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Submission date: 03-Jul-2024 11:43AM (UTC+0700)

Submission ID: 2411935798

File name: vimed_vol_1_no_3_JULI_2024_HAL_140-153.pdf (877.63K)

Word count: 5850

Character count: 32496

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Abstract. Hospitals establish Minimum Service Standards (SPM) for medical records, specifically emphasizing the requirement for completeness in filling out medical records within 24 hours of service completion and achieving a 100% completeness standard for informed consent after receiving clear information. This study aims to develop a compliance model for Professional Care Providers (PPA) in filling out medical records, incorporating motivation as an intervening variable based on knowledge and attitude variables among inpatients at Cilincing Hospital. The sampling method employed is saturated sampling, with a total sample size of approximately 82 respondents. Path Analysis is utilized for data analysis, employing AMOS software. The research findings indicate a significant influence of knowledge, attitudes, and motivation of Professional Care Providers (PPA) on the overall compliance with the completeness of medical record filling, both collectively and individually. Moreover, the study reveals a significant impact of knowledge and attitudes on the motivation of Professional Caregivers (PPA). Additionally, motivation, acting as an intervening variable, demonstrates its ability to mediate the influence of knowledge and attitudes of Professional Care Providers (PPA) on compliance with the completeness of medical record filling.

Keywords : Medical Records; Informed Concern; Professional Care Provider; Intervening Variable

INTRODUCTION

Hospital Service Standards are directly related to medical records where hospitals are required to keep patient medical records as proof of the care provided. Hospitals have minimum service standards related to medical records, namely completeness of filling in medical records 24 hours after completion of service and completeness of informed consent after receiving clear information, with a standard of 100% in accordance with the Decree of the Minister of Health of the Republic of Indonesia No.129/Menkes/SK/II/2008 concerning Minimum Service Standards (SPM) (1). Medical records are defined as files including notes and documents relating to patient identification, examination, treatment, activities and other services provided, in accordance with Minister of Health Regulation No. 24 of 2022. Responsibility for ensuring that patient medical records are complete rests largely with those providing direct care to patients. Medical record files must be written in full because when a patient returns to the medical centre for further treatment, a verbal report alone is not enough(2).

Received: Juni 05, 2024; Accepted: Juli 03, 2024; Published: Juli 31, 2024

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The Caregiving Professional (PPA) is responsible for completing the required documentation for the patient's medical record. Hence, doctors, nurses, nutritionists, and pharmacists all work together as part of the Professional Caregiver (PPA)(3).³¹ According to the Ministry of Health's Accreditation Standards No. 1128 of 2022, the main function of PPA is "to facilitate the fulfilment of patient care needs" by improving services that are centred on individual patients, as well as communication, coordination, education, advocacy, quality control and health care costs. As a result, the information recorded in the medical record is highly dependent on the level of compliance of the Caregiving Professional (PPA) (4).²

Knowledge is one of the many aspects that influence the compliance of Professional Care Providers (PPA) in completing patient medical records.³⁶ Knowledge has a significant influence on the accuracy of the inpatient staff at Ade M. Djoen Sintang Hospital in filling in the medical records of Diabetes Mellitus patients, according to research conducted by Rudi (5). Furthermore, attitude is the second element that influences how completely the medical record form is filled out. According to research findings by Husni, this attitude significantly increases compliance with writing diagnoses in patient medical summaries (6).¹⁴ Furthermore, employee motivation can also influence the completeness of filling out the medical record form because the doctor is responsible for filling in the medical record and is unlikely to do so if he is not highly motivated to do so. Research conducted by Husni also shows that motivation has a beneficial and statistically significant impact on compliance in filling out diagnoses in patient medical summaries (6).

