

# THE EFFECT OF KNOWLEDGE, MOTIVATION, ORGANIZATIONAL CULTURE ON MEDICAL RECORD COMPLIANCE COMPLIANCE IN HOSPITALS

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**ABSTRACT**

Every health service facility is required to make medical records made by doctors and health workers related to the services that have been provided. The completeness of the information provided by health workers shows that the quality of the health services provided can be proven to be following related health service standards. This study was to analyze the influence of knowledge, motivation, and organizational culture simultaneously on compliance with medical record filling at Mitra Medika Hospital Pontianak using 83 respondents using the mixed methods sequential explanatory designs. From the results of the quantitative research, it was found that the Knowledge and Organizational Culture variables influenced compliance with medical record filling with beta values of 0.567 and 0.416; as well as the significance of both variables 0.000; Meanwhile, motivation does not affect compliance with medical record filling with a beta value of 0.003 and a significance of 0.940; Knowledge is the variable that has the most dominant influence on compliance with medical record filling. From the results of qualitative research, it was found that motivation does not affect the value of the dimensions of motivation. Where knowledge and organizational culture influence the filling of medical records by the values of the dimensions of knowledge and organizational culture.

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**Info Article**

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**INTRODUCTION**

Based on Law Number 44 of 2009 concerning Hospitals, hospitals are health service institutions that provide complete individual health services that provide inpatient, outpatient, and emergency services. Hospitals have a role to provide quality health services to the community to improve the health status as high as possible. One of the indicators in measuring the quality of hospital services is accreditation. To achieve this, hospitals need complete and accurate data so that the quality of health services remains good. Every health

service facility is required to make medical records made by doctors and health workers related to the services that have been provided.

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 34 of 2017 concerning Hospital Accreditation, it is stated accreditation is an acknowledgment of the quality of hospital services after an assessment has been made that the Hospital has met the Accreditation Standards (Maringka et al., 2019). Based on the National Standard for Hospital Accreditation on Information Management and Medical Records, specifically on the MIRM Standard 13.3, it is stated that health workers who are authorized to fill in patient medical records and each filling must include the date and time, as well as identification of health workers in the form of full name and signature. Accreditation is an acknowledgment of the quality of hospital services after an assessment is made that the hospital has met accreditation standards. Accreditation standards are guidelines that contain the level of achievement that must be met by hospitals in improving service quality and patient safety (Kemenkes, 2011).

The completeness of the information provided by health workers shows that the quality of the health services provided is increasingly proven to be by related health service standards. Completeness of medical record documents can facilitate other health workers in providing action or treatment and can be used as a useful source of information for hospital management in determining the evaluation and development of health services. Medical record data must be complete and detailed so that in filling out the medical record it must be filled in as well as possible and as complete as possible. Considering that the process of filling out medical records in hospitals is carried out by caregiving professionals (doctors and nurses) which results in documentation not being as accurate and complete as expected.

The problem that often arises in filling out medical records is that the filling process is incomplete, writing by doctors who are less specific about diagnoses is still an obstacle at Mitra Medika Pontianak Hospital both in the emergency department, inpatient and outpatient care. Researchers made initial observations with medical record officers on the completeness of filling in patient medical records in the emergency department, inpatient and outpatient care at Mitra Medika Pontianak Hospital in June 2020, using a checklist of Incomplete patient medical records (KLPCM) which is one of the indicators of the quality of the medical record unit at Mitra Medika hospital. The results obtained were that the number of medical records during June 2020 was 4683 files, and the overall incompleteness was 12.3%, which consisted of 6.6% in the outpatient unit, 3.2% in the inpatient unit, and 2.5% in the emergency department.

Obedience is receiving orders from other people, Compliance with medical record filling is an individual behavior that is disciplined and obedient in recording and documenting all services provided to patients in the medical record. The dimensions used according to Blass, namely trust, accept, and do.

