



THE INFLUENCE OF MOTIVATION, ATTITUDES, AND MODERATION OF KNOWLEDGE FOR COMPLIANCE ENHANCEMENT

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Abstract – Compliance in filling out medical records critical as it has significant impact on frequently arising problems, such as incomplete filling and less specific doctors' writing on the diagnosis. This situation will impact hospital internally and externally since data processing results are the basis for hospital reports. This study aims to analyze how motivation and attitudes influence compliance levels of doctors in filling out medical resumes, which are moderated by knowledge at Ananda Hospital, Bekasi. This research was a causality research design with one short study time dimension using comparative quantitative analytical survey. A purposive sampling technique was used, and determined that the sample size was fifty people. Based on the analysis result, there were values of R² and R³ in the linear regression analysis, motivation for compliance was 12.9%, and attitudes for compliance was 13.5%. In comparison, after testing the equation with multiple regression, the value of R¹ rose to 18.2%. Therefore, good knowledge will strengthen the relationship between motivation and attitudes toward doctor's compliance in filling out a medical resume.

1. INTRODUCTION

As an implementation of health insurance services, the government is encouraging the implementation of the JKN (National Health Insurance) program organized by BPJS (Social Insurance Administration Organization) for Health. The JKN program implements Act 36/2009, which states that everyone has the same right to access health sector resources and safe, quality, and affordable health services at health centers, hospitals, or other health service facilities (Republik Indonesia, 2009a).

Act 44/2009 states that hospitals are individual comprehensive health service institutions providing outpatient, inpatient, and emergency services (Republik Indonesia, 2009b). In substance, information, especially medical information, is needed to provide,

coordinate, and integrate each hospital's services, which has much to do with individual patient care, care provided, and clinical staff performance. Information is a resource that must be managed effectively by hospital leaders and human, material, and financial resources (Depkes RI Direktorat Pelayanan, 2006).

Every hospital, from the leader to the staff, is always trying to get, manage and use the information to improve patient care outcomes, individual performance, and overall hospital performance. Budiarto et al. (2017) stated that doctor respondents claimed that they wrote medical records when they finished the visit.

Sometimes doctors rush to fill out medical records because the schedule is close to the hours of practice at the clinic, with many patients who have been waiting or must practice at another hospital

immediately. Based on the doctor's activities schedule at this hospital, filling out the medical resume was delayed.

Compliance in filling out medical records is needed to be considered because this has an impact on frequently arising problems in filling out medical resumes, the incomplete process of filling, and less specific doctors' writing about the diagnosis (Depkes RI Direktorat Pelayanan, 2006). This situation will impact internal and external hospitals because data processing results become the basis for making internal and external reports of the hospitals.

This report is related to organizing the various hospital plans, decision-making by the leaders, especially the evaluation of services that have been provided, and the hope that the evaluation results would be better. The incompleteness of a medical resume is a problem because a medical resume is a data record that can provide information about the patient's actions.

In a preliminary survey at Ananda Hospital Bekasi, doctors and other professional caregivers (PPAs) are aware of their responsibility for the completeness of the medical record contents as stated in the manual medical record published by the Indonesian Medical Council in 2006. However, the incomplete files inpatient medical resumes that were found in the period June - July amounting to 10, 25% are said to be quite high, although it has decreased digitally when compared to the previous study conducted in January - March, which found incomplete medical record files were in 27, 5%. Many factors will influence the incompleteness of filling out medical resume files, and one of them is the doctor's responsibility factor.

In the current era of BPJS, filling out complete medical records is particularly important. Especially medical resume writing on discharged patients. Because in-home medical resumes, there is a diagnosis of the patient's disease, which is the basis for the coding officer to determine the disease diagnosis code, ultimately affecting the INA CBGs rate. According to INA-CBGs Technical Guidelines,

INA- CBGs (Case-Based Groups) rates are the number of claim payments by BPJS of Health (Health Social Insurance Administration Organization) to the Level Referral Health Facilities for service packages that are based on diagnosis grouping diseases and procedures (Kementerian Kesehatan RI 2014).

