

The Role of Leadership Improves the Doctor's Performance in Completing Medical Records

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Abstract: Hospitals must have leaders who are obeyed and respected by their subordinates. Hospital leaders determine goals, motivations and actions for doctors who provide care and complete patient medical records. Complete, accurate and timely medical records (MRs) need to be done fully in improving services. The implementation of MR documentation audits is carried out as part of internal supervision which recommends incompleteness problems that will have a negative impact on hospital performance. Based on preliminary observations at Adjudarmo hospital, the completeness of inpatient medical records, especially on the doctor's note sheet, began at the ED or Clinic. Preliminary studies related to history on the patient's physical examination, development notes and summary were still incomplete. This phenomenon shows that the performance of doctors in filling medical records is still low, allegedly caused by factors of satisfaction with leadership style. The purpose of this study was to analyze the Satisfaction Factors of leadership that affect the performance of filling in MR in Adjudarmo Hospital. The research hypothesis is that there are influences of leadership satisfaction factors on the performance of filling medical records. This type of research is carried out with the quantitative analytical description method and uses a cross-sectional approach. This research design uses descriptive design and causal design. The population is 74 people, accidental sampling is 36 people. The independent variable is the factor of physician satisfaction in leadership and as the dependent variable is Medical Record Filling Performance. Research instruments are working a questionnaire form. Research analysis using simple linear regression. The normality test is done through, Kolmogorov-Smirnov with normal distributed data Regression Coefficient Test Results that independent variables with dimensions of satisfaction on leadership significantly influence the completeness of MR.

1 INTRODUCTION

Medical Records (RM) is a source of data that is processed and presented into medical information in health care institutions. Medical Records should contain medical and administrative data that describe in detail all aspects of patient care that occur either manually made on paper / electronic forms or sheets using a computer. A complete and accurate medical record is a reflection of the quality of care provided.

Opinion by Nurman in HuffPost (7/03/2018 05:46 am ET) that “‘Minor’ Errors In Medical Records Can Have Major Consequences”. Quality” is a buzzword in many industries — but in health care, it is lumped in with “safety,” since poor quality can lead to much more than just customer dissatisfaction.

Medical errors are the third leading cause of death in the U.S., according to Johns Hopkins University School of Medicine researchers: Each year, approximately 250,000 patients in the U.S. die due to such errors. However, more often than not, medical errors hurt patients in unobvious ways, just as an illness does not always present itself clearly and instead takes root perniciously, over time and under the radar. They are a sign of a much more severe ailment that plagues our entire health care system.

One place these errors lurk is in documentation and medical records. Writing of diagnose during on appointment the "anorexia" should be "anorexic" the medical term for loss of appetite, while “anorexia nervosa” would have been a diagnosis in and of itself - a complex mental illness, in fact, Limas (2012) in his research proves that

physician busyness is one of the factors that influence the completeness of medical records. Akbar (2012) states that there is a relationship between physician years of service with the completeness of filling in medical record data at Kerawang Primary Health Care. While Rosalina (2013) in her research at 3 hospitals proved that satisfaction in work, compensation, leadership, co-workers and promotion proved to have a significant effect on the performance of doctors in filling out medical records of patients. The results of Hari Purwanto's research (2015) found that job satisfaction factors consisting of work, compensation, promotion, supervision, co-workers and working conditions influenced the performance of employees in Madiun City 1 Junior High School. Lihawa (2015) in his research stated show that a relationship between the unsystematic composition of the medical record form and incomplete filling of medical records. A solution to improve the completeness of medical records is to create an integrated medical record draft form.

Pahmi (2011) in his research stated show that leadership style and job satisfaction have a positive and significant effect directly on employee performance

The purpose of the study to analyze the effect of job satisfaction on completeness of filling the medical record.

2 LITERATURE REVIEW

2.1 Leadership (Supervision)

According to Hasibuan (2010: 170) leadership is the way a leader influences subordinate behavior, in order to be willing to work together and work productively to achieve organizational goals. According to Jhon Kotter (Robbins and Judge, 2007: 356) leadership is about dealing with change. Leaders set the direction by developing a vision of the future so that they align people by communicating this vision and inspiring them to overcome obstacles. Greenberg and Baron (2008: 501) define leaders as someone in a group or organization that has the greatest influence on its members, and they define leadership as a process by which a person influences group members to achieve organizational or group goals.

2.2 Completeness of Medical Records

According to Ruthann Russo (2013), good Medical Record Documentation (MR) includes activities that ensure quality data and information. Clinical documentation in MR patients is strictly regulated. Clinical documentation is the main meaning that doctors or nurses use it to communicate about their opinions about the patient's condition and the decision on how to treat the patient. Koder used Clinical Documentation in the processing of clinical data by determining the diagnosis code and actions on MR patients. Clinical Documentation was the basis for coding by using the International Statistical Classification of Diseases and Health Related Problems edition 10 (ICD-10) and coding the actions using books. "International Statistical and Classification of Diseases and others related problems, Ninth Edition, Clinical Modification" (ICD-9CM).

