



Examining The Procedure of Food Processing for Hospital Patients

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ABSTRACT

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Hospital is as a complex, dynamic, competitive, capital intensive, labor intensive, and multi-disciplinary service organization. Various existing hospitals tried to gain the trust from the community by promoting efficient and quality services. Hospital food is often considered negative such as cold, tasteless, poor serving and poor service. Improving the quality of hospital food service is challenging, requiring the flow of processes to be understood from start to finish. This study aimed to develop a conceptual model in holistic manner along with deeper understanding management of patient meals at Bali Mandara Regional Hospital. The research method used is qualitative research method, data analysis in this study were using observations, interviews, and documentation which obtained from research as means of data reduction, data presentation, and conclusion drawing. Furthermore, to verify the data using Triangulation. The communication in management of food has been running well and effectively, human resources in the management of food are adequate, but the resources such as equipment and technology still needed to improve, the attitude of management serving food is good and the structure of managing food bureaucracy has known their respective duties and responsibilities. Based on results of the study, it showed that food administration and vital is an important part of the hospital operation.

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1. Introduction

Hospital is a health service institution that provides complete individual health services that provide inpatient, outpatient and emergency services (Permenkes RI, No. 34 2017). In its implementation, every hospital always strives to provide the best health service to patients. To achieve this, the hospital is obliged to improve the quality of service according to the expectations of health service users (Sanggemele, C., et al, 2018). The community service industry is also inseparable from competition between actors, namely hospitals. Various existing hospitals seek to gain public trust by offering efficient and quality services. Regional public hospitals are one part of the existing service industry, unfortunately the image of regional hospitals in the eyes of the community is less good compared to private hospital health services (Supartiningsih, S, 2017). To realize a good hospital image in the eyes of the public, of course, the government is obliged to analyse the elements of management it has implemented and change the paradigm of government hospitals whose image is less impressive in society. The future health care system depends on how professionals can work together and how to work together.

One of the hospitals in Bali Province that prioritizes the quality of service is the Bali Mandara Regional General Hospital. The Bali Mandara Regional General Hospital is the UPT of the Bali Provincial Health Service which is regulated by the Governor of Bali Decree No: 440/8592 / IV-A / DISPMPPT / 2017 dated 27 September 2017 regarding the operational permit for the Type B Hospital of Bali Mandara Hospital, Bali Province. One of the services in the hospital which is the benchmark for the quality of service is the administration of inpatient meals. The Nutrition Unit of Bali Mandara Hospital, Bali Province, which is a place for nutrition service activities in the hospital and is an important part of providing services to accelerate the healing process for patients. Nutrition Service Activities are food administration, nutrition care and counselling, nutrition research and development. Organizing food in hospitals is carried out with the aim of providing food of good quality, quantity according to needs and good, proper service so that it is adequate for clients or consumers who need it (Permenkes RI, 2013).

(Jonsson, AS, Nyberg, et al., 2020) stated "Increasing population worldwide means that health services are faced with many new challenges regarding the provision of food in hospitals, one of these challenges will be an increasing burden on the health sector". Hospital food and beverage provision is a popular research topic since the early 1980s, the National Health Service (NHS) has improved and developed a nutritious menu suitable for hospital patients, however hospital food is often perceived as negative as cold, tasteless, presentation, poor and poor service (Ahmed, M et al., 2016). Currently, the concept of food safety is in an increasing trend, food safety is a major concern of the food industry, however health institutions such as hospitals pay less attention to it (Adikari, et al, 2016). Improving the quality of hospital food services is very challenging, requiring a process flow to be understood from start to finish. Currently, there is increasing competition in the healthcare industry, patients have better knowledge to help them understand the quality of foodservice (Kim et al, 2010), (Ahmed, M et al., 2016). In this study, it focuses on communication, human resources, executive attitudes, bureaucracy in the hospital patient food management system and aims to develop a holistic conceptual model as well as to understand more deeply about the administration of patient food at Bali Mandara Hospital.

2. Literature Review

2.1 Hospital Services

Hospital as one of the organizational forms of service services are complex, dynamic, competitive, solid capital, solid



work, and multi-disciplinary. Hospital also has the mission of giving ministry of health to the society that quality and affordable. In the face of change, Hospital must remain consistent run mission as an institution of service social in the field of health, can thrive, independent, and have the power of competitiveness that is high (Astuti, S, 2018). In practice every hospital constantly working to provide services of health are best for the patient. To achieve things proficiency level, hospital shall improve the quality of service in accordance with the expectations of users of services of services of health. System service health future ahead depends on how power professionals can collaborate and how bekerjasama. Model work multidisciplinary no can longer support the needs of the patient will be servicing health are increasingly complex, because it does not exist profession health have all the knowledge that is needed by the patient as a whole. Practice interdisciplinary or collaborative interprofessional is a cooperative partnership in a team of health that involves the profession of health and patient, through coordination and collaboration for making decisions together about the problems of health (Susilaningsih, FS 2017).

