

An Analysis Of Effect Job Demand Control-Support And Protection Motivation On Compliance In Filling Inpatient Care Medical Record Files At RSU. ESHMUN Medan

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Abstract

An important indicator to determine the quality of service in a hospital is about the completeness of the hospital's medical record files. There are many problems arise due to incomplete medical record files and do not recorded neatly and regularly. The incident is due to lack of medical team awareness in recording all information or actions that would be given to the patient. The aim of this study is to analyse the effect of Job Demand-Control-Support and Protection Motivation on compliance in filling out Medical Record files at RSU ESHMUN Medan 2023. This study uses quantitative research method which is analytical in nature. The total sampling of this study is 115 active nurses at RSU ESHMUN Medan. The result of the study informs that there are very strong and significant effect among Job Demand-Control-Support and Protection Motivation on compliance in filling out Medical Record files at RSU ESHMUN Medan 2023. The variable that has the most influence on Obedience with filling in inpatient medical record files at RSU ESHMUN in 2023 is the Protection Motivation variable. It is recommended to RSU ESHMUN Medan to improve the administration pattern in order to all of nurses have the same job demands and receive the same support.

Keywords: Job Demand-Control-Support, compliance, Protection Motivation and medical record.

I. INTRODUCTION

Hospitals are health facilities that provide comprehensive individual health services and provide inpatient, outpatient, and emergency services (UU RI, 2009). Hospitals are important to the health care system because they provide complex care services, emergency rooms, knowledge and technology transfer centres and referral centres. Hospitals must always improve service quality to customer expectations, which can be achieved by improving work quality to increase service satisfaction. Service quality is considered good when it can meet patients' expectations as customers. Aspects of service quality that are not good enough need to be improved, including the timeliness of medical services, medical skills, courtesy of officers in providing services and physical facilities (Pramono, 2019). In carrying out its functions, the general hospital carries out medical services, nursing services and care, medical and non-medical support services, education, research and development, community health services and referrals, as well as general and financial administration and documented medical and nursing assessments within 24 hours after patient admission (Damayanti, 2018). One of the indicators to determine the quality of health services in hospitals is data or information from good and complete medical records. Indicators of good and full medical record quality include completeness of content, accuracy, timeliness and fulfilment of aspects of legal requirements. Medical records maintain and provide information for all parties involved in delivering health services to patients (Wirajaya, 2019).

The doctor's report contains information about all actions taken against the patient in the outpatient polyclinic, hospital and emergency room. The patient's medical record at the health facility must at least contain the patient's identity, date and time, results of the medical history, at least complaints and medical history, results of physical examination and medical treatment, diagnosis, treatment plan, medication and procedure. Authorization for necessary procedures, records of clinical observations and treatment outcomes, discharge reports, names and signatures of doctors, dentists/designated health professionals, other services and treatments and procedures performed by established health professionals (Permenkes, 2008). One of the main causes of incomplete medical records of inpatients is the need for adequate facilities and infrastructure for medical records and the unavailability of SOPs governing the completeness of medical records

(Anggraini, 2017). Incomplete filling of medical records is one of the problems because medical records are medical records that can provide complete and detailed information about what things are given to patients, be it related to the patient's condition, administration of drugs, administration of infusions, examinations carried out and so on. This incompleteness will certainly have a broad impact, internally and externally (Wirajaya, 2019). Medical records are also useful for proving legal, disciplinary and ethical issues. Medical records are the main written evidence, making them useful in resolving legal, disciplinary and ethical issues, in the event of malpractice claims from patients due to errors in diagnosis or mistakes in the provision of health services.

A complete medical record can help doctors or other health workers as evidence of the services provided (Wirajaya, 2019). In general, the completeness of medical records aims to make it easier for officers to access patient information as a communication tool for medical staff related to health services that focus on medical records, nursing records, and laboratory results that are recorded in an integrated manner and records in medical records function to improve the quality of decision-making, especially for medical staff (Sher et al., 2017). Medical records have become important legal documents, and medical records are not only for current patient care and nursing plans but also as legal documents to protect patients and hospitals from litigation (Kasu et al., 2017). To follow up the analysis of the Job Demand-Control-Support and Protection Motivation methods was conducted to achieve compliance in filling out medical record files at Eshmun General Hospital Medan. The basic idea of Job Demand-Control was first proposed by Karasek in 1979. This theory is one of the most influential models in occupational health psychology. This model explains two important aspects of the psychosocial work environment: Job Demand (workload demands) and Job Control (flexibility in making decisions). These two aspects also influence many things, such as mental and physical health at work. The Job Demand, Control, Support (JDCS) model is one of the most important models that identify three sets of components in a framework that influence an individual's level of well-being: job demand, job control and support. Job demand refers to the requirements placed on nurses and is strongly associated with time pressure, role vagueness and role struggle (Al-Hamdan et al., 2017).

