

STUDY OF LITERATURE RELATED TO STAFF PERFORMANCE FACTORS' LINKAGES TO INCOMPLETE MEDICAL RECORD DOCUMENTS IN PUBLIC HEALTH CENTER

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ARTICLE INFO

Article History:

Received: 16th, March 2022

Review: From 7th, April 2022

Accepted: 5th, July 2022

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ABSTRACT

Background: Excellent and quality medical record services can be seen from the contents of the completeness of the file, timely, accurate and compliance with aspects of legal requirements. The ideal standard for the completeness of medical record documents is 100%. However, based on a literature review, there are still medical record documents which weren't 100% complete. The incomplete filling of medical record documents is related to many things, including the delay in fulfilling the patient's rights to the contents of the medical record and reduction in the quality of medical record services. **Purpose:** The study aims to analyze the factors causing the incomplete filling of medical record documents at the public health center. **Method:** Data collection was conducted by literature search from the Google Scholar database and the Garuda Portal, and 12 articles were reviewed. **Result:** The biggest factor identified was the individual factors, namely the skills factor (75%), then knowledge factor (50%), and the lowest percentage was the ability factor (16.67%). On the organizational and motivator variables, the identified factors were leadership (50%) and motivator (16.67%). **Conclusion:** There was a need for documentation procedures in the form of Standard Operating Procedure that were socialized to health workers. There is also a need for leaders to provide communication forum between health personnels, and a form of evaluation and control in good and correct documentation of medical records combined with rewards and punishment system. It is also necessary to provide seminars and trainings to health workers regarding correct medical record filling. Health workers who have limited time to fill out, can arrange a good work plan. **Keywords:** incompleteness, medical record, public health centre, literature review

INTRODUCTION

Health facilities are significant service facilities for the people of Indonesia. One of the health facilities in Indonesia was the public health center. The public health center is a health service facility that carries out first-level public and individual health efforts by prioritizing promotive preventive activities to achieve the highest degree of public health in its working area (Kemenkes, 2014). The public health center requires various auxiliary units to carry out their duties, including the medical record unit (Budi, 2011).

Medical records are files containing notes in the form of documents related to patient identity, examination, treatment, action, and other services provided to patients (Kemenkes, 2008). The officers must conduct proper and good management of medical record documents (MRD). Thus, the MRD was not lost and did not suffer damage, so patient safety occurs in patient data. The security of MRD on patient data consists of the completeness of the patient data, which must always be kept confidential because it can be used to show treatment and provide other services in a Ministry of Health Health service, Mayasari (2020).

Good medical record system is a good indicator for the quality of health care facilities (Kemenkes, 2008). Quality medical record services can be reviewed, among others, based on the completeness of the file's contents, accuracy, timeliness, and fulfilling legal aspects (Lihawa et al., 2015). In health services, both at the public health center and hospitals, they will always try to improve the quality of their services through an accreditation process. The benefits of accreditation are a form of increasing public confidence that a health service will always prioritize or prioritize its service facilities on service quality and patient safety. One of the factors supporting the success of an accreditation program is the completeness of the patient's MRD because this MRD is one element of the assessment during accreditation in a health service (Putri *et al.*, 2021).

The public health center must achieve the target of completeness of medical record documents (MRD) that has been determined, namely, the completeness rate is 100%. However, in technical implementation, medical records in the public health center still have not reached the expected completeness rate

(Kemenkes, 2008). A medical record can be said to be complete if it can produce some information that can be used for several purposes. Besides that, it can be used as material for analysis and evaluation of service quality and as material for legal evidence, education, and research (Afifar, 2019).

Medical record documents (MRD) have an important role in providing medical services to patients, so the completeness of MRD is very important for health workers to pay attention to (Karmila, 2019). Completeness of MRD is very important because it impacts the service process carried out by medical officers and affects the quality of service. Complete medical record documents have a role in maintaining the quality of a health service, while incomplete medical record filling is one of the indicators of health service quality and is often known as the insufficient number of medical records filling (Maharani dan Setyowati 2015). The following is MRD incomplete data shown in table 1 below.

