

The Relationship of Organizational Factors to Compliance with the Filling out of Medical Resumes by the Doctor in Charge of Patients at Panti Wilasa Citarum Hospital Semarang

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Abstract

This study aims to analyze the relationship between organizational factors, including communication, leadership, compensation, supervision, and resources, and DPJP compliance in filling out medical resumes in accordance with BPJS Kesehatan regulations. This study uses a quantitative descriptive design with a cross-sectional time approach. The results of observations showed that the average DPJP compliance score at Panti Wilasa Citarum Hospital Semarang in filling out the medical resume was 5.29 (score 0–8). Organizational factors included leadership factors with an average score of 59.04 (score 11–77), compensation factors with an average score of 29.94 (score 10–70), communication factors with an average score of 31.72 (score 6–42), supervision factors with an average score of 47.88 (score 10–70), and resource factors with an average score of 54.42 (score 10–70). Communication factors showed a significant association with compliance ($r = 0.39$; $p = 0.006$), while leadership factors ($r = 0.17$; $p = 0.25$), compensation ($r = 0.06$; $p = 0.68$), supervision ($r = 0.13$; $p = 0.36$), and resources ($r = 0.25$; $p = 0.08$) showed no meaningful relationship. Multivariately, organizational factors have no relationship with DPJP compliance in filling out medical resumes in accordance with BPJS Kesehatan regulations. Communication has a meaningful relationship with DPJP compliance in filling out medical resumes in accordance with BPJS Kesehatan regulations. Meanwhile, the factors of leadership, compensation, supervision, and resources are not meaningfully related.

Keywords: compliance, medical resume, organization, communication, BPJS Kesehatan

INTRODUCTION

A medical resume is an important part of documenting a patient's medical history in the treatment process. A medical resume includes a variety of information, such as: disease history, treatment history, allergy history, family history, meaningful supporting outcomes, and progress records. This information supports doctors in establishing an appropriate diagnosis, developing an appropriate treatment plan, preventing the risk of drug interactions or harmful allergic reactions, and avoiding miscommunication that can impact patient safety (Akindele, 2019).

In addition, this medical resume is also a mandatory document in the completeness of the BPJS Kesehatan claim submission file. This medical resume must be filled out completely and appropriately between the components of the anamnesis, physical and supporting examinations, primary and secondary diagnoses, therapies given, and procedures performed. A claim will be considered feasible if it meets the regulatory provisions, guidelines from BPJS Kesehatan, coding principles, and the results of an agreement between the hospital and BPJS. Incompleteness or delay in filling out a medical resume can lead to inappropriate claims, delayed claims, and the return of claims (pending claims), which ultimately have an impact on financial losses for hospitals. (Christy et al., 2024; Kusumawati & Pujiyanto, 2018; Sahir & Wijayanti, 2022; Saputro & Pribadi, 2021)

On the other hand, the doctor as the main DPJP not only has the responsibility of being the team leader in patient care, but also to fill out the medical resume. The high workload of doctors and the dynamic development of BPJS regulations make filling out medical resumes

incomplete and accurate. (Kasaye, Beshir, et al., 2022; Kasaye, Guadie, et al., 2022; Raney et al., 2020)

RS X in Semarang is a type C hospital located in Semarang City. RS X has 13 full-time specialists and 64 part-time specialists. RS X has been collaborating with BPJS Kesehatan since 2014. The proportion of JKN patients served at this hospital to date has reached 85% of all patients. This collaboration with BPJS Kesehatan requires one of them to be complete administrative documents as a requirement for submitting a claim, one of which is a medical resume written by the DPJP. The completeness of the medical resume is also one of the quality indicators of the Medical Record unit at X Semarang Hospital with a target of 100%. The average achievement of complete medical resumes at X Semarang Hospital in 2022 is only 85.7% and in January – June 2023 it is only 80.5%. The lowest medical resume filling compliance percentages are in ICU, Emergency Room, and PICU with compliance scores below 50%. The results of the medical resume filling out were found that the items with the lowest filling were the part of drug administration, diagnostic actions taken, and discharge conditions.

