

Knowledge, motivation and work culture on compliance in completing medical records at Ibnu Sina Hospital Makassar

Iin Widya Ningsi¹, Mohamad Reza Hilmy², Siswati³

^{1,2,3}Universitas Esa Unggul, Jakarta, Indonesia

¹Universitas Muslim Indonesia, Makassar, Indonesia

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ABSTRACT

The importance of compliance in filling out medical records is a concern in the hospital service quality sector, because it has an impact on problems that often arise, namely filling in medical records, such as doctors' writing that is less specific and examinations that do not match the diagnosis. This situation has an impact on hospitals. This study aims to analyze the influence of knowledge, motivation and work culture on doctors' compliance in filling out medical records at Ibnu Sina Hospital Makassar. The type of research used is descriptive analysis, quantitative method, cross sectional design, to study the dynamics of correlation between risk and effect variables, using an approach, observation or data collection at the same time. Sample selection using purposive sampling technique by determining special characteristics according to the research objectives. The sample for this study was 70 doctors. The results of the research show that there is a correlation coefficient value of 0.276 on the knowledge variable, 0.390 on the motivation variable, 0.281 on the work culture variable and the results of multiple linear regression testing show an F-count value of 19.387 with a significant p value of 0.000 where there is at least 1 independent variable. influence on doctor's compliance simultaneously between the independent variable and the dependent variable. Therefore, knowledge, motivation and work culture have a significant influence on the doctor's compliance variable in filling out medical records.

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Corresponding Author:

Iin Widya Ningsi,
Fakultas Ilmu Kesehatan,
Universitas Esa Unggul,
Jl. Arjuna Utara No.9, Duri Keba, Kec. Kb. Jeruk, Kota Jakarta Barat, 11510 Daerah Khusus Ibukota Jakarta, Indonesia.
Email: iin.widyarningsi@student.esaunggul.ac.id

INTRODUCTION

Organizing medical records can enhance quality and healthcare advancement by ensuring swift and accurate documentation, thereby maximizing the effectiveness and efficiency of the produced information. Medical record management is one of the management procedures in the medical record unit which is then used as a hospital report (Al Aufa, 2018). Based on an initial interview with the head of medical records at Ibnu Sina Hospital, Makassar, the statement regarding

problems in the medical records installation, namely one of the indicators of services that have not been achieved, is found in incomplete medical records and returns of medical records that exceed service hours, namely 2x24 hours. The doctor's knowledge regarding the importance of completeness of the contents of the medical record as the basis for creating a medical resume influences compliance itself. Doctors' compliance and non-compliance in filling out medical records is influenced by many factors, such as lack of motivation, and a work culture that is less concerned with the applicable rules regarding medical records in the hospital which is caused by being in a hurry to fill out medical records so that they are less thorough. and incomplete (Riyanto et al., 2022).

The impact that often arises in filling out medical records is the lack of compliance of doctors in filling out medical records, such as an incomplete filling process, as well as lack of specificity by doctors regarding writing diagnoses that do not match the symptoms, missing doctor's signatures, inappropriate supporting examinations and medications that do not match the diagnosis (Serasinghe & Opatha, 2007) (Demo et al., 2012). This situation has an impact on the hospital's internal and external impacts, such as the BPJS claims process. This is not much different from an interview with the doctor in charge of hospital BPJS claims that the most important claim includes items regarding coding rules, supporting files that are not attached, reselection of main and secondary diagnoses according to use (drugs and supporting examinations), name and signature and management of the main diagnosis, discrepancy between the diagnosis and the main symptoms upon admission, readmissions, and confirmation of support for the main diagnosis which are the main problems in claims from BPJS for hospital bills and this is estimated to be 10% pending of the total claims of 9000 BPJS bills per the month. Of course, this has a big influence on the internal and external aspects of the hospital. In line with this interview, it is in accordance with the evaluation results of the medical records unit that incomplete files within 1 year exceed 10%. Through this survey, it can be seen that doctors' compliance in filling out medical records still requires special attention at Ibnu Sina Hospital, Makassar. Based on initial interviews with the doctors in charge, approximately 5 doctors showed that they understood and knew about the contents of complete medical records, but due to time constraints and so many medical record items, the writing was sometimes incomplete and had to be rushed because there was a schedule. waiting polyclinic. These doctors also said that it was not conducive to filling in medical records because there was no special doctor's room available for filling in medical records so the filling was combined with the nurse's room (Harsono & Sugiharto, 2020) (Djarmiko, 2023).

