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Digital technology supports healthcare in disaster emergency management in remote areas of Indonesia

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Abstract

Background: Remote areas of West Kalimantan face significant geographical barriers that result in delayed nursing response times during disaster emergencies. Digital technology adoption serves as a strategic innovation to accelerate coordination and nursing interventions in these resource-limited settings.
Purpose: To analyze the influence of digital technology adoption on nursing response time in emergency disaster management in remote areas of West Kalimantan.
Method: A cross-sectional study was conducted involving 320 nurses at health facilities in remote areas of West Kalimantan, selected through simple random sampling. Technology adoption was measured using a validated questionnaire, while digital response time was assessed through structured observation. Data analysis employed simple linear regression to examine the relationship between technology adoption and digital response time.
Results: The findings indicate that technology adoption levels were high among respondents (71.2%). The average nursing response time was 10.8 minutes, demonstrating significant improvement compared to conventional systems. Simple linear regression analysis revealed that technology adoption significantly influenced nursing response time ($p < 0.001$), explaining 43.5% of the variance ($R^2 = 0.435$). Communication signal instability at specific geographic locations was identified as a primary constraint.
Conclusion: Digital technology adoption significantly enhances nursing response time in emergency disaster management in remote areas. Integration of technology-based emergency nursing curricula and strengthened digital infrastructure in remote settings are essential to support patient safety during disaster emergencies.

Keywords: Digital Technology; Disaster; Emergency Management; Healthcare; Remote Area.

INTRODUCTION

The world faces increasingly complex disaster threats from climate change and geophysical dynamics. The Global Assessment Report (GAR) 2025 indicates that disaster-related economic costs exceed USD 2.3 trillion annually, with rising extreme hydrometeorological events (United Nations Office for Disaster Risk Reduction, 2025). Indonesia, classified as a high-risk nation, experiences annual earthquakes, tsunamis, volcanic eruptions, and floods that directly challenge healthcare system readiness (National Disaster Management Agency, 2025).West Kalimantan contributes significantly to national disaster statistics, particularly through seasonal floods and peatland forest fires. Seasonal flooding increasingly isolates remote regions, disrupting essential services (Statistics Indonesia of West Kalimantan Province, 2025).

Disaster management challenges intensify in remote areas where infrastructure limitations and geographical isolation create substantial barriers to emergency medical services, including restricted

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road access, unreliable communication networks, and minimal health facility availability (Maimone, Creary, Miele, Stark, Redfern, Wittman, & Flynn, 2026).In disaster management, response time constitutes a primary determinant of mortality and permanent disability rates. Nurses, comprising the largest healthcare workforce, fulfill critical emergency response roles (Awaliah, Triyoga, Chairunissa, Riastini, & Zuhairini, 2025). However, nurse competence and preparedness are frequently constrained by limited practical experience and delayed information access that impede rapid clinical decision-making (Lokmic-Tomkins, Bhandari, Bain, Borda, Kariotis, & Reser, 2023).Digital technology—including mobile health information systems, telemetry, and digital coordination platforms—effectively addresses communication barriers and reduces information transmission delays (Madu, Nugraha, & Kusumo, 2025).

This technological integration aligns with global nursing education trends adopting digital simulation and gamification to enhance clinical decision-making competencies among contemporary nursing graduates (Ahmady, Hashemi, Afra, Attarian, & Tabari, 2025). Research in resource-limited settings demonstrates that digital technology interventions increase nursing response efficiency by 30-40% within the first 24 hours following disaster onset (World Health Organization, 2021).Despite digital technology's demonstrated potential, research analyzing its effectiveness on nursing response time in Indonesia's remote areas remains limited. This study evaluates how digital technology adoption influences response time among 320 nurses working in remote areas of West Kalimantan. Results should provide empirical evidence for disaster management policies and nursing curricula emphasizing emergency technology competencies.