Knowledge is facts, truth, or information obtained through experience or learning called posteriori, or through introspection called priori (Student et al., 2021). Knowledge is information that someone knows or is aware of. Knowledge includes, but is not limited

to descriptions, hypotheses, concepts, theories, principles, and procedures that are correct or useful. Medical record knowledge is an accumulation of everything that an organization knows and uses in running its business, according to Smith and Webster (Reber & Reber, 2010). According to Maslow, motivation is a driving force from within that causes humans to do something or try to fulfill their needs with the dimensions of physiological needs, a sense of security, social, recognition, and self-actualization.

Organizational culture is a pattern or system in the form of attitudes, values, behavioral norms, language, beliefs, and rituals that are formed, developed, and passed on to members of the organization that differentiates it from other organizations and determines how the group feels, thinks and reacts to a changing environment. diversity and function to address internal and external adaptation issues.

Based on the problems above, the researcher is interested in conducting a study entitled Analysis of Compliance with Outpatient Medical Record Compliance Based on Hospital Accreditation Standards at Mitra Medika Pontianak Hospital to analyze the incomplete filling out of outpatient medical records/ polyclinic at Mitra Medika Pontianak Hospital. The difference with previous studies was that the research method used in this study was mixed methods by assessing the completeness of filling in the outpatient medical record through an analysis of the compliance of the Care Provider Professional (PPA) in filling out the outpatient medical record.

Theoretical benefits: knowing the effect of knowledge, motivation, and organizational culture simultaneously on compliance with filling out medical records at Mitra Medika Hospital, Pontianak. Practical Benefits: this can provide information for the special Hospital Medical Records section.

## **METHODS**

The method used in this study is a mixed methods method. According to Creswell, mixed methods is a research approach that combines or associates qualitative and quantitative forms. This approach involves philosophical assumptions, the application of qualitative and quantitative approaches, and the mixing of the two approaches into one study. In this study, researchers used sequential explanatory designs. Sequential explanatory design is a combination research method that combines quantitative and qualitative research methods sequentially, wherein the first stage of the research is carried out using quantitative methods and the second stage is carried out using qualitative methods. In this study, quantitative data plays a role in obtaining measurable data that are descriptive, comparative, and associative. Qualitative data has a role to prove, deepen, expand, weaken, and invalidate the quantitative data that has been obtained (Sugiyono, 2013).

## **RESULTS AND DISCUSSION**

The majority of nurses in this study were in the age group of 31–40 years 28 respondents (33.73,%); age 41-50 years 22 respondents (25.3%); < 30 years 19 respondents

(22.9%) and age > 50 years 15 respondents (18.07%). The majority were female 51 respondents (61.45%) and male 32 respondents (38.55%). The majority worked for >6 years 37 respondents (44.58%), 3-6 years 22 respondents (26.5%), 1-3 years 20 respondents (24.1%), and the rest less than <1 year 4 respondents (4, 82%).

Researchers took the medical records of outpatients from February to March 2022 in a total of 100 medical record files. Then an analysis of the completeness of the medical record files for outpatients was carried out in the initial outpatient nursing and medical assessments as well as further assessment/integrated patient progress notes (CPPT) in outpatient care, as follows:

### Initial Outpatient Nursing Assessment

**Table 1. Results of Outpatient Nursing Preliminary Assessment Analysis**

<b>Indicator</b>	<b>Number of Medical Records</b>	<b>Complete (%)</b>	<b>Incomplete (%)</b>
Main complaints	100	100	0
Physical status and vital signs	100	97	3
Risk of pain	100	100	0
Risk of falling	100	100	0
Nutritional status	100	96	4
Psychological, social, economic and spiritual status	100	98	2
Nursing issues	100	100	0
Date and/or time of inspection	100	73	27
Name and signature	100	78	22

The table above shows the completeness of the initial outpatient nursing assessment with an average indicator above 70%. The lowest percentage was on the date and time of inspection indicator 73% and followed by the nurse's name and signature indicator at 78%. This is to the data from the medical record unit regarding incomplete medical record filling.