The concept of service quality includes the infrastructure, the quality of personnel, the access, the ministry of health, because the era when this ministry of health that quality is the ministry of health which refers to the preferences, needs and expectations of patients in order to realize the customer value and customer satisfaction. Not only that, the quality of service that is good not only measured by the luxury facilities, completion of technology and appearance physical would but the attitude and behavior of professionals and commitment are high by employees hospital (Hasan, S., & Son, AHPK, 2018). Quality of service is provide service that is perfect for achieving the desire or expectation of customers. Quality of service consists of five dimensions, namely: reliability, power responsiveness, assurance, ease of access, and the appearance of the physical. With other words, the factors main which affect the quality of service is the perception of the public of the services of the (Hadiwijaya, H, 2018).

2.2 Standard of Hospital Food Administration

According Implementation of the food hospital is a series of activities ranging from planning the menu, the planning needs material food, planning the budget expenditure, procurement of material food, reception and storage, cooking ingredients food, distribution and recording, reporting and evaluation. It is intended to provide food that is qualified according the needs of nutrition, cost, safe, and can be accepted by the consumer in order to achieve the status of nutrition is optimal. The target of food delivery in the hospital is the patient. In accordance with the conditions Hospital can also do the organization for visitors (patients hospitalized street or families of patients). Implementation of the food hospital is divided into three systems, namely, a system of self-managed, the Out-sourcingsystem to Hospitality (Out-sourcing), and combinationssystem (Minister of Health, Republic of Indonesia, 2013).

Helmy, N., & Zaki, M. (2018) states "Food at hospital is an ingredient for the treatment of medical, then it must be made in the standard hygienic, in addition to the neighborhood hospital and attitude of the staff are friendly are elements very important which should be considered in services at hospital approach is competitive". It is important for providers of services food hospital is to make sure the quality of the food that was served well and can satisfy the patient. The attitude of the staff in the operational service of food refers to the hygiene personal, hospitality and be courteous as an indicator for to measure the quality of service of food (Osman, NS, and Nor, N. M, 2019). National Health Services (2015) stated that the quality of the food that is provided at hospital is important for the patient then the implementation of the food hospital should accommodate the needs of nutrition for patients to speed up the process of healing (Busra, NN, Dolah, SN, Haslina, A., Ngah, C., & Samsudin, A.). M Enhancing the appearance of the food served is one of the methods to promote increased food intake (Navarro, DA, Shapiro, Y., Birk, R., & Boaz, M. 2019).

2.3 Communication in Hospital Services

Communication is a complex process that involves behavior and allows individuals to relate to other people and the world around them. The communication function of the implementation of government policies includes three aspects, namely transmission, clarity, and consistency. This is in accordance with the opinion of Edward III in which the dimension of communication include the transformation of transmission, clarity, and consistency (Subekti, M., Faozanudin, M., & Rokhman, A. 2017). In the transmission dimension, it requires that public policies be conveyed not only to policy implementers but also to policy target groups and other interested parties, either directly or indirectly. The clarity dimension requires that the policies be conveyed to implementers, target groups and other interested parties clearly so that they know what is the intent, purpose, objectives, and substance of the public policy so that each will know what to prepare and implemented to succeed the policy effectively and efficiently. Whereas in the consistency dimension it is necessary so that the policies taken are not confusing so that it confuses policy implementers, target groups and interested parties (Subekti, M, et al., 2017).

2.4 Resource in Hospital Services

In The implementation of a policy tends to be ineffective, even though implementation orders are transmitted (transmitted) carefully, clearly and consistently, if it lacks the resources needed by the executor to carry out the policy. The focal point of the course of policy implementation lies in resources. Even though the content of the policy has been communicated clearly and consistently, if the implementers lack the resources to implement it, implementation will not be effective. The existence of human resource management is very important for organizations in managing, organizing, managing, and using available human resources so that they can function effectively and efficiently. Human resources are a major asset for companies and organizations because they are a major factor in managing the goals of a company (Astuti, S, 2018). A hospital with sufficient human resources will certainly be able to provide maximum service. Support provided by human resources is vital in hospital services. This is clear evidence that human resources, budget and facilities and infrastructure can affect the effectiveness of policy implementation. In this health service, hospitals are required to always provide good quality services, thus maintaining the quality of services must be prioritized by paying attention to the support they have, such as professional human resources (Salamah, U., & Rustiana, E. 2017).

