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THE INFLUENCE OF MOTIVATION AND KNOWLEDGE ON THE COMPLETENESS OF MEDICAL RECORDS WITH ATTITUDE AS AN INTERVENING FACTOR

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Abstract. *Incomplete medical record filling by doctors is still a widespread problem encountered in various hospitals. Incomplete medical record documentation is very detrimental to the hospital. This research aims to determine the correlation between motivation and workload on doctors' completeness of medical record filling through attitude mediation. This study was conducted with a cross-sectional design, which included 40 doctors who worked at the inpatient ward of Annisa Citeureup Hospital as the respondents. Motivation, knowledge, and attitudes were assessed using a questionnaire with a Likert scale, while the medical records completeness data was obtained by directly evaluating the medical records. Partial least squares (PLS) path analysis was done to analyze the association among the observed variables. Motivation, knowledge, and attitudes significantly influence the completeness of medical records. Motivation and knowledge do not directly correlate to the completeness of medical records but have a significant correlation mediated by attitude. Attitude is the factor that most influences the medical record completeness. Increasing the completeness of medical records would be directly influenced by increasing the positive attitude of doctors. Motivation and knowledge do not directly affect the completeness of medical records but affect attitude improvement.*

Keywords: *Doctors, Medical record completeness, Motivation, Knowledge, Attitude*

Abstrak. Ketidaklengkapan pengisian rekam medis oleh para dokter hingga saat ini masih menjadi masalah yang sangat sering ditemui pada berbagai rumah sakit. Dokumentasi rekam medis yang tidak lengkap memberikan dampak yang sangat merugikan rumah sakit. Penelitian ini bertujuan untuk mengetahui pengaruh motivasi dan beban kerja terhadap kelengkapan pengisian rekam medis oleh dokter melalui mediasi sikap. Penelitian ini adalah studi potong-lintang yang mengikutkan responden sejumlah 40 orang dokter yang bekerja di Rumah Sakit Annisa Citeureup. Data motivasi, pengetahuan dan sikap diambil menggunakan kuesioner dengan skala Likert, sedangkan data kelengkapan rekam medis dinilai langsung pada rekam medis. Hubungan antar variabel dianalisis dengan analisis jalur *partial least square* (PLS). Motivasi, pengetahuan dan sikap berpengaruh secara simultan terhadap kelengkapan rekam medis. Motivasi dan pengetahuan tidak berpengaruh secara langsung terhadap kelengkapan rekam medis, namun berpengaruh secara signifikan dengan dimediasi oleh sikap. Sikap merupakan faktor yang paling mempengaruhi tingkat kelengkapan rekam medis. Meningkatkan kelengkapan pengisian rekam medis secara langsung dipengaruhi oleh peningkatan sikap positif dokter. Motivasi dan pengetahuan tidak secara langsung mempengaruhi kelengkapan rekam medis, namun secara langsung mempengaruhi peningkatan sikap dokter.

Kata kunci: Dokter, Kelengkapan rekam medis, Motivasi, Pengetahuan, Sikap

INTRODUCTION

The medical record (MR) is an essential component that includes all information about the patient, from identity, medical history, and diagnosis to the medical procedures given. MRs are the basis for determining further actions for patients and are

also essential instruments in legal, management, and health insurance aspects. However, incomplete medical records filled by doctors are still a common problem, creating potential risks for patients and hospital institutions.

Incomplete medical record documentation has become a significant issue in many hospitals (Pamungkas, 2015; Winiarti, 2013). Inadequate medical records indicate low service quality and can lead to several complications, such as medication errors, misdiagnosis, and billing-related issues. In a legal context, hospitals can face prosecution if medical records are incomplete and inaccurate because they are the primary evidence in medical cases. Several studies have highlighted the problem of incomplete medical records (Pujihastuti, 2014; Budi, 2011). Thus, there is an urgency to improve the quality of medical record documentation. It requires an in-depth understanding of the factors influencing the completeness of medical record filling.

Incomplete filling of medical records remains a persistent issue in the medical record services of Annisa Citeureup Hospital. The data collection results from the hospital's medical record department indicate that the achievement of medical record completeness falls significantly short of the established target. Overall, the rate of medical record completeness stands at a mere 53.5%, well below the minimum standard of 100%. Notably, among all components of medical records, those filled out by physicians exhibit the lowest completeness rate. For instance, Integrated Patient Progress Note sheets are frequently incomplete, with a rate of only 10.5%. This deficiency is followed by Operation Reports (32.2%), Education Sheets (64.5%), Medical Resumes (67.0%), and Discharge Planning (87.9%), all of which fall considerably short of the targeted 100% completeness level.