Based on the three-box method, the results show that high knowledge (factual dimensions with low indexes, conceptual and procedural dimensions with moderate indexes) has a positive and significant influence on filling out medical record files, moderate motivation (dimensional needs for self-actualization, physiology and a sense of security with moderate indexes). , motivation of medical staff has a positive but not significant effect on filling out medical record files and high Organizational Culture (Innovation and risk-taking, Attention to detail, and Stability with a moderate index) has a positive and significant effect on filling out medical records files.

Based on the FGD, obtained from polyclinic/outpatient nurses, there were problems of incompleteness due to limited time in filling out and feeling that there was a lot to fill in for one patient at a time, which was because patients came one after another quickly so that it was often not resolved properly. Nurses also know the importance of filling out the

medical record file properly and correctly, how to make corrections if an error occurs, and the order of the medical record file which consists of one file for one patient including outpatient, inpatient, and emergency room care, and who is authorized to view and fill out Medical record files are health workers, namely nurses, doctor,s and medical rehabilitation nurses. This is in line with nurses in outpatient polyclinics who state that "documentation must be based on nursing knowledge that is owned in carrying out documentation given to patients". And "Filling out this medical record is an organizational culture of Pontianak Mitra Medika Hospital in carrying out documentation according to hospital accreditation that must be done." nurses providing services to patients, stated that "motivation does not provide any encouragement in filling out the medical records of Mitra Medika Hospital Pontianak. Suggestions from the nurse to provide a date stamp if the manual and the EMR system are just selected and clicked as well as training from the medical record.

### Initial Outpatient Medical Assessment

**Table 2 Results of Outpatient Medical Initial Assessment Analysis**

<b>Indikator</b>	<b>Jumlah Rekam Medis</b>	<b>Lengkap (%)</b>	<b>Tidak Lengkap (%)</b>
Keluhan utama	100	100	0
Status fisik dan tanda vital	100	99	1
Riwayat penyakit	100	100	0
Status fisik dan tanda vital	100	100	0
Riwayat alergi	100	100	0
Risiko nyeri	100	100	0
Risiko jatuh	100	99	1
Pemeriksaan fisik	100	100	0
Pemeriksaan penunjang	100	100	0
Diagnosa	100	100	0
Pengobatan	100	100	0
Edukasi	100	98	2
Tanggal dan jam pemeriksaan	100	75	25
Nama dan tanda tangan	100	80	20

The table above shows the completeness of the initial outpatient medical assessment with an average of above 70%. The lowest percentage on the indicator date and time of inspection was 75% and followed by the nurse's name and signature indicator at 80%. This is to the data from the medical record unit regarding incomplete medical record filling.

Based on the three-box method, the results show that high knowledge (factual dimensions with low indexes, conceptual and procedural dimensions with moderate indexes) has a positive and significant influence on filling out medical record files, moderate motivation (dimensional needs for self-actualization, physiology and a sense of security with moderate indexes). , motivation of medical staff has a positive but not significant effect on filling out medical record files and high Organizational Culture

(Innovation and risk-taking, Attention to detail, and Stability with a moderate index) has a positive and significant effect on filling out medical records files.

Based on the FGD, obtained from specialist doctors, there were problems of incompleteness due to limited time between carrying out the examination and documentation that had to be carried out so that specialist doctors only carried out important documentation. According to specialist doctors that "filling in the record must be based on SOAP, in which there are symptoms expressed by patients in diagnosing disease and vital signs and physical examinations carried out by doctors so that it is an organizational culture in documenting examinations of patients. Mitra Medika Hospital Pontianak".

Advice from specialist doctors to make a system to make their work easier, such as EMR, where you just have to select and click. And reviewing the patient's medical history is easier in the system than waiting for the medical record file which sometimes takes a long time to go to a poly specialist.