Table 1. Problems Data

No	Authors	Problems Data					
		The number of complete filling of MRD			The number of incomplete filling of MRD		
		N	N	%	N	n	%
1.	Lestari dan Muflihatin (2020)	1404	684	46.91	1404	720	44.14
2.	Karmila (2019)	50	13	26	50	37	74
3.	Rudi (2020)	30	12	40	30	18	60

Source: Literature Review

Table 1 showed that the number of incomplete filling of MRD was still standard, as seen from the results of research conducted by Lestari and Muflihatin (2020) of 1404 MRD, which experienced incomplete filling, of 720 MRD with a total percentage of 44.14%. In the study (Karmila, 2019) of 50 MRD, the number of incomplete fillings was 37 MRD with a percentage of 74%. In Rudi's research (2020), there was also the incomplete filling of 30 MRDs. 18 incomplete MRDs were found with a percentage value of 60%.

The incompleteness of the medical record file can affect many things, including the most important of which can affect the quality of medical record services, can make it difficult

to classify and codify diseases, and hamper the fulfillment of patient rights to the contents of medical records (Lihawa *et al.*, 2015). The incompleteness of the patient's medical record document in the inpatient unit that most often occurs is in the item's full name and the doctor's signature. This happens because the medical record installations are less thorough. Besides, it was due to the high workload of health workers, nurses, doctors, and medical records. It can occur because many patients want to seek treatment. Moreover, due to the lack of understanding regarding the importance of the validity of recordings in MRD to be authentic evidence of the provision of health services to patients, the health service results are not accurate (Arimbi *et al.*, 2021).

The impacts that occur due to the MRD's incompleteness include insufficient information that is already responsible for the implementation of medical services provided to patients, and there will be delays in claiming BPJS (Karmila, 2019). There are several consequences of the incompleteness of the MRD filling. It is necessary to know the factors causing the incompleteness.

Several factors that will affect the incomplete filling of medical record sheets include the characteristics of individual officers and human resources, including education level, knowledge, age, and years of service, based on work procedures and infrastructure (Maharani and Setyowati 2015). The limited-time of service providers when there are too many patients visiting and the lack of awareness of service providers about the importance of completing the patient's medical record sheet are factors that cause the incomplete filling (Karmila, 2019).

The incompleteness of filling out the medical record sheet is also influenced by several performance factors, the factors affecting performance consist of individual and organizational variables. Individual variables include abilities, skills, and knowledge. Organizational variables include leadership (Gibson, 1985). Another factor that can affect performance, according to Harzberg (1996) in Noermijati (2013) is the motivator variable which includes motivators.

In this study, the literature review method was used to analyze the factors causing the

incompleteness of outpatient and inpatient MRD. The literature review method is used as a response to problems in research. Searches can be obtained from various references, through books, journals, ebooks, theses, etc. Basically, this supporting essay can be used as reference material that aligns with the research theme to be taken (Neuman, 2011). The researcher searched for reviews that had been carried out in previous studies to investigate some information related to the factors that caused incomplete filling of outpatient and inpatient MRD at the public health center. Factors causing incompleteness are more varied because the results compare from several previous studies.

Based on the background, this research has a purpose as a form of analysis of the factors causing the incompleteness of MRD in the public health center, which are related to the performance of health care workers, such as individual variable factors which include the ability, skills, and knowledge of officers. Furthermore, the organizational variable factors are the leadership of the head of the unit and the public health center institution and the motivator variable factors that exist in the health service workers at the public health center.

METHOD

This type of research is a literature review. Literature review research is carried out by identifying, reviewing, evaluating, and interpreting all existing research with topics and relevant to this research question, namely regarding the factors that cause incomplete filling of MRD in puskesmas. The formulation of the problem in this study was made using the PICO (Population, Intervention, Comparison, Outcome) method, which is a framework to facilitate or form questions when conducting a literature search (Rifai, 2020). The formulation of the problem with the PICO method can be seen in Table 2 below.