Filling out a complete, accurate, and timely medical resume is an important element for the hospital, not only in terms of service quality, but also in terms of financial smoothness because this medical resume is used as a condition for submitting a JKN claim. The role of the organization is certainly important in increasing physician compliance with the completeness of filling out medical resumes, but there has been no research on this matter so the researcher is interested in analyzing the relationship of organizational factors to DPJP compliance in filling out medical resumes according to BPJS Kesehatan regulations at RS X Semarang.

Previous studies have highlighted the challenges of medical record completeness and physician compliance in hospital settings. Akindele (2019) emphasizes that complete medical documentation supports accurate diagnosis, treatment planning, and patient safety, while Christy et al. (2024) demonstrate that incomplete medical resumes can result in delayed or rejected BPJS Kesehatan claims, directly affecting hospital finances. However, these studies largely focus on the consequences of incomplete documentation or general hospital workflows without investigating the organizational factors that influence physician compliance in filling medical resumes. Similarly, Kasaye, Beshir, et al. (2022) identify that high physician workload and dynamic regulations contribute to documentation gaps, yet they do not examine the interplay between organizational support, management policies, and physician adherence.

This research aims to identify key organizational determinants that influence documentation compliance and propose targeted interventions to improve medical record quality, thereby enhancing patient safety, streamlining BPJS Kesehatan claims, and optimizing hospital financial and operational performance. By providing actionable insights, the study benefits hospital management, policymakers, and healthcare practitioners in fostering an organizational culture that prioritizes accurate and complete medical documentation.

METHOD

This study used a quantitative descriptive design with a cross-sectional time approach conducted at RS X Semarang during the period of January to June 2024. The variables studied were DPJP compliance in filling out medical resumes in accordance with BPJS Kesehatan regulations as the dependent variable, and organizational factors—including leadership, compensation, communication, supervision, and resources—as independent variables. The population included all DPJPs who served inpatient JKN patients at RS X Semarang Hospital during the October–December 2023 period. The sample consisted of the total population, with exclusion criteria including DPJPs who treated only two patients during the study period and DPJPs who were on leave during that time. Medical record samples were taken from the medical resumes of hospitalized JKN patients during October to December 2023 using

purposive random sampling, with a minimum sample size of 564. Data collection was conducted in two ways: interviews and observations. Organizational data were obtained through interviews with 50 DPJPs, while compliance data on filling out medical resumes were collected by observing 685 medical resume documents of inpatient JKN patients at RS X Semarang, completed by 50 DPJPs during the research period. The research instruments consisted of questionnaires and checklists that had been tested for validity and reliability. The questionnaire contained questions about respondent characteristics and statements regarding organizational factors, with answer choices on a Likert scale ranging from 1 to 7. The checklist was used to assess the medical resumes against the completion standards according to BPJS Kesehatan regulations, with a maximum score of 8. DPJPs were categorized as compliant if the average score obtained was greater than or equal to 80%, which corresponds to a score of 6.4 (Notoatmodjo, 2007). The data obtained were processed and analyzed descriptively (univariate) and inferentially (bivariate and multivariate). Univariate analysis on with mean, median, mode, minimum, and maximum values. Bivariate analysis uses Pearson's correlation test. Multivariate analysis used multiple linear regression tests.

RESULT AND DISCUSSION

Most of the 49-year-old DPJPs include productive age, male gender (72%), specialist doctor competence (72%), married status (92%), and employment status as part-time employees (84%) with an average working period of 10 years and 9 months (129 months). The characteristics of the research subjects are described in table 1.