Job demands are physical, social, and organizational demands that affect employees' psychological health (Sarafino, 2006; Ramazata, 2021). The demands of the task and work environment cause physical fatigue for employees. It will also trigger psychological fatigue. Meanwhile, Job Support is a feeling of comfort, being cared for, valued, or receiving help from other people or groups. A person will receive Job Support depending on the amount, composition, closeness, and frequency of a person's contact with their social network. People receiving Job Support believe they are loved, valued, and part of a social network. Protection Motivation is a behavioural theory whose function is to develop interventions to reduce threats to individuals by examining and integrating concepts from psychological, sociological, and other related fields. Protection Motivation was initially applied to the health sector (Hernikawati, 2017). Protection Motivation is a person's intention to protect him/herself from the dangers that arise after receiving orders or tasks that arouse fear. RSU ESHMUN Medan is a Type C hospital in Medan City. RSU ESHMUN Medan daily records the medical records of each incoming patient, which aims to determine the status of patients receiving treatment. But to optimize this is not easy because nurses face several obstacles to filling in the medical record file, such as the doctor's writing that is difficult to read, the number of patients who come so that it narrows the time-space to fill in the medical record file, or the exchange of duty schedules so that the medical record file is not filled. Completeness means a medical record file filled in completely and returned $\leq 2 \times 24$ hours.

Based on the initial data collection that was carried out by researchers on March 8 to 15, 2023, to doctors and nurses at ESHMUN General Hospital, it is found that several factors, namely cause the problem of filling out medical record files:

1. Lack of awareness of the importance of filling out medical record files as a tool for decision-making and to protect themselves from being linked to legal cases.
2. High workload is caused by an imbalance between the number of patients, nurses, and doctors.
3. The imbalance of nurses' and doctors' tasks in completing work with limited time.

These factors significantly impact compliance with the completeness of filling out inpatient medical record files according to the applicable SOPs at RSU ESHMUN Medan. The previous explanation is a deep basis for analysing Job Demand-Control Support and Protection Motivation in compliance with filling out medical record files at RSU ESHMUN Medan. It aims to see the effect of Job Demand-Control Support and Protection Motivation in filling out medical record files at RSU ESHMUN Medan.

1.1. Job Demand Control-Support

The basic theory of Job Demand-Control was first proposed by Karasek in 1979. This theory has two assumptions (1) the combination of high Job Demand with low Job Control will result in jobs that have physical and psychological stress (high-strain jobs); (2) jobs with Job Demand and Job Control that are at a high level, will result in well-being, learning and personal growth (Active Jobs). Thus, based on the JD-C model, Job Demand and Job Control are interactively combined to predict job-related outcomes. The demand-control theory develops and extends the job strain model, concentrating on the joint influence of job demands and job control on workers' health. Job demands include workload, job risk, physical and emotional demands and role conflict. Meanwhile, job control relates to job complexity, administrative supervision, outcomes control, skill considerations, supervisors, decision authority and ideological control. Based on the dimensions of demand and control, jobs are classified into four categories, namely; high strain jobs = high demand/low control, low strain jobs = low demands/high control, active jobs = high demands/high control, and passive jobs = low demands/low control (Ekawarna, 2020). This theory is one of the most influential models in occupational health psychology. This model explains two important aspects of the psychosocial work environment: Job Demand (workload demands) and Job Control (flexibility in making decisions). These two aspects also affect many things, such as mental and physical health at work (Ayudiarini, 2016). According to Karasek in Irene (2015), Job Demand or psychological Demand describes how hard a person works (how hard you work). Job Demand is influenced by workload, time pressure, and personal conflict. Job Control, or what is commonly called decision latitude, is a high level of skill that gives workers control over the specific skills used to complete tasks.