As one of the government's public hospitals, RSUD Cilincing also has challenges regarding the completeness of filling out medical records.⁴³ An interview conducted on March 1, 2023, at the Cilincing Regional Hospital's medical records unit, revealed that the patient's medical record form had not been filled out by the Professional Care Provider (PPA) Because Professional Care Providers (PPA) need to complete medical record documents before returning them to the medical records unit, the time for returning medical records for inpatients is more than 3 x 24 hours. In situations like this, it is not uncommon for patients to be controlled in outpatient clinics, but the relevant medical records are still in inpatient settings. Because of these limitations, patients often have to wait a long time for their medical records to arrive because officers have first to find where their medical records are.¹⁸

In the Minimum Service Standards (SPM), the percentage of filling in medical record documents must be 100% (7).⁴¹ Meanwhile, monitoring report data on the completeness of medical records at Cilincing Regional Hospital in 2023 for each medical record form, namely medical resumes filled in by specialist doctors, were 79% in January, 73.6% in February, 85.2%

in March, 89.4% in April and 89.5% in May. Meanwhile, 81.2% of initial medical assessment forms were filled out by general practitioners in January, 81.4% in February, 85.9% in March, 86.9% in April and 88.8% in May. Furthermore, the initial nurse assessment form was filled out by nurses were 84.2% in January, 87.3%, in February, 93.1% in March, 93.5% in April and 95.8% in May. In addition, nutritional assessment forms were filled out by nutritionists were 88.8%, 83%, 90%, 91%, and 94.4% from the period of January to May, respectively. Whereas pharmacists filled out medication reconciliation, forms were 82.9%, 81.6%, 84.6%, 85%, and 85.7%, respectively, from January to May.

Based on a document review, 50 medical record files were taken and examined randomly by the author at Cilincing Regional Hospital. It was found that 15 files (30%) of the medical record forms were not filled out completely, as in the medical resume, there was no diagnosis and no physical examination results (2%). Furthermore, the nurse assessment form does not contain patient identification and the name and signature of the nurse (4%). The medication reconciliation form was also not filled in (4%), whereas the nutrition assessment form does not have a nutritionist's signature (4%). In addition, the integrated nutrition education form was not filled in (2%), the informed consent form was filled in blank (2%), the CPPT did not have the signature of a specialist or general practitioner (10%), and the CPPT did not contain the date and time of the examination (2%).

Conditions regarding PPA's knowledge and attitude towards compliance with filling out complete medical records and the role of motivation as mediation that occurs at Cilincing Regional Hospital can be explained in the results of a pre-survey conducted on 30 PPA at the Cilincing Regional Hospital's Inpatient Installation. Pre-survey results showed that 53% of PPA sometimes filled out medical record documents 3x24 hours after the patient went home completely, 53% of PPA did not know that there was an SOP regarding writing medical records, 50% of PPA did not remind colleagues to complete medical records and 50% do not agree with the facilities available at the hospital to support filling in medical records. Due to fewer supporting facilities to fill in medical records, PPA motivation is reduced.

This condition illustrates ²² that there are problems related to the completeness of filling out ²³ medical record documents at Cilincing Regional Hospital, which is influenced by many factors. Based on the background above, completeness in filling out ¹⁴ medical record documents is very important to support the ¹ health services provided, so the author is interested in further research regarding compliance with ¹ completeness in filling out medical records by Professional Care Providers (PPA) with motivation as an intervening variable based on knowledge and attitude variables. Hence, this research aims to create a model of ¹ compliance with the

completeness of filling out medical records by Professional Care Providers (PPA) with motivation as an intervening variable based on knowledge and attitude variables in Cilincing Hospital inpatients. Furthermore, the hypotheses in this research are:

- H1: There is an influence between PPA knowledge and attitudes on compliance with the completeness of filling out medical records with motivation as an intervening variable.
- H2: PPA knowledge influences compliance with the completeness of filling out medical records.
- H3: PPA's attitude influences compliance with the completeness of filling out medical records.
- H4: There is an influence of PPA knowledge on PPA motivation.
- H5: There is an influence of PPA attitudes on PPA motivation.
- H6: There is an influence of PPA motivation on compliance with the completeness of filling out medical records.