Table 2. PICO Method

PICO METHOD	
P (<i>Population/Problem</i>)	Inpatient and Outpatient Medical Record Documents.
I (<i>Intervention</i>)	Causative factor.
C (<i>Comparison/Control</i>)	-
O (<i>Outcome</i>)	Completeness of Medical Record Documents.

Source: Research result

The objects in this study were 12 journal articles from search results through online databases aligned with the inclusion criteria. Data retrieval using article search through Google Scholar and Garuda Portal using keywords, namely: (incomplete MRD at public health center) OR (incomplete AND at public health center) OR (complete AND at public health center), then the articles were selected based on the following exclusion and inclusion criteria:

Inclusion criteria

Articles published no later than the last 10 years, i.e. from 2011 to 2021. Articles in the form of full text or full paper in .pdf format. Articles in Indonesian. The article uses all types of research, both descriptive, qualitative, and quantitative research. The article has keywords with the same research topic, among others, namely: "incompleteness of medical record documents at puskesmas" OR "incomplete AND in puskesmas" OR "completeness of AND at puskesmas". The article must review a theme related to the factors causing the incompleteness of MRD in puskesmas, both inpatient and outpatient units. The results that can be measured are an incident of incomplete MRD in the RI and RJ units at the puskesmas.

Exclusion criteria

The article does not clearly state the research methods used. Research objectives or topics that are not relevant to the research. Articles that are not aligned with the discussion theme related to the incompleteness of MRD at the puskesmas, Articles in the form of Thesis and KTI (Scientific Writing). Journal articles that only display abstracts, Articles displayed are not full text (whole text) or full paper. Articles cannot be accessed or downloaded.

The number of articles found from each database as well as the number of articles selected according to the criteria in table 3 are as follows.

Table 3. Literature Finding Result

Database	Finding	Chosen Literature
Google Scholar	96	10
Portal Garuda	75	2
Total	171	12

Source: Article Search Through Online Database

This study used a qualitative analysis technique, describing the data that has been

collected and then managed into results. The data analysis process was undertaken by extracting data from the selected articles, then synthesizing the data by comparing, searching for dissimilarities and similarities, and providing comments from the articles that have been selected in a narrative manner.

RESULT

Analyzing the Factors of Incomplete Filling of Patient Medical Record Documents at the Health Center Based on Individual Variable Performance Factors:

The results of the research on the factors that influence the incompleteness of filling in the patient's MRD at the Public health center in terms of individual variables, namely the ability factor, skill factor, and knowledge factor. In the ability factor, there were 2 articles from 12 reviewed articles, then in the skill factor, 9 articles from 12 reviewed articles were obtained, and for the knowledge factor, 6 articles from 12 reviewed articles were found, as listed in Table 4 below.

Table 4. Factors Causing Incomplete Filling of Medical Record Documents

Performance Element	Factors Causing Incomplete Filling of MR at Public health center	N	n	%
Individual Variables	Ability	12	2	16.67
	Skills	12	9	75
	Knowledge	12	6	50

Source: Research Result

Table 4 shows that the individual variables have a percentage value for each variable factor. The factor causing the incomplete filling of the MRD in the first public health centre is influenced by the ability factor, of the 12 articles that have been reviewed there are 2 articles with a percentage value of 16.67% found in the results of Karmila (2019) and Sari (2017). research. The factor causing the incomplete filling of the MRD in the next puskesmas is the skill factor, from 12 articles there are 9 articles with a percentage value of 75% contained in the research results of Lestari and Muflihatin (2020), Karmila (2019), Gosanti and Ernawaty (2018), Wimala (2018), Anggraeni (2018), Ariffin and Rudi (2019), Rudi (2020), Haqim and Monica (2021), and Gunawan (2012). Furthermore, the factor causing the incompleteness of MRD filling at

the puskesmas is the knowledge factor from 12 articles, there are 6 articles reviewed with a percentage value of 50% contained in the results of the research conducted by Lestari and Muflihatin (2020), Karmila, (2019), Rudi (2020), Handqim and Monica (2021) Gunawan (2012), and Afrita *et al.*, (2020).

