

IDENTIFICATION OF INCOMPLETENESS IN COMPLETING OUTPATIENT MEDICAL RECORD DOCUMENTS BASED ON EXPECTANCY MOTIVATION THEORY AT Dr. Hospital. R. KOESMA TUBAN

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ABSTRACT

Completeness of medical record documents is important because it describes quality service practices. Dr. Hospital R. Koesma Tuban had problems with the completeness of medical record documentation. Incomplete documentation of medical records for outpatients at RSUD dr. R. Koesma Tuban was assessed at 87.67%. The object of this research is to identify incomplete documentation of outpatient medical records based on Victor Vroom's hope theory motivation at RSUD Dr. R. Koesma Tuban. This research is a cross-sectional descriptive study during May 2021 using questionnaires and observation of outpatient medical record documentation. The respondents of this study were officers who filled out outpatient medical record documentation. These people were 5 doctors, 5 refractionists, and 6 nurses. The research results showed that filling in medical record documentation at RSUD dr. R. Koesma Tuban is still low. Motivation is the driving factor for incomplete documentation of outpatient medical records at RSUD dr. R. Koesma Tuban. Suggestions are given for monitoring performance to complete documentation of outpatient medical records.

Key words: hospital, incompleteness, medical records, motivation, outpatient, Victor Vroom

1. INTRODUCTION

A medical record is a file that contains notes and documents regarding the patient's identity, examination, treatment, actions and other services that have been provided to the patient. The maintenance of medical records begins with the receipt of the patient, followed by recording the patient's data while receiving services at the hospital (Permenkes, 2008). The quality of service can be said to be good if the patient's medical records are complete, fast and accurate in providing information for health services. The quality of medical records can improve services in hospitals. Medical records are the strongest evidence to see how medical personnel at the hospital carry out treatment efforts to treat and treat patients. Medical records are a tool for information regarding the treatment carried out by medical personnel for patients undergoing treatment in hospital.

Completeness in filling out medical record documents is very important because if there

are fields that are not filled in, information related to the patient will be reduced. This will result in less than optimal services provided for the treatment and healing process. Based on the Decree of the Minister of Health of the Republic of Indonesia No.129/MENKES/SK/II/2008 concerning Minimum Service Standards (SPM) for Hospitals regarding hospital medical record service standards, namely the completeness of filling in medical records a maximum of 24 hours after completion of the service has a standard of 100%.

Completeness of filling out outpatient medical record documents at RSUD DR. R. Koesma Tuban in August-December 2021 is still classified as incomplete. There are several fields that are not filled in by the officer responsible for filling in medical record documents. Preliminary data on the completeness of filling in medical record documents in August, the incomplete filling rate was 86.67%, in September it was 93.33%, in October it was 73.33%, in November it was

93.33%, and in December it was 86.67 %. This illustrates that there is still a high rate of incomplete filling out of outpatient medical record documents at RSUD DR. R. Koesma Tuban.

The relatively high rate of incomplete filling out of medical record documents means that the hospital must know the cause of this problem. Officers responsible for filling in medical record documents have not been able to achieve maximum performance in filling out medical record documents. One way to see the performance of officers filling out medical record documents is based on the motivation of the officers responsible for filling out medical record documents. The research problem that occurs is that there is still a high rate of incomplete filling out of outpatient medical record documents at RSUD DR. R. Koesma Tuban. This study aims to determine the motivation of officers towards filling out outpatient medical record documents at RSUD DR. R. Koesma Tuban.

2. RESEARCH METHODS

This research is a cross sectional descriptive study. The total research population is the officers who are responsible for filling out outpatient medical record documents at RSUD DR. R. Koesma Tuban, namely 5 doctors, 5 surgical refractionists, and 6 nurses. The research was carried out in April-May 2021 at RSUD dr. R. Koesma Tuban. This research uses a questionnaire that is distributed to all research respondents according to the motivation variables as the theory used. Performance variables were studied by observing the completeness of filling out medical record documents in April 2021 which were filled in by doctors, refraction specialists and nurses. Performance results will be classified into 3 (three) types of performance, namely good performance (0-33%), fair performance (34-67%), and low performance (68-100%).

The expectation variable has 1 (one) question that has a score between 0 and 1 and has answers on a Likert scale containing 5 levels of answer preferences. The instrumental variable has 5 (five) questions that have a score between 0 and 1 and have answers on a Likert scale. The valence

variable has 5 (five) questions that have a score of -1 to +1 and have answers on a Likert scale. The instrumental and valence scores are multiplied by each question and added together to produce a first level valence score (V1). The first level valence score (V1) is multiplied by the hope score and will produce a motivation score. The officers' overall motivation scores were averaged and grouped into 3 (three) types of motivation, namely high, medium and low motivation).