METHOD

When the relationship between independent and dependent variables is known or assessed simultaneously, such as in cross-sectional research, correlational techniques are used.⁽⁸⁾ This research aims to determine whether there is an influence of PPA knowledge and attitudes on compliance with filling out medical records by taking into account the intervening variable of PPA motivation. The population in this study were all PPA inpatients at Cilincing Regional Hospital. The population of the study was 90 people. The number of samples taken in this research was 82 respondents. The location of research was carried out at the Cilincing Hospital inpatient facility located at Jl. Madya Kebantenan 4, Semper Timur Village, Cilincing District. This research was conducted in July 2023. Data analysis in this research used three-box method analysis and path analysis with AMOS (Statistical Package for Social Science) software.

RESULTS

The results of the analysis of the questionnaire distribution showed that of the total 82 respondents, there were 24 male respondents and 58 female respondents. This shows that the majority of respondents in this study were women. Information on the percentage of respondents based on gender can be seen in Table 1.

Table 1 also describes the characteristics of respondents based on the range of years of birth, showing information about the age distribution of respondents. The results of the analysis show that the number of respondents with a birth year range of 20 - 30 years was 35 people. Furthermore, there were 30 respondents with a birth year range between 31 - 40 years. Then, 14 respondents were born between 41 - 50 years old. Meanwhile, there were 3 respondents born between 51 and 60 years old. This data shows that the 20 - 30-year-old group has the largest number of respondents, so it can be concluded that the majority of respondents are 20 - 30 years old. Furthermore, a description of the characteristics of respondents based on type of education can be identified that the majority of respondents in this study were D3 Nurses, with a total of 47 people. Furthermore, 2 respondents were working with a D3 Dietitian education, 3 people had completed a Bachelor's degree in Pharmacy, 5 people had a Bachelor's degree in General Medicine, and 25 were Specialist Doctors.

Table 1. Characteristics of Research Respondents

Respondent Profile	Amount	Percentage
Gender		
Woman	58	70,7%
Man	24	29,3%
Total	82	100%
Age		
20 - 30 Years	35	42,7%
31 - 40 Years	30	36,6%
41 - 50 Years	14	17%
51 - 60 Years	3	3,7%
Total	82	100%
Education		
D3 Nursing	47	57,3%
D3 Dietitian	2	2,4%
Bachelor of Pharmacy	3	3,7%
Medical specialist	25	30,5%
Total	82	100%
Year of Service		
1 - 3 Years	37	45,1%
3 - 5 Years	34	41,4%
> 5 Years	11	13,5%
Total	82	100%

The percentage distribution of respondents based on education can also be seen in Table 1. It shows the characteristics of respondents based on length of service. Based on the results of the analysis of questionnaire distribution, it can be identified that the majority of respondents had a work period of 1 - 3 years, with a total of 37 people. Furthermore, 34 respondents had a work period of 3 - 5 years, followed by 11 respondents who had a work period of > 5 years. Based on Table 2, it is also found that the motivation variable has the most influence on compliance, with an estimated value of 0.70. Furthermore, based on the Goodness of Fit results,

as shown in Table 3, it can be concluded that the model is good (fit) because the indicator values meet the above criteria.

The direct effect of the knowledge variable on the compliance variable is 0.153, as shown in Figure 1. The direct effect of the attitude variable on the compliance variable is 0.182. The indirect effect of the knowledge variable on the compliance variable is obtained through the motivation variable, with the knowledge variable to motivation variable path coefficient being 0.544 and the motivation variable to compliance variable path coefficient being 0.703. The total indirect effect of the knowledge variable on the compliance variable is 1.247. Meanwhile, the indirect effect of the attitude variable on the compliance variable is obtained through the motivation variable, with the attitude variable to the motivation variable path coefficient being 0.448 and the motivation variable to the compliance variable path coefficient being 0.703. The total indirect effect of the attitude variable on the compliance variable is 1.151.

