

Original Research Article

Analysis of Factors Associated with Nurses' Compliance with the Completion of Inpatient Medical Records at RSD Idaman, Banjarbaru

ABSTRACT

The completeness of medical records is one of the indicators of clinical care quality and patient safety in hospitals, and it has a direct impact on the smooth processing of healthcare claims. Noncompliance with documentation requirements can lead to professional liability risks and financial losses for the institution. This study aimed to analyze the factors associated with nurses' compliance with the completion of inpatient medical records at RSD Idaman, Banjarbaru, and to determine the most dominant influencing factor. This was an analytical observational study using a cross-sectional approach, involving a sample of 164 respondents selected through total sampling. The study instrument was a questionnaire. The independent variables included length of service, motivation, leadership style, and knowledge, while the dependent variable was compliance with the completion of inpatient medical records. Bivariate analysis was conducted using the chi-square test, and multivariate analysis was performed using multiple logistic regression. The results showed significant associations between motivation ($p = 0.000$), leadership style ($p = 0.003$), and knowledge ($p = 0.000$) and compliance with the completion of inpatient medical records, whereas length of service showed no significant association ($p = 0.142$). Knowledge was found to be the most dominant factor associated with compliance ($\text{Exp}(B) = 20.804$). It can be concluded that motivation, leadership style, and knowledge are associated with compliance with the completion of inpatient medical records, whereas length of service is not.

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INTRODUCTION

Medical records contain notes and documents regarding patient identity, examinations, treatments, procedures, and services provided to patients. The quality of medical records can be assessed based on the completeness, appropriateness, accuracy of the content, and protection of the information contained therein. Medical records are considered complete if they contain all patient information according to the forms provided. In addition, medical records function to maintain and provide information for all parties involved in delivering healthcare services to patients¹. Data from the Ministry of Health of the Republic of Indonesia show that the completeness of Electronic Medical Record (EMR) documentation in healthcare

facilities nationally has reached 82%, with 88% achieved in government hospitals and 75% in Public Health Center².

RSD Idaman, Banjarbaru, is a public hospital owned by the Banjarbaru City Government and has achieved full accreditation status. However, according to the 2024 Medical Records Unit quality indicator report, the completion of medical records has not yet reached the expected standard. Data show that the completeness of inpatient medical records reached 51.94%, the completeness of informed consent documentation after the provision of adequate information reached 68.03%, and the timely return of inpatient medical records within 24 hours was only 27.54%. Nevertheless, several indicators showed favorable results, such as an average inpatient medical record retrieval time of approximately 5.9 minutes and a compliance rate of 99.3% for completing fall-risk assessments in the emergency department (ED)³. These outcomes are closely associated with the role of nurses, as they are the healthcare professionals most actively involved in patient care and spend 24 hours a day with patients. Most inpatient medical record documentation, including nursing care records, Integrated Patient Progress Notes (CPPT), vital signs records, and clinical observation records, depends heavily on nurses' compliance. This is supported by internal data from RSD Idaman in 2024, which show that although compliance with fall-risk assessment documentation reached 99.3%, the overall completeness of inpatient medical records remained at 51.94%, which is below the minimum service standard target of 100% for this quality indicator⁴.

The completeness of inpatient medical records consists of four components of quantitative analysis: identification review, important report review, authentication review, and documentation review. These four components can be used to determine which sections are complete or incomplete. Incomplete medical records can adversely affect the orderly administration of medical records, resulting in patient identification errors by healthcare professionals, delays in the submission of BPJS Health reimbursement claims, limitations in the use of medical records as legal evidence or protection for hospitals, nurses, physicians/dentists, and patients, as well as poor documentation that may lead to errors in interpreting patient medical records⁵.

The completion of medical records is the responsibility of all healthcare professionals involved in patient care. Physicians play a primary role in completing medical records related to patient history, physical examinations, diagnoses, treatment plans, and evaluations of the patient's condition. Nurses document the results of nursing assessments, vital signs, nursing interventions, and daily observations of the patient's progress. In obstetric services, midwives document antenatal examinations, labor and delivery processes, postpartum care, and other obstetric procedures. Laboratory and radiology personnel document laboratory test results, radiological findings, interpretations, and procedures performed, while pharmacists document prescription services, medication verification, and patient medication education. In addition, nutritionists document nutritional assessment results, prescribed diets, and evaluations of changes in nutritional status, whereas physiotherapists and medical rehabilitation personnel document initial assessments, therapeutic interventions, and patients' responses to therapy⁶.

