The Analysis of Causes of Inpatient Medical Records Delayed Retrieval at Muna Anggita Hospital Bojonegoro, Indonesia

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ABSTRACT

The delayed retrieval (return) of medical records at Muna Anggita Hospital Bojonegoro in January-May 2022 hindered the data process, reporting, and BPJS claim submissions. It also impeded services when patients underwent health check-ups and affected the quality of hospitals and patient satisfaction. This study aims to analyze the factors causing the tardy return of inpatient medical records based on Lawrence Green's behavior theory, which includes predisposing, enabling, and reinforcing factors. This qualitative study collected data through interviews, observations, documentation, USG (Urgency Seriousness and Growth), and brainstorming. The research subjects include one medical record head, two assembling officers, and four inpatient ward heads. The results indicated that predisposing factors included the lack of knowledge of ward heads and their attitude (behavior) towards extending the return time of medical records. These predisposing factors can occur due to the lack of supporting facilities. Also, motivating external factors such as rewards or reprimands from ward heads and minimal socialization of standard operating procedures (SOPs) regarding borrowing and return of medical records also contribute to the delay. Behavioral factors refer to the ward heads' lack of compliance and discipline in returning medical records. Muna Anggita Hospital should conduct SOP socialization every three months and regularly provide supporting facilities. The ward heads should also set an example regarding medical record return punctuality. The subsequent researchers are encouraged to formulate a strategic plan to reduce the delays in returning inpatient medical records at Muna Anggita Hospital in Bojonegoro.

Kata kunci: Perilaku; Rumah sakit; Pengembalian


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INTRODUCTION

A hospital provides complete individual health services, including inpatient, outpatient, and emergency care (President of the Republic of Indonesia, 2009). Hospitals work under Pancasila and are guided by values such as humanity, ethics, professionalism, justice, equality, and national non-discrimination. They are committed to patient protection, safety, and well-being and serve a social function (Handayuni et al., 2021). The quality of hospital services is crucial to ensure the hospital's sustainability. Various processes in the hospital to enhance the level of healthcare are performed by various professions, including medical, paramedical, and non-medical professions (Fajar et al., 2023). Besides providing comprehensive individual healthcare services, hospitals have other tasks, such as recording and reporting hospital operations through a hospital management information system, specifically medical records (Suhardi, 2017). Medical records contain patient identification data, examinations, treatments, procedures, and other services provided to patients (Ministry of Health of The Republic of Indonesia, 2022). Managing medical records is one of the supporting services aimed at achieving effective medical administration within hospital services (Handayuni et al., 2021). The completeness, content accuracy, compliance with legal requirements, and timely return of medical records indicate an excellent quality of hospital services (Lihawa et al., 2015).

Service quality is influenced by human resources capable of delivering services with applicable standards, documented in a manual published and distributed by the Ministry of Health as a program guideline (Aulia et al., 2022). The punctual retrieval of medical records is one of the efforts to show the quality of medical record management, significantly impacting data processing (Lubis, 2017). The standard for returning inpatient medical records is within 2x24 hours after the patient is discharged from the hospital (The Department of Health of the Republic of Indonesia, 2006). The timely return of medical records plays a pivotal role in patient data management, particularly when the patient requires further treatment at the same hospital or when referred to another medical facility. However, the medical record delay return remains frequent at Muna Anggita Hospital Bojonggoro.

Medical record delay returns are frequent for inpatients, whereas the records cases for outpatients are consistently returned on time. The percentage of delays in returning inpatient medical records from January to May 2022 reached 91.47%. Based on interviews and observations, the delay is mostly due to late delivery to the assembling unit by the head of the ward. Consequently, this issue impedes the data processing and BPJS claim processes, resulting in a backlog of medical records in the inpatient ward. The delay in returning medical records can have several consequences. It can hinder data processing, slow insurance claim submissions, and impede medical records distribution. This condition, in turn, can lead to longer wait times for obtaining medical records, potentially affecting the quality of the hospital and patient satisfaction with the provided healthcare services (Amrullah et al., 2021).

