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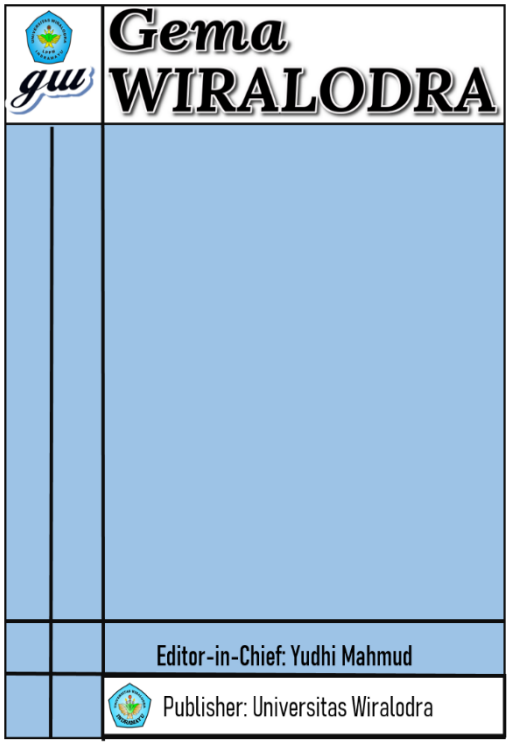


# The Behavior of Medical Record Officers at Mamuju Tengah General Hospital

**Marhawati[a*], Sitti Mawaddah Umar[b], Sri Wahyuningsih[c]**
[a*]Politeknik Kesehatan Megarezky, Indonesia, marhawati1406@gmail.com
[b]Politeknik Kesehatan Megarezky, Indonesia, Sittimawaddahumar05@gmail.com
[c]Politeknik Kesehatan Megarezky, Indonesia, sriwahyuningsh@gmail.com

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# The Behavior of Medical Record Officers at the Mamuju Tengah General Hospital

**Marhawati[a]*, Sitti Mawaddah Umar[b], Sri Wahyuningsih[c]**
[a*]Politeknik Kesehatan Megarezky, Indonesia, marhawati1406@gmail.com
[b]Politeknik Kesehatan Megarezky, Indonesia, sittimawaddahumar05@gmail.com
[c]Politeknik Kesehatan Megarezky, Indonesia, sriwahyuningsh@gmail.com

***Correspondence: sriwahyuningsh@gmail.com**

**Abstract**
The management of medical records at Mamuju Tengah General Hospital in 2016 was still conducted manually, with the completeness of medical records ranging from 60-80%. This study aims to describe the behavior of medical record officers at the hospital. Using a descriptive quantitative method, a sample of 38 medical record officers was selected using a saturated sampling technique. The research instrument used was a structured questionnaire that had been tested for validity and reliability. The type of data collected consisted of primary data obtained directly from respondents' answers, and secondary data in the form of hospital documentation related to medical records management. Data analysis was performed using univariate descriptive statistics, presented in frequency distributions and percentages. The results showed that the knowledge of the officers (52.6%) and their actions (63.2%) were still inadequate. Additionally, the facilities and infrastructure in the medical records installation were also lacking (76.3%). However, the officers' perceptions of the standard operating procedures (65.8%) were considered good. It is recommended that the officers receive training, improve the facilities and infrastructure, and enhance the socialization of SOPs to improve the quality of medical record management.

**Keywords:** Behavior of Medical Record Officers, Knowledge, Attitude, Facilities and Infrastructure, Standard Operating Procedures

## 1. Introduction

The Sustainable Development Goals (SDGs) represent a renewal of goals and target indicators for member states of the United Nations, which frame each country's agenda and political policies for the next 15 years (Daslianti, Yuyun. 2021). Among the 17 SDGs, one of the primary objectives is to achieve a high level of health worldwide. To realize this goal, more intensive efforts are needed to improve healthcare services, eradicate diseases, and address various public health issues. According to Law No. 36 of 2009, Article 168, an effective and efficient health system requires the support of a reliable health information system, with medical record services being the backbone of data management within this system (Sudirman, F. A., & Susilawaty, F. T. 2022).