Ability is a trait from birth or something that can be learned and will allow a person to complete a job (Gibson, 1985). Factors of formal education, training and work experience are factors that will determine a person's work ability (Handoko (2001) in Arini (2015)). Based on the results of the study, there are 2 articles that discuss the ability factor in terms of formal education (background) and in terms of work experience related to the incompleteness of filling out MR.

The research result of Karmila (2019) stated that the incompleteness of MRD was influenced by several factors, one of which was the ability factor in terms of the educational background of officers, where at the puskesmas there was only 1 officer who graduated from D3 MR (medical record). Officers not from medical record graduate education are very influential on the number of incomplete fillings of MR because officers do not have sufficient competence to undertake assessments in the completeness of medical records.

The higher the education level of a medical record officer, the lower the number of incomplete filling of MRD will be, but if the education level of a medical record officer is low, the number of incomplete filling of MRD will be higher. So, if the education of a medical record is high, then a person is easier to receive information to improve a performance, and vice versa if a person's education is low, it will hinder the development of a performance. Supported by a statement in Nursalam's research (2001) in Listyorini and Kalbuadi (2017) that a person's behavior can be influenced by educational factors.

According to the Kemenkes (2013) this is also not in accordance with the qualifications and standards that have been set, namely the qualifications of officers who work as medical recorders must have a formal educational background of at least diploma of Medical Record. As explained in the Kemenkes (2013), that medical record officers do not only work within the scope of their duties but also have a

responsibility to undertake medical record services, the level of ability in terms of education, the profession of a medical recorder and health information must a minimum background of graduates from diploma three (D-III) medical records and health information, while in the field there are still several medical record officers who have not graduated from at least D-III medical records and health information.

In the research result of Sari (2017) stated that the incompleteness of medical record data was influenced by the ability factor in terms of work experience, which was seen from the period of service. There is a percentage value, the most respondents are doctors with a long working period as many as 6 people with a percentage value of 75.00% compared to doctors with a new tenure of 2 people with a percentage value of 25.00%. The longer a person's working period, the better skills of a person in their performance since they have adapted to their work.

A person will achieve a certain satisfaction if that person can adapt to his work environment. An officer who has a long service period, must have a lot of work experience and an officer will get a form of trust from his superiors and colleagues in carrying out his work duties, so that employees or officers who have a lot of work experience will produce a productivity high job in an organization. This is in line with Akbar R (2021) research, that someone who will get a benefit and get a good trust from others in carrying out his duties can be seen from the period of service that the person has.

Skills are the form of work of a person when performing the tasks he has with skills and at the right time (Gibson, 1985). Skill is a form of capacity in a series of tasks that develops from the results of experience and training (Dunnett's in Lian (2013) in Arisandy (2015)). A person's skills can be seen from the performance of officers in a health service such as for example the speed and absence of delays made by doctors in submitting medical records to the medical record unit (Pratiwi *et al.*, 2021). A person is considered skilled when someone can undergo his work tasks quickly and precisely, with the support of training. Based on the research results, there are 9 articles that discuss the skill factor in terms of training.

The results of research from Lestari and Muflihatin (2020), Anggraeni (2018), Rudi (2020) stated that the factor causing the incomplete filling of the MR was the skill factor of the officer, where some officers at the puskesmas health service have not received training regarding filling out medical record documents. The incompleteness of filling out MR can be minimized by implementing a form of training provided to officers or employees, especially officers who are very influential in filling out MR, the training can be provided in the form of formal training or non-formal training. The existence of a form of activity from the training in order to improve the performance of the officers or employees in an organization and develop a skill and technical ability of the employees or officers. This is in line with Nurhayati (2018) which stated that mastery of a skill and a high skill, namely being skilled and expert in operating or developing a technology that is currently developing can be passed with the form of training for officers or employees.