Table 1. Characteristics of respondents

Characteristic	Quantity (%)	Red (\pm SD)	Med	Mod	Min	Max
Age (years)		49 (\pm 1,913)	43,5	42	33	82
Gender						
Woman	14 (28)					
Man	36 (72)					
Competence						
Specialist	36 (72)					
Subspecialists	14 (28)					
Marital Status						
Marry	46 (92)					
Unmarried	4 (8)					
Employment Status						
Full-time	8 (16)					
Part-time	42 (84)					
Working Period (months)		129.56 (\pm 110,650)	168	123	3	477

The DPJP compliance score is assessed through filling out a medical resume in accordance with BPJS Kesehatan regulations with an average score of 5.30 with a score range of 0-8. Meanwhile, organizational factors include leadership factors with an average score of 59.04 with a score range of 11-77, compensation factors have an average of 29.94 with a score range of 10-70, communication factors have an average score of 31.72 with a score range of 6-42, supervision factors with an average of 47.88 with a score range of 10-70, and resource factors have an average of 54.42 with a score range of 10-70.

Table 2. Univariate Analysis

Variable	Red (\pm SD)	Med	Mod	Min	Max
Compliance score	5.30 (\pm 1.21)	5,30	6,40	2,00	7,40
Organizational factors					
Leadership	59.04 (\pm 11.04)	53,00	77,00	39,00	77,00
Compensation	29.94 (\pm 13.47)	19,00	16,00	10,00	70,00
Communication	31.72 (\pm 5.12)	32,00	34,00	19,00	42,00
Supervision	47.88 (\pm 16.85)	39,00	56,00	10,00	70,00
Resources	54.42 (\pm 12.07)	53,00	70,00	21,00	70,00

The results of the bivariate test using the Pearson correlation test showed that the factor related to DPJP compliance in filling out medical resumes in accordance with BPJS Kesehatan regulations in hospitals was a communication factor with a p value of 0.006. However, other organizational factors were not related, namely leadership ($p = 0.250$), compensation ($p = 0.680$), supervision ($p = 0.363$), and resources ($p = 0.08$).

Table 3. Bivariate Analysis

Variables Organizational factors	R	P Value
Leadership	0,166	0,250
Compensation	0,06	0,680
Communication	0,387	0,006
Supervision	0,131	0,363
Resources	0,250	0,080

Multivariably, the variables of leadership, compensation, communication, supervision, and resources were not simultaneously related to DPJP's compliance in filling out medical resumes in accordance with BPJS Kesehatan regulations

Table 4. Multivariate Analysis

Variables Organizational factors	P Value
Leadership	0,395
Compensation	0,115
Communication	0,688
Supervision	0,570
Resources	0,064

Discussion

The type of leadership is not related to the compliance of the DPJP at the Citarum Wilasa Nursing Home. This can be seen from the results of the interview even though most of the respondents acknowledged the authority and competence of the hospital leadership, where the hospital leadership communicated the importance of filling out a medical resume in accordance with BPJS Kesehatan regulations, can receive input can provide solutions if there are obstacles in filling out medical resumes, and can be an example in filling out medical resumes. But the DPJP still does not comply in filling out medical resumes according to BPJS Kesehatan regulations. This is in line with Theory *Substitutes for Leadership* states that in certain contexts, medical professions have high autonomy, factors such as professional standards, personal ethics, and work culture can supersede formal leadership roles in influencing individual behavior. (Fahlevi et al., 2022; Gokce et al., 2014; Marliza et al., 2022)

The variable of compensation or reward is not related to the compliance of the DPJP in filling out the medical resume in accordance with BPJS Kesehatan regulations, the results of

this study are different from the previous research conducted by Maulana, et al. (Bai et al., 2019; Maulana et al., 2022) This is because the provision of compensation for DPJP at RS X Semarang is not affected by the DPJP's performance in filling out the resume, there is no bonus if the DPJP fills out the medical resume completely, on time, and in accordance with BPJS Kesehatan regulations. Likewise, there will be no deduction of medical services if the resume filled out by the DPJP is incomplete, not on time, and not in accordance with BPJS Kesehatan regulations. Compensation is provided according to the number of patients served (fee for service) both patients whose claims are eligible to pay and those who are pending. This has similarities with research at RS X Bogor and Pertamina Jaya Hospital which states that although doctors and other PPAs know and understand medical records, but due to the absence of a system reward and punishment which affects the DPJP's income, makes the DPJP and other PPAs not fill out the medical records completely (Kencana et al., 2019; Ratnawati, 2020; Ulfa & Lily, 2017).