Various factors can affect the completeness of medical record filling, including the factor of the doctor filling in the medical record itself. For example, lack of knowledge and motivation, as well as unsupportive attitudes and behavior (Lai, 2019; Nurrudin, 2022). In addition, the provisions on operational standards, reward and punishment systems, and other regulations from hospitals also play an important role in determining the completeness of medical record filling (Kencana, 2019).

Based on existing theories, there is a significant association between motivational variables and medical record completeness. Motivational theories such as Maslow's hierarchy of needs theory provide a conceptual basis for understanding how motivation can affect the completeness of medical record filling. Besides that, other theories, such as the theory of appreciation and self-enforcement theory, also suggest that high motivation can generate personal satisfaction and recognition of achievement, increasing motivation in completing medical records. Therefore, motivation is an

essential factor that must be considered and supported to improve the quality, accuracy, and completeness of medical record filling (Suriviana, 2023).

Adequate knowledge is also a critical factor in achieving complete medical record filling. Knowledge-based medical record-filling theory includes medical knowledge, knowledge of the health system, knowledge of filling out policies and guidelines, and knowledge of ethics and patient privacy. For example, research conducted by Althobaiti (2021) found that good knowledge of the medical code of ethics and guidelines for filling out medical records was significantly associated with higher completeness. Proper medical knowledge is also important in identifying and recording relevant and accurate information in the patient's medical record.

Individual attitudes towards medical record filling have a significant influence on the completeness of the document. Attitude theory shows that a positive attitude towards an action will affect an individual's willingness to do it. In filling in medical records, a positive attitude towards the importance of complete and accurate medical records will encourage individuals, including medical personnel, to complete medical records carefully and thoroughly. Besides that, a good attitude towards standards and policies for filling in medical records also plays a vital role in achieving the completeness of these documents.

According to the elaborate explanation above, the incomplete medical records filled out at the Annisa Citeureup Hospital are suspected to be related to the knowledge, motivation, and behavior of doctors responsible for filling out medical records. Given the significance and urgency of this problem, this study aims to understand the influence of doctors' knowledge, motivation, and attitudes on the completeness of medical record filling in the inpatient unit of Annisa Citeureup Hospital.

METHOD

This study was an observational, cross-sectional, and associative multiple correlation model conducted at the inpatient ward unit of Annisa Citeureup Hospital from January to April 2023. We included all doctors working in the inpatient unit of Annisa Citeureup Hospital. The selection of the research sample was carried out using the total sampling method. The inclusion criteria were (1) doctors who served in the inpatient unit at the time of data collection and (2) agreed to be the research sample. We excluded doctors who worked for less than three months.

The dependent variable in this study was the completeness of medical records. The independent variables are motivation, workload, and attitudes as intervening variables. Secondary data on medical record completeness was taken from four medical records for each research respondent. Primary data was obtained using a questionnaire with a Likert scale. The research questionnaire has been declared valid and reliable based on the validity and reliability tests previously carried out on 30 respondents.

Descriptive analysis was carried out on the data's characteristics, and the results of the questionnaire answers were also analyzed using the three-box method to obtain the tendency of respondents' answers to each indicator. The finer analysis test was carried out using the partial least squares (PLS) method using SmartPLS software. Path analysis consists of an analysis of the inner and outer models.

RESULTS

Demographic Characteristics

This research was conducted on 40 doctors who worked in the inpatient unit of Annisa Citeureup Hospital. The demographic characteristics of the respondents, including gender, age, competency, employment status, and years of service are presented in Table 1. Most of the respondents were aged <35 years (47.5%). The majority of respondents were general practitioners (67.5%), while the group of specialist doctors only constituted the other 32.5%. Furthermore, the full-time doctors amounted to 57.5%, while part-time doctors amounted to 42.5%.

Table 1. Description of Respondent Characteristics

Characteristics	Amount (n)	Proportion (%)
Gender		
Men	20	50.0%
Women	20	50.0%
Age		
< 35 years	19	47.5%
35 – 44 years	10	25.0%
45 – 54 years	9	22.5%
55 – 64 years	2	5.0%
Competence		
General practitioners	27	67.5%
Medical specialist	13	32.5%
Employment status		
Full-time doctor	23	57.5%
Part-time doctor	17	42.5%
Years of service		
0 – 5 years	20	50.0%
> 5 years	20	50.0%

Medical Record Completeness

The results of observing the completeness level of medical records at the inpatient unit of Annisa Citeureup Hospital are presented in Table 2. Of the total 160 MR sheets examined, 48 (30.0%) MRs were incompletely filled in. The component with the lowest level of completeness was the component for filling out supporting examinations and time, which was only 80.6%.