Job Control can be seen from two sub-dimensions: Skill Discretion and Decision Authority. Job Demand is the workload contained in the job in terms of physical, mental and social aspects that require organization and physical and psychological effort. Job demands are divided into four aspects, namely qualitative demands, employee demands, workload demands and conflict demands. (Karasek in Rehman, Khan & Ullah, 2011). Job Control or decision freedom refers to the scope in which nurses feel they can perform their assigned tasks. It is most often operationalized when building freehand skills and decision power. The freehand skills element applies to diverse tasks. However, the decision power element refers to the opportunity to make decisions independently and be mindful of what is happening in the workplace (Pinto, 2014). Job Support is feeling comfortable, cared for, valued, or receiving help from other people or groups at work. A person will receive Job Support depending on the number, composition, closeness, and frequency of contacts with their social network. People receiving Job Support believe they are loved, valued, and part of a social network (Sarafino, 2006). Karasek & Theorell (1990). R. Zirwatul (2012) defines *social support* at work as "the overall level of social interactions that are helpful and available at work from coworkers and supervisors." Social support obtained from supervisors and senior personnel experienced in dealing with work-related issues proved very helpful. Workstation support is found in various forms in the workplace, including emotional and instrumental support.

1.2. Protection Motivation

Protection Motivation Theory (PMT) was introduced by Rogers (1975) to explain the impact of persuasive communication on behavior, emphasizing the cognitive mechanisms underlying the reasons for following or not following a recommended behavior. The theory was originally conceptualized for use in healthcare (Conner & Norman, 2015). Protection Motivation Theory (PMT) is a behavioral theory that develops interventions to reduce threats to individuals by examining and integrating concepts from psychological, sociological, and other related fields. PMT was initially applied to the health sector (Hernikawati, 2017). Protection Motivation is a person's intention to protect him/herself from the dangers that arise after receiving recommendations that cause fear. It means that PMT involves all threats that arise

against individuals. PMT can also be said to be a theory of behavior change. It is derived from several types of stimuli, such as fear, that communicate the threat and the suggested response to the threat. The Protection Motivation Theory model proposes that there are two threat assessment constructs (perceived severity and perceived vulnerability) and coping assessment constructs (response efficacy and self-efficacy) where these constructs lead to goal intentions (e.g., protection motivation theory), and these goal intentions lead to behavior (Wong, 2016). According to Siponen (2007), Protection Motivation Theory (PMT) is a theory that explains a person's behavior that is carried out because of the motivation for self-protection. PMT strongly defines the intention and action of self-protection. PMT is divided into two components, namely Threat Appraisal and Coping Appraisal.

1.3. Medical Records

Medical records are part of an archive that describes all activities by an institution within a certain period. Hospitals must have medical records as a standard of service in the health sector, which is useful for quality improvement in providing optimal service to patients (Gita, 2019). According to Trisnowahyuni (2017), medical records are useful in treating patients as a basis and guideline for planning and analyzing diseases and planning treatment, care, or medical measures that must be given to patients. The benefits of education and research medical records are information about the chronological development of disease, medical services, treatment, and medical actions. They are useful as information material for the development of teaching and research in health professions. Patient medical records or medical records have two important functions; the first is to help support direct patient care by assisting doctors in making clinical decisions and providing communication. Secondly, it provides a record with legal value about the care provided. It helps as a data source to support clinical audits, research, resource allocation, monitoring and evaluation, epidemiology, and health service planning (Kasu et al., 2017).

1.4. Hospital

A hospital is a healthcare facility that provides comprehensive individual health services and inpatient, outpatient, and emergency services (Permenkes, 2020). Hospitals are healthcare facilities that organize health efforts efficiently and effectively by combining healing and recovery efforts with improvement and prevention efforts and carrying out improvement and prevention efforts and referral efforts (Bramantoro, 2017). The hospital's mission is to organize health services efficiently and effectively by prioritizing repair and recovery that is harmonious and integrated with treatment and prevention, as well as implementing prevention and referrals. (Law No. 44 of 2009). According to the Regulation of the Minister of Health of the Republic of Indonesia (2020) based on its class, public hospitals are categorized into four classes ranging from A, B, C, and D, where what distinguishes the four classes are buildings and infrastructure, service capabilities, human resources, and equipment.