- Improving the quality of Clinical Documentation (Clinical Documentation Improvement = CDI) aims to ensure that doctors provide the most complete, clear, reliable, timely, readable and accurate information/documentation that is consistent with clinical findings (examination results) in Medical Records. The CDI program includes reviewing medical records of patients who are still being treated who, by immediately identifying an increase in clinical documentation. Based on Permenkes 269, (2008), article 2 paragraph 1 states that "Medical Records must be made in writing, complete and clear or electronically. Completeness of Medical Records can be done in several ways: In America, the Department of Health and Human Services (HHS) section of the Office Inspector General (OIG) recommends minimum completeness instructions for RM documentation: MR is complete and readable.

- Listed past and present diagnoses in MRRK
- Identify the Health Risk factors appropriately
- There is a reason to request a diagnostic and other supporting examination
- Document the patient's development and reaction to treatment changes and other revisions of diagnosis.
- Documentation at entry must have reasons to be treated with relevant history, findings from physical examinations, results of preliminary examinations, assessments, clinical image, diagnosis, care plans, care dates and identities of service providers that can be read.

2.3 Quantitative Analysis

Also called Discharge Analysis: reviewing the completeness and accuracy of Health Records. Generally done in a Retrospective Analysis when the patient has been discharged from the hospital. It can also be done by Concurrent Analysis when the patient is still being treated. Things to note:

- The first time RM arrangement was made so that the RM sheet that was lacking could be immediately known,
- Then see author authentication in the form of the author's signature,
- Good writing; if there is an error crossed one line and initialed, given the date of correction then write down the improvement.
- Timely and readable, using standardized abbreviations
- Accurate and complete

Quantitative analysis includes a review of RK completeness based on regulations, accreditation, licensing and billing requirements that apply in both paper and electronic RK-based hospitals.

Hatta (2008) Quantitative Analysis is reviewing certain parts of the contents of the RM with the intention of finding deficiencies, especially those relating to RM documentation.

Writing / documenting this Medical Record is regulated by the Head of the Medical Record / Health Information section together with the relevant health service provider.

3 RESEARCH METHOD

Types And Designs of The research was conducted using quantitative analytical description method and using cross-sectional approach. This research design uses descriptive design and causal design, described as follows: 1. Descriptive design: the exposure is intended to describe the things that are asked in research as: what, who, when, where, why and how a topic of the problem. In this design more on the data collection and decomposition thoroughly and thoroughly according to the issues discussed.

The data of medical record filling performance is obtained from the result of a field survey conducted by the researcher in Medical Record unit, and independent variable from the respondents that have been determined in RS Adjidarmo

2. Causal design: to know the causal variables (independent variables) and the variables that result (dependent variable) and analyze the relationship

between variables or how a variable affects other variables. Further data is processed statistically using SPSS version 22.0 for windows.

The population of this study are general practitioners and specialist doctors in the inpatient room with a total of 74 people. Sampling technique with accidental sampling obtained as many as 36 people

Variables This study consists of independent and bound variables; Independent variable; consisting of satisfaction of leadership, and as the dependent variable is the completeness of the filling of Medical Record based on 4 components of quantitative audit of documenting the Medical Record, ie, the completeness of patient identity, the completeness of the important report, the completeness of Authentication writer, and good Recording

The instrument used to collect data related to leadership factors on Medical Record Filling Performance is a

4 RESEARCH METHODOLOGY

Research on the development of this medical record module prototype is a type of applied research. The result of this research can be directly applied to solve the problems faced. (MOE 2012, 15)

This research will apply Agile development model using SCRUM system development method which was documented by collecting all BackLog (User Needs) to be made into small modules to determine the priorities to be later analyzed and formed into a basic foundation to build a continuously developing Medical Record Module to accommodate hospital needs. The results of each analysis will later be made into a medical record application module using the PHP programming language and SQLSERVER database, then the application was tested based on the functions required by the user before being demonstrated to the end user. Questionnaires will be tested for validity and reliability. Methods of data collection by distributing questionnaires that have been reliable to medical record recharge practitioners, in this case, the inpatient doctors. The validity test in this research uses the formula "product moment" (r) and reliability test using Alpha Cronbach's test.

For Hypothesis: examine the effect of leadership satisfaction on Medical Record Filling Performance using simple linear regression with models:

$$a. \hat{Y} = a_0 + b_2 X_2$$

\hat{Y} = dependent variable (Medical Record Filling Performance)

X2 = independent variable (satisfaction with leadership)

a₀ = constant (intercept)

b₂ = regression coefficient

H₀ if b₂ = 0: X₂ does not affect Y: satisfaction with the leader does not affect the Performance of Medical Record Filling

H_a if b₂ ≠ 0: X₂ affects Y: satisfaction with the leader influences the Performance of Medical Record Filling.

5 RESULT DATA

5.1 Simple Regression Analysis Results

From the overall indicators asked by respondents regarding personal data, it can be concluded that:

- Age Group

The highest age group is the age group 31-40 years (52.8%), and at least the age group > 40th. (27.8%)

- Gender

Male respondents (55.6% more than women (44.4%).