Medical records serve as vital documents containing patient identity, examination findings, treatments, actions, and other services provided to patients. Over time, medical records have evolved into two main types: manual (paper-based medical records) and electronic (Electronic Medical Records or EMR), which are integral components of the Hospital Management Information System (Kurniadi, Arif. 2022). However, the adoption of EMR globally remains limited. For example, in the United States and several other countries, only 15-20% of doctors and 20-25% of hospitals have adopted EMR systems, primarily due to the high costs of hardware, software, and supporting expenses, as well as concerns over privacy and financing (Hutama, 2016).

In Indonesia, with approximately 1,300 hospitals and numerous community health centers (Puskesmas) (Sakidjan, Indriwanto. 2020), challenges in medical record completeness persist.

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Studies reported medical record completeness levels as low as 36.8% in a hospital in Yogyakarta and below 40% in a hospital in Ambon (Wibowo, M. I. S., & Hapsari, A. N. S. 2022). Despite the long-standing history of medical record services, substantial improvements only began following the issuance of Minister of Health Decision No. 031/Birhup/1972 concerning hospital planning and maintenance, which required all hospitals to maintain up-to-date statistics and medical records in accordance with established standards (Asrory, A. F., Zamani, A. F., & Daroini, S. 2022)

Mamuju Tengah General Hospital, located in Mamuju Tengah Regency, West Sulawesi, is a Class D hospital inaugurated on December 5, 2014. Although relatively new, the hospital serves a large patient population, with 17,620 outpatient visits and 1,383 inpatient visits recorded in 2016 (Dinkes, 2017). Despite this, medical record management remains manual, with data entry often performed only after records are returned from treatment units (Budiyanti, Helda. 2020). Initial observations revealed that medical record completeness in 2016 ranged from 60% to 80%, falling short of the 100% completeness required within 24 hours of service as stipulated by Minister of Health Decree No. 129/Menkes/SK/II/2012. This delay in data entry hampers the efficiency of data management and the accessibility of medical records.

Additionally, the hospital employs 38 medical record officers, with only two possessing formal certification (Atmoko, T. 2021). The hospital faces various challenges, including incomplete medical records, illegible doctor handwriting, inadequate infrastructure (such as limited computer systems and cramped storage), misplaced records, and the absence of hospital-specific standard operating procedures (SOPs). Current practices rely on regional regulations that fail to clearly define the roles and responsibilities of non-expert staff (Asih, H. A., & Indrayadi, I. 2023).

lthough previous studies in other regions, such as Yogyakarta and Ambon, have highlighted issues related to low medical record completeness, no specific research has comprehensively examined the behavior of medical record officers at newly established hospitals like Mamuju Tengah General Hospital. The unique context of this hospital—characterized by its new status, high patient load, minimal certified staff, manual record systems, inadequate infrastructure, and lack of tailored SOPs—presents distinct challenges that remain undocumented in existing literature. Understanding the behavior of medical record officers in this setting is essential to identify the root causes of incomplete records and to propose targeted interventions to enhance service quality, data accuracy, and compliance with national standards.

Based on this background, this research aims to explore the behavior of medical record officers at Mamuju Tengah General Hospital in 2019 to identify issues and recommend improvements in the management and quality of medical record services (Handayani et al., 2018).

## 2. Method

This study employs a quantitative descriptive research method, which is conducted on a group of subjects to describe a phenomenon, including health-related aspects, occurring within a specific population (Suryadi, A., Arif, Y. W. T., & Novitasari, N. S. 2022). The quantitative approach is applied to assess the management of medical records using a questionnaire-based survey (Igayanti, Bayin. 2022). This research aims to examine the knowledge, actions, facilities and infrastructure, and Standard Operating Procedures (SOPs) in relation to the behavior of medical record officers at Mamuju Tengah General Hospital.

### A. Types of Health Services at Mamuju Tengah General Hospital

a. Outpatient care;
b. Emergency care;
c. Inpatient care

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d. Medical procedures;
e. Maternity services;
f. Medical rehabilitation services;
g. Dental and oral medical services;
h. Special consultations and procedures (Medical Check-Up, Nutrition, Physiotherapy, and One Day Care services);
i. Medico-legal services;
j. Mortuary, ambulance, and mortuary vehicle services;
k. Diagnostic support services; and
l. Logistical support services.