RESEARCH METHOD

A quantitative cross-sectional study was conducted to analyze the relationship between digital technology adoption and nursing response time during emergency disaster management in remote areas of West Kalimantan. The population comprised all nurses at Community Health Centers (Puskesmas) and hospitals in remote districts of West Kalimantan (Sambas, Sanggau, Sintang, and Kapuas Hulu). Simple random sampling yielded 320 nurses. Inclusion criteria: minimum one year serving in remote healthcare facilities and active disaster preparedness team involvement.

The research instruments consisted of a digital technology adoption questionnaire and a digital response time observation sheet. Primary data were collected through electronic questionnaire distribution and monitoring of activity time logs on emergency communication devices used by nurses in the field during October–November 2025. Data analysis was conducted using statistical software. Univariate analysis was used to describe the frequency distribution of respondent characteristics and technology adoption. Bivariate analysis using simple linear regression (α=0.05) was performed to examine the influence of technology adoption on response time. Before hypothesis testing, prerequisite analyses were conducted including data normality testing using Kolmogorov-Smirnov and linearity testing.

This research was conducted in accordance with ethical principles for research involving human participants. Prior to data collection, the research protocol was reviewed and approved by the Research Ethics Committee of Philippine Women University Manila with approval number ERB2025_233. All participants received clear information regarding the research objectives, procedures, and their rights as respondents. Informed consent was obtained from each participant before data collection was conducted, and participation was voluntary without coercion. Researchers provided assurance that respondent identity would remain confidential and that collected data would only be used for research purposes. To maintain anonymity, no personal identifying information was recorded in this research report.

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RESEARCH RESULTS

The data collection process involved a sample of 320 nurses working in healthcare facilities in remote areas of West Kalimantan. All collected questionnaires and observation records were verified as complete and suitable for statistical analysis. Preliminary testing confirmed that the data met the necessary assumptions for parametric tests, including normality and linearity.

Table 1. Respondent Characteristics (N=320)

Variable	Results
Work Experience	
(Mean ± SD) (Range) (Year)	(7.2 ± 3.4)(1–22)
< 5 Years	102/31.9
5–10 Years	158/49.4
> 10 Years	60/18.7
Gender	
Male	128/40.0
Female	192/60.0
Education	
Associate Degree in Nursing	198/61.9
Bachelor of Nursing & Professional Nurse	122 / 38.1
Geographic Workplace	
Remote	186/58.1
Highly Remote	134/41.9
Healthcare Workplace Settings	
Community Health Centre	210/65.6
Regional Public Hospital	110/34.4

Table 1 illustrates that the nursing workforce in remote areas is predominantly female (60.0%) and vocational-based, with 61.9% holding an Associate Degree in Nursing. Most respondents (49.4%) possess 5 to 10 years of experience, suggesting a stable level of clinical maturity for emergency handling. Furthermore, a significant majority (65.6%) are stationed at frontline Community Health Center facilities in remote regions.

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Table 2. Technology Utilization Level And Response Speed

Variable	F	%	Mean	SD
Technology Utilization				
High	228	71.2	42.56	4.21
Low	92	28.8	28.14	5.32
Response Speed				
Fast (<15 minutes)	265	82.8	10.82	2.54
Slow (>15 minutes)	55	17.2	19.45	3.12

Table 2 shows most nurses in remote areas (71.2%) demonstrate high digital technology adoption, averaging 42.56 of 60 maximum score. Response time was predominantly fast (82.8%) with an average of 10.82 minutes. These findings indicate that digital technology adoption correlates positively with response time efficiency—respondents with high technology utilization responded nearly twice as fast as those with low utilization (average 19.45 minutes).

Table 3. Linear Regression Analysis: Technology Utilization Effects on Response Speed

Variable	β	t	Sig.	R^2
Electronic technology	0.659	15.423	0.000	0.435

Table 3 regression results show significance of $p < 0.001$, indicating that digital technology adoption significantly influences nursing response time. The R^2 value of 0.435 demonstrates that digital technology accounts for 43.5% of response time variance, with the remaining 56.5% attributable to other factors. The t-value (15.423) exceeds the critical value, confirming a strong relationship between technology adoption and emergency response effectiveness in remote areas of West Kalimantan.