Table 2. Medical Record Completeness

Component	Complete		Incomplete	
	Amount (n)	Proportion (%)	Amount (n)	Proportion (%)
Clinical Recording				
Anamnesis	138	86.3%	22	13.7%
Physical examination	138	86.3%	22	13.7%
Supporting investigation	129	80.6%	31	19.4%
Diagnosis	157	98.1%	3	1.9%
Therapy	152	95.0%	8	5.0%
Authentication				
Name	147	91.9%	13	8.1%
Title	148	92.5%	12	7.5%
Time	129	80.6%	31	19.4%
Date	139	86.9%	21	13.1%
Signature	152	95.0%	8	5.0%
Total number of medical records	112	70.0%	48	30.0%

Three-Box Analysis of Motivation, Knowledge, and Attitude

The index of three-box method analysis and its category for each indicator of variables were presented in Table 3. Motivation indicators range from medium to high. Indicators that still have a medium level include incentives, salary, job security, a good workplace, and rewards for completing tasks. Meanwhile, when viewed from the dimensions, it was found that the "Incentive" dimension was the dimension with the smallest index value (29.7).

Knowledge indicators are mostly included in the high-level category. There are only three indicators that were on the medium level, namely "Managerial benefits of medical records" (29.0), "Basic medical record writing rules" (29.8), and "SOP filling (time)" (29.8).

Results at medium attitude levels dominate attitude indicators. Of the nine indicators, five are at a medium level, and four are at a high level. Indicators that are at a medium level starting from the lowest, namely "Willingness to do" (28.5), "Willingness to overwork" (28.8), "Seriousness of work" (29.0), "Willingness to be reminded" (29.0), and "Feeling of completion" (29.3). Meanwhile, the dimensions obtained are still in the medium

category, namely the "Cognitive" and "Behavior" dimensions, with the same index value of 29.4.

Table 3. Three-box Analysis of Doctors' Motivation, Knowledge, and Attitude

Variables	Dimension	Indicator	Index	Category
Motivation	Motive	Opportunity to advance	31.0	High
		Work security	29.5	Medium
		Great place to work	29.5	Medium
		Recognition as a doctor	31.8	High
		Reception by a doctor	31.3	High
		Average "Motive"	30.6	High
	Hope	Leader loyalty	30.8	High
		Good workin conditions	30.3	High
		Reward for task completion	29.5	Medium
		Average "Hope"	30.2	High
	Incentive	Wages	29.5	Medium
		Incentive	29.3	Medium
		Position	30.3	High
		Average "Incentive"	29.7	Medium
	Knowledge	Factual	Systematics of medical record	32.5
Component of medical record			30.0	High
Basic medical record writing rules			29.8	Medium
Average "Factual"			30.8	High
Conceptual		Legal aspects of medical record	30.8	High
		Practical function of medical record	31.5	High
		Conceptual of informed consent	30.3	High
		Managerial purpose	29.0	Medium
		Average "Conceptual"	30.4	High
Procedural		Timely filling	29.8	Medium
		Filling procedure	30.0	High
		Writing procedure (communication)	30.5	High
		Writing procedure (information)	30.8	High
		Average "Procedural"	30.3	High
Affective		Feelings of obligation	30.3	High
	Feeling of completion	29.3	Medium	
	Psychic satisfaction	32.0	High	
	Average "Affective"	30.5	High	
Attitude	Cognitive	Willingness to do	28.5	Medium
		Responsible attitude	30.8	High
		Willingness to be reminded	29.0	Medium
		Average "Cognitive"	29.4	Medium
	Behaviour	Priority of work	30.5	High
Seriousness of work		29.0	Medium	
Willingness to overwork		28.8	Medium	
Average "Behaviour"		29.4	Medium	