**B. The classification of care levels at Mamuju Tengah General Hospital is as follows:**

a. Class III;
b. Class II;
c. Class I;
d. VIP; and
e. Non-class: ICU, ICCU, NICU, HCU, IRD, and Obstetrics and Gynecology.

**Medical Record Officers at Mamuju Tengah General Hospital**

There are 38 medical record officers at Mamuju Tengah General Hospital. The distribution of tasks among the medical record officers is as follows:

a. Head of the medical record installation: 1 person
b. BPJS Densus: 4 people
c. Grouping: 4 people
d. Assembling: 4 people
e. Coding: 2 people
f. Reporting: 2 people
g. Filing: 6 people
h. Registration team: 2 people
i. SEP: 5 people
j. Teams 1 to 4: 8 people

Table 1.
*Distribution of Respondents by Age in the Medical Records Installation of Mamuju Tengah General Hospital*

| Work experience | n | % |
|---|---|---|
| 1 th | 8 | 21.1 |
| 2 th | 12 | 31.1 |
| 3 th | 11 | 28.9 |
| 4 th | 7 | 18.4 |
| **TOTAL** | **38** | **100** |

Based on Table 1, the highest number of respondents had 2 years of work experience (31.1%, 12 respondents), while the lowest was 4 years (18.4%, 7 respondents). The univariate analysis aims to describe medical record management based on four variables: knowledge, attitude, facilities and infrastructure, and standard operating procedures, presented in tables and narratives.

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Table 2.
*Recap of Medical Record Officers' Knowledge at Mamuju Tengah Hospital, 2019*

| Statement | Yes | | No | | Total | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Definition of Medical Records | 38 | 100 | 0 | 0 | 38 | 100 |
| Function of Medical Records | 16 | 42.1 | 22 | 57.9 | 38 | 100 |
| Each patient has a unique medical record number for every service received | 12 | 31.6 | 26 | 68.4 | 38 | 100 |
| Medical records contain personal, financial, social, and medical data | 12 | 31.6 | 26 | 68.4 | 38 | 100 |
| Medical record documents belong to the patient | 6 | 15.8 | 32 | 84.2 | 38 | 100 |
| Medical record officers are responsible for lost or damaged medical record documents | 35 | 92.1 | 3 | 7.9 | 38 | 100 |
| The hospital is responsible for the content and completeness of medical records | 4 | 10.5 | 34 | 89.5 | 38 | 100 |
| The standard completeness for medical record documentation is 90% | 4 | 10.5 | 34 | 89.5 | 38 | 100 |

Based on Table 2, the knowledge variable consists of eight indicators. All respondents (100%) answered "Yes" to the definition of medical records, while the highest "No" response (7.9%) was for the statement that medical record officers are responsible for lost or damaged documents.

Action is an individual's response to external or internal stimuli, which can be passive (thinking, expressing opinions, or having an attitude) or active (taking action). In this study, action refers to the response of medical record officers in supporting their duties (Notoadmojo, S. 2023).

Based on Table 5.7, the action variable consists of eight indicators. The highest "Disagree" and "Somewhat Disagree" responses (15.8%) were for the statement that medical record officers had received training. Meanwhile, the highest "Agree" and "Strongly Agree" responses (71.1%) were for the statement that officers create medical records in a written, complete, clear, or electronic format.