3. RESULTS AND DISCUSSION

The motivation of the officers studied was to find out the incompleteness of filling out outpatient medical record documents at RSUD DR. R. Koesma Tuban includes belief in the efforts made will be successful (hope), belief in the rewards obtained when the work done will be successful (instrumentalism), and assessment of the importance of the rewards received (valence). The score results of the three variables above will be processed into a motivation score for each officer.

Belief that the efforts made will be successful (Hope)

Hope is the officer's belief that filling in the medical record documents will be successful if they are filled in properly. The following is the distribution of expected answers from medical record document officers.

Table 1. Confidence in the efforts made will be successful by officers filling in medical records at RSUD DR. R. Koesma Tuban in 2021

Hope Category	Amount	Percentage (%)
Very Sure	2	12.5
Very confident	9	56.25
Not sure	5	31.25
Very not	0	0
Certain	0	0
Total	16	100

The results of filling in the hope variable questionnaire showed that officers were very confident that filling in the medical record documents would be successful, namely 56.25%. This illustrates that officers filling in medical record documents are confident in their abilities and that the work

they are undertaking will produce optimal results. Officers' high levels of confidence in filling out medical record documents will encourage officers to make the work they undertake a challenge and increase their enthusiasm to perform well in their work. So that officers have the desire and encouragement to improve their abilities in carrying out the work that is their responsibility (Suhartini and Yusiyaniti, 2007). The very high confidence of officers in the success of filling out medical record documents will encourage the formation of officer motivation to fill out outpatient medical record documents properly and completely.

Confidence in Performance that Results in Rewards (Instrumentalist)

Instrumentalism is an officer's belief that the efforts made in carrying out work will be rewarded in accordance with the officer's expectations. The following is the distribution of answers from officers filling in medical record documents related to instrumentalists.

Table 2. Confidence in the performance that results in rewards by officers filling in medical records at RSUD DR. R. Koesma Tuban in 2021

Instrumentalist Category	Amount	Percentage (%)
Very Sure	0	0
Very confident	2	12.5
Certain	8	60
Not sure	4	25
Very Unsure	2	12.5
Total	16	100

Based on the instrumental results of officers filling in medical record documents, it can be seen that the officers responsible for filling in medical record documents feel confident about the rewards that will be given when filling out medical record documents properly, namely 60%. Officers feel that what they do will have an impact on the organization's goals. Direct or indirect rewards for the officers themselves will be given from the hospital if they fill in the medical record documents properly. This is

possible because hospitals provide job promotions based on the elements of effort and hard work carried out by officers to achieve optimal performance. Rewards in financial form, such as incentives given to officers, will provide positive value to the officer's confidence in what they want (Suhartini and Yusiyaniti, 2007). Another reward that officers feel confident they will get from the hospital is protection against the occurrence of a case. The officers are confident that the hospital will provide a guarantee if the officer in charge of filling in medical record documents experiences a case related to filling out medical record documents for outpatients (Revitasari, 2021). Awards and recognition from hospital leaders are non-financial rewards that officers filling out outpatient medical record documents believe will be given when they do a good job. Relatively high levels of instrumentalism or officers' confidence in the rewards that will be given are greatly influenced by the confidence of officers filling out medical record documents in the hospital management system for the rewards that will be given. This trust encourages officers to be confident in the rewards they will receive and forms motivation within the officers to try to fill out medical record documents completely and well.

Assessment of Rewards Received (Valence)

Valence is an assessment of the importance of something attached to the reward an officer gets after doing their job well and optimally. The following is the distribution of answers from officers filling out medical record documents regarding valence.

Table 3. Assessment of the rewards received by officers filling in medical records at RSUD DR. R. Koesma Tuban in 2021

Valence Category	Amount	Percentage (%)
Very Sure	0	0
Very important	1	6.25
Important	10	62.5
Not important	3	17.75
Very unimportant	2	12.5

Total	16	100
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The table above provides information that the percentage of officers filling out outpatient medical record documents regarding the rewards given for doing a good job is considered important is 62.5%. This illustrates that officers feel that the reward that officers get when they do their job well is something that is important for the officer but is not strong enough to increase the officer's motivation in filling out outpatient medical record documents. Rewards that are considered important can be in the form of financial or non-financial rewards. The existence of incentives, recognition from superiors, praise from leadership, protection for a case, and work promotions are considered important for officers to encourage them to do more and optimal work (Suhartini and YusiYanti, 2007). Officers assess the importance or not of a reward. normal thing. This is encouraged because these rewards are able to support the fulfillment of living needs and protection needs from the hospital. The officer filling in the medical record documents expects and provides an assessment of the rewards that will be given when the work carried out is successful. Each officer has a different portion and involvement in filling out medical record documents according to the officer's profession. The portion of the tasks given also encourages officers to give different assessments of the importance of the rewards that will be given from the hospital. Officers who have more filling portions will have a higher reward assessment than officers who have fewer filling portions. Officers who have a small portion of entries and whose assessment of the importance of rewards is also relatively low will feel that the level of work is static and this will affect the entries carried out for outpatient medical record documents. The rewards given are also not fully in line with what is desired by officers filling in medical record documents, whether they contain large or small portions.