According to Aufa (2018), the delay in returning medical records at RS X Bogor from December 2017 to February 2018 was 65.54%, hindering patient check-ups and data processing and reporting activities because effective healthcare services rely on conscientious professionals (Aulia et al., 2022).
The delay in returning inpatient medical records at RSUD Tongas Probolinggo influences the archiving of medical records, causing unavailability when needed. Additionally, such delays often lead to complaints from patient expedition personnel when patients require immediate examinations the following day (Dilla et al., 2020). Putri and Sonia (2021) pointed out that delays in returning inpatient medical records can affect subsequent medical record data processing. This delay in processing can result in timely and meaningful information for improving the hospital’s quality of care. Lengthened patient wait times due to the search for overdue medical records can adversely affect patient safety. Thus, a comprehensive analysis is required to identify the causes of the return delay of medical records as it deals with personnel’s behavior, which does not align with the procedures of medical record management (Munawaroh, 2018).

This research employed Green’s behavior theory by Notoatmodjo (2014), which encompasses predisposing, enabling, and reinforcing factors to analyze the factors contributing to the delay in returning inpatient medical records at RSMNU Muna Anggita Bojonegoro. Human interaction throughout the environment is manifested through knowledge, attitudes, and actions (Handayuni et al., 2021). Consequently, the research findings can serve as input and evaluation material to enhance service quality, particularly in managing inpatient medical records.

**RESEARCH METHOD**

This qualitative study analyzed the factors contributing to the delayed retrieval of inpatient medical records using Lawrence Green’s theory. This theory encompasses predisposing factors, enabling factors, and reinforcing factors. Problem prioritization using the Urgency, Seriousness, and Growth (USG) framework and improvement efforts through brainstorming were also conducted. The predisposing factors variable includes the staff’s knowledge and attitudes, the enabling factors variable includes the facilities and infrastructure, and the reinforcing factors variable includes the Standard Operating Procedures (SOP) and motivation. The variable assessment is determined through data collection, such as interview results with all informants, data from observations, and documentation conducted by the researcher. Subsequently, data analysis and triangulation tests are performed to verify the data.

This research was conducted from June 2022 to June 2023, involving one medical record manager, 2 assembling staff members, and four inpatient ward managers. Data was collected through interviews, observations, documentation, Urgency, Seriousness, Growth (USG), and brainstorming. This study involved data reduction, presentation, and conclusion (Sugiyono, 2014). Data analysis encompasses data reduction, data display, drawing conclusions or verification, prioritization of issues and improvement efforts, presentation of results and discussion, and conclusions and recommendations. Data collection techniques were conducted from December 2022 to January 2023. Data validity testing was conducted using source triangulation and technique triangulation. The ethical research approval letter number is 1409/PL17.4/PG/2022, under Dr. Budi Hariono, M.Si’s approval, the chairman of the ethical commission for the assessment of laboratory animals and health, and Maya Weka Santi, S.KM., M.Kes, the coordinator of the ethical commission in the field of health approve it. The researcher, Cindy Kurnia Ressa Fransiska, is granted ethical permission, a
student in the Health Information Management Program, the Department of Health, Jember State Health Polytechnic.

**RESULTS AND DISCUSSION**

The research conducted at Muna Anggita Hospital Bojonegoro consists of several aspects, such as Predisposing Factor, which facilitates or influences someone's behavior, such as officers' knowledge and attitudes; Enabling factor, which facilitates someone's behavior, such as facilities and infrastructure; and Reinforcing factor, which reinforce behavioral changes, such as continuous reward systems, such as Standard Operating Procedures (SOP), and motivation. The respondents in this study were three men and four women, including one medical record manager, two assembling staff members, and four inpatient ward managers. Table 1 displays the informants' demographic information.