Table 3.
*Recap of Medical Record Officers' Actions at Mamuju Tengah Hospital, 2019*

| Statement | Disagree | | Somewhat Disagree | | Agree | | Strongly Agree | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % |
| Medical record officers create medical records in a written, complete, and clear manner or electronically | 0 | 0 | 11 | 28.9 | 20 | 52.6 | 7 | 18.4 | 38 | 100 |
| Retention period for medical records and patient forms that | 19 | 50 | 9 | 23.7 | 8 | 21.1 | 2 | 5.3 | 38 | 100 |

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| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| cannot be destroyed. | | | | | | | | | | |
| Officers input patient data after the medical record documents return from the treatment unit. | 0 | 0 | 22 | 57.9 | 16 | 42.1 | 0 | 0 | 38 | 100 |
| Medical record officers have received training on medical records. | 6 | 15.8 | 25 | 65.8 | 7 | 18.4 | 0 | 0 | 38 | 100 |
| Completeness of medical record documentation is not as important as the accuracy of record retrieval. | 5 | 13.2 | 31 | 81.6 | 2 | 5.3 | 0 | 0 | 38 | 100 |
| Delays in returning medical record documents are caused or influenced by patient negligence. | 6 | 15.8 | 24 | 63.2 | 8 | 21.1 | 0 | 0 | 38 | 100 |
| Patients carry their own medical record documents to the treatment unit. | 2 | 5.3 | 15 | 39.5 | 12 | 31.6 | 9 | 23.7 | 38 | 100 |
| If there is an error in writing a medical record document, it should be corrected by covering it with correction fluid (tip-ex) to remove the incorrect answer. | 0 | 0 | 10 | 26.3 | 19 | 50 | 9 | 23.7 | 38 | 100 |

Based on Table 3, the majority of medical record officers at Mamuju Tengah Regional General Hospital in 2019 agreed that they prepared medical records in a complete and clear manner, both in written and electronic formats. However, inconsistencies were identified in the application of standards, particularly regarding the understanding of record retention policies and the improper use of correction fluid, which contradicts established procedures. While most officers adhered to appropriate workflows for data entry, 65.8% reported not having received formal training, indicating a need for capacity building. Respondents also demonstrated a sound understanding of the importance of documentation completeness and generally disagreed that delays in returning records were solely due to patient negligence. Overall, the findings highlight the necessity for structured training programs, strengthened regulatory awareness, and stricter enforcement of standard operating procedures (SOPs).

Based on the overall calculation of respondents' answers regarding attitudes, the frequency is categorized as follows:

Table 4.
*Distribution of Medical Record Officers' Actions at Mamuju Tengah General Hospital, 2019*

| Actions | n | % |
|---|---|---|
| Adequate | 14 | 36.8% |
| Inadequate | 24 | 63.2% |
| Total | 38 | 100% |

Table 4, shows that respondents' actions were generally insufficient. Only 36.8% (14 respondents) had adequate actions, while 63.2% (24 respondents) demonstrated inadequate actions.

Data collected through structured questionnaires were processed using univariate descriptive analysis, and presented as frequency distributions and percentages in tables and narratives.

1. Knowledge Assessment Criteria:

The knowledge variable was measured using eight indicators related to medical

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record duties (e.g., understanding the definition of medical records, function, responsibility, and completeness standards).

a. Adequate knowledge: If the respondent answered ≥60% of the indicators correctly ("Yes").
b. Inadequate knowledge: If the respondent answered <60% of the indicators correctly.

2. Action Assessment Criteria:

The action variable was evaluated based on eight indicators, including practices such as proper documentation, adherence to retention periods, and handling of medical records.

a. Adequate actions: If the respondent selected "Agree" or "Strongly Agree" for ≥60% of the positive behavior indicators.
b. Inadequate actions: If the respondent selected "Agree" or "Strongly Agree" for <60% of the indicators.

3. Attitude (Perception) Assessment Criteria:

Although not detailed numerically in the provided data, attitudes were assessed based on respondents' perceptions of SOP implementation.

a. Good perception: If ≥60% of SOP-related statements were rated positively.
b. Poor perception: If <60% were rated positively.

The questionnaire used had been pre-tested for validity and reliability before distribution. The results were analyzed using descriptive statistical methods, and the findings were interpreted to identify trends, strengths, and gaps in medical record management behavior at the hospital.