Ananda Hospital Bekasi is a type B public hospital based on the Regulation of the Minister of Health of the Republic of Indonesia No. 56 in 2014. They must have medical, pharmaceutical, clinical, non-clinical, and inpatient services. Clinical support services such as a medical resume are especially important in the current era of BPJS in submitting BPJS claims. BPJS claim data owned by the casemix team at Ananda Hospital Bekasi for the last three months obtained the following data:

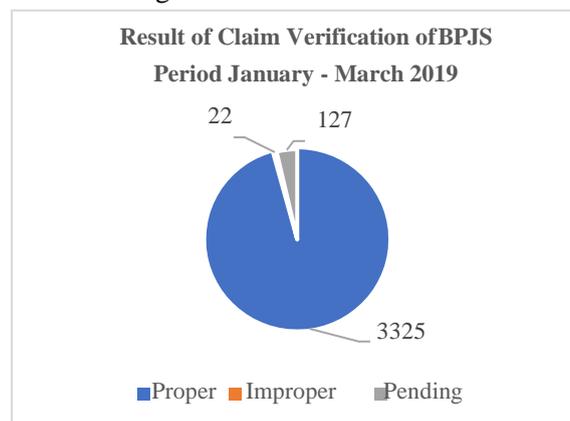


Figure 1. BPJS Claim Verification January - March 2019 Ananda Hospital Bekasi

The results of interviews with coders at Ananda Hospital Bekasi stated that the incomplete filling of medical records influenced the inaccuracy of the code on the medical resume by doctors, which led to the determination of the services claim of BPJS patients. In the medical record documentation, there are still doctors who did not complete the patient's medical resume, although medical resume services are part of the hospital's quality control program. So that medical record services must be maximized and optimal as possible. One of the medical record services related to service quality is the completeness of medical resume documents.

In the preliminary study, the authors conducted interviews with the Head of Medical

Records. There were problems encountered in the hospital: medical resumes returned more than 24 hours, and incomplete resumes filling caused delays in data entry for submitting BPJS claims. And less specific doctors' writing regarding the diagnosis. This situation will impact internal and external hospitals because data processing results become the basis for making internal and external hospital reports. This report is related to organizing the various hospital plans and decision-making by the leader, especially evaluating services that have been provided which are expected to be better.

Completeness of filling out medical resumes obtained at Ananda Hospital Bekasi, from 100 documents obtained, as many as 36% of medical resumes were returned > 24 hours after the patient returned home, 24% unspecific main diagnosis filling, so the bills or claims obtained were small. Tracing using in-depth interviews with respondents also revealed the fact that there are still 18% of doctors who often overlook writing down actions based on the completely primary diagnoses which have been completed. The following is an excerpt from the interview related to the relationship between the completeness of filling in a medical resume and the main diagnoses regarding the INA-CBGs tariff standard:

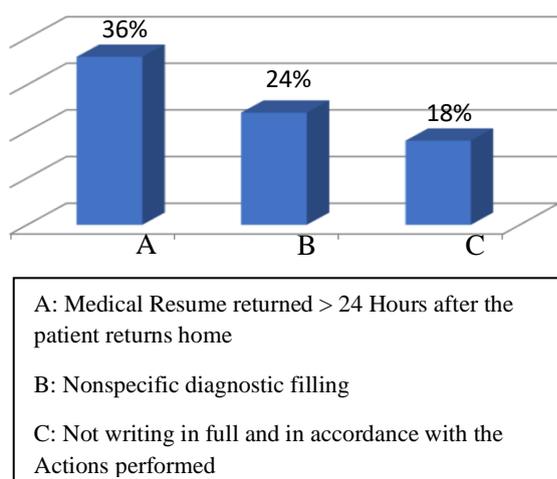


Figure 2. Results of Interview with Respondents for Installation of Medical Records at Ananda Hospital, Bekasi.

In the information regarding the results of interviews from several respondents in the medical record installation, the doctor in charge of the patient who was incomplete for specific actions based on the primary diagnosis was 12%, and those who were not suitable based on the actions performed were 6%.