<table>
<thead>
<tr>
<th>No.</th>
<th>Informant</th>
<th>Gender</th>
<th>Age (years old)</th>
<th>Education</th>
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<tbody>
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<td>42</td>
<td>Bachelor of Nursing</td>
</tr>
<tr>
<td>2</td>
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<td>Female</td>
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<tr>
<td>5</td>
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<td>Female</td>
<td>30</td>
<td>D1 Master of Hospital Management</td>
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<tr>
<td>6</td>
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<td>Female</td>
<td>41</td>
<td>Senior High School</td>
</tr>
<tr>
<td>7</td>
<td>7th Informant</td>
<td>Male</td>
<td>27</td>
<td>D3 Medical Record</td>
</tr>
</tbody>
</table>

*Source: Primary Data (2023)*

**Knowledge**

Knowledge comes from the human senses' interaction with observed objects (Notoatmodjo, 2014). An individual's knowledge is generally acquired through the auditory sense (hearing) and the visual sense (sight). Knowledge is acquired through formal education and learning from one's own experiences or others (Tiranita et al., 2023). Knowledge here, in this study, is various aspects known by the informants regarding the timeliness of medical record returns, minimum standards for medical record services, the standard process of medical record retrieval, as well as the causes and consequences of delays in medical record retrieval.

Delay retrieval of the medical record refers to the exceeding standard time established for the medical records return from the inpatient ward to the medical record unit. Dilla et al. (2020) suggested that a specified time limit and accession for inpatient medical record returns can be overdue. Based on the interview, the newly appointed head of the department was unaware of this issue regarding the delays in medical record returns. Consequently, they believed that the return of medical records should only occur once collected. However, Tresmiati (2018) asserted that medical records should be returned to the storage room promptly to facilitate service when needed, as the medical record room is where all patient health information belongs. Below is an interview transcript.
"I'm a new staff member here, so as far as I know, we have been waiting for many medical records to be returned." (Informant 1)

The minimum standard for medical record services consists of four criteria as follows: the completeness of medical records within 1x24 hours since the patient's discharge by the doctor in charge, the outpatient medical records provided within ≤ 10 minutes, the inpatient medical records provided within ≤ 15 minutes, and the completeness of informed consent documentation (Ministry of Health, Republic of Indonesia, 2008). Based on the interview, all four informants were found to be unaware of the minimum standard for medical record services, as demonstrated in the following interview excerpts:

"I'm not sure. I think the patients are supposed to have all the necessary documents when they are discharged. I don't know much about it because I'm not from the medical records unit." (Informants 2 and 3)

According to the Guidelines of the Medical Record Implementation in 2006, the standard for inpatient medical record return is a maximum of 2x24 hours after the patient's discharge from inpatient care. Based on the interview, not all personnel know the inpatient medical record return standard, as indicated in the following excerpt.

"As far as I know, medical records must be returned to where they belong due to a procedural re-registration process and claim purposes. In my opinion, the standard return time is within 3x24 hours. Usually, everything needs to be complete." (Informants 1 and 3)

The causes of medical record delay return deal with not all medical records being collected simultaneously, and it, thus, leads to a prolonged process that even exceeds the designated timeframe. In addition, delays occur due to inappropriate, unresponsive, and undisciplined behavior of the personnel involved. Based on the interview, the informant emphasized the cause above (all medical records to be collected), as described in the following excerpt.

"The problem is that we have to wait for many medical records to be returned. We should have a substantial amount before returning them to the medical records unit." (Informants 1 and 4)

The delayed return of medical records can affect some occurrences, such as many medical records piling up in the room, BPJS claims not being processed on time, and the medical records not being promptly found when the patient revisits the hospital. Sugiarisi et al. (2021) suggested that delays in returning inpatient medical records can hinder the provision of medical records and impede the reporting of mortality and morbidity data. Thus, the delay impedes the hospital service, leading to longer patient waiting times (Sukenowati & Rudiansyah, 2018). All four informants during the interviews confirm this issue, as revealed in the following interview transcript.