1.5. Inpatient Care

Inpatient care services are provided to patients who come to the hospital for observation, diagnosis, rehabilitation, and other medical support (Ministry of Health, 2017). An inpatient care room is a ward occupied by several patients at once, but some hospitals also provide class categories for inpatient care rooms. According to Tamsuri (2010), inpatient care is a treatment process that must be undergone for a health problem by being in a hospital environment for some time. Meanwhile, according to the Ministry of Health of the Republic of Indonesia (1987), the definition of inpatient care is a service provided to inpatients who occupy a place of care for diagnostic observation, medical rehabilitation, and other medical services.

II. METHODS

This type of research is analytical quantitative research. Analytic is a method that describes or provides an overview of an object under study through data or samples that have been collected as is without being analysed to make conclusions that apply to the public (Sugiyono, 2018). The research design is the collection and measurement of cross-sectional independent and dependent variables carried out simultaneously. The research location chosen by the researcher is RSU ESHMUN Medan. The population used in this study were all inpatient room nurses at RSU ESHMUN General Hospital Medan, total sampling 115 nurses. The sampling technique used is nonprobability, with a total sample approach, which is a

sampling technique by making the entire population as a research sample, so the sample used in this study is all inpatient room nurses at RSU ESHMUN Medan. The researcher is the main instrument in this study. However, the researcher has an additional instrument that will be used to obtain the required data, namely in the form of a questionnaire filled in by the inpatient nurses of RSU ESHMUN Medan.

2.1. Method of Collecting Data

Data collection is done by obtaining main and supporting data. The main data was obtained through a questionnaire given to 115 respondents. While supporting data was obtained by looking at and checking the completeness of patient medical record files taken after <2x24 hours from the return to the inpatient installation.

2.2. Method of Data Analysis

a. Univariate Analysis

Univariate analysis is used to determine the description of the independent and dependent variables. This study's univariate analysis can provide Job Demand Control-Support and Protection Motivation on compliance with filling out medical record files at RSU ESHMUN Medan.

b. Bivariate Analysis

Bivariate analysis is used to determine the relationship between the independent and dependent variables. The statistical test used is the Pearson test. The result of the Pearson test is the probability value (p-value). This study uses a significance level (α) of 0.05 (95% confidence level) so that if the Pearson test results obtained a p-value of 0.05, there is a significant influence between the independent and dependent variables. However, if the p-value > 0.05, then it can say that there is no significant relationship between the two variables. The statistical technique used in correlation analysis in this study uses Pearson Product Moment correlation which is one of the techniques developed by Karl Pearson to calculate the correlation coefficient. The Pearson Product Moment test or correlation analysis is used to find the relationship between the independent variable (X) and the dependent variable (Y), and the data is in the form of intervals and ratios. The formula used:

$$r_{xy} = \frac{(\sum xy)}{\sqrt{(\sum x^2 y^2)}}$$

Noted:

r = Correlation coefficient

x = Value in the distribution of the independent variable

y = Value in the distribution of the dependent variable

The Pearson Product Moment correlation is denoted by r. The value of r is no more than (-1r+1). If r = -1 means a perfect negative correlation, r = 0 means no correlation, and r = 1 means the correlation is perfectly positive (strong). Or in other words, the correlation coefficient moves between 0.000 and +1.000 or between 0.000 and -1.000, depending on the direction of the correlation, zero, positive or negative. A coefficient with a positive sign indicates a positive correlation direction. A coefficient with a negative sign indicates a negative correlation direction. While the coefficient with a value 0.000, indicates that, there is no correlation between X and Y. In other words, there is no correlation between the independent and dependent variables. Meanwhile, the price of r can be seen in the table of interpretation of the value of r as follows:

Table 1. r Value Interpretation

Interval	Level Coefficient
0,00 – 0,199	Sangat rendah
0,20 – 0,339	Rendah
0,40 – 0,559	Cukup
0,60 – 0,779	Tinggi
0,80 – 1,000	Sangat tinggi

c. Multivariate Analysis

Multivariate analysis was conducted to obtain the best model. The stages of the multivariate analysis process are as follows; 1) Entering candidate variables in the multivariate analysis multiple logistic regression process by selecting independent variables that have a p-value <0.25; 2) Analyze all independent variables in the modeling by eliminating independent variables that have a p-value of 0.05 to obtain an initial model of variables with a determinant p-value <0.05; and 3). Multivariate test results with p-value <0.05 are the final model of determinants related to compliance with filling out medical record files at RSU ESHMUN Medan. The assumption model of multiple logistic regression of the probability of compliance with filling out medical record files at RSU ESHMUN Medan uses the formula:

$$P = \frac{1}{1 + e^{-(\alpha + \beta_1 X_1 + \beta_2 X_2 + \dots + \beta_n X_n)}}$$

Noted:

- A : Constant
 $\beta_{1,2}$: Regression Coefficient
 $X_1, 2, \dots, X_n$: Independent variable
 e : Original Number (2,7182818)

III. RESULT AND DISCUSSION

3.1. Characteristics of Respondents

Table 2 below informed that the characteristics of respondents based on age, gender, educational background, and length of work at ESHMUN Medan General Hospital, as follows:

Table 2 .Characteristics of Respondent

No.	Characteristics	f	%	Percentage (%)	Total Frequency	Total (%)
1	Age					
	≤ 30 years	76	66,1	66,1	115	100,0
	> 30 years	39	33,9	33,9		
2	Sex					
	Male	19	16,5	16,5	115	100,0
	Female	96	83,5	83,5		
3	Last Education					
	DIII	57	49,6	49,6	115	100,0
	DIV	16	13,9	13,9		
	S1/Profession	20	17,4	17,4		
	General Practitioners	7	6,1	6,1		
Specialist	15	13,0	13,0			
4	Length of Work					
	0 – 3 years	100	87,0	87,0	115	100,0
	> 3 years	15	13,0	13,0		

The table above explains that the characteristics of respondents based on age are 76 (66.1%) respondents aged ≤ 30 years and 39 (39.1%) respondents aged > 30 years. Based on gender, there were 19 (16.5%) male respondents and 96 (83.5%) female respondents. Characteristics of respondents based on their level of education were 57 (49.6%) respondents with DIII education, 16 (13.9%) respondents with DIV education, 20 (17.4%) respondents with S1 / Professional Education, 7 (6.1%) respondents were General Practitioners, and 15 (13%) respondents were Specialists. Furthermore, characteristics based on length of work there were 99 (86.1%) respondents working for 0 – 3 years and there were 16 (13.9%) respondents working for > 3 years out of a total of 115 respondents.

3.2. Univariate Analysis

a. Respondent Percentage based on Job Demand Control-Support

The following are the results of the percentage of respondents based on Job Demand Control Support which can be seen below.

Table 3. Percentage Frequency Distribution by Job Demand Control-Support

No.		f	%	Percentage (%)	Total Frequency	Total %
1	Job Demand					
	Low Job Demand	15	13	13	115	100,0
	High Job Demand	100	87	87		
2	Job Control					
	Low Job Control	15	13	13	115	100,0
	High Job Control	100	87	87		
3	Job Support					
	Low Social Support	3	2,6	2,6	115	100,0
	Middle Social Support	15	13,0	13,0		
	High Social Support	97	84,3	84,3		

The table above explains that 15 (13%) respondents have low job demands based on the percentage of Job Demand, and 100 (87%) respondents have high job demands. While the percentage based on Job Control is 15 (13%), respondents have low job control, as many as 100 (87%), and respondents have high job control. Meanwhile, the percentage based on Job Support is 3 (2.6%) respondents have low social support, 15 (13%) respondents have moderate social support, and 97 (84.3%) respondents have high social support.

b. Respondent Percentage based on Protection Motivation

The following are the results of the percentage of respondents based on Protection Motivation which can be seen below.

Table 4. Percentage Frequency Distribution by Protection Motivation

No.		f	%	Percentage (%)	Total Frequency	Total %
1	Protection Motivation					
	Low Motivation	24	20,9	20,9	115	100%
	High Motivation	91	79,1	79,1		

The table above explains that based on the percentage of Protection Motivation, 24 (20.9%) respondents have low compliance, and 91 (79.1%) respondents have high compliance.

c. Respondent Percentage based on Completeness of Medical Record Files

The following is the percentage of respondents based on the completeness of medical record files which can be seen in below.