Inner Model Analysis

Convergent validity

The results of the convergent validity test can be seen in Table 4. The test results showed that of the 11 knowledge variable question items, there was one invalid question item, namely the knowledge question item number 6 (loading factor = 0.578). Then, of the 11 motivational variable question items,

there were two invalid question items, namely items 6 and 10 (loading factor 0.504 and 0.491). Meanwhile, the attitude variable question items all meet the specified valid value (loading factor > 0.6). Question items that did not meet the requirements of convergent validity were eliminated from the model, and then analyzed for convergent validity again. The analysis results show that all questions already have a loading factor value of more than 0.6, so all question items are valid

Table 4. Convergent Validity Test Results

Motivation			Knowledge			Attitude		
Items	Loading Factor		Items	Loading Factor		Item	Loading Factor	
	Before	After		Before	After		Before	After
M01	0.61	0.62	P01	0.80	0.82	S01	0.76	0.76

Items	Motivation		Items	Knowledge		Item	Attitude	
	Loading Factor			Loading Factor			Loading Factor	
	Before	After		Before	After		Before	After
M02	0.60	0.62	P02	0.76	0.75	S02	0.78	0.78
M03	0.77	0.79	P03	0.61	0.62	S03	0.84	0.84
M04	0.68	0.69	P04	0.78	0.76	S04	0.70	0.70
M05	0.71	0.71	P05	0.73	0.72	S05	0.72	0.72
M06	0.50	-	P06	0.57	-	S06	0.75	0.75
M07	0.71	0.719	P07	0.68	0.70	S07	0.80	0.80
M08	0.82	0.82	P08	0.69	0.71	S08	0.78	0.78
M09	0.69	0.67	P09	0.73	0.74	S09	0.77	0.77
M10	0.49	-	P10	0.63	0.63			
M11	0.66	0.67	P11	0.60	0.61			

Composite reliability

Composite reliability analysis of the research model was carried out by evaluating the results of the composite reliability analysis and the average variance extracted (AVE) value. Composite reliability values of motivation, knowledge, and attitude variables are 0.90, 0.91, and 0.93 (Table 5). All of these values are greater than 0.70, thus proving the accuracy, consistency and precision of the instrument in measuring constructs. Meanwhile, the AVE values for the motivation, knowledge, and attitude variables were 0.502, 0.509, and 0.595. All of these values are worth more than 0.5 so it can be concluded that these variables can explain on average more than half of the variance of the indicators.

Table 5. Composite Reliability and AVE Test Results

Variable	Composite reliability	AVE
Motivation	0.900	0.502
Knowledge	0.911	0.509
Attitude	0.929	0.595

Outer Model Analysis

Test of Significance

The results of the significance test aimed at determining the direct correlation were presented in Table 6. Test the significance of the direct correlation of motivation on the completeness of medical records showed no significant relationship (T=1.69; p=0.093). The significance test of the direct correlation of knowledge on medical record completeness showed no significant relationship (T=1.80; p=0.075). The significance test of the direct correlation of attitudes on the completeness of medical records showed a significant relationship (T=2.152; p=0.034). Test the significance of the direct correlation of motivation on attitudes showing a significant relationship (T=5.46; p<0.001). The significance test of the direct correlation of knowledge on attitudes shows a significant relationship (T=5.84; p<0.001).

Table 6. Significance of The Direct Relationship between Variables

Independent Variable	Dependent Variable	T statistics	P
Motivation	Medical records completeness	1,694	0.093
Knowledge	Medical records completeness	1,798	0.075
Attitude	Medical records completeness	2.152	0.034*
Motivation	Attitude	5,457	<0.001*
Knowledge	Attitude	5,845	<0.001*

* Indicates a significant relationship with p < 0.05

The results of the significance test aimed at determining the indirect correlation (through attitude as a mediating variable) are as follows Table 7. The significance test of the correlation of motivation on the completeness of MR through attitude mediation showed a significant relationship (T=2.14; p=0.035). The significance test of the correlation of knowledge on the completeness of MR through mediation of attitudes showed that there was no significant relationship (T=1.92; p=0.058).

Table 7. Significance of The Relationship between Variables through Attitude Mediation

Independent Variable	Mediation Variable	Dependent Variable	T statistics	P
Motivation	Attitude	Medical records completeness	2,143	0.035*
Knowledge	Attitude	Medical records completeness	1,919	0.058

* indicates a significant relationship with p < 0.05

R-square simultaneous test

The test results found that the adjusted R2 value for the medical record completeness variable was 0.885. These results indicate that the independent variable can explain the variations in changes in the completeness of medical records. Meanwhile, the adjusted R2 value for the attitude variable is 0.912. These values indicate that the independent variables (motivation and knowledge) can firmly explain variations in medical record changes (Table 8).