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"It could affect the process for BPJS claims. In the future, especially when patients need to revisit the hospital, it will be difficult to find the document of their medical records." (Informants 1, 2, 3, 4)

Based on the research results concerning the knowledge variable, most personnel showed inadequate knowledge about the timeliness of medical record returns, the standards for medical record services, and the standards for returning inpatient medical records. Knowledge significantly influences an individual work ethic. Thus, limited knowledge will likely have an impact on poor work outcomes. Conversely, high knowledge can enhance an individual's quality of work (Putri, 2022). Officers must be aware that the timely retrieval of medical records will affect patient data processing, and thereby, it will also impact the improvement of patient care (Merliyana & Saefurahman, 2017). Therefore, the Head of the Department needs to have sufficient knowledge about the importance of medical record management, including ensuring timely retrieval.

**Attitude**

Attitude is a comprehensive assessment of an individual's or personnel's behavior. Attitude deals with a situation in which a specific behavior or work ethic will likely be taken into action (Darmawan & Fadjjarajani, 2016). This study specifically refers to the attitude of the head of the department toward the standard schedule of inpatient medical record retrieval, the applicable Standard Operating Procedures (SOPs), and the importance of returning medical records within the specified time frame.

Attitudes can manifest as positive or negative reactions, feelings of pleasure or displeasure, and agreement or disagreement towards specific objects or issues. Attitude represents the willingness to act, although it may not necessarily result in action. Based on the interview, some informants were found to give negative responses regarding the standard time retrieval of inpatient medical records, as noted in the following interview excerpt.

"I think we need more time for all medical records to be returned in as they are normally not returned in complete number. I usually return them within a week." (Informant 2)

From the attitude variable, some personnel wished for a time extension for medical record return beyond the 2x24-hour limit. In addition, some department heads approved it without an appropriate understanding of the Standard Operating Procedures (SOP), not to mention no appropriate implementation of the SOP. Syamsudin (2016) mentioned that if personnel do not exhibit good attitudes regarding the timeliness of medical record returns, it will impact subsequent activities such as assembling, coding, verifying BPJS claims, and filing. Job satisfaction refers to the general attitude of personnel toward their work. Rohmawati et al. (2021) stated that a lack of responsibility in completing tasks can lead to untimely returns of inpatient medical records to the medical records department. Individuals with high job satisfaction tend to have a positive attitude toward their work, while those who are dissatisfied tend to have a negative attitude (Kalalo et al., 2018). The negative responses exhibited by the staff resulted in medical records delayed retrieval. Syamsudin (2016) suggested that when staff members demonstrate less favorable attitudes toward promptly
retrieving medical records, it can lead to delays in further activities such as assembling, coding, verifying BPJS claims, and filing. Furthermore, the department head’s attitude, such as more awareness of their responsibility to complete tasks effectively and punctually, will likely be highly beneficial.

Facilities and Infrastructures

This study encompasses facilities and infrastructure to everything provided to support hospital services. These include consistently accessible inpatient medical records when needed (Silfani & Achadi, 2014), baskets, file trolleys, and expedition books in each room. The availability of the facilities and infrastructure impacts the behavior of the hospital staff and the head of each department. Based on the interview and observation during the research, the availability of baskets or trolleys influences the medical records management process, including the punctuality of their return, as noted in the following interview excerpt.