### Continuing Assessment/ CPPT Outpatient

**Table 3 Results of Outpatient Advanced Assessment/CPPT Analysis**

<b>Indikator</b>	<b>Jumlah Rekam Medis</b>	<b>Lengkap (%)</b>	<b>Tidak Lengkap (%)</b>
Keluhan utama	100	100	0
Riwayat penyakit	100	100	0
Status fisik dan tanda vital	100	100	0
Pemeriksaan fisik	100	100	0
Pemeriksaan penunjang : radiologi, laboratorium, EKG	100	100	0
Diagnosa	100	100	0
Pengobatan	100	100	0
Tanggal dan jam pemeriksaan	100	90	10
Nama dan tanda tangan	100	82	18

The table above shows the completeness of outpatient follow-up assessment/CPPT with an average of above 80%. The lowest percentage was on the nurse's name and signature indicator by 80% and followed by the date and hour of examination indicator by 90% due to the focus on providing services to patients and not paying close attention to the completeness of documentation. This is to the data from the medical record unit regarding incomplete medical record filling.

Based on the three-box method, the results show that high knowledge (factual dimensions with low indexes, conceptual and procedural dimensions with moderate indexes) has a positive and significant influence on filling out medical record files, moderate motivation (dimensional needs for self-actualization, physiology and a sense of security with moderate indexes). , motivation of medical staff has a positive but not significant effect on filling out medical record files and high Organizational Culture

(Innovation and risk-taking, Attention to detail, and Stability with a moderate index) has a positive and significant effect on filling out medical records files. Filling compliance is high (the dimensions of trusting and accepting with medium indexes) so it is necessary to improve the dimensions of the low and medium variables.

The review of outpatient medical record files is carried out by medical record officers and so far this has been done routinely by the medical record unit. This includes officers also supervising access rights and filling in medical records by authorized officers. The results of the medical record officer's review found that it was often not filled in on the indicators of the date and time of examination as well as the name and signature of the officer. The medical record officer hopes that the incomplete medical record file will be completed soon so that it does not become homework for the nurse. Where the RM officer suggested using the EMR system so that it was easier to find and transfer data to Rajal and Ranap units and to make it easier for medical staff to fill out medical record files.

Based on the results of the group discussion forum above, the researcher can conclude that motivation does not affect filling in the completeness of the medical record. Filling in a complete medical record is part of a task or job to keep records in the form of documentation as evidence that has been given by medical personnel to patients so that motivational factors do not influence the decision to fill out medical records at Mitra Medika Pontianak Hospital. Where knowledge and organizational culture affect the filling of medical records at Mitra Medika Pontianak Hospital. Where the knowledge possessed by medical personnel is very decisive in the treatment and medical action that will be given to patients, while the organizational culture is very binding on employees or staff in carrying out documentation of treatment and actions given to patients.

### **The relationship between knowledge, motivation, and organizational culture regarding medical records with adherence to filling out medical records**

From the research results, it was found that Hypothesis 1 was accepted because the results obtained had an F value of 237,304 with a significance level of 0.00. So knowledge, motivation, and organizational culture have a significant effect on compliance with medical record filling at Mitra Medika Hospital Pontianak.

This study explains that individuals who have a good understanding of knowledge, motivation, and organizational culture will fill in the medical record file completely. This means that a medical officer who has a good understanding of knowledge, motivation, and organizational culture will produce a complete medical record.

The results of the three-box method show statements with moderate index values on the trust and accept dimension with the following statements: 1) I always fill out the medical record form on time, according to existing regulations (51.8%); 2) I can complete the job of filling out the medical record form properly and according to existing regulations (52.2%); and 3) I like to work according to the standards set in filling out the medical record form (51.8%). So it is necessary to improve by providing training to medical staff about the importance of filling out complete medical records correctly and correctly.