In the research results of Gosanti and Ernawaty (2018), Karmila (2019), Wimala (2018), Ariffin and Rudi (2019), Haqim dan Monica (2021), dan Gunawan (2012) the factors causing the incompleteness of MR filling from the skill factor are also influenced because of the inaccuracy and time constraints of officers. The officers' inaccuracy in filling out the MR sheet resulted in several MRs that were still not correct or in accordance with the filling. The incompleteness of the MR due to the staff's limited time in filling out the MR may result in some sheets on the MR not being filled in fully or the sheets on the MR being left blank by the officer.

The officer in filling out the patient's MR must carry out quickly and precisely, and if the officer does not perform or carry out his duties quickly in filling out the patient's medical record sheet and experiences an error in filling out the MR, then the officer cannot be said to be skilled, and the officer This can be called a lack of skills in documenting medical record documents. This is in line with Arisandy (2015) stated that skills are a form of ability that a person has in carrying out an activity or job. If an officer can do or carry out a job task quickly and there are no errors when filling out the patient MR sheet, then an officer can be said to be skilled and has skills in documenting patient

MR. Employees or officers who have good work skills will help accelerate the achievement of goals in an organization, and vice versa if the employee or officer has a performance that is said to be not good in skills or the employee has not been said to be skilled, then the employee or officer will loosen up goals in an organization.

Knowledge is a form of ability to acquire, use and maintain a form of information, one's sharpness and skills, and also a combination of understanding (Lakhan and Sharma (2010) in Fitri (2018)) Knowledge can be obtained by participating in training and seminars, in addition to increasing knowledge, it also adds experience in the process of providing health services by officers (A'yun *et al.*, 2020). Knowledge can be obtained from experience that comes from various sources, including from someone, be it friends, relatives, officers, can also come from books or journal articles and various media that can form a belief, so that a person can behave according to his beliefs. , knowledge can also be obtained from the level of education, both formal education and non-formal education (Utomo, 2016). A person's behavior can be influenced by the level of education and also the level of knowledge, the more information a person gets, both from an educational experience he has, the more he knows. Based on the results of the study, there were 6 articles that discussed the knowledge factors that caused incomplete filling of medical record documents at the Public Health Center.

In the research results of the six articles, namely the research of Lestari and Muflihatin (2020), Karmila (2019), Rudi (2020), Haqim dan Monica (2021), Gunawan (2012), and Afrita *et al.*, (2020), the factors causing incomplete filling of MR can be influenced by the knowledge of officers, where there are still a lot of officers who do not understand the importance of a completeness of filling out the patient's MR sheet, and still do not understand when to fill out the patient's medical record sheet completely. Officers need a form of training, both from internal training (public health center) and training from parties outside the Public health center. Officers who often participate in a training will increase their knowledge and get a broad range of information.

Medical record officers, even though they have taken formal education or are

graduates with a minimum D-III medical record background, training is still very necessary to always be followed, in order to add information that has never been obtained before by officers at the education level. At any time there must be a development of the era which will certainly affect a developing science and technology, which may contain the latest information, especially those directly related to the procedures for documenting patient MR, and of course as employees or officers of medical records and health information. Professionals are required to always follow all forms of these developments. This is in accordance with the Decree of the Minister of Health of the Republic of Indonesia Number: HK.01.07/MENKES/312/2020 that the development of a skill and also a knowledge of medical recorders and health information to be able to adapt to the development of technology and science in the field of medical records and information health.

Analyzing the Factors of Incomplete Filling of Patient Medical Record Documents at the Health Center Based on Performance Factors of Organizational Variables:

The results of the study obtained as many as 6 articles from 12 articles that have been reviewed, in these articles the factors that influence the incomplete filling of patient MR at the Public Health Center in terms of organizational variables are leadership factors. As can be seen in table 5, below.