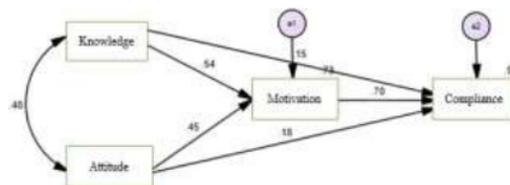


Figure 1. Structural Equation Model

Table 2. Standardized Regression Weights

		Estimate
Knowledge	→ Motivation	0.544
Attitude	→ Motivation	0.448
Motivation	→ Compliance	0.703
Pengetahuan	→ Compliance	0.153
Attitude	→ Compliance	0.182

Table 3. Results of Goodness of Fit Full Structural Model

Indicator	Mark	Criteria	Information
Chi-square	0,25	< 2	Model Fit
SUMMER	0,000	≤ 0,08	Model Fit
GFI	1,000	> 0,90	Model Fit
NFI	1,000	≥ 0,95	Model Fit

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Table 4. Research Model Hypothesis Testing

3	Hypothesis Statement	P-value results	17 Information
7	The influence of knowledge and attitudes on compliance with the completeness of filling out medical records with motivation as an intervening variable	0.000	Hypothesis 1 is accepted
48	The influence of knowledge on compliance with the completeness of filling out medical records	0.001	Hypothesis 2 is accepted
29	The influence of attitude on compliance with the completeness of filling out medical records	0.000	Hypothesis 3 is accepted
14	The influence of knowledge on motivation to fill out medical records	0.000	Hypothesis 4 is accepted
	The influence of attitude on motivation to fill out medical records	0.000	Hypothesis 5 is accepted
2	The influence of motivation on compliance with the completeness of filling out medical records	0.000	Hypothesis 6 is accepted

3
The Influence of Knowledge and Attitudes on Compliance with Completeness in Filling Out

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 The research results showed that the variables of knowledge, attitude and motivation had a significant effect on compliance. The variables of knowledge and attitude towards compliance through motivation have a significant effect. From these results it can be said that motivation is able to mediate the influence of knowledge and attitudes on compliance.

In accordance with the theory of Fishbein & Ajzen, compliance is a planned behavior which is based on the intention that arises within the individual to comply with rules or norms that are believed together (9). A person is believed to be able to demonstrate obedient behaviour if the individual has a positive attitude towards the rules/norms set, receives orders from someone who issues these rules/norms, and believes that a person can behave obediently well (10). Knowledge and attitude are two factors that have an important role in forming compliant behaviour in completing medical records. The intention that arises in an individual is seen as an encouragement to carry out obedient behaviour. This underlies the assumption that motivation is a component that has an important role in moderating these two factors.

This intention is believed to underlie the emergence of submissive behaviour in individuals. A person who displays obedient behaviour generally has a strong urge to carry out this obedient behaviour. This is reflected in the high level of individual motivation to produce obedient behaviour in carrying out established norms or rules (11). Implementation in this research, compliance with the completeness of filling out medical records will emerge if

officers have a strong motivation to fill out medical records completely. The results of this research are in line with research by Husni, namely that knowledge, attitude and motivation together influence compliance with writing a diagnosis on a patient's medical resume (6). The results of this study are in line with research by Tandy et al., where research findings show that compliance with filling out medical record files at Kalisat Jember Hospital is proven to have a close and positive relationship with knowledge, attitudes and motivation (12). In addition, the results of this research are also in line with research by Agatha et al., which shows that the results of the indirect influence test show that motivation can mediate the influence of knowledge on compliance (13).