The provision of outpatient medical record files is by the Hospital Accreditation Standards of the Ministry of Health. There are incomplete medical record files on the date and time indicators of examination (doctor 20%, nurse 27%) as well as the name and signature indicators of officers (doctor 25%, nurse 22%) due to time constraints and lots of things to fill in one by one patient, so it is often not resolved properly. Where the factors that influence the filling of medical records are knowledge and organizational culture. Motivational factors do not affect filling in the completeness of medical record files at Mitra Medika Hospital, Pontianak.

The results of this study were reinforced by research conducted by 1) Erwin Santosa, Elsy Maria Rosa, and Famella Tiara Nadya showing that the completeness of medical record filling was due to time constraints, operator knowledge, supervising doctors and lack of supervision (Santosa et al., 2014). 2) Research by Khasib Maburur Ridho, Elsy Maria Rosa, and Endang Suparniati shows that the factors that influence medical record adherence at RSGM-P UMY are knowledge, time constraints, operator attitudes, number of patients, and motivation (Ridho et al., 2013). 3) Research by Rosita Ramadhani Kumalasari, Yudhy Darmawan, and Sri Winarni shows that there is a relationship between a doctor's knowledge and filling in the completeness of medical record files (Kumalasari et al., 2018). 4) Research by Devi Pramita Sari and Galih Raka Siwi there is a relationship between nurses' knowledge of medical records and documentation with the completeness of recording nursing documentation (Sari & Siwi, 2019). 5) Research by Fitra Pringgayud, Nur Hashanah, and Daniah shows that there is a significant relationship between nurses' knowledge and nurse compliance in filling out patient identities (Pringgayuda et al., 2021). 6) Research by Muhammad Nugraha, Akhmad Fauzan, and Asrinawaty shows that there is a relationship between knowledge and the completeness of filling out the informed consent sheet at H. Boejasin Pelaihari Hospital in 2019 (Hasan et al., 2018). 7) Research by Selvia Juwita Swari, et al shows that incomplete filling inpatient medical record files are caused by several factors, namely the staff factor), procedural factors (method), tool factors (material) and Machines factors and motivation factors (Erlando, 2019). 8) Research by Lisa Edian Tanjung, Yuniati, and Zuraidah Nasution shows that there is an effect of compensation, work environment, promotion, awards, discipline, and doctors' responsibilities in filling out medical records (Tanjung et al., 2022). 9) Research by Anna Anita Paulus, Yudhy Dharmawan, and Farid Agusbyana shows that there is no relationship between knowledge and motivation with the completeness of medical records (Paulus et al., 2019). 10) Muhammad Husni's research shows that a) Knowledge has no significant effect on compliance with writing a diagnosis on a patient's medical resume. b) Attitudes and motivation have a positive and significant effect on adherence to writing diagnoses on patient medical resumes c) Knowledge, attitudes, and motivation simultaneously affect adherence to writing diagnoses on patient medical resumes (Ahmad, 2020).



### **The relationship between knowledge of medical records and adherence to medical record filling**

From the results of the study that Hypothesis 2 was tested and accepted because the regression coefficient value was 8,296 and a significant value of 0.000 was smaller than the alpha value (0.05) which indicated that knowledge had a positive and significant effect on filling out medical record files at Mitra Medika Hospital Pontianak. The higher the knowledge of the medical staff, the better and more regular the filling of medical records.

This study shows that the knowledge of high medical staff will encourage them to achieve their goals. This is supported by the answer that medical personnel care is a series of practical activities of medical personnel in providing care to patients. At the assessment stage, subjective and objective data were obtained from the patient. Medical personnel can get into legal trouble if they do not complete medical care documentation. If it is known that the patient has returned and there is a blank space in the form, then it must be completed immediately. After completing the documentation, they must immediately validate by writing their name and signature. Documentation of medical care can be seen to what extent the patient's problems can be resolved.