Based on the research findings and data analysis, this study aims to describe the behavior of medical record officers and identify the causes of recurring medical record issues in healthcare facilities, particularly hospitals. The majority of medical record officers at Mamuju Tengah General Hospital are ≤30 years old, indicating limited work experience (1-2 years). While younger officers generally have good physical conditions, they tend to have lower responsibility levels compared to those over 30 years old (Bara, 2014). In terms of gender distribution, most medical record officers are female, possibly due to the lower work intensity and higher interest among women in this field. The hospital employs 38 officers, each assigned to specific roles such as BPJS verification, grouping, assembling, coding, and filing, ensuring workload distribution and reducing individual burdens. However, in terms of education, most officers hold a D3 in Midwifery, with few having formal training in medical records, leading to inefficiencies in their tasks. According to Green's theory, education plays a crucial role in shaping work behavior, productivity, and understanding of job responsibilities (Bara, 2014).

## 3. Result and Discussion

### a. Knowledge

Knowledge plays a crucial role in shaping behavior, as actions without knowledge are unsustainable (Notoatmodjo, 2007). This study assesses the knowledge of medical record officers at Mamuju Tengah General Hospital. Findings indicate that most officers have low knowledge levels, aligning with Indonesia's Ministry of Health Regulation No. 269/MENKES/PER/2008. According to Arikonto (2010), knowledge is categorized as good (76%-100%), moderate (56%-75%), and low (0%-55%), with the majority of officers falling into the low category. Many officers misunderstood that medical record's belong to patients, whereas the hospital owns the records, and only the content belongs to the patient. Additionally, issues such as duplicate medical record numbers, misplaced files, and missing documents were observed. The majority of officers hold a D3 in Midwifery, which is not aligned with medical record management, affecting efficiency. Officers also mistakenly believed that 90% record

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completeness was sufficient, while the standard is 100%.

Table 5.
*Contents of Medical Records And Who Is Responsible For The Completeness Of Medical Records, Namely Hospitals*

| Statement | Ya | | No | | Total | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Definition of medical records | 38 | 100 | 0 | 0 | 38 | 100 |
| Usefulness of medical records | 16 | 42,1 | 22 | 57,9 | 38 | 100 |
| Each patient has one medical record number for each service. | 12 | 31,6 | 26 | 68,4 | 38 | 100 |
| The contents of medical records include personal, financial, social and medical data. | 12 | 31,6 | 26 | 68,4 | 38 | 100 |
| Patient's medical record file | 6 | 15,8 | 32 | 84,2 | 38 | 100 |
| Those responsible for the loss or damage of medical record documents are medical record officers. | 35 | 92,1 | 3 | 7,9 | 38 | 100 |
| Contents of medical records and who is responsible for the completeness of medical records, namely hospitals | 4 | 10,5 | 34 | 89,5 | 38 | 100 |
| Completeness standard for filling out medical records 90% | 4 | 10,5 | 34 | 89,5 | 38 | 100 |

Based on the table 5, that the recapitulation of respondents' answers to knowledge variables consists of eight indicators. The most people answered Yes to the statement, understanding medical records as many as 39 people (100%). Then the most people answered No to the question, Who is responsible for the loss or damage of medical record documents, namely medical record officers as many as 3 people (7.9%).

Table 6.
*Knowledge Distribution of Medical Record Officers at Mamuju Tengah Hospital, 2019*

| Knowledge | n | % |
|---|---|---|
| Enough | 18 | 47,5 |
| Less | 20 | 52,6 |
| **Total** | **38** | **100** |

The results showed that most respondents had poor knowledge of medical record duties. Only 28.9% (11 respondents) had sufficient knowledge, while 71.1% (27 respondents) were categorized as lacking knowledge.

**b. Actions**

Actions involve responses to internal or external stimuli and reflect maturity in achieving goals (Dewi, T. S., & Silva, A. A. 2023). This study examines the behavior of medical record officers in performing their duties. Findings show that most officers exhibit poor actions, indicating negative responses in medical record management. A key factor is the lack of training, as most officers never received training in medical records. According to Roger's theory, knowledge-based actions are more sustainable than actions without knowledge. The lack of Standard Registration Certificates (STR) also led to reassignments of unqualified staff to the medical records unit. Newly reassigned staff must adjust to unfamiliar tasks and new colleagues, which affects performance. Factors influencing actions include internal factors (motivation, emotional and psychological well-being, comfort at work) and external factors (work environment, job security, relationships, and facilities) (Budiyanti, 2020).