The influence of knowledge on compliance with the completeness of filling out medical records

These results indicate that the knowledge variable has a significant effect on compliance. This means that if PPA knowledge increases, then PPA compliance in filling out complete medical records will also increase. Furthermore, medical professionals cannot practice without a solid understanding of the facts. The deeper the PPA's knowledge regarding the use of medical records can directly increase compliance with the completeness of filling out medical records (14). In this research, knowledge is linked to the theory of Bloom et al., which states that knowing arises after human perception of certain objects (15). Humans have the five senses of sight, hearing, smell, taste, and touch that they use to understand the world around them. Where the level of PPA knowledge includes the cognitive domain, including:

1. PPA's knowledge of the completeness of the contents of medical records. PPA is expected to know how to fill in medical records completely and accurately according to the Cilincing Regional Hospital SOP. Know the benefits and uses of filling out medical records.
2. PPA's understanding of the contents of medical records. PPA is expected to have an understanding of filling out medical records completely and accurately, namely, the obligation to write medical records, which include patient identity, date and time of visit, patient examination results (anamnesis, physical examination, supporting examination), diagnosis, therapy plan, name of PPA and PPA signature.
3. PPA's ability to apply medical records. PPA is obliged to provide health services, including applying all his knowledge in filling out medical record files completely and accurately. PPA's ability to analyze the contents of medical records. PPA is expected to have the ability to analyze any information in looking at the history of the disease or actions that have been taken on the patient.

4. PPA's ability to synthesize the contents of medical records. PPA is expected to have the ability to synthesize all information or notes written in the medical record file to then use as a basis for making decisions regarding further action. PPA is expected to have the ability to evaluate everything that happens in the medical record files to carry out corrective actions in calculating the efficiency of treatment for patients, including in the interests of the hospital for insurance claims, etc.

The relationship between a person's level of understanding regarding the importance and method of filling out medical records and the level of compliance in carrying out this responsibility can be explained as the influence of knowledge on compliance with filling out medical records. Knowledge is very important in shaping actions and behaviour. Individuals will be better prepared to take appropriate action based on correct understanding if they have adequate knowledge (16). The knowledge of medical records possessed by PPA at Cilincing Regional Hospital is considered very good. The results of this research are in line with research by Tandy et al., where the research findings show that there is an influential relationship, namely knowledge in filling out medical record files at Kalisat Jember General Hospital (12). This research also supports the findings of Rudi. The results of his research show that there is a significant influence between knowledge and the completeness of filling out medical record documents by officers for inpatients with diabetes mellitus cases at Ade M. Djoen Sintang Regional Hospital (5).

The influence of attitude on compliance with the completeness of filling out medical records

These results indicate that the attitude variable has a significant positive effect on compliance. This means that if PPA's attitude improves, it will increase PPA's compliance in filling out complete medical records. According to Lukas, a person's attitudes consist of their beliefs, values and behaviour. Mental, emotional, and behavioural abilities all work together as interdependent parts of the whole. This is in accordance with fill out medical records.

the theory, which states that attitude is a closed reaction; it can only be interpreted from visible behaviour or compliance (17). Definitively, attitude means a state of mind and state of mind that is prepared to respond to an object that is organized through experience and influences directly or indirectly on behaviour (18). A person's positive attitude has an intention within the individual, which is seen as an encouragement to carry out obedient behaviour.

If the PPA's attitude improves, it will increase the PPA's compliance in filling out complete medical records. This research is also in line with research by Tandy et al., (12) which states that there is a close relationship between attitude and compliance with filling out medical

record files at RSD Kalisat Jember, and research by Husni states that attitude has a positive and significant effect on compliance with writing. Diagnosis on the patient's medical resume (6).

The influence of knowledge on motivation to

These results indicate that the knowledge variable has a significant positive effect on PPA motivation. This means that if PPA knowledge increases, then motivation to complete medical records will also increase. In this research, knowledge is linked to the hypothesis proposed by Lukas (17), which states that knowing arises after human perception of certain objects. Humans have the five senses of sight, hearing, smell, taste, and touch that they use to understand the world around them. Individuals who have a better understanding of the need for medical records and know how to fill out medical records correctly are more likely to take this job seriously. They understand that maintaining accurate and complete medical records is critical to providing excellent and safe care to patients. Individuals who have a high motivation to fill out medical records may be more disciplined, thorough, and accurate in documenting patient information (19). The positive influence between PPA knowledge and PPA motivation implies that the greater the individual's understanding of filling out medical records, the greater the individual's encouragement to complete this activity. This shows that increasing individuals' desire to carry out the work of filling out medical records better and more responsibly can be achieved by increasing their understanding of the process of filling out medical records. Individuals who understand the importance of medical records and how to fill them out correctly will be more motivated to complete their work (20). The results of this research are also in line with research which states that there is a significant influence of knowledge on nurses' motivation while documenting nursing care at St. Carolus Borromeus Kupang (13).