Table 8. Simultaneous R-square Test

Independent Variable	Dependent Variable	R2	Adjusted R2
Motivation Knowledge Attitude	Medical records completeness	0.894	0.885
Motivation Knowledge	Attitude	0.916	0.912

Correlation sizes

The correlation size test was conducted to determine whether the predictor variable has a strong, medium, or small correlation on the structural level. The correlation size test results can be seen in Table 9. The correlation of motivation on the completeness of MR has a correlation size of 0.084 (small correlation). The correlation of knowledge on the completeness of MR has a correlation size of 0.099 (small correlation). The correlation between attitudes and the completeness of MR has a correlation size of 0.139 (small correlation). The correlation of motivation on attitude has a correlation size of 0.545 (medium correlation). The influence of knowledge on attitudes has a correlation size of 0.652 (medium correlation).

Table 9. Correlation Size

Independent Variable	Dependent Variable	Correlation size
Motivation	Medical records completeness	0.084
Knowledge	Medical records completeness	0.099
Attitude	Medical records completeness	0.139
Motivation	Attitude	0.545
Knowledge	Attitude	0.652

Full-Model Path Analysis

The results of the overall path analysis in this research model are presented in Figure 1. Attitude is known to have a significant relationship with MR completeness ($\beta=0.139$; $p=0.034$). However, motivation and knowledge have no direct relationship with MR completeness ($\beta=0.084$; $p=0.093$ and $\beta=0.099$; $p=0.075$). Apart from motivation, knowledge, and attitudes, it is estimated that there are still 11.5% external factors that influence it.

Furthermore, the analysis showed that motivation and knowledge had a significant direct correlation to attitudes ($\beta=0.545$; $p<0.001$ and $\beta=0.652$; $p<0.001$). Apart from motivation and knowledge, it was found that there were 8.8% external factors that influenced attitudes.

DISCUSSION

The Direct Correlation of Motivation on The Completeness of Medical Records

The results of this study indicate that, in contrast to previous findings, doctors' motivation does not seem to have a significant direct correlation with the level of completeness of medical records. Research by Veenstra (2022) emphasized that doctors with high expectations regarding improving patient care have stronger motivation to fill out medical records accurately and comprehensively. However, although the level of motivation is generally felt to be good, the direct relationship with the completeness of medical records is less significant.

There are several factors that may have influenced this result. Systemic constraints, such as an inefficient electronic medical record system, could be one of the causes. In addition, other factors such as high workload, lack of resources, or unclear standards and guidelines may also contribute. It is possible that doctors have different perceptions of what constitutes a "complete" medical record, meaning that some may find it adequate even if it is not up to standard.

From the perspective of motivational theories, such as Expectancy Theory and Control Theory, physicians' motivation can be influenced by their expectations, their perceptions of their abilities, and the control they have over the process. Given this, there may be other factors that have not been considered in this study that affect the completeness of medical records.

Interestingly, the dimensions of motivation related to incentives, particularly salary and other incentives, are areas that still need improvement. Therefore, to improve the completeness of medical records, hospitals may need to consider providing more attractive incentives for doctors.

The Direct Correlation of Knowledge on The Completeness of Medical Records

Although previous literature confirms the significant correlation between knowledge of physicians' completeness of medical record filling (Utmawati, 2023), our findings are different. We found that knowledge did not have a significant direct correlation with the completeness of medical records.