Based on the problem formulation described above, the influence on doctors' compliance in filling out medical records can help hospital management to be able to overcome deficiencies and must be corrected in dealing with doctors' compliance problems so that they are able to carry out their duties well and achieve organizational goals. So, the author is interested in conducting research entitled "Knowledge, Motivation, and Work Culture on Doctors' Compliance in Completing Medical Records at Ibnu Sina Hospital Makassar". It is hoped that the results of this research can contribute to the knowledge of the influence of knowledge, motivation and work culture on doctor compliance in hospitals.

RESEARCH METHOD

This research was carried out at the "Ibnu Sina" YW-UMI Makassar Hospital, South Sulawesi. The time for carrying out this research was data collection in January - February 2024. The variables in this research include three independent variables (X), namely knowledge (X1), motivation (X2), work culture (X3), and the dependent variable is doctor compliance (Y). Hypothesis testing in this research uses causality or cause and effect techniques. The population included all the Responsible Doctors (DPJP) at "Ibnu Sina" YW-UMI Hospital, especially in the inpatient installation of 70 doctors. This study employs a questionnaire-based data collection technique to identify pertinent factors. Staff, meeting inclusion criteria, distribute questionnaires to respondents, specifically

doctors at Ibnu Sina Hospital in Makassar. The questionnaire, designed on an ordinal Likert scale, solicits responses from respondents by assigning scores to provided answers. Descriptive statistical analysis, employing the three-box method, is utilized to interpret the results of multiple linear regression analysis conducted through T tests and F tests.

RESULTS AND DISCUSSIONS

Results

Respondent Characteristics

The questionnaire results indicate that the predominant group among the respondents in this study were female specialist doctors (62.9%), aged between 31-40 years (51.4%), with the highest education, namely Master's degree (52.9%). This suggests that a significant portion of doctors are well-educated and experienced women with relevant academic backgrounds, enabling them to fulfill their roles and responsibilities in the hospital setting more effectively.

Test Research Instruments

Based on the results of the validity test, it is known that the range of r-calculated values is between 0.380 - 0.737, so that all r-calculated values are > r-table (0.361). So it can be concluded that all statements on the doctor's compliance variable are valid. The measurement test results indicate that all dimensions and variables have a Cronbach's Alpha value of ≥ 0.70 . Thus, these variables meet the requirements for validity and reliability.

Table 1. Reliability test results for research variables reliability statistics

Cronbach's Conclusion	Alpha	Variable	Cronbach's Conclusion	Alpha	Variable	Cronbach's Conclusion	Alpha	Variable
Knowledge Reliability	(X1) 0.892	High	Knowledge Reliability	(X1) 0.892	High	Knowledge Reliability	(X1) 0.892	High
Motivation Reliability	(X2) 0.878	High	Motivation Reliability	(X2) 0.878	High	Motivation Reliability	(X2) 0.878	High
Work Culture Reliability	(X3) 0.820	High	Work Culture Reliability	(X3) 0.820	High	Work Culture Reliability	(X3) 0.820	High
Doctor High Reliability	(Y) 0.868	High	Doctor High Reliability	(Y) 0.868	High	Doctor High Reliability	(Y) 0.868	High

The highest index value for the motivation variable is the extrinsic factor in the statement X2.18.

Descriptive Analysis

The analysis utilizes index analysis to gauge respondents' tendencies towards each variable. The highest index value for the knowledge variable lies in understanding the importance of filling out medical records for BPJS claims submission (Purwantoro, 2019) (Al Hakim et al., 2021). Conversely, the lowest index value pertains to the use of pens in hospital letter writing to meet legal requirements. This underscores the necessity of enhancing awareness about medical record procedures and legal aspects among respondents.

