integrative model, such as how interoperability and data quality influence trust, perceived ease/benefit, and organizational support, which ultimately drive actual use.

Third, the issue of disparities in access and psychosocial barriers highlights the need for a more equity-sensitive research agenda. Future studies could explore differences in actual use drivers and barriers based on user characteristics and work environments, including security, privacy, and trust in digital health services.

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