Table 5. Factors Causing Incomplete Filling of Medical Record Documents

Work Elements	Factors Causing Incomplete Filling of Medical Record in Public Health Center	N	n	%
Organization Variable	Leadership	12	6	50

Source: Research Results

Table 5. shows that the organizational variable has a percentage value on the variable factor. Factors causing incomplete filling of MR at the Public Health Center are influenced by leadership factors. Of the 12 articles that have been reviewed, there are 6 articles with a percentage value of 50% contained in the results of the research by Lestari and Muflihatin (2020), Karmila (2019), Wimala (2018), Anggraeni (2018), Gufran and Budiarti (2017), Gunawan (2012).

Leadership is the influence of an effort to encourage an individual to achieve goals in an organization. The existence of a form of failure as well as the existence of a form of success in an organization is determined by the performance of leadership, where in reality the factors of leadership can affect a morale as well as a security, job satisfaction, and quality of work life, especially the level of achievement in an organization Gibson *et al.* (2003) in Pramudyo (2010). According to Pratiwi *et al.* (2021) there is a form of supervision, where this supervision can be carried out by the leader in order to find out and encourage officers to carry out their work, especially in the completeness of filling out medical resumes properly, correctly, and in accordance with the provisions in the health service policy.

Based on the six articles in the research of Lestari and Muflihatin (2020), Karmila (2019), Wimala (2018), Anggraeni (2018), Gufran and Budiarti (2017), Gunawan (2012), the leadership factor that causes the occurrence of incomplete MR filling is the lack of or even the absence of a form of control from the evaluation given to officers, so that officers cannot know the results of their performance so far, because there is still no such form of evaluation and there is no communication platform provided by the leader to between health workers. both doctors, nurses, and medical record officers, so that even health workers cannot coordinate well. The leader referred to here is as a leader in a medical record unit or agency, namely the head of a medical record unit or agency as well as a leader in health service facilities, namely the head of the Public Health Center.

The incompleteness of filling in the patient's MR was also due to the fact that some Public Health Center had not yet established a SOP (Standard Operating Procedure). SOPs must be owned by a health service, where the role of the leader is needed in the formation of an SOP at the Public Health Center, especially SOPs related to procedures for documenting and filling out patient MR. In the guidebook for administering medical records, according to self-assessment, the accreditation program in a health service, both hospitals and health centers, requires the use of an SOP, and must be updated through a written determination by the director of the hospital or the head of the health center. According to A'yun *et al.* (2020) explained that

the SOPs owned by health services must also be socialized to officers, SOPs that have not been socialized to officers can cause incompleteness in outpatient units in filling out diagnostic codes, because SOPs are very important as guidelines and references in carrying out work so that it is in accordance with the tools and functions of the officer's performance appraisal. In Lestari and Muflihatin (2020) providing a solution, it is hoped that there will be the formation of an SOP to assist employees or health workers in carrying out their work properly and correctly, if there are SOP results that have been corrected, there needs to be regular socialization to health workers regarding the latest SOPs, so that officers can find out the update of the SOP.

Analyzing the Factors of Incomplete Filling of Patient Medical Record Documents at the Health Center Based on the Performance Factors of the Motivator Variables:

The results obtained as many as 2 articles from 12 articles that have been reviewed, in that article the factors that influence the incompleteness of filling out the patient's MR at the Public Health Center in terms of motivator variables are the motivator factors in the form of reward and punishment. As can be seen in table 6, the following.

Table 6. Factors Causing Incomplete Filling of Medical Record Documents

Work Elements	Factors Causing Incomplete Filling of Medical Record in Public Health Center	N	n	%
Motivator Variable	Motivator	12	2	16.67

Source: Research Results

Table 6. shows that the motivator variable has a percentage value on the variable factor. Factors causing incomplete filling of MR at the Public Health Center are influenced by motivating factors in the form of reward and punishment. From the 12 articles that have been reviewed, there are 2 articles with a percentage value of 16.67% found in the results of the research by Lestari and Muflihatin (2020) and Gufran and Budiarti (2017).