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Table 7.
*Recapitulation of Respondents' Answers Based on the Actions of Medical Record Officers in Performing Tasks at the Medical Record Installation of the Mamuju Tengah Regional General Hospital in 2019*

| Statement | disagree | | disagree less | | agree | | strongly agree | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % |
| Medical record officers make medical records in writing, complete and clear or electronically. | 0 | 0 | 11 | 28,9 | 20 | 52,6 | 7 | 18,4 | **38** | **100** |
| Retention period of medical records and patient forms that cannot be destroyed | 19 | 50 | 9 | 23,7 | 8 | 21,1 | 2 | 5,3 | **38** | **100** |
| The clerk enters the patient's data after the medical record file returns from the treatment and care clinic. | 0 | 0 | 22 | 57,9 | 16 | 42,1 | 0 | 0 | **38** | **100** |
| Medical record officers have received training on medical records | 6 | 15,8 | 25 | 65,8 | 7 | 18,4 | 0 | 0 | **38** | **100** |
| Completeness of filling in medical record files is not important compared to the accuracy of retrieving medical record files. | 5 | 13,2 | 31 | 81,6 | 2 | 5,3 | 0 | 0 | **38** | **100** |
| Delay in returning medical record files caused or influenced by patient negligence | 6 | 15,8 | 24 | 63,2 | 8 | 21,1 | 0 | 0 | **38** | **100** |
| Patients bring their own medical record documents to the treatment and care clinic. | 2 | 5,3 | 25 | 39,5 | 12 | 31,6 | 9 | 23,7 | **38** | **100** |
| If there is an error in writing a medical record document, what must be done is to cover it with tip-ex to remove the wrong answer. | 0 | 0 | 10 | 26,3 | 19 | 50 | 9 | 23,7 | **38** | **100** |

Table 8.
*Recapitulation of Respondents' Answers Based on the Actions*

| Action | n | % |
|---|---|---|
| Enough | 14 | 36,8 |
| Less | 24 | 63,2 |
| **Total** | **38** | **100** |

Based on Table 8, the actions of respondents were generally inadequate. Only 14 respondents (36.8%) demonstrated adequate actions, while 24 respondents (63.2%) showed inadequate actions.

**c. Facilities and Infrastructure**

Facilities and infrastructure refer to the resources provided by the hospital to support

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medical record officers (Sumantri, 2013). Findings indicate that available facilities are inadequate, as confirmed by officers. Issues include insufficient computers, storage cabinets, and workspace. The medical records department shares space with the laboratory, making storage space limited. Many patient files are stacked on the floor due to insufficient storage racks, contradicting Indonesia's Ministry of Health standards (Kepmenkes RI). Officers also do not maintain hospital facilities well, such as damaged chairs in waiting areas and torn posters. Additionally, the hospital has not conducted record disposal in over five years, resulting in duplicate and inactive records filling storage space.

Table 9.
*Recapitulation of Respondents' Answers Based on Facilities and Infrastructure that Support Performing Tasks*

| Statement | disagree | | disagree less | | agree | | strongly agree | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % |
| The available computers are adequate in the medical record installation | 10 | 26,3 | 21 | 55,3 | 6 | 15,8 | 1 | 2,6 | **38** | **100** |
| The available storage cabinets and shelves are adequate medical record installation | 10 | 26,3 | 23 | 60,5 | 5 | 13,2 | 0 | 0 | **38** | **100** |
| file storage rooms and medical record workspaces are good in medical record installations. | 11 | 28,9 | 22 | 57,9 | 5 | 12 | 0 | 0 | **38** | **100** |
| the state of computers, files, cabinets and storage shelves is relatively good | 10 | 26,3 | 19 | 50 | 9 | 23,7 | 0 | 0 | **38** | **100** |
| the software program used can facilitate work as a medical recorder | 0 | 0 | 9 | 23,7 | 29 | 76,3 | 0 | 0 | **38** | **100** |
| medical record forms and formats are easy to fill out so there is no need for further simplification | 0 | 0 | 13 | 34,2 | 23 | 60,5 | 2 | 5,3 | **38** | **100** |

Based on Table 9, respondents' attitudes regarding medical record management were generally inadequate in terms of facilities. The highest proportion of respondents disagreed that storage space and work areas were adequate (28.9%) and that cabinets and storage facilities were sufficient (60.5%). However, most respondents agreed that the software used facilitated their work (76.3%), while only a small proportion strongly agreed that medical record forms were easy to complete (5.3%).