The communication factor is related to the compliance of the members of the organization. Physicians as members of hospital organizations, individuals with intellectual ability and higher educational status, are often considered the most difficult members of organizations to regulate in hospital regulations. In the relationship between hospital management and doctors, the communication factor is the key to doctors' compliance with regulations in hospitals. This was also found in a study at Pertamina Jaya Hospital where the lack of socialization as a means of communication resulted in low compliance of doctors in filling out medical records. (Falcone & Satiani, 2008; Lee & Kim, 2017; Robert et al., 2013; Sakidjan et al., 2014; Ulfa & Lily, 2017). Transparent communication can improve compliance Organizational Justice Theory. Where in this theory how the DPJP is involved and communicated in a way that is respectful and can improve the perception of justice and compliance with it. This is in accordance with the results of the interview where it was found that the DPJP stated that there was information and refreshing to the DPJP regarding BPJS Kesehatan regulations, both existing and new regulations, and how to fill out resumes in accordance with BPJS Kesehatan regulations at X Semarang Hospital. The DPJP also stated that there was an opportunity to be asked for their opinion in filling out the medical resume and could provide input to the hospital management regarding filling out this medical resume.

The supervision factor had no relationship in compliance with filling out medical resumes at RS X Semarang. This is in line with research at Muhammadiyah University Hospital Malang, Muhammadiyah Lamongan Hospital, and Pesawaran Hospital which shows that the incompleteness of filling in medical records is due in part to the lack of optimal monitoring and evaluation process of filling in medical records, and there is no system for recording and reporting incompleteness of medical records. (Farista & Karyus, 2020; Mawarni & Wulandari, 2020; Nurhaidah et al., 2016) From the results of the interviews, it can be concluded that the supervision of filling out medical resumes is not consistently carried out where 48% stated that there was a direct inspection, and 36% stated that there was no direct inspection. At RS X Semarang, routine evaluations have also not been carried out. From the results of the interviews, 18% of DPJP stated that there was no evaluation from hospital management if the medical resume made by DPJP was incomplete, not on time, and not in accordance with BPJS Kesehatan regulations and 36% of DPJP stated that there was no evaluation if the services that had been provided were pending or unclaimed. Recording and reporting have not been carried out systematically so that the performance of filling out a medical resume is not a point that is also assessed in OPPE (Ongoing Professional Practice Evaluation) and the extension of the cooperation contract.

From the results of the interviews, most of the DPJPs stated that the medical resume format is quite concise and easy to understand, and there are not many points to fill in. Most of the DPJPs also stated that there are SPOs, technical instructions and human resources that can

be asked and explained if there are things that are not understood. But this is not in line with the compliance value so that the resource variable is not Have a relationship DPJP compliance in filling out medical resumes at X Semarang Hospital. Various studies show that there is a gap between the information obtained from the SPO and technical instructions with the implementation by the DPJP, so socialization and even more intense training is needed for doctors to be able to carry out procedures according to existing regulations. (Mallawarachchi, 2022; Vaucher et al., 2016).

CONCLUSION

The DPJP at Panti Wilasa Citarum Hospital Semarang was found to be non-compliant in filling out medical resumes according to BPJS Kesehatan regulations, with communication identified as the only organizational factor significantly related to this compliance. Other factors such as leadership, compensation, supervision, and resources showed no significant relationship, indicating that the behavior of DPJPs as key hospital service providers is less influenced by these organizational elements. Effective communication emerged as a crucial factor in enhancing DPJP compliance, serving as a vital link between management needs and the proper completion of medical resumes for BPJS Kesehatan claim purposes. Future research is recommended to explore specific communication strategies and interventions that can further improve compliance, as well as to investigate other potential influences on DPJP behavior beyond organizational factors.

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