"We don’t have supporting tools like baskets or trolleys yet. It is about 70 meters away from my room (the treatment area) to the medical records unit." (Informant 1)

"We currently lack supportive equipment such as baskets. The distance from my room to the medical records unit is approximately 65 meters." (Informant 2)

"We apparently don’t have baskets or trolleys. So, I have to carry the medical records by hand. In case of many medical records in a pile, I have to use a wheelchair instead due to the distance from my room, Flamboyan and Wijaya Kusuma, to the medical records unit is around 90 meters." (Informant 3)

"It seems that we lack baskets or trolleys. As a result, I have to carry the medical records manually. When there is a large pile of medical records, I have to use a wheelchair because the distance from my room to the medical records unit is approximately 50 meters." (Informant 4)

The expedition book plays a significant role in the punctual return of medical records. This book serves as evidence of the incoming and outgoing medical records, as Agustin et al. (2020) suggested, enabling the monitoring and tracking of medical records. Based on the research, the medical records unit always coordinates the availability of expedition books in each inpatient room. Nevertheless, two department heads seem to take the initiative to provide expedition books for themselves, as noted in the following interview.

"There are no expedition logbooks available in each inpatient room." (Informants 1, 2, 5, 6, and 7)

"The expedition logbook from the medical records unit is not yet available. However, I took the initiative to provide one myself as it is essential. In the future, it will serve as evidence that we have both submitted and retrieved medical records from there." (Informants 3 and 4)

From the infrastructure variable, there was insufficient conducive infrastructure for returning medical record files, such as baskets, trolleys, and file lifts, and the absence of an expedition book from the medical records unit. Agustin et al. (2020) emphasized that the expedition book serves as a guide to track and monitor the whereabouts of borrowed and returned files. Wheelchairs, typically employed for distributing or conveying medical record
files, are deemed less effective. Praptiansari (2017) suggested that the absence of supporting tools for medical record return, such as file lifts or file hoists, will lead to difficulties and fatigue among personnel, resulting in a reluctance to return medical records promptly. Limited facilities and infrastructure impact officers’ work ethic, department heads included. They seem unable to finish their tasks in the specified timeframe. For instance, unprovided and unused expedition book impedes the assembling staff from identifying medical records in rooms with no expedition book. Therefore, hospital management should pay attention to facilities and infrastructure to ensure that all staff even department heads always punctual, thereby minimizing medical records’ delayed return. The key to quality service is maintaining a strong work ethic. Thus, efficient task implementation can only be achieved through adequate supporting facilities provided (Astiningsih, 2018).

**Standard Operating Procedure (SOP)**

Standard Operating Procedure (SOP) is a set of guidelines for work procedures. It aims to ensure that individuals within an organization carry out the tasks, actions, decisions, and use of facilities and processes in efficient, effective, consistent, standardized, and systematic actions. All hospital staff, including department heads, implement the SOP of a hospital to enhance all personnel’s competency and performance, particularly related to medical record borrowing and returning. This research identifies SOP through department heads’ knowledge regarding the SOP for inpatient medical record borrowing and returning, including whether the SOP is well implemented.

Muna Anggita Hospital Bojonegoro possesses Standard Operational Procedures (SOP) for medical record borrowing and returning. However, based on the observation, each room has not implemented the SOP. In addition, each room did not put SOP documents around. Only the head of medical records kept them. Based on the interview, the department heads are unaware of SOP documents, as described in the following excerpt.

"I'm not sure. I'm just in charge here." (Informant 1)
"I do not know." (Informant 2)
"We seem to have already had it, but I’m not sure." (Informants 3 and 4)

The SOP’s (Standard Operating Procedure) socialization makes it clear to the personnel about the importance of punctual retrieval of medical records (Devi et al., 2016). Based on the interview, department heads have not received optimal socialization from the hospital management, as recorded in the following excerpt.