Table 10.
*Distribution of Respondents Based on Facilities and Infrastructure that Support in Performing Tasks*

| Facilities and Infrastructure | n | % |
|---|---|---|
| Enough | 9 | 23,7 |
| Less | 29 | 76,3 |
| **Total** | **38** | **100** |

Based on Table 10, the majority of respondents (76.3%) stated that the existing facilities and infrastructure in the medical record installation were inadequate, while only 23.7% considered them sufficient.

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### d. Standard Operating Procedures (SOPs)

SOPs provide structured guidelines to ensure consistency in work processes (Permenkes, 2007). This study assesses officers' perceptions of SOP implementation. Findings indicate that SOPs are generally well-perceived, but implementation remains inconsistent due to lack of socialization and monitoring (Hakam, 2018). According to (Tambunan,.2021), effective SOPs define job roles and responsibilities, ensuring organizational efficiency. While SOPs clearly assign tasks, enforcement is weak, causing challenges in workflow management. Notably, only two officers handle medical coding, leading to work overload if one is absent.

Table 11.
*Recapitulation of Respondents' Answers Based on Standard Operating Procedures (SOP) In Performing Tasks*

| Statement | No | | Yes | | Total | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| SOPs have been implemented and executed | 21 | 55,3 | 17 | 44,7 | **38** | **100** |
| medical record officers are aware of the SOPs governing medical records. | 22 | 57,9 | 16 | 42,1 | **38** | **100** |
| Determination of each task in medical records in accordance with SOPs | 10 | 26,3 | 28 | 73,7 | **38** | **100** |
| there are obstacles related to SOPs that regulate medical records | 21 | 55,3 | 17 | 44,7 | **38** | **100** |

Based on the results of the calculation for all respondents' answers regarding standard operating procedures (SOP), the frequency is obtained based on the following categories:

Table 12.
*Distribution of Respondents Based on Standard Operating Procedures (SOP) In Performing Tasks*

| Standard Operating Procedures (SOPs) | n | % |
|---|---|---|
| Enough | 25 | 65,8 |
| Less | 13 | 34,2 |
| **Total** | **38** | **100** |

Based on Table 5.12, 65.8% of respondents had good perceptions of the available and implemented standard operating procedures, while 34.2% had less favorable perceptions.

## 4. Conclusion

This study analyzes the behavior of medical record officers at Mamuju Tengah General Hospital, focusing on knowledge, actions, facilities, and Standard Operating Procedures (SOPs). The findings reveal key challenges that affect efficiency and accuracy in medical record management. Most officers demonstrated low competency levels, primarily due to inappropriate educational backgrounds, with many holding a D3 in Midwifery instead of Medical Records. This led to misunderstandings regarding documentation standards, duplicate record numbers, and misplaced files. Additionally, officers exhibited low engagement and ineffective practices, influenced by a lack of training and reassignment from unrelated departments, resulting in performance inconsistencies. The study also found inadequate facilities, including limited computers, storage space, and shared work areas, leading to disorganized records and inefficient retrieval processes. Although officers acknowledged the importance of SOPs, implementation remained inconsistent due to lack of supervision and enforcement, with only two officers handling medical coding, causing work overload and delays.

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To enhance medical record management, several improvements are necessary. Regular training programs should be conducted to improve knowledge and skills, and qualified personnel should be assigned based on relevant educational backgrounds. The hospital must upgrade facilities, ensuring adequate storage and workspace, while strengthening SOP enforcement through better monitoring and supervision. Additionally, regular audits and document disposal should be implemented to manage inactive and duplicate records. Addressing these challenges will significantly improve the quality, accuracy, and efficiency of medical record management, enhancing healthcare service delivery and ensuring compliance with national health regulations

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