Motivation is a driving force or a form of encouragement that will influence an individual towards a better direction, in order to meet a

need and achieve organizational goals. A person's performance and behavior can be influenced by the motivation contained in the motivator variable (Darmawan *et al.*, 2019) . The motivator as a variable is formed by the existence of six indicators, one of which is the Herzberg award (1996) in Noermijati (2013). Based on the results of the study, there are 2 articles that discuss motivating factors in the form of reward and punishment.

The results of the research by Lestari and Muflihatin (2020) said that the incomplete filling of the patient MR sheet was due to a statement made by the informant that because there was no punishment or reward given to health workers, the absence of punishment made health workers often neglect or often ignore a form of responsibility. their responsibilities and obligations in filling out patient MR sheets. In the results of the research, Gufran and Budiarti (2017) said that the factor causing the incomplete filling of the MR at the Public Health Center was because there were no penalty in accordance with health law and professional code of ethics such as the absence of a warning or a warning letter from the head of the unit/medical record agency and the head of the medical record unit of Public Health Center to officers who filled out incomplete and incorrect medical record.

Based on the two articles, namely in the research of Lestari and Muflihatin (2020) and Gufran and Budiarti (2017), the incompleteness factor in filling out MR is caused by employees or health workers lack of a high sense of motivation when doing their jobs, so the performance given by employees or health workers not maximal. In the motivation factor, there are rewards and punishments. Giving a motivation in the form of a reward will affect the performance of officers, if an officer has high motivation and is appreciated by his work environment by giving a reward, his spirit will be encouraged and officers will be disciplined in carrying out their duties. The officer will always be responsible for carrying out his work, this is done by filling out the MR as completely as possible so that the results of his work can be optimal and the problem of incomplete MR filling can be minimized. The provision of punishment to employees or health workers aims to improve the performance of employees who violate or who make mistakes in carrying out their work. In line with Mangkunegara

(2014) statement that punishment is a lesson for officers who violate, a form of threat of punishment that has the aim of improving the performance of officers or employees who have violated, and can maintain the applicable regulations in an organization.

In line with the statement of Bentar *et al.* (2017) which states that, creating a good and comfortable work environment and increasing work discipline, the existence of a high form of work motivation for each officer or employee, the performance of officers and employees will increase rapidly and the ultimate goal in an organization can be achieved properly.

CONCLUSION

The factor causing the incomplete filling of medical record documents at the Public Health Center based on the largest individual variable was the skill factor of the officers with a percentage value of 75% of the 12 articles reviewed, then other contributing factors were the ability factor with a percentage of 16,67% and the knowledge factor with a score of 16,67%. percentage of 50%, Factors causing incomplete filling of MR in Public Health Center based on organizational variables, namely leadership factors which have a percentage value of 50% of the 12 articles reviewed, Factors causing incomplete filling of medical record documents at Public Health Center based on motivator variables, which have a percentage value of 16,67% of the 12 articles reviewed.

SUGGESTIONS

The author suggests on the leadership factor, there is a documentation procedure in the form of Standard Operational Procedure as a form of reference, guideline, and socialize the contents of the SOP to officers. The leader provides communication space between health workers (nurses, doctors) and medical record officers, the leader always provides a form of evaluation and control over the proper and correct procedures for documenting MR. Factors of ability, skills, knowledge, providing seminar training to officers related to filling out the correct MR. The skill factor, officers who have limited working time can arrange a good work plan, so that when filling out the MR completeness it can be resolved. The motivator factor is the provision of motivation by health services to officers in the form of rewards and

punishments to officers who make mistakes in carrying out their duties.

ACKNOWLEDGEMENT

I would like to thank all those who have contributed to the process of completing this research.

CONFLICT OF INTEREST

Author have no conflict of interest.

FUNDING SOURCE

This research uses independent funding sources.

AUTHOR CONTRIBUTION

Author Rossalina Adi Wijayanti as study design, data collection and supervision, data analysis and manuscript revision. Author Widian Almas Zatin as data collection, data analysis, manuscript writing, literature review, and reference. Author Novita Nuraini as study design, data collection and supervision, data analysis, and manuscript revision.

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