Efforts to Achieve Performance (First Level Valence / V1)

First level valence is an effort made by officers to achieve optimal performance. The first level valence score (V1) is the result of multiplying the valence and instrumental scores. The following is the distribution of the first level valence classification for officers filling out outpatient medical record documents at RSUD DR. R. Koesma Tuban.

Table 4. Efforts to Achieve the Performance of Medical Record Filling Officers at RSUD DR. R. Koesma Tuban in 2021

First Level Valence Category	Amount	Percentage (%)
Tall	4	25
Currently	0	0
Low	12	75
Total	16	100

Based on table 4, it can be seen that officers have an effort to achieve relatively low performance in filling out medical record documents, namely 75%. This variable is a combination of the officer's perception of whether he or she is confident about the reward (valence) and whether the reward is important or not (instrumentalism). On the valence score, officers tend to give confident answers with a score of 0. This result causes the effort to achieve first level performance or valence in officers to be low. The importance of rewards given when officers can do their work well is not strong enough to form officers' motivation to be able to fill out medical record documents properly. The scores obtained by each officer indicate that the efforts made are still relatively low to achieve optimal performance.

Motivation

Motivation is an effort made to encourage officers to achieve good performance. Motivation can arise from within the officer or from outside the officer to encourage the creation of optimal results for the officer. The motivation result based on Victor Vroom is the result of multiplying the first level valence score (V1) with the hope score held by officers filling out outpatient medical record documents. The following is the distribution of officers' answers regarding

motivation in filling out medical record documents.

Table 5. Motivation of officers filling in medical records at RSUD DR. R. Koesma Tuban in 2021

Motivation Category	Amount	Percentage (%)
Tall	4	25
Currently	0	0
Low	12	75
Total	16	100

The results of calculating the motivation score show that the motivation of officers in filling out medical record documents is low with a percentage of 75%. The level of motivation was obtained based on the results of a questionnaire regarding the motivation possessed by officers in filling out medical record documents which is the responsibility of each officer. These results indicate that the motivation of officers is still relatively low and sufficient so that it will have an impact on the performance carried out by officers in filling out outpatient medical record documents at RSUD DR. R. Koesma Tuban. Officers will be motivated to exert higher effort when they believe that the effort they make will result in a good performance assessment. Meanwhile, workers who have low motivation only make minimum effort to achieve something. One of the sources that allows low officer motivation is the officer's belief that effort hard done, the possibility of getting a performance assessment is very low (Wahyudi, 2021). Based on research results, the level of motivation of outpatient staff in filling out medical record documents is in the low category. This illustrates that filling out outpatient medical record documents requires expected work benefits and is considered important and useful by officers so that it has an impact on increasing motivation and producing good performance. Officers will put in good efforts if the officer believes that their performance is good, it will result in a good assessment and then organizational rewards such as bonuses, reward increases and work promotions will follow (Rangganda, 2013).

Performance

The performance carried out by officers is filling in medical record documents belonging to outpatients. Each officer, namely doctors, refractive surgeons and nurses, has their own responsibilities and duties according to their profession in the fields that must be filled in in the outpatient medical record document. The following is the distribution of medical records officer performance categories.

Table 6. Performance of filling out medical records at RSUD DR. R. Koesma Tuban in 2021

Performance Category	Amount	Percentage (%)
Good	5	31.25
Enough	6	37.5
Low	5	31.25
Total	16	100

Based on the table above, it is known that officers in filling out medical record documents have sufficient performance in filling out outpatient medical record documents, namely 37.5%. Officers have performance that is classified as adequate because each officer has their own responsibilities and duties in filling. The portion and involvement of each officer in filling out medical record documents is different for each health worker, including doctors, refractionists and nurses, resulting in the motivation experienced by officers being less than optimal in filling out medical record documents. Some officers still do not fill in the medical record documents optimally, which results in the patient's medical record being incomplete and reducing the value of the information that can be used.

4. CONCLUSION

Staff motivation in filling out medical record documents is a factor that causes incomplete filling out of outpatient medical record documents at RSMM. This less than optimal staff motivation is based on the level of staff assessment of the importance of rewards provided by the hospital which has a relatively low score. The advice given to the

hospital is to take a personal approach to communicate the hospital's ability to provide rewards and supervise the work methods and performance results of officers filling in medical record documents.

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