The influence of attitude on motivation in filling out medical records

According to Lukas (17), a person's attitudes consist of their beliefs, values and behaviour. Mental, emotional, and behavioural abilities all work together as interdependent parts of the whole. In addition, someone who has a positive attitude towards something will influence him to do something, and the intention to do something will influence someone to behave. This is in accordance with the theory, which states that attitude is a closed reaction; it can only be interpreted from visible behaviour or compliance (21). Meanwhile, according to Maslow (22), people are motivated by internal drives to act to satisfy their desires. It has been hypothesized that people have five different desires, each of which can be used as a proxy for a different amount of motivation.

Furthermore, a leader must understand the hierarchical level at which the person is currently located and focus on fulfilling the needs above that level in higher and lower orders. Individuals who have a good attitude towards filling out medical records will be more motivated to carry out this activity with high quality, seriousness and responsibility. This increased motivation will increase compliance and accuracy in filling out medical records, resulting in better and safer health services for patients.

According to research findings conducted by Asih Anisa at Doctor Soedarso Pontianak Hospital, there is a relationship between motivation and positive maternal attitudes towards kangaroo care for low-birth-weight babies (23).

The influence of motivation on compliance with the completeness of filling out medical records

These results indicate that the motivation variable has a significant positive effect on compliance with the completeness of filling out medical records. This means that if PPA motivation increases, then compliance in filling out complete medical records will also increase. Maslow defines motivation as a state that can provide energy, increase activity, direct and channel behaviour towards goals, and ultimately help someone fulfil their needs (22).

Maslow's five markers of physiological, safety, social, self-esteem and self-actualization needs are used to assess motivation. Motivation is one of the drives that arises in forming intentions. This intention is believed to underlie the emergence of submissive behaviour in individuals. A person who displays obedient behaviour generally has a strong urge to carry out this obedient behaviour. This is reflected in the high level of individual motivation to produce obedient behaviour in carrying out established norms or rules (11). Individuals with a high level of motivation will be more enthusiastic in completing the process of filling in medical data. They are usually dedicated to getting the job done correctly and on schedule. They realize that filling out medical records completely and accurately is critical to effectively tracking a patient's health status. (24). The level of compliance in filling out medical records can increase if there is a good relationship between motivation and compliance in filling out medical records. Individuals who have high motivation will work more accurately in recording patient information.

In line with previous research, which concluded that staff motivation had a significant effect on the completeness of outpatient medical record documents at the Tugu Trenggalek Community Health Center (25). The results of this previous research also concluded that motivation also influences the level of compliance(6). Anthoyus' research shows that there is a positive and significant influence on the work motivation of specialist doctors in filling out

inpatient medical records at Santa Elisabeth Hospital, Medan (26). Another research also shows that motivation has quite an important influence on nurses' compliance when documenting nursing care at St. Carolus Borromeus Kupang (13).

CONCLUSION

The compliance model for completing medical records in this study is a compliance model with intrinsic motivation. The most influential variable is the motivation variable. The most compliant professions are nurses and specialist doctors, while the least compliant professions are the pharmaceutical profession. Furthermore, there is a significant influence between knowledge, attitude, and motivation on compliance with the completeness of filling out medical records. In addition, there is a significant influence between PPA knowledge on compliance with the completeness of filling out medical records. There is also a significant influence between PPA attitudes on compliance with the completeness of filling out medical records. It is also found that there is a significant influence between PPA knowledge and PPA motivation, a significant influence between PPA attitudes and PPA motivation, and a significant influence between PPA motivation on compliance with the completeness of filling out medical records.

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