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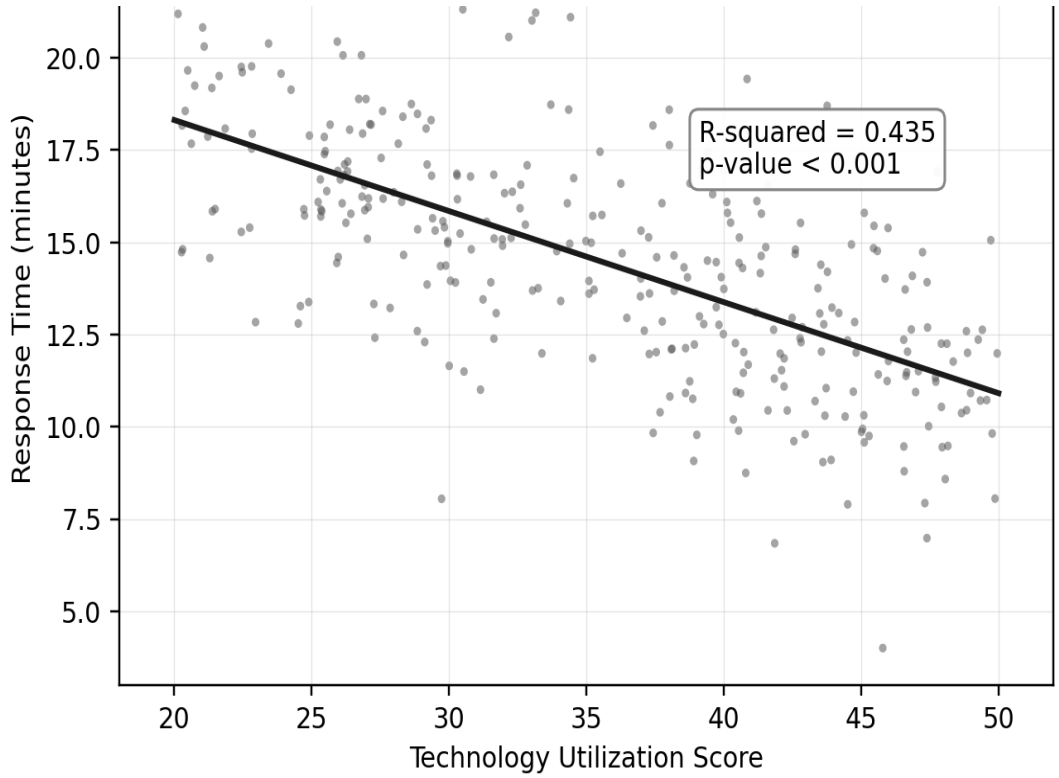


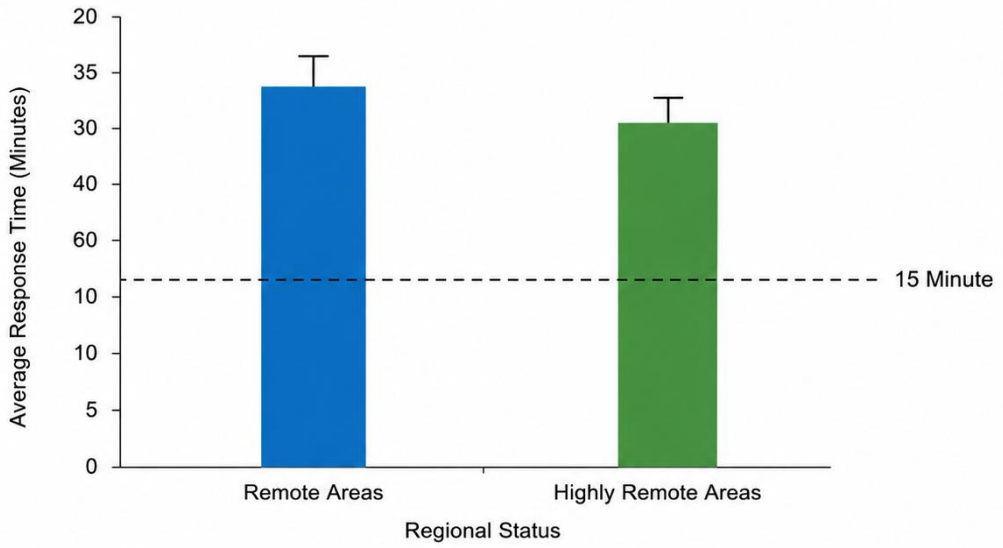
Figure 1. Correlation of Technology Utilization with Response Time