Table 5. Percentage Frequency Distribution based on Completeness of Medical Record Files

No.		Frekuensi	Persen	Cummulative Percentage (%)
1	Completeness of Medical Record File			
	Complete	102	88,7	88,7
	Incomplete	13	11,3	11,3
	Total	115	100,0	100,0

The table above explains that based on the percentage of completeness of medical record files, 13 (11.3%) medical record files were incomplete and 102 (88.7%) medical record files were filled in completely.

3.3. Bivariate Analysis

Bivariate analysis is used to determine the relationship between the independent and dependent variables. The statistical test used is the Pearson test.

a. The effect of Job Demand Control-Support on compliance in filling inpatient care medical record files at RSU ESHMUN Medan 2023

The following are the research results on the effect of Job Demand Control-Support on compliance in filling inpatient care medical record files at RSU ESHMUN Medan 2023 which can be seen below.

Table 6. The Effect of Job Demand on Compliance in Filling Inpatient Care Medical Record Files

Job_Demand	Compliance Medical Record Files				Total		Remarks
	Non-compliant		Compliant		f	%	
	f	%	f	%	f	%	r = - 0,138

Low Job Demand	0	0.0	15	100	15	100
High Job Demand	13	13	87	87	100	100

Table 7. The Effect of Job Control on Compliance in Filling Inpatient Care Medical Record Files

Job_Control	Compliance Medical Record Files				Total		Remarks
	Non-compliant		Compliant		f	%	
	f	%	f	%			
Low Job Control	0	0	15	100	15	100	r = -0,138
High Job Control	13	13	87	87	100	100	

Table 8. The Effect of Job Support on Compliance in Filling Inpatient Care Medical Record Files

Job_Support	Compliance Medical Record Files				Total		Remarks
	Non-compliant		Compliant		f	%	
	f	%	f	%			
Low Social Support	3	100	0	0.0	3	100	r = 0,405
Middle Social Support	3	20	12	80	15	100	
High Social Support	7	7,2	90	92,8	97	100	

Tables above explain results of statistical analysis using the Pearson test show that the correlation coefficient of Job Demand is -0,138. Because the value is close to -1, the relationship between Job Demand and the completeness of medical record files can be interpreted as having a strong influence. Meanwhile, the Job Control coefficient above shows a coefficient value of -0,138. Because the deal is close to -1, the relationship between Job Control and the completeness of medical record files has a strong influence. And the Job Support correlation coefficient above shows 0.405. Because the value is close to +1, the Job Support relationship with the completeness of medical record files has a strong influence. So it can be concluded the Job Demand Control-Support relationship on the entirety of medical record files has a strong effect.

b. The effect of Protection Motivation on compliance in filling inpatient care medical record files at RSU ESHMUN Medan 2023

The following are the research results on the effect of Protection Motivation on Compliance Filling of inpatient record files at RSU ESHMUN Medan 2023 which can be seen below.

Table 9. The Effect of Protection Motivation on Compliance in Filling Inpatient Care Medical Record Files

Protection Motivation	Compliance Medical Record Files				Total		Remarks
	Non-compliant		Compliant		f	%	
	f	%	f	%			
Low Motivation	12	50	12	50	24	100	r = 0,628
High Motivation	1	1,1	90	98,9	91	100	

Table above explains the effect of Protection Motivation on compliance with the completeness of filling out medical records at RSU ESHMUN Medan 2023. The results of the Protection Motivation output above show a correlation coefficient value of 0.628. Because the deal is close to +1, the relationship between Protection Motivation and the completeness of medical record files can be interpreted as having a strong influence.

3.4. Multivariate Analysis

Multivariate analysis was conducted to determine the relationship between the independent variables with the dependent variable variables and to determine which independent variable had the most significant relationship with the dependent variable. Multivariate analysis is carried out to get the most suitable model. The results of multivariate analysis in this study are as follows:

Table 10. Multivariate Test

ANOVA ^a						
Model	Sum of Squares	df	Mean Square	F	Sig.	
1 Regression	5.241	4	1.310	22.914	<,001 ^b	
Residual	6.290	110	.057			
Total	11.530	114				

a. Dependent Variable: Compliance_Medical_Record_File

b. Predictors: (Constant), Protection_Motivation, Job_Demand, Job_Control, Job_Support

Table above explains the results of multivariate analysis in this study; from the table, it can be seen that the significance value is $<.001$ <0.05 , which states that the independent variables in this study, namely Job Demand Control-Support and Protection Motivation, jointly affect the dependent variable, namely compliance in filling out inpatient care medical record files at RSU ESHMUN in 2021. Explaining how much the independent variable affects the dependent variable in this study, it can be seen in table below.