The highest index value for the motivation variable is the extrinsic factor in the statement X2.18, this shows the item of the motivational variables that are currently considered the best by the person in charge of the doctor (DPJP) at the "Ibnu Sina" Hospital, especially in the inpatient installation the rules that have been made" and "I am satisfied that I am able to carry out operational standards for filling out medical records." This means that the respondent complies with existing regulations. Meanwhile, the lowest index value for this variable is in the intrinsic factor, showing the item from the motivation variable which is currently considered the least good by the Doctor in Charge (DPJP) at "Ibnu Sina" YW-UMI Hospital is the statement X2.10 "I diligently fill in the record medical because I want to be promoted" and X2.11 "I diligently follow standard operational procedures because I want to get praise." This can be interpreted that doctors do not

only see it as self-respect, but because they are busy they cannot fill in medical records completely and on time(Siagian, 1991).

The highest index value on work culture variables is in statement X3.09, this indicates that the item of the work culture variable that is currently considered the best by the Doctor in Charge (DPJP) at "Ibnu Sina" YW-UMI Hospital, especially in the Inpatient Installation is "I support the hospital's policy on doctor welfare". While the lowest index value on the work culture variable is in statement X3.05, this shows that the item of the work culture variable that is currently considered the least good by the Doctor in Charge (DPJP) at the "Ibnu Sina" YW-UMI Hospital is "I always help my coworkers who need support, especially help who are experiencing difficulties in their work". Where in this case that the respondent felt that filling in the medical record made it difficult for the respondent's colleagues to complete the medical record so that the filling was incomplete and for this reason the filling was often assisted so that the medical record was complete in the process of returning it to the medical record installation(Wilujeng, n.d.).

The highest index value for the doctor compliance variable is in statement Y09, this shows that the item from the doctor compliance variable which is currently considered the best by the Doctor in Charge (DPJP) at "Ibnu Sina" YW-UMI Hospital, especially in the Inpatient Installation, is "I Always fill out a medical record, where all data regarding the patient is written carefully and carefully." Meanwhile, the lowest index value for this variable is in statement Y02, this shows that the item from the doctor compliance variable which is currently considered the least good by the Doctor in Charge (DPJP) at "Ibnu Sina" Hospital YW-UMI is "I did not write down the primary diagnosis first based on the biggest disease encountered during the patient's treatment. " This implies that the primary diagnosis filled by respondents represents the final diagnosis upon completion of treatment and relevant examinations. Therefore, hospital management should supervise the timely completion of medical records, ensuring reports are filed promptly and accurately to avoid disruptions in the data filing process.

Normality test

This test is a prerequisite for the suitability of data to be analyzed using parametric statistics or non-parametric statistics. This test aims to test whether a regression equation model is normally distributed or not. If the results show a normal distribution, then the analysis used is parametric statistics. On the other hand, if the results show a non-normal distribution, then the analysis used is non-parametric statistics.

Table 2. Normality test

	Kolmogorov-Smimov			Saphiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Unstandardized Residual	0,098	70	0,093	0,979	70	0,285

Source: Data Processing Results, 2024

Based on the normality test table using the Kolmogorov-Smirnov test, it can be concluded that the Sig. of 0.093 (Sig. > 0.05), meaning that parametric statistical analysis using multiple linear regression analysis can be continued and is feasible.

Multicollinearity Test

The multicollinearity test is conducted to assess the presence of strong relationships (intercorrelation) between independent variables, typically using the tolerance and VIF (Variance Inflation Factor) methods. Multicollinearity is considered absent if the tolerance value is > 0.10 or if the VIF value is < 10.00.

Table 3. Multicollinearity test

Variable Independent	Variable Dependent	Collinearity Statistics		Conclusion
		Tolerance	VIF	
Knowledge	Doctor compliance	0,825	1,212	No multicollinearity
Motivation	Doctor compliance	0,900	1,111	No multicollinearity
Work culture	Doctor compliance	0,871	1,149	No multicollinearity

Source: Data Processing Results, 2024

Based on the table above, it is known that all independent variables have a VIF value < 10, which means there is no multicollinearity so the regression model is suitable for use in this research.