"There has never been any socialization. Therefore, we often get through setbacks as most personnel do not understand the content and procedure of implementing the SOP." (Informants 1, 2, and 4)
"We have socialization, but it was only a brief one when the accreditation was approaching. It apparently was not effective." (Informant 3)

Based on the SOP variable, regular and optimal socialization of the procedures for borrowing and returning inpatient medical records has not been established. Astiningsih
(2018) suggested implementing SOPs with immediate dissemination to each ward. However, no SOPs were available in each inpatient room. In their study, Agustin et al. (2020) suggested that the delays in returning inpatient medical records at RSUP Dr. Kariadi Semarang were due to insufficient SOP socialization. Staff members, thus, had an inadequate understanding of the inpatient medical records retrieval process. The SOP socialization aims to provide all personnel with a profound understanding of the workflow and work procedures according to the SOP (Stiyawan et al., 2018). Maximum SOP socialization, regarding inpatient medical record borrowing and returning in particular, shows a positive correlation with all staff’s improvement of performance and behavior, including department heads. Since the SOP encompasses all relevant units, including the medical record and inpatient units, the SOP document must be available in all rooms, including the inpatient department head’s desk.

Motivation

Motivation is an internal drive within a person to act or perform certain tasks (Notoatmodjo, 2014). Work motivation refers to attitudes and behaviors that also become a factor in influencing employees' behavior towards their work. Motivation can stem from internal factors (within oneself) or external factors (outside). Intrinsic rewards are inherent to the job, such as responsibilities, challenges, and characteristics. On the other hand, extrinsic rewards typically encompass direct, indirect, and other benefits (Nugranaingsih et al., 2021). These rewards can take financial, material, or social environment-related aspects. Motivation reflects the desire or willingness to engage in an activity or action in the service of patients (Aulia et al., 2022). Citraningtyas et al. (2022) stated that motivation and work discipline positively and significantly affected the performance of pharmacy department employees at Manembo-nembo Bitung Hospital in North Sulawesi, Indonesia, indicating that good motivation and work discipline collectively contributed to improved employee performance.

Motivation stimulates desire and energy to remain interested and committed to a job, role, or effort to achieve a goal (Adetola et al., 2022). There are several dimensions within the motivation variable, such as the need for achievement, power, and affiliation (Rahardjo & Nurhayati, 2022). Motivated individuals typically have a long-term vision. For them, work is not merely a means to gain something (money, self-esteem, pride, achievement) but a learning process and a journey to fulfill their life mission (Aulia et al., 2022). This research examines the motivation in the form of encouragement from department heads to relevant units or personnel to avoid delayed medical records return to the assembling unit. The motivation provided by the head of medical records to the department heads consists of persuasion to return medical records promptly. However, as described in the following interview excerpt, not all employees received such persuasion or motivation.

"The motivation is mostly given in the form of encouragement (Such as: “Let’s do it,” “Come on, It’s time to return it, what date is it now?”), usually through a phone call and sometimes in person." (Informants 1, 3, and 4)

"It seems there is not any motivation." (Informant 2)

Furthermore, external motivation, especially for the head department, means praise, reprimands, or even sanctions. Relying solely on internal motivation or self-willingness often
achieves maximum results. The three primary key factors of motivation in organizational behavior are the willingness to experiment, the achievement of organizational goals, and the fulfillment of individual needs within the organization (Aulia et al., 2022). The staff's low motivation negatively impacts their work ethics, including delays in returning medical records. Furthermore, high motivation influences work ethic, which impacts the punctual completion of tasks (Fadillah et al., 2020). Exceptional employee performance should rightfully receive recognition bestowed by the organization or institution to employees who exhibit high productivity in their work (Khairunnisa et al., 2021). Based on the interviews, external motivation in praise, recognition, reprimands, or even sanctions was not implemented well, as reflected in the following interview records.

"We haven't had external motivation such as praise or recognition, reprimands, or even sanctions, but I think it should be implemented to improve motivation, encouragement, and enthusiasm." (Informants 1, 2, 3, and 4).