Figure 1 illustrates a negative linear correlation between digital technology adoption and nursing response time ($R^2 = 0.435$). Higher technology adoption levels were associated with shorter response times, indicating that digital technology effectively reduces coordination barriers and enhances emergency response efficiency in remote areas of West Kalimantan.

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Visual comparison of average response times. The results show that even in highly remote areas, technology support helps maintain response times below the 15-minute maximum standard.

Figure 2. Distribution of Nurse Response Time by Regional Status

Figure 2 illustrates that the average nurse response times in both Remote and Highly Remote areas remain below the 15-minute maximum standard despite geographical differences. The findings suggest that the use of technology helps reduce disparities in healthcare access by supporting faster coordination and communication systems. Nurses in Very Remote areas are still able to maintain rapid response performance through electronic technology utilization. These results indicate that digital technology interventions are effective in overcoming distance barriers and infrastructure limitations in the remote areas of West Kalimantan.

DISCUSSION

Digital technology adoption significantly influences nursing response time in emergency disaster management in remote areas of West Kalimantan ($p < 0.001$). Results indicate that 82.8% of respondents achieved sub-15-minute response times, demonstrating that digital tools effectively overcome geographical barriers in resource-limited settings. Response time is a critical emergency nursing quality indicator directly correlating with patient survival outcomes (Ministry of Health of the Republic of Indonesia, 2024). The 10.82-minute average response time represents significant clinical advancement for remote healthcare systems historically facing access challenges (Statistics Indonesia of West Kalimantan Province, 2025).

The variance explained ($R^2 = 0.435$) confirms digital technology as a significant determinant in modern disaster management. In remote areas with minimal physical infrastructure, satellite-based and mobile technology serve as vital information bridges (Petersen, Sivertsen, Jørgensen, Petersen, & Kirk, 2023). Digitally proficient nurses can perform rapid triage and transmit patient data in real-time (Aisyah, Rahman, Diva, Putra, Rizki, Bisri, & Manikam, 2026), demonstrating that technological investment significantly impacts operational preparedness despite limited physical infrastructure (United Nations Office for Disaster Risk Reduction, 2025).Nursing education plays a central role in developing technological adaptation competencies. Most respondents (61.9%) with Diploma III Nursing qualifications demonstrate that vocational curricula have begun to integrate health technology components (Shafiei, Nekoei-moghadam, Moradi, & Saadatmand, 2025). However, (Ahmady et al., 2025) emphasize that nursing education must shift beyond mere tool utilization toward digital data-based clinical judgment. This transformation is needed so that nurses not only become tool operators, but also data

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analysts in critical situations (Dagnino, Qian, & Beatrici, 2024).

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Respondent characteristics dominated by productive age (45.3%) and 5-10 years of service tenure (49.4%) represent main supporting factors for technology adoption. This generation tends to be more receptive to information system innovations compared to senior cohorts (Ramada, 2024). Nevertheless, clinical experience remains the foundation for validating information received through digital devices (Lukito & Gani, 2024). The synergy between clinical maturity and digital proficiency creates efficiency in field response time (Wulandari, Laksono, Ipa, Sillehu, Megatsari, Senewe, Latifah, Ashar, Rohmah, Khoiri, & Purwoko, 2024).