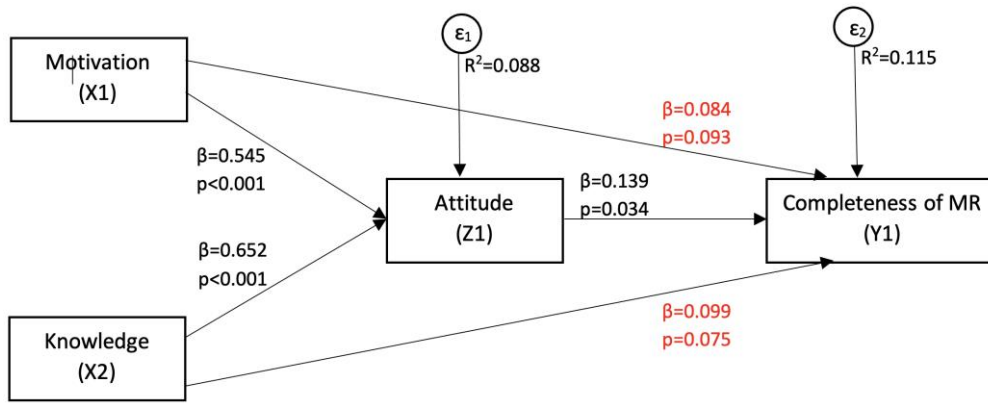


Figure 1. Full-model Path Analysis

Several previous studies have shown that doctors with higher education and training tend to have a better understanding of medical documentation standards (Althobaiti, 2021; Lai, 2019; Nurrudin, 2022), which ultimately has a positive impact on the completeness of medical records. However, doctors may prioritize clinical aspects rather than complete medical records in a busy work environment. In addition, if the work culture and professional norms do not support filling in a complete medical record, then the level of knowledge of doctors may not be sufficient to encourage them to fill out medical records entirely and carefully.

The results of our analysis show that the level of knowledge of doctors is generally quite good. However, some aspects may require further attention, such as primary medical record writing rules and managerial benefits of medical records. Therefore, while the physician's level of knowledge may be adequate, the hospital may need to consider further intervention or education to address the lacking aspects.

The Direct Correlation of Attitudes on The Completeness of Medical Records

The results of this study indicate that there is a positive influence between the doctor's attitude and the completeness of medical record filling. This finding is in line with the social-cognitive theory which emphasizes how a person's attitude can influence his behavior. This has support from previous studies, such as those conducted by Dutta (2015) and Ludwick (2009), both of which show a relationship between the positive attitude of doctors and the completeness of medical record filling.

This study shows that the positive attitude of doctors, both from a cognitive and behavioral perspective, encourages them to fill out medical records more thoroughly and thoroughly. This may be because doctors who have a positive attitude feel

they have more responsibility in providing complete and accurate information. In addition, they may see the medical record as an important communication and documentation tool, and realize the value of a complete medical record in other medical aspects.

However, the results of the analysis of this study also show that, although in general the attitude of doctors is in the medium category, there are still certain aspects of attitude that need to be improved. Especially the attitude aspect related to the doctor's willingness to fill in the medical record and his willingness to accept a reprimand.

Thus, while the attitude of doctors plays an important role in the completeness of medical record filling, there is still room to improve this attitude, especially in certain aspects identified in the research. In an effort to improve the quality of medical record filling, a more specific approach may be needed to address these areas.

The Correlation of Motivation and Knowledge on The Completeness of Medical Records through Attitude Mediation

Recent research indicates that the doctor's attitude is a significant mediator between motivation and the completeness of medical record filling. In the context of social-cognitive theory, motivation can affect a person's attitude, impacting his behavior. This finding is supported by previous studies, such as those conducted by Ludwick (2009), which found a positive relationship between doctors' attitudes and the completeness of medical record-filling.

This study found that motivation influenced the attitude of doctors, which in turn influenced the completeness of medical records. Doctors with high motivation tend to have a positive attitude and are committed to completing medical records. This

attitude, which includes a sense of professional responsibility and commitment, encourages doctors to fill out medical records more thoroughly and thoroughly. In this context, attitude acts as a bridge that connects motivation with the act of filling out medical records.

However, regarding knowledge, the research findings show no significant correlation to the completeness of medical records, even when the attitude is used as a mediator. Although previous theories state that knowledge can shape positive attitudes and expected behavior, these findings suggest a more complex dynamic. Previous studies, such as that conducted by Ismawati (2021), found a significant relationship between doctors' knowledge and their attitude toward filling out medical records. However, recent research findings indicate that there may be other factors that are more dominant in influencing the completeness of medical records, such as work environment and professional priorities.

Work environment factors, such as high workload or lack of time, can prevent doctors from filling out medical records completely, even though they have adequate knowledge. In addition, doctors may have other priorities in their daily practice that are considered more urgent, so filling out complete medical records becomes less of a priority.

CONCLUSION

Based on the results of this study it was concluded that increasing the completeness of medical records would be directly influenced by increasing the positive attitude of doctors. Motivation and workload do not directly correlate with compliance but directly correlate with attitude improvement. Although motivation and knowledge are considered critical factors in the completeness of medical record filling, the relationship between the two and the completeness of medical records through attitude mediation is not linear. It shows that doctors need to understand more about other factors that may affect the completeness of medical records filling by doctors. Health institutions need to pay attention to these aspects to improve the quality of medical records filled by doctors.

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