- Final Education

Respondents with the latest education, The general practitioner is higher (60%) than the specialist doctor (40%).

- Long Working

The largest group of respondents was the group that worked 2-5 years as many as 22 people (61.1%).

Validity and Reliability Test Results

The purpose of this validity and reliability test is to find out whether the raw data taken in the field is valid and reliable or not. The instrument has been tested on 23 respondents and then tested the validity and reliability based on SPSS 22.00 output. The correlation used is Pearson Product Moment correlation with alpha 5% (α = 0.05).

Table 1: Test Validity and Reliability Satisfaction with Leadership

No. Instrument items	Standardization of validity tests	Validity Test Results	Valid	Standard reliability test	Cronbach's Alpha	Reliability
Question 1	0.352	.693	+	0.6	.911	+
Question 2	0.352	.804	+	0.6	.887	+
Question 3	0.352	.771	+	0.6	.893	+

on 3						
Question 4	0.352	.783	+	0.6	.890	+
Question 5	0.352	.866	+	0.6	.873	+

Source: Result from SPSS 22.00, 2017

From the table above the results of the validity test, all items question satisfaction with Leadership valid because the validation value is 0.352. Test Results Reliability of all items of satisfaction with Leadership is declared reliable because the reliability value is ≥ 0.6 ≥ 0.352. Test Results Reliability of all items of satisfaction with Leadership is declared reliable, because of its reliability value ≥ 0.6

5.2 Classic Assumption Test for Normality

To conduct a test for normality is carried out through, Kolmogorov-Smirnov. The basis for decision making is based on probability.

If the probability value is > 0.05, then H₀ is accepted
If the probability value is ≤ 0.05, H₀ is rejected

Table 2: Test normality used Kolmogorov-Smirnov

	Statistic	df	Sig.
Leadership	.115	36	.200*

So from the results of Kolmogorov-Smirnov above the following: independent variables related: leadership satisfaction = 0.200 which means ≥ 0.05, the population is normally distributed

Table 3: The results of a simple regression analysis

Variable	B	Beta	p-value	F value	P value	Result of Submission
X	0,282	0,349	0,019	12,25	0,000	H ₀ Rejected
Constants	4,5	0,018				

Regression coefficient variable of leadership satisfaction is 0.349; that is, if another independent variable has a fixed value and Leadership Satisfaction has a 1% increase, then "completeness of medical record" will increase by 0.349 times. There is a significant effect of leadership

variables on completeness variables at $p = 0.019$ (<0.05).

6 DISCUSSION

Satisfaction with leadership has a partial effect on medical record completeness at p -value = 0,019. If the variable of satisfaction toward leadership has 1% increase, while another variable is assumed to be fixed, it will cause an increase of 0.282. The coefficient value shows that the satisfaction of leadership has a positive effect on the completeness of the medical record. This illustrates when good leadership, then the employee/doctor will be satisfied, and impact on the completeness of medical records. This is in line with the proposed Armstrong (2003) states leadership is the process of inspiring all employees to work as well as possible to achieve the expected results. Leadership is a way of getting employees to act right, reaching commitment and motivating them to achieve common goals.

According to Hasibuan (2010: 170) leadership is the way a leader influences subordinate behavior, in order to be willing to work together and work productively to achieve organizational goals. Leadership is a process by which a person influences group members to achieve organizational or group goals. Pahmi (2011) leadership style and job satisfaction affect on positive and significant directly to organizational commitment. Leadership style and job satisfaction affect positive and significant directly to officer performance. Moreover, also there is an influence of significant indirectly between leadership style and job satisfaction to officer performance through organizational commitment.

From the results of Misriani Niel's research (2013), it was found that the degree of relationship between leadership style and work motivation of employees at the Makassar City Transportation Agency can be quantitatively very high or the relationship is very strong. It can be said that an effective leadership style is a leadership style that suits the situation faced in this case not only one leadership style that must be applied, but must be adapted to the situation and conditions that occur or according to the needs of the company, so that it can affect the increase in employee motivation. The success of leaders with leadership styles that are in accordance with the situation and conditions affect the satisfaction of inpatient doctors in Adjidarmo Hospital, increasing their work motivation which can be reflected in their performance in completing Medical Records. The existence of an appreciation of

achievement and an increase in functional positions in addition to structural positions at the hospital affected doctors in pursuing their careers.

7 CONCLUSION

The conclusions in this study that variable that affect the completeness of medical record is the satisfaction toward leadership. In the participatory leadership style, there needs to be an increase in the indicators of treating employees equally. This increase can be developed by providing fair role models without favoritism towards employees. Other research needs to be done to find out other variables that affect the completeness of medical records.

The complete medical record will give effect to those who use medical records. Whether for institutions, service providers, patients or third parties will also feel satisfied because their needs can be met, both for the continuity of medical services, the importance of billing service fees, education, research, can also be used as legal evidence in court.

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