2.5 Attitude Implementers in Hospital Services

The disposition or attitude of the implementer will cause real obstacles to policy implementation if the existing personnel do not implement the desired policy. Therefore, implementing policies must be people who are dedicated to the policies that have been set. Attitude is one of the psychological aspects of an individual which is very important so that attitude can color a lot of a person's behavior. The attitudes of each person vary, both in quality and type so that individual



behavior varies (Purba, E, S &Khairunnisa, C. 2018). Disposition is the character and characteristics possessed by the implementer, such as commitment, honesty, democratic character. Providing rewards for employees who have high dedication to the hospital, have high discipline, and adherence to applicable rules can be applied to improve the attitude of executors in an organization (Astuti, S, 2018). If the implementer has a good disposition, then the policy will run well as desired by the policy maker. When the implementer has a different attitude or perspective from the policy maker, the policy implementation process will also be ineffective. If the policy implementer has a good disposition, it is strongly suspected that he will carry out the policy well, on the other hand, if the policy implementer has a different attitude or point of view with the intent and direction of the policy, it is possible that the policy implementation process will not be effective and efficient. The disposition or attitude of the implementers will cause support or obstacles to policy implementation depending on the suitability of the competence and attitude of the implementers (Ramdhani, A, L &Ramdhani, A, 2017).

2.6 Bureaucracy in Hospital Services

The bureaucratic structure is one of the factors that influence the effectiveness of implementation. When the bureaucratic structure is not conducive to the implementation of a policy, this will cause ineffectiveness and hinder the implementation of the policy. The bureaucratic structure is a fundamental factor for assessing policy implementation. The bureaucratic structure relates to the suitability of the bureaucratic organization that organizes the implementation of public policies. In a policy process and / or tiered coordination is important, in implementing policies it is necessary to divide the responsibilities of activities to each party and also the availability of SOPs (Standard Operating Procedures) (Sofyandi, A., Suryawati, C., &Warsono, H. 2019). Constraints in the aspect of bureaucratic structure are related to standard operating procedures. SOPs serve as guidelines for every implementer in action. Complicated and complex bureaucratic procedures which in turn lead to inflexible organizational activities. SOPs can hinder the implementation of new policies that require new methods and personalities. Even so, organizations that have flexible planning procedures and have sufficient authority in implementing programs will find it easier to adapt themselves to their responsibilities (Subekti, M., Faozanudin, M., &Rokhman, A. 2017).

3. Research Methodology

This research was conducted at RSUD Bali Madara, Bali Province. Bali Mandara Hospital is located at Jl. By Pass Ngurah Rai No.548, Sanur Kauh, South Denpasar, Denpasar City, Bali. Researches examineThe administration of this patient's food is a descriptive study with a qualitative approach. In qualitative research the instrument is a person or human instrument, namely the researcher himself (Sugiyono, 2016). In this study, data collection techniques were carried out by means of observation, in-depth interviews and documentation. The research informants consisted of elements involved in the food delivery mechanism at the Bali Mandara Regional Hospital. Sources of informants in this study were taken by purposive sampling consisting of 9 medical personnel and 4 inpatients. Data analysis carried out included data reduction, data presentation, drawing conclusions and verification. The techniques used to check the validity of the data in this study were source triangulation and technique triangulation. 1 below.

Table 1.
Research informants

Types of informants	Number of people
Head of the Nutrition Section	1
Head of Nutrition Installation	1
Head of the Inpatient Room	1
Nutrition Services Coordinator	1
Inpatient Nutritionist	1
Cook	2
Waitress	2
Inpatients	4
Total	13

4. Research Results and Discussions

Based on the results of research examining the management of patient food that has been carried out at the Bali Mandara Regional Hospital, the food management budget is planned for one year. Previously, the budget source came from the Bali Provincial APBD, but since 2019 it has been sourced from the BLUD (Regional Unit Service Agency) so that the budget is managed by the hospital. Budget planning is carried out by the Nutrition Installation, then submitted to the section head, the proposal is continued to the RSBM planning section, then the proposal is verified at Bappeda and approved by the new Governor to be implemented. In Bali Mandara Hospital, it uses a menu cycle of 10 days plus 1 for the 31st and every year there is a revision, for differences in the menu offered in inpatient rooms for classes I, II, III, there is no choice menu if VIP, VVIP, Suite have a menu of choices. For organizing system meals using self-management system. The nutritional unit is the unit most responsible from administration to distribution to patients. Implementation of the food is important and vital part in the operations of the hospital, as part of the patient to speed healing and leads to patient satisfaction services in order that quality of hospital services, the better, as it also need a fairly large fund for patient food. The taste, appearance and color of food are very important because they involve the quality of the food served to the patient. Hospital feeding is a care concern that requires it to be in the hands of professionals to ensure the best possible care for the sick, which is why it is highly recommended to hire a professional to administer this service (Imtiaz, A., Choudhury, MUA, Ferdous, Z., Sultana, H., Rahman, MM, & Rashid, MHO 2020).