The interview results said that BPJS claims based on INA-CBGs would be issued after filling out a complete medical resume, including primary, secondary, and main procedures. If it is incomplete or not, the medical resume would be returned to IRM (Medical Record Installation) for correction. Researchers attach the results of verification that affect the hospital's income.

The completeness of secondary diagnoses will affect the tariff according to Permenkes no. 27 in 2014, which states that the factors affecting the number of tariffs include secondary diagnoses. This statement follows the informant's statement that the completeness of a medical resume is particularly important because it will affect the tariff.

Ananda Hospital Bekasi is surrounded by private hospitals, among others, Citra Harapan Hospital, Seto Hasbadi Hospital, and 4 Class B Hospitals; Awal Bross Hospital, Mitra Keluarga Hospital, Hermina Hospital, and Bekasi General Hospital, then it is an obligation for this hospital to improve the quality of service for consumers not to switch to another hospital. Under the government's mandate through Act 44 in 2009 concerning hospitals, hospitals must implement and maintain quality standards of services.

Inpatient installations, both BPJS and Non-BPJS patients, are included in the main source of "revenue" for the hospital. Researchers specialize in BPJS patients because they are related to claims submitted that can contribute to profit for the hospital. Therefore, according to the researcher, this research is important because it can provide a concrete picture of doctors' compliance in filling out medical resumes oriented towards the quality of inpatient services, especially in the BPJS claim submission process. In the end, this research is expected that the writer can answer the existing problems by answering research problems.

2. THE METHOD

This study used a survey method with an associative and causality questionnaire to determine the influence of variables by analyzing the factors related to compliance in filling out medical resumes by the research object. The research was conducted with an analytical survey of a comparative quantitative approach using a causality research design with a time dimension of *one short study*, which is research to study the dynamics of the correlation between variables, including risks and effects, utilizing a data collection approach at the same time. Sampling in this study uses the purposive sampling technique. Purposive sampling is one of the non-random sampling techniques where the researcher determines sampling by specifying characteristics of the research objectives that are expected to answer research problems (Sekaran & Bougie, 2016). The sample in this study is fifty doctors.

Table 1. Distribution of Respondent's Characteristics at Inpatient Installation of Ananda Hospital in 2019

Age Category	N	Percentage
Aged 20-35	5	10%
Aged 35-50	45	90%
Total	50	100%
Gender	N	Percentage
Male	38	76%
Female	12	24%
Total	50	100%
Doctor	N	Percentage
Specialist	50	100%
Total	50	100%

Based on the data above, the age category is mostly 35-50 (45 people or 90%) and 20-35 (5 people or 10%). The productive age is the highest for the doctor in charge of the inpatient unit that is expected that compliance in medical record filling can be maximized. The respondents were predominantly men (38 people or 76%), followed by 12 women respondents (24%). Gender differences are not a problem in a profession, but the excess of women who are meticulous in their work is a crucial point. With

many female doctors in inpatient units, it can be expected that the completeness of filling out a medical resume can be maximized.

3. THE RESULT

3.1 Descriptive Analysis

1) Compliance

It is known that the average value of the compliance variable is 32.9, and it is in the medium category. The statement with the lowest category is "I agree that the medical resume document at my hospital is complete," with a value of 18.8. At the same time, the highest score is in the statement, "Medical record officers have to do monitoring the medical resumes that have not returned after the patient has returned home," with a score of 42, 8. It can be seen from the lowest score that respondents state that the medical resume documents at the hospital are not accurate. Therefore, the hospital management must create a work environment that supports the completeness of medical resumes to increase Doctor compliance.

Management makes it comfortable for doctors to discuss medical resume documents. It can be seen from the research that respondents stated that the medical resume documents were incomplete. Medical records are a vital component of hospital management activities. Support from various related factors is necessary to improve the quality and efficiency of health services in hospitals. One of the factors contributing to the success of these efforts is the implementation of medical records following applicable standards. Completeness of medical records is extremely useful for knowing the patient's detailed medical history, examinations that have been performed, and planning further actions.