Heteroscedasticity Test

The heteroscedasticity test is utilized to ascertain whether there is uniformity in the variance of the residuals (error values) across the observed values in a well-fitted model, where heteroscedasticity is absent (Ghozali, 2016). One method to detect heteroscedasticity in a multiple linear regression model is by examining the scatterplot graph of the predicted values of the dependent variable (SRESID) against the residual errors (ZPRED). Decision-making regarding the presence or absence of heteroscedasticity is typically guided by the criteria outlined by (Ghozali, 2016).

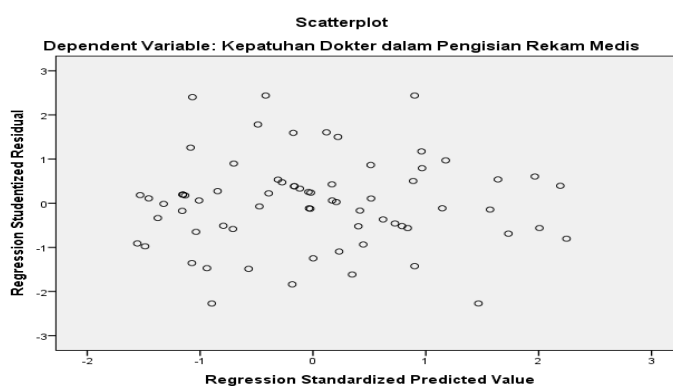


Figure 1. Scatterplot of compliance variables

Source: Data Processing Results, 2024

Based on the graph provided, it appears that there is no discernible pattern, and the points are evenly distributed both above and below the 0 on the y-axis, so heteroscedasticity does not occur, so the regression model is suitable for use in this research.

Hypothesis testing

The analysis conducted involves Multiple Linear Regression. This model was selected to determine the extent of influence exerted by the independent variable(s) on the dependent variable, whether individually or collectively. Prior to utilizing the regression model to test the hypothesis, hypothesis testing is conducted. After all the requirements for researching a regression model have been fulfilled, the next step is to find out whether or not the hypothesis proposed in this research is accepted, data analysis is carried out using the F test (simultaneous test of all variables) and the T test (partial test) with a level of $\alpha = 5\%$.

The multiple regression model in this research is as follows: $Y = a + b_1X_1 + b_2X_2 + b_3X_3 + e$

Description

Y = Variable dependen (doctor's compliance)

a = Konstant

b_1, b_2, b_3 = Regression coefficient

- X1 = Knowledge
- X2 = Motivation
- X3 = Work culture
- e = Prediction error

$$y = 0,603 + 0,246 + 0,292 + 0,287 + 0,352$$

Table 4. Hypothesis test 1 model summary multiple linear regression

R ²	F-hit	Sig.
0,468	19,387	0,000

Source: Data Processing Results, 2024

From the results of multiple linear regression processing, it is known that the coefficient of determination R² = 0.468. This means that all independent variables (knowledge, motivation and work culture) are able to explain the variation in the dependent variable (doctor compliance) of 46.8% while the remainder (53.2%) is explained by other factors that the researchers did not include in the model. From the results of multiple linear regression testing, the F-count value was 19.387 with a significance (p value) of 0.000, which means there is at least 1 (one) independent variable that influences doctor's compliance or simultaneously there is a significant influence of the independent variables on the dependent variable.

Table 5. Hypothesis test 2, 3 and 4 partial test results (t test)

Variable	Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.
	B	Std. Error			
Doctor compliance model (Constant)	0,603	0,352		1,713	0,091
Knowledge	0,246	0,088	0,276	2,793	0,007
Motivation	0,292	0,071	0,390	4,119	0,000
Work culture	0,287	0,098	0,281	2,925	0,005

Source: Data Processing Results, 2024

The partial test results indicate a t-value of 2.793, exceeding the threshold of 1.96 (t > 1.96), and a p-value of 0.007, lower than the significance level (α) of 0.05 (p < 0.05), then Ho is rejected, meaning there is a significant influence between knowledge and doctor's compliance. The correlation coefficient (standardized beta) value is 0.276 and has a positive sign. This result shows that the knowledge variable has an influence with a unidirectional (positive) and meaningful (significant) relationship on the doctor's compliance variable. This means that the better the knowledge, the better the doctor's compliance will be.