The hospital policy that is used for patient food services is the hospital nutrition service guideline and it also refers to the Permenkes. There are standards that must be obeyed, the task force has worked according to these standards because they cannot play games with patient therapy, namely patient food. All executives in food administration already know and understand their respective main duties and functions, collaboration between disciplines is very important to accelerate



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patient recovery. Therefore the implementation of policies and orders can be carried out if the communication is carried out accurately, either verbally or non-verbally and is carefully understood by the implementers. The right and creative direction will be able to improve the quality of service. In the study Alfarizi, M., & Nuryana, A. (2019) that in the medical world, there are three elements which are united in the profession of the medical team Doctors, Nurses and Nutritionists. The quality of hospital services will be determined by the Medical Team. The medical team is not only strived to have reliable expertise in treating patients, including interpersonal communication with patients or interprofessional collaboration communication with the team.

Associated with the resource in the organization of food in hospitals Bali Mandara already made efforts to improve the quality of human resources by training since every year, but the training is felt still lacking and needs to be undertaken on a regular basis so as to produce the human resources quality in hospital services. Nutrition services infrastructure is complete, will be but there is some equipment that needs to be added again as building nutrition installation needs to be expanded again mainly warehouse kitchen equipment and a rest area for staff. Information technology systems also need to be improved so that work can be more effective and efficient. Technology information causes a change in the organization, the organization of health services cannot be protected against this change which leads to the service becomes more efficient (Yusif, S., Hafeez-Baig, A., & Soar, J. 2019).

The presence of taste, appearance, and color determines the success of nutrition services in providing patient satisfaction with the right and quality diet. The provision of patient dietary has certainly been reviewed by inpatient nutritionists according to the health problems experienced, then the nutritionist who is in charge of the nutrition installation determines the suitable food for the patient. In the research of Utami, L., Hapsari, S., & Widyandana, W. (2017) that between attitude and behavior is consistent, the better the attitude, the better the behavior will be followed. The values that are lived by institutions and manifested in services are very important. From the observations it was also seen that the inpatient waitresses and nutritionists and the waitresses had worked according to procedures and greeted patients when giving their diets, their attitude was very friendly in implementing nutritional care. The attitude of the executor is important and can indirectly benefit the hospital. Patients feel satisfied with the taste, variety of food and food color which means quality service. From the observations and interview also show that patients are satisfied with the services provided by the waitress and nutritionist's hospitalization. Enhancing the appearance of the food served is one of the methods to promote increased food intake (Navarro, DA, Shapiro, Y., Birk, R., & Boaz, M. 2019).

Regarding bureaucracy, all nutrition service implementers already know their respective main duties and functions. The duty accountability mechanism is already running well through regular oral and written reports and evaluations are carried out regularly once a month. Quality service is a demand both internal and external to the organization. The role of the policy owner, in this case the leadership, is very much needed to be able to determine a decision and policy in relation to progress and existence, especially to external parties. If service users feel comfortable, safe, and accountable, it will have a direct impact on the performance of the service provider. Communications, Resources, attitudes and bureaucratic structures. The fourth factor is to be carried out simultaneously as the one with the other has a very close relationship (Nugroho, R, 2018). There are several obstacles in the administration of inpatient meals at the Bali Mandara Regional Hospital. There is Information systems need to be improved, especially in technology, patients are often hospitalized difficult to adjust from cooked food at home so often the patient to buy food from outside the hospital, often surge of electricity, especially in the food processing and cause the work undisturbed and less effective, covid-19 pandemic also affect the operation of the food there is a new provision for special covid-19 pandemic, add to feeding employees. Because before Covid-19 pandemic, employees could only consume night services, since Covid-19 pandemic employees were not allowed to go out so they were served, given breakfast, lunch and dinner and also given milk for stamina. This matter make the cost increases, from the aspect of planning and employment increases will however still be overcome

5. Conclusion

Management of food was part important in operational hospital, because the object that is served is patient and referring to the satisfaction of the patient to the service. In organizing patient food at the Bali Mandara Regional Hospital using the guidelines of the Republic of Indonesia Minister of Health, No. 78 of 2013 concerning Guidelines for Hospital Nutrition Services. Communication, Attitude executive and bureaucracy in the implementation of food a patient in at hospitals Bali Mandara is already running with effective will but on the source of power, especially the technology needs to be improved further and the means of infrastructure needs to be expanded and added more. A lot of things that have not been identified in a study of this, to research further in order to be able to identify in the room inpatient hospitalization VIP, VVIP and Suite hospitals Bali Mandara which is associated with the management organization of food patient as part of the development of science knowledge.

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