According to Maslow's hierarchy of needs theory, as presented in Marquis and Huston, motivation comprises physiological needs, safety, belongingness, self-esteem, and self-actualization (Rezeki et al., 2020). In addition to self-awareness-driven motivation, external motivation from others is crucial in enhancing motivation (Sinambela, 2021). The research findings on the motivation variable showed that external motivation, such as praise or recognition, was never provided to head nurses who returned inpatient medical records on time. Similarly, external motivation such as reprimands or sanctions was never given to head nurses for late returning inpatient medical records. Fadillah et al. (2020) mentioned that employees with low motivation tend to return medical records beyond the established time standards, while those with high motivation are more likely to return medical records promptly under the established standards. Motivation partially impacts the performance of staff in the inpatient ward of RSJ Provinsi Bali (Budiawan et al., 2018). Besides internal factors, external motivation must be applied to the head department to appreciate his achievements, encouraging him to improve, increase diligence, and improve his performance personally. External motivation can only be implemented through comprehensive socialization of workflow and procedures under the applicable Standard Operational Procedures (SOP). The optimal physical, technical, and human resources are the primary motivation for employing scientific and applied methods to assess organizational activities and performance (Mokhtari et al., 2022).

**Officers' Behavior Toward Medical Record Punctual Return**

Behavior is a set of reactions or responses to external stimuli (Notoatmodjo, 2014). Reactions may vary from one individual to another depending on factors related to the individual concerned. An employed individual will demonstrate commitment to the organization's objectives and employ all their capabilities to fulfill tasks. They will exhibit exemplary work behavior, show competent performance towards duties to fulfill the organization's goals and be willing to undertake improvement or evaluation measures when necessary (Nugrahaningsih et al., 2021). This study focuses on the behavior or actions of the department head, assembling officers, and the head of medical records concerning the
punctuality or tardiness of medical record returns and how it correlates with individual factors.

The knowledge and understanding of the department head regarding Standard Operational Procedures (SOPs) can influence their behavior towards the punctuality of medical record returns. Behavior that deviates from the established procedures and work regulations can result in delayed medical record returns (Dilla et al., 2020). Based on interviews and observations, the head department did not implement the SOP and only waited for a large accumulation of medical records before returning them, as documented in the following interview record.

"We have not implemented it because it exceeds 2x24 hours, sometimes until the end of the month, and we wait for a substantial amount before returning them. Moreover, I have not got any socialization about the SOP." (Informants 1, 2, 3, and 4)

The head of medical records and assembling officers also ensure that the department head returns medical records on time. Based on the interview results, some of the efforts include contacting them by phone or sometimes visiting their office directly, as recorded in the following interview. Motivation is a significant issue that impacts human behavior, not only influencing other cognitive factors such as perception and learning but also affecting the overall performance of individuals within an organizational context (Lencho, 2020).

"We communicate via phone calls, but if the records are still not returned, I visit them in person." (Informants 5, 6, and 7)

From the behavior variable, personnel who did not return inpatient medical records on time, and in some cases even exceeded the established time standards, often provided the rationale that they waited until a substantial number of medical records accumulated before returning them, sometimes waiting until the end of the month. Additionally, they may cite a lack of awareness of the applicable policies, such as the workflow and procedures under the Standard Operating Procedure (SOP). Dilla et al. (2020) proved that delays in medical record return are attributed to the insufficient understanding of the standard medical record practices among staff, resulting in behaviors that do not align with medical record procedures or regulations.

According to Munawaroh (2018), the untimeliness in returning medical records is a behavior exhibited by medical and non-medical staff that deviates from medical record work procedures. The behavior of the department heads reflects their limited discipline and non-compliance with their duties and responsibilities. It results in delays in returning inpatient medical records. Consequently, when patients come for further treatment, their medical records are unavailable when needed (Dilla et al., 2020). Therefore, comprehensive socialization of the Standard Operational Procedures (SOPs) is highly required so that all staff, including the department head, understand the workflow and procedures of the SOP and can implement them appropriately. Thus, the staff’s behavior will improve, likely leading to improved efficiency and responsibility towards their work, making them eligible for appreciation following the applicable regulations (Viatiningsih, 2018).
Issue Priority and Improvement Efforts