The highest category statement in the Doctor's Compliance Variable states that the writing of the diagnosis is complete. Inaccurate diagnostic codes will cause inaccurate data. This is due to the incompleteness of filling in medical record document information, including the limited time for doctors and too many patients. Completeness of filling out medical record documents is especially important because each patient's medical record serves as valid proof that can be legally accounted for. The doctor has done an

excellent job in this study, as seen in the doctor's statement.

2) *Motivation*

The average value of the Motivation variable is 27.7, and it is included in the medium category. Statements in the low category have nine indicators which are positive statements with the majority of negative answers, and the indicator with the highest answer with a value of 43.6 on the statement "The work environment supports me in filling out medical resumes." In general, it can be seen from all the answers to the respondent's motivation statement that it seems that they do not expect rewards from filling out medical resumes; doctors need a supportive work environment so the medical resume can be completed optimally.

The management of Ananda Hospital is expected to be committed to implementing and supporting a conducive and orderly work environment. Statements in the low category have nine indicators which are positive statements with the majority of negative answers. The doctor's statement submitted by the researcher regarding motivation that leads to rewarding and career advancement shows that he does not agree if filling out medical records can support his career. Motivation is an effort made to encourage officers to achieve satisfactory performance. Motivation can arise from within the personnel and outside to encourage optimal results for the officer.

Based on the analysis of the research results, it is necessary to re-evaluate and socialize Standard Operating Procedures (SPO) related to filling correct medical records, so they can be conducted optimally, monitoring and evaluating the medical record forms periodically, which enforces a reward and punishment system in terms of employee performance. Previously, it was necessary to assess the perceptions and needs of health workers, employees, and management regarding a reward and punishment system and ensuring quality commitment.

3) *Attitude*

The average value of the Attitude variable is 33.6 and is included in the medium category. Statements in the low category have two

indicators: negative statements with the majority of positive answers and the indicator with the highest answer with a value of 45 in the statement "I support filling out medical resumes."

Based on the answers to the above statements, the doctor's attitude, which is reflected in responsibility, is particularly good. According to the Minister of Health Regulation No. 296 in 2008 concerning medical records, medical records must be made by a doctor who treats patients, except residents and doctors who take specialists must obtain authentication from their supervisory doctor.

In attitude, doctors and other PPA officers are aware of their responsibility for the completeness of the medical record contents, as stated in the medical record manual published by the Indonesian Medical Council in 2006. However, incomplete inpatient medical resume files were found between June and July at 10.25%, which is still quite high, although it has decreased in numbers compared to the preliminary study conducted in January - March, which found that the incomplete medical record files were 17.5%. Many factors can influence the incompleteness of filling in medical record files, and one is the doctor's responsibility.

The doctor's attitude in filling medical resumes is a major problem. The responsibility for completing the medical resume goes to the doctor who treats the patient until the patient goes home. Although completing medical records, especially medical resumes, can be delegated to staff, the responsibility for the contents of medical records, especially medical resumes, is the treating doctor. The doctor assumes the final responsibility for the completeness and correctness of the contents of the medical record and especially the medical resume.

4) *Knowledge*

The average value for the Knowledge variable is 78.95, which is included in the medium category, indicating that the respondent's knowledge is good enough. The highest statement is found in "The medical resume document in my hospital is written clearly to avoid misperceptions in reading." This result shows the need to increase the latest information regarding procedures for

filling out medical records and matters of legal knowledge.

Medical records belong to the hospital and must be maintained because they are useful for patients, doctors, and the hospital. Medical record documents are very important in carrying out the quality of medical services provided by the hospital and its medical staff

and accurate evidence in court (Rustiyanto, 2009). Doctors, nurses, and other health workers who oversee patients must complete medical records per applicable regulations. Depkes RI Direktorat Pelayanan, (2006) and Nursalam (2008) stated that medical record files consist of several forms with different uses according to the information needed. One of the existing forms from one of the medical record files is a resume containing the patient's clinical data.