From the results of the FGD, it was found that motivation did not affect filling in the completeness of the medical record. Filling in a complete medical record is part of a task or job to keep records in the form of documentation as evidence that has been given by medical personnel to patients so that motivational factors do not affect the decision to fill in medical records at Mitra Medika Hospital Pontianak

Meanwhile, Dixon stated that knowledge is a meaningful relationship that people make in their minds between information and its application in action in certain settings. Knowledge is facts, truth, or information obtained through experience or learning called *posteriori*, or through introspection called *priori* (Maier, 2005). Knowledge is 'information that is given meaning and integrated with other understanding content.

The results of this study were reinforced by research conducted by Erwin Santosa, Elsy Maria Rosa, and Famella Tiara Nadya showing that the completeness of medical record filling was due to time constraints, operator knowledge, supervising doctors, and lack of supervision (Santosa et al., 2014). Research by Khasib Mabror Ridho, Elsy Maria Rosa, and Endang Suparniati shows that the factors that influence medical record compliance at RSG-P UMY are knowledge, time constraints, operator attitudes, number of patients, and motivation (Ridho et al., 2013). Research by Rosita Ramadhani Kumalasari, Yudhy Darmawan, and Sri Winarni shows that there is a relationship between doctors' knowledge and filling in the completeness of medical record files. Research by Devi Pramita Sari and Galih Raka Siwi there is a relationship between nurses' knowledge of medical records and documentation with the completeness of recording nursing documentation. Research by Fitra Pringgayud, Nur Hashanah, and Daniah shows that there is a significant relationship between nurses' knowledge and nurse compliance in filling out patient identities (Pringgayuda et al., 2021). Research by Muhammad Nugraha, Akhmad Fauzan, and Asrinawaty shows that there is a relationship between knowledge and the

completeness of filling out the informed consent form at H. Boejasin Pelaihari Hospital in 2019 (Hasan et al., 2018).

### **The relationship between motivation and adherence to medical record filling**

From the results of the study that Hypothesis 3 was tested and rejected because the regression coefficient value was 0.075 and a significant value of 0.940 was greater than the alpha value (0.05) which indicated that motivation had a positive and insignificant effect on filling out medical record files at Mitra Medika Hospital Pontianak.

The results of this study indicate that medical staff is motivated or not in filling out medical record files so that the completeness of medical record filling will not be affected. Supported by my answers, I work according to established standards regarding procedures for filling out medical care documentation in completing medical records. Able to motivate yourself to fill out and complete the documentation of nursing care in the medical record. Completeness of filling out medical care documentation is included in the work performance appraisal. Awards for medical personnel will be given according to the performance they show.

The hospital environment supports carrying out the work of completing and filling in medical care documentation. In carrying the filling out of medical care documentation, medical personnel work in a team. Completing the filling out of medical care documentation to make it easier for medical personnel to perform medical or nursing actions on the same patient. The medical staff understands that the specific information that must be contained in the outpatient medical record is the patient's identity, date and time, anamnesis results, physical examination and medical support, diagnosis, management plan, treatment/action, approval/refusal of action, clinical observation notes and treatment, discharge summary, name, and signature of the medical officer. The medical staff understands who is authorized to fill out outpatient medical records, namely doctors, nurses, pharmacists, physiotherapists, and nutritionists, and understands how to correct errors by crossing out one line without removing the corrected and initialed notes.

The results of this study support that motivation is a need that drives actions toward a goal. According to Robins (2007), motivation is the willingness to expend a high level of effort for organizational goals conditioned by the ability of that effort to fulfill some individual needs. States that work motivation is a set of attitudes and values that influence individuals to achieve specific things according to individual goals (Veithzal & Sagala, 2004). Motivation is the driving force from within that causes humans to do something or try to meet their needs.