<table>
<thead>
<tr>
<th>Issue</th>
<th>U</th>
<th>S</th>
<th>G</th>
<th>Total</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>The staff's knowledge of delayed retrieval of medical records, the minimum service standards for medical records, and the standards for returning inpatient medical records is insufficient.</td>
<td>15</td>
<td>14</td>
<td>25</td>
<td>54</td>
<td>IV</td>
</tr>
<tr>
<td>A head nurse's attitude to expect an extension of the inpatient medical records return time beyond 2x24 hours. Other head nurses agree without understanding the Standard Operating Procedures (SOP) and fail to implement them accordingly.</td>
<td>14</td>
<td>20</td>
<td>21</td>
<td>55</td>
<td>III</td>
</tr>
<tr>
<td>No facilities support the return of medical records, such as baskets, trolleys, or file lifts. Wheelchairs are typically used for distributing or transporting medical records and are considered less effective.</td>
<td>16</td>
<td>24</td>
<td>16</td>
<td>56</td>
<td>II</td>
</tr>
<tr>
<td>No expedition books from the medical records unit</td>
<td>13</td>
<td>17</td>
<td>13</td>
<td>43</td>
<td>VIII</td>
</tr>
<tr>
<td>There is no regular and maximum socialization regarding the Standard Operating Procedures (SOP) for borrowing and returning inpatient medical records. SOPs are not yet available in each inpatient room.</td>
<td>23</td>
<td>21</td>
<td>19</td>
<td>63</td>
<td>I</td>
</tr>
<tr>
<td>External motivation, such as praise or recognition, has not been given to head nurses who return inpatient medical records on time.</td>
<td>13</td>
<td>19</td>
<td>18</td>
<td>50</td>
<td>VII</td>
</tr>
<tr>
<td>External motivation, such as reprimands or sanctions, has not been given to head nurses for late returning inpatient medical records.</td>
<td>16</td>
<td>18</td>
<td>17</td>
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</tr>
<tr>
<td>The behavior of personnel who do not return inpatient medical records on time, and sometimes even exceed the established time standards, is due to waiting for a substantial accumulation before returning them. This waiting may extend to the end of the month because they lack awareness of existing policies, such as the workflow and procedures outlined in the applicable SOP.</td>
<td>20</td>
<td>16</td>
<td>17</td>
<td>53</td>
<td>V</td>
</tr>
</tbody>
</table>

Source: Primary Data (2023)

Regarding priority, the problems with the USG method (Urgency, Seriousness, and Growth) are as follows: First, limited socialization regarding the Standard Operating procedures (SOPs) for borrowing and returning inpatient medical records. Based on the brainstorming, Muna Anggita Hospital's management improvement is made through regular SOP socialization (every three months) involving the inpatient and medical records units. In addition, SOP documents should be available in each inpatient room. Second, no supporting facilities, such as trolley baskets and expedition books, were detected. The improvement will be made through the head of medical records employed by the Hospital Director. The third is changing the mindset of the department head regarding the standard time for returning inpatient medical records. The department head should acknowledge such a responsibility, thus allowing for a proportional approach to returning medical records on time or extending the return time in all respects.
CONCLUSION

The delayed return of inpatient medical records at Muna Anggita Hospital Bojonegoro was caused by a lack of the head department’s knowledge and attitude; he intends to extend the time for returning inpatient medical records. In addition, the absence of facilities such as baskets or trolleys and expedition books, the lack of socialization of standard operating procedures (SOP), and external motivation in the form of praise, awards, sanctions, or reprimands, particularly for the inpatient unit and medical records unit, have not been fully implemented. This study is limited since the researchers could not investigate the electronic medical record system at Muna Anggita Hospital due to its lack of electronic medical record implementation. Consequently, forthcoming researchers will hopefully be able to contribute to developing electronic medical records, thus reducing delays in retrieving inpatient medical records. Minister of Health Regulation Number 24 of 2022 mandates healthcare facilities to implement electronic medical records by 31 December 2023.

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