Doctors know that a medical resume is an important medical record and must be completely filled in because it relates to the patient's medical history while being treated in the hospital. However, knowledge of medical resumes is not sufficient to guarantee that individuals behave in a compliant manner in completing medical resume sheets on time. Medical records officers and nurses stated that the workload was too much. Meanwhile, medical record officers, nurses, and doctors also hold jobs (Utami, Susilani, and Hakam, 2016).

According to doctors, obstacles that affect doctors in filling out medical resume sheets are the obstacles that cause the incompleteness of the medical resume are busyness, the patient has been waiting in the clinic or waited in another hospital.

Another reason for the incompleteness of medical record files, according to interviews with doctors, is due to the lack of awareness of doctors about the importance of completing medical record files and the indiscipline of doctors who are responsible for caring for patients. However, doctors should not use this as an excuse for not completing medical records, especially medical resumes, because it is a doctor's obligation. It is the responsibility of every doctor to complete the patient's medical record.

3.2 Hypothesis

From the coefficient table above, it is found that the Sig. for motivation is 0.010 ($p < 0.05$), and the t value is $2.671 > 1.989$. Therefore, the hypothesis is rejected, meaning that H_0 is rejected, and H_a is accepted, which means there is a positive influence on motivation towards compliance.

For Attitude Variables From the table above, the Sig. is equal to 0.009 ($p < 0.05$), and the value of t is $2.735 > 1.989$. Therefore, the hypothesis is rejected, meaning that H_0 is rejected, and H_a is accepted, which means there is a positive influence on attitudes towards compliance.

The Sig. is equal to (0,000), and the calculated F value of 8,227 because of the Sig. $0.000 < 0.05$ and the value of F count $>$ from F table $8.227 > 2.70$. So, it can be concluded that the hypothesis (H_4) is accepted. In other words, motivation, attitude, and knowledge simultaneously affect Doctor's Compliance in filling out the Medical Resume at Ananda Hospital Bekasi. Above, it is known that the coefficient of determination or Adjusted R Square is 0.349 or equal to 34.9%. This figure implies that the variable Motivation (X_1), Attitude (X_2), and Knowledge (X_3) simultaneously affects the Compliance variable (Y) by 34.9%. In comparison, other variables not examined by authors influence the remaining 65.1%. For example, compensation factors, job satisfaction, and productivity affect Doctor Compliance in filling out a Medical Resume.

3.2 Moderation Test

Conclusion: based on the analysis results above, the linear regression analysis has R^2 and R^3 values. Motivation towards compliance is 12.9%, and attitudes towards compliance are 13.5%, while after testing the equation with multiple regression, the value of R^1 increases to 18.2%. Therefore, the existence of good knowledge will be able to strengthen the relationship between motivation and attitudes toward doctor's compliance in filling out medical resumes.

4. DISCUSSION

The problems in the hospital that the author encountered were medical resumes that were returned > 24 hours after completion of outpatient services or after inpatients were dismissed to go home. Another is less specific resumes regarding diagnoses, both in primary and secondary diagnoses. Doctors who occasionally did not write down actions based on the primary diagnosis are complete and under implementation, obstructing data entry for submitting BPJS claims.

Doctors' motivation to fill out medical records and resumes is still not good. There are still incomplete diagnoses. Detailed medical records will be able to explain activities related to handling existing resources in service organizations in hospitals and analyze trends.

In attitude, doctors and other PPA officers are aware of their responsibility for completing the contents of medical records and medical resumes. Doctors have assumed responsibility for the completeness and correctness of the contents of medical records, especially medical resumes.

5. CONCLUSION

Motivation significantly affects compliance, indicating that the higher motivation owned, the target indicator for the quality of medical records can be achieved. Knowledge significantly affects compliance, indicating that the higher the doctor's knowledge, the more skilled the doctor will be in carrying out the work, mastering every given job description properly and responsibly. Thus, avoiding mistakes so the completeness of the medical resume will be achieved. Attitude significantly affects compliance, demonstrating that the better the attitude/responsibility conducted by the doctor in doing the task, the

completeness of the medical resume will reach the target.

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