Discussion

The influence of knowledge, motivation and work culture on doctors' compliance in simultaneously filling in medical records at Ibnu Sina Hospital Makassar.

The results of this study show that there is an influence on the variables of knowledge, motivation and work culture on doctors' compliance in filling out medical records simultaneously. According to Edna K. Huffman, a medical record comprises factual information or evidence pertaining to a patient's condition, medical history, and past as well as ongoing treatment, documented by the healthcare professional delivering services to the patient(Huffman & Edna, 1994)(Huffman et al., 1994).

According to(Kencana et al., 2019), doctors' compliance in filling out medical records is influenced by knowledge, with 60% of DPJPs understanding SOPs for medical records at the hospital. Compliance, as defined by(Kurniyati, 2020)(Sihombing et al., 2023) involves heeding recommendations and adhering to plans. In this study, compliance with medical record

completion was assessed based on doctors' adherence to writing diagnoses as per hospital regulations, returning records within <24 hours. Respondents demonstrated high understanding and knowledge of medical record completion. However, motivation and work culture also play significant roles. Factors contributing to incomplete records include doctors' sense of responsibility (Sugiyanto, 2005) (Ariyanti et al., 2023). Lengthy record designs may deter officers, leading to perceived irresponsibility among doctors. The study indicates that doctors' knowledge, motivation, and work culture significantly influence their compliance with medical record completion.

Partial influence of knowledge on doctor's compliance in filling out medical records at Ibnu Sina Hospital Makassar

The findings of this study suggest that the knowledge variable exhibits a significant positive impact on doctor compliance. In line with research by , the lack of knowledge of specialist doctors regarding the importance of filling in medical records completely causes specialist doctors not to fill out medical records completely.

Huffman (1986) defines medical records as comprehensive collections documenting a patient's life and health history, encompassing past and present illnesses. The recording of medical records is integral to the functioning of healthcare facilities, outlined within job descriptions at medical record installations. These records include detailed information such as patient identity, medical history, physical examinations, laboratory results, diagnoses, and treatments across outpatient, inpatient, and emergency care settings (Haryanti & Surtikanti, 2022).

Sufficient knowledge about medical records does not guarantee that someone will behave obediently in filling out medical records. Based on research at Ananda Bekasi Hospital with 2 key informants, vacancies occur because doctors often forget and have other activities outside the hospital so that filling is not done on time, so complete filling is done when the doctor is contacted by a nurse or officer, in this case reminding or before making a tariff claim for BPJS patients.

The study found that respondents' scores were lowest in the medium category for the statement "Medical record documents in hospitals are written using a pen so they meet legal requirements." Interviews with the head of the medical records unit revealed that records were rarely returned on time. Respondents acknowledged the importance of complete and accurate record-keeping but cited time and scheduling constraints outside the hospital. As a result, tasks are sometimes delegated to resident doctors, and records may not be filled out using a pen, or may be left incomplete, with the doctor's signature being the most frequently omitted item.

Partial influence of motivation and work culture on doctor's compliance in filling out medical records at Ibnu Sina Hospital Makassar

The results of this study show that motivation has a positive effect on doctor compliance at Ibnu Sina Hospital. This means that if motivation is high, it will increase doctor's compliance in filling out medical records at Ibnu Sina Hospital.

Herzberg's Motivation-Hygiene Theory (1966) posits that factors contributing to job satisfaction differ from those causing dissatisfaction, categorized as extrinsic and intrinsic. While managers can address hygiene factors to prevent dissatisfaction, true motivation stems from intrinsic factors like recognition, responsibility, and achievement. This theory implies that emphasizing aspects intrinsic to the job itself or its direct outcomes, such as personal growth and recognition, fosters motivation (Tan & Waheed, 2011) (Yusoff et al., 2013) (ASGARI & Noorbakhshian, 2014). Studies affirm that motivation significantly impacts performance in completing medical records. (Wajdi, 2017) states that knowledge and motivation and performance influence doctor's compliance in filling out medical records. This study reveals a strong correlation between motivation and doctors' compliance in completing medical records. Specifically, respondents with poor motivation often share common traits, such as less than five years of service, indicating that new doctors may lack strong intrinsic or extrinsic motivation. In the three-