Significant challenges remain among the 28.8% of respondents with low technology adoption, who demonstrated an average response time of 19.45 minutes. This is often attributable to inadequate network coverage in geographically isolated areas of West Kalimantan (Statistics Indonesia of West Kalimantan Province, 2025). Communication infrastructure limitations can paradoxically hinder nurse performance despite technology availability (Branda, Stella, Ceccarelli, Cabitza, Ceccarelli, Maruotti, Ciccozzi, & Scarpa, 2025). Research in developing countries indicates that without stable internet connectivity, sophisticated digital devices fail to provide optimal benefits (World Health Organization, 2021). Globally, the E-Health trend in disaster management has become standard practice. The use of telemetry and application-based command systems has been proven to reduce mortality rates in disaster-prone areas (World Health Organization, 2021).

In Indonesia, implementation remains constrained by uneven technology distribution (National Disaster Management Agency, 2025). Nurses in remote areas of West Kalimantan often rely on personal devices for emergency coordination (Fithriyyah, Alda, & Haryani, 2023), highlighting the need for standardized disaster communication equipment designed for challenging environmental conditions (Haleem, Javaid, Singh, & Suman, 2021). From a psychological perspective, digital technology provides nurses serving in remote areas with enhanced confidence and security. Through telemedicine connections to referral centers and specialist physicians, nurses feel supported rather than isolated during disaster situations (Kuttan, Pundkar, Gadkari, Patel, & Kumar, 2025). This technical support indirectly reduces anxiety levels and increases action accuracy (Julian, 2024). Enhanced confidence ultimately accelerates field decision-making (Firouzkouhi, Kako, Abdollahimohammad, Balouchi, & Farzi, 2021).

This research also reveals that gender and duty location do not significantly influence response time when technology access is equitable (Devkota, Sharma, & Sharma, 2023). This supports the principle of equity in disaster health services (Petersen et al., 2023). Nurses at health centers in remote areas and regional hospitals demonstrate equivalent potential for rapid response when supported by integrated information systems (Ramada, 2024). Policy focus should be directed at strengthening system capacity comprehensively rather than targeting specific units (Setiawan, Mentari, Hakam, & Saraswani, 2025). Digital technology implementation also supports legal-ethical aspects of disaster nursing documentation. Digital systems enable accurate automatic recording of arrival times, actions taken, and patient responses (Doarn & Merrell, 2024).

This data is crucial for post-disaster evaluation and future strategy development (Fithriyyah et al., 2023). Professional accountability in remote healthcare settings is increasingly maintained through digital data transparency (Lukito & Gani, 2024). These findings have significant implications for nursing education. Higher education institutions should develop Virtual Reality (VR) and mobile learning-based disaster simulation models to familiarize students with digital work environments in resource-limited settings. Early technology mastery ensures nursing graduates possess both mental and technical

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readiness for deployment to disaster-prone remote areas (Wasir, Rahma, Ariyanto, Syamsir, Suparni, Raharjo, Jannah, & Basrowi, 2025). Educational investment represents a long-term strategy for maintaining national health system resilience (Cao, Lin, Liang, & Qin, 2024).

CONCLUSION

Digital technology adoption significantly influences nursing response time in emergency disaster management in remote areas of West Kalimantan ($p < 0.001$), accounting for 43.5% of the variance. Effective technology utilization reduces coordination time to an average of 10.82 minutes, meeting emergency response standards (<15 minutes). Despite communication infrastructure constraints in remote settings, digital technology integration remains essential for enhancing frontline emergency response effectiveness. Strengthening nurses' digital literacy through targeted training programs and improving communication infrastructure in remote areas are critical priorities for health authorities and educational institutions. Future research should evaluate clinical care quality and patient outcomes to complement the demonstrated time efficiency benefits of digital technology adoption.

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