Tabel 11. R Square (R^2) Result

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.874 ^a	.755	.740	.59121

a. Predictors: (Constant), Protection_Motivation, Job_Demand, Job_Control, Job_Support

Table above explains that R square value in this study is 0.755 or 75.5%, which means that in this study, the independent variable can influence the dependent variable by 75.5%, the remaining 24.5% may be in other variables that are not included in this research variable. For the level of relationship between the independent variable and the dependent variable in this study, it is included in the strong category. Furthermore, to see which variable has the most influence on the dependent variable in this study can be seen in table below.

Tabel 12. Coefficients

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.880	.207		4.248	<.001
	Job_Demand	-.055	.172	-.058	-.841	.752
	Job_Control	-.055	.172	.058	-.317	.752
	Job_Support	.074	.053	.218	2.918	.004
	Protection_Motivation	.290	.058	.558	7.516	<.001

a. Dependent Variable: Compliance_Medical_Record_File

Table above explains that the significance value for the independent variable coefficient is 0.752 for the Job Demand variable, 0.752 for the Job Control variable, 0.04 for the Job Support variable, and <0.001 for the Protection Motivation variable; from these results, it can be seen that the variable that has the most influence on the dependent variable in this study is the Protection Motivation variable which has a significance value of $P = <0.001$ <0.05 . The results showed that Job Demand Control-Support's compliance with filling out this inpatient medical record file has a strong influence. It can be seen in Table 12, where the significance value for the Job Demand variable is 0.752, the Job Control variable is 0.752, and the Job Support variable is 0.004. From the output results, the variable that has the most influence on the dependent variable, namely compliance with filling out medical record files, is the Job Support variable, which has a significance value of $P = 0.04$ <0.05 . Researchers assume that most respondents have high Job Support, so respondents with high Support have a high level of compliance in carrying out their work. Following the theory about social support (Job Support) is the extent to which employees feel they can rely on the help of their coworkers to get the job done.

The existence of coworkers who help employees complete their work is a characteristic of employees with high social support (Turner, 2012). The results showed that Protection motivation on the compliance of filling out this inpatient medical record file has a strong influence. It can be seen in Table 12, where the significance value for the Protection Motivation variable is <0.001 . Based on researchers' assumptions, this variable is the most influential among other variables, where the significance value of the Protection Motivation variable is $P = <0.001$ <0.005 , and researchers also assume that having high motivation can increase a person's compliance in doing their work. Following previous research conducted by Ramazata (2022), which in his study states that the most influential factor in compliance with filling out medical record files with a significance value of $P = 0.000$. This theory is strengthened by Siponen (2007), explaining that Protection Motivation is a theory that explains individual motivational behavior toward self-protection, which is often used to measure employee compliance with regulations or policies so that it has a significant impact on individual compliance.

IV. CONCLUSION

Based on the results of the research that has been done, the conclusions that can be drawn from this study are:

1. Job Demand on inpatient nurses at ESHMUN General Hospital in 2023 who have low work demands of as many as 15 respondents and high work demands of as many as 100 respondents.
2. Job Control in inpatient nurses at ESHMUN General Hospital in 2023 who have low job control as many as 12 respondents and high job control as many as 103 respondents.
3. Job Support in inpatient nurses at ESHMUN General Hospital in 2023 who had low social support were 14 respondents, who had moderate social support were 12 respondents, and who had high social support were 89.
4. Protection Motivation in inpatient nurses at ESHMUN General Hospital in 2023 who had poor motivation were 25 respondents, and those with good motivation were 90.
5. Job Demand Control-Support affects compliance with filling out medical record files for inpatients at ESHMUN General Hospital in 2023.
6. Protection Motivation affects compliance with filling out medical record files for inpatients at ESHMUN General Hospital in 2023.
7. The variables that have the most influence on compliance with filling out inpatient medical record files at ESHMUN General Hospital in 2023 are Job Control and Protection Motivation variables.

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