The results of this study were strengthened by research conducted by Anna Anita Paulus, Yudhy Dharmawan, and Farid Agushyvana's research showing that there was no relationship between knowledge and motivation with the completeness of medical records. Muhammad Husni's research shows that 1) Knowledge does not significantly affect compliance with writing a diagnosis on a patient's medical resume. 2) Attitudes and motivation have a positive and significant effect on compliance with writing diagnoses on

patients' medical resumes 3) Knowledge, attitudes, and motivation simultaneously affect adherence to writing diagnoses on patients' medical resumes (Ahmad, 2020).

### **The relationship between organizational culture and compliance with medical record filling**

From the results of the study that Hypothesis 4 was tested and accepted because the regression coefficient value was 5,934 and a significant value of 0.000 was smaller than the alpha value (0.05) which indicated that organizational culture had a positive and significant effect on filling out medical record files at Mitra Medika Hospital Pontianak.

The results of this study indicate that a high understanding of the organizational culture of medical staff will encourage them to help the hospital/organization achieve the goals of the organization itself. This is supported by the answer of having initiative in carrying out work assignments. required to complete the work precisely and carefully and oriented to high work results. Always working with an emphasis on optimal results and trying to increase the effectiveness of how to work to obtain optimal results required for work.

Always fill in working hours to complete work according to procedures and work according to targets set by company management. Trying to establish cooperation and help fellow members of other work units to improve the best results for the company, as well as coordinate with colleagues and leaders. Always come on time and be disciplined so that work is done properly and complies with existing regulations even though there is no supervision. Have a clear agreement regarding the guidelines for implementing the right and wrong tasks and be respected and not as a tool to gain profit to create a good work environment.

The doctors already know and understand the professional identifiers of the caregivers who fill out the outpatient medical record by affixing the signature and name of the examining doctor, but often the date and time are forgotten. The review carried out by medical record officers in the preparation, checking the completeness of the outpatient medical record files has been carried out properly and according to Hospital Accreditation Standards.

Organizational culture is the basic pattern accepted by organizations to act and solve problems, form employees who can adapt to the environment, and unite members of the organization (Schein, 2004). According to Gareth R. Jones (2012) is a shared perception held by members of the organization a system of shared meaning (Safwaliza et al., 2022). that organizational culture is a system of shared meaning shared by members that distinguish the organization from others.

The results of this study were reinforced by research conducted by Research Iik Sartika showing that the factors causing the presence or absence of OCB in the medical record service of Private X Hospital were role clarity, leadership, motivational drives, organizational commitment, organizational justice, and individual traits (Sartika, 2019). Research Agnes Setyaningrum, Dra. Rawi Miharti, MPH shows that organizational culture has a positive and significant relationship with the level of performance of medical record

officers (SETIYANINGRUM, 2015). Agni Hadi Pratiwi's research shows that there is an influence of perceptions of organizational culture on commitment with motivation as a mediating variable (Pratiwi, 2015).

## CONCLUSION

There is a relationship between knowledge, motivation, and organizational culture on Compliance with Filling in Medical Record Files at Mitra Medika Hospital, Pontianak. This means that knowledge, motivation, and organizational culture simultaneously have a strong influence on compliance with medical record filling, so a medical officer who has an understanding of good knowledge, motivation, and organizational culture will produce good medical record completeness. Where from the dimensions of knowledge, organizational culture, and compliance with medical record filling with a high index.

Knowledge positively and significantly affects compliance with filling out medical record files at Mitra Medika Hospital, Pontianak. This means that the knowledge of high medical officers will encourage them to achieve their goals. This is supported by the answer that medical personnel care is a series of practical activities of medical personnel in providing care to patients. Where the knowledge dimension has a high index.

Motivation has a positive but not significant effect on Compliance with Filling in Medical Record Files at Mitra Medika Hospital, Pontianak. This means that medical staff have the motivation or are not in filling out medical record files so the completeness of filling in medical records will not be affected. Supported by my answers, I work according to established standards regarding procedures for filling out medical care documentation in completing medical records. Where the dimension of motivation has a moderate index.

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