box method used in the research, motivation levels for both extrinsic and intrinsic factors were rated as moderate. The lowest index for extrinsic motivation was 37.5, reflecting a lack of interest in promotion based on record completion. For intrinsic motivation, the lowest index was 30.8, indicating a tepid response to following standard procedures in anticipation of praise." Seeing the results of this statement, some respondents also had high motivation, but some revealed that there had been no provision of training, education or job promotions. And the absence of routine supervision also reduces respondents' motivation to comply with filling in medical records, so increasing motivation needs to be through further evaluation and training regarding medical records (Junaedi et al., 2024).

The influence of work culture on doctors' compliance in filling out medical records at Ibnu Sina Hospital Makassar partially

This study highlights the significant impact of work culture on doctor compliance in filling medical records at Ibnu Sina Hospital Makassar. Effective implementation of work culture enhances compliance. Understanding individual employees, particularly doctors, aligns with Osborn & Plastrik's theory that work culture comprises behavioral norms. Management plays a vital role in fostering a conducive work culture, while leaders should serve as role models. These findings are consistent with research at Ngudi Waluto Wilingi Regional Hospital, emphasizing the crucial role of doctor discipline in medical record completeness (Riyantika, 2018) research also shows that predisposing factors are the main cause of incomplete medical resumes because doctors are busy, causing delays in completing medical resumes. In the results of this research, the work culture variable is divided into indicators of mental attitude and leader behavior, each of which is included in the high category (Sutoro, 2020) (Sulistyawati et al., 2022). However, each category has a dimension score with the lowest index of 53.5 on the mental attitude indicator, namely the statement "I always help my colleagues who need support, especially those who are experiencing difficulties in their work" and on the leader behavior indicator with a dimension score with the lowest index of 53.3 in the statement "I am always willing to carry out any work that has been agreed upon for me". Respondents found filling medical records challenging due to their busy schedules, leading some to seek assistance. Delegating this task can impact the timeliness and accuracy of record completion (Silviana Mustikawati & Ongko Joyo, 2024).

Research Findings

This study suggests that knowledge regarding medical record completion improves, especially concerning its legal and financial implications. Doctors understand the legal significance of medical records as evidence and their role in health insurance claims. Motivation and work culture regarding record completion are satisfactory, with doctors acknowledging their responsibility in maintaining comprehensive records. However, challenges persist in fostering a culture of compliance, as record completion remains primarily the responsibility of treating physicians, integral to their professional competency in managing patient care from admission to discharge.

CONCLUSION

Knowledge, Motivation and Work Culture demonstrate a significant influence on Doctor Compliance in filling out Medical Records. Doctors' knowledge of medical records has a significant effect on Doctor Compliance. In this case, it means that the higher the doctor's knowledge in filling out medical records, the more the doctor understands that medical record documents are important and not only as a means of submitting BPJS claim payments, but also as valid evidence if something happens in the future. Motivation also has a significant effect on doctor compliance. Higher motivation among doctors in completing medical records leads to improved quality targets, while work culture significantly influences doctor compliance, indicating that attitudes and responsibilities toward medical record completion affect the desired outcomes.

This study provides empirical evidence that transformational leadership has a positive influence on job satisfaction and contributes to lowering turnover intention. This supports and extends the existing literature regarding the importance of this leadership style in improving employee well-being. It shows that adequate compensation not only increases job satisfaction but also directly reduces intention to quit. This provides further insight into the importance of compensation structure in human resource management. Shows that job satisfaction can be a significant mediator between the independent variables (transformational leadership and compensation) and intention to quit. This adds to the understanding of the mechanisms behind these relationships.

This study only examines the direct relationship between variables, without considering the interaction between independent variables. Other factors that may affect Turnover Intention but were not examined, such as work environment, work-life balance, and career development opportunities. Further research can add other variables such as work environment, work-life balance, and career development opportunities to gain a more comprehensive understanding of the factors that influence turnover intention.

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