Incomplete medical record documentation is influenced by various complex factors. Theoretically, classifies the factors that influence work compliance into three broad categories: individual, organizational, and psychological factors. This is reinforced by ⁷, which states that elements such as empowerment, information, knowledge, and rewards are key factors that influence a person's behavior in the workplace. Based on study ⁸, there was a significant association between length of service ($p = 0.000$) and the [9]completeness of inpatient medical records, and the results of the logistic regression analysis showed that length of service was the most dominant factor associated with the completeness of inpatient medical records ($p = 0.012$, $\text{Exp}(B) = 35.241$). Study ⁹ reported a significant association between motivation and compliance with the completion of medical records, with a p-value of 0.000. Based on study ¹⁰ there was a significant association between leadership style and compliance with the completion of medical records at Dr. Rasidin Regional Hospital, Padang, with a p-value of 0.001. Study ¹¹ also reported a significant association between knowledge and compliance the completion of medical records, with a p-value of 0.000.

In this study, the gap is demonstrated by the inconsistency of previous study findings regarding factors associated with compliance or the completeness of medical record documentation. Some studies found that length of service was significantly associated with the completeness of medical records, whereas other studies showed nonsignificant results. The same pattern was observed for motivation and knowledge, which were found to be influential in some studies but did not show statistically significant associations in others. Therefore, no strong conclusion has been established regarding the dominant factor associated with compliance with the completion of medical records. In addition, most previous

studies examined only one or two variables separately and did not integrate individual, psychological, and organizational factors into a comprehensive model, as described in Gibson's theory. Furthermore, these studies focused more on the completeness of documentation or delays in returning medical record files rather than specifically on compliance with the completion of inpatient medical records in the context of EMR implementation.

Meanwhile, empirical data at RSD Idaman, Banjarbaru, show that the completeness and accuracy of inpatient medical records remain suboptimal. This condition indicates a compliance-related issue that requires further analysis based on theoretically relevant variables. Based on the description above, the researchers are interested in conducting a study entitled, "Analysis of Factors Associated with Nurses' Compliance with the Completion of Inpatient Medical Records at RSD Idaman, Banjarbaru."

METHODS

This study used a quantitative analytical design with a cross-sectional approach, in which dependent variable data (compliance) and independent variable data (years of servis, motivation, leadership style, knowledge) were measured or observed simultaneously for each respondent using a research instrument in the form of a questionnaire that had been tested for validity and reliability. Prior to data collection, a pilot study involving 30 nurses at Syifa Medika General Hospital was conducted to test the validity and reliability of the research instruments. Pearson's product-moment correlation was employed to assess item validity, using a critical r-table value of 0.349, where items with a correlation coefficient exceeding this threshold were deemed valid. The motivation questionnaire initially consisted of 18 items, of which 15 were declared valid and 3 were excluded. The leadership style questionnaire consisted of 12 items, all of which were valid.

The knowledge questionnaire contained 20 items, with 15 valid items and 5 invalid items. The compliance questionnaire initially consisted of 16 items, of which 15 were valid and 1 was invalid. Only valid items were included in the final research instrument. The Cronbach's alpha coefficients for the motivation, leadership style, knowledge, and compliance questionnaires were 0.870, 0.915, 0.660, and 0.966, respectively. All values exceeded the minimum acceptable threshold of 0.60, indicating good internal consistency. This study received ethical approval from the health research ethics committee of Universitas Lambung Mangkurat, No. 042/KEPK-FKIK ULM/EC/VI/2026. This study was conducted from April to May 2026. The sample in this study used the total sampling technique, in which all members of the inpatient nurse population at RSD Idaman, Banjarbaru, totaling 164 respondents with inclusion criteria namely nurses who had worked for at least 6 months and agreed to participate and exclusion criteria namely nurses who were on leave or did not complete the questionnaire. The bivariate analysis used in this study was the chi-square test. Multivariate analysis was performed using multiple logistic regression analysis. Data were analyzed using SPSS Version 27, Statistical significance was set at $p < 0.05$.

RESULTS AND DISCUSSION

Table 1. Univariate Analysis

Variable	Category	Frequency	Percentage
Years of Service			
	New (<5 years)	104	63.4
	Old (≥5 years)	60	36.6
Motivation			
	Good	91	55.5
	Poor	73	44.5
Leadership Style			
	Effective	120	73.2
	Less Effective	44	26.8
Knowledge			
	Good	95	57.9
	Poor	69	42.1
Compliance			
	Compliant	119	72.6
	Less Compliant	45	27.4

Source: Primary data, 2026

Based on the data in Table 1, it is known that most nurses were in the new length of service category (<5 years), namely 104 respondents (63.4%). Good motivation was reported by 91 nurses (55.5%), and 120 nurses (73.2%) perceived the leadership style in the workplace as effective. Furthermore, most nurses' knowledge level was in the good category, namely 95 respondents (57.9%), which is in line with the level of compliance, where most of them were in the compliant category, namely 119 respondents (72.6%).

Table 2. Association between length of service and nurses' compliance with the completion of inpatient medical records at RSD Idaman, Banjarbaru

Years of Service	Compliant		Less Compliant		Total		p-value
	n	%	n	%	n	%	
New <5 Years	80	76.9	24	23.1	104	100.0	0.142
Old >5 Years	39	65.0	21	35.0	60	100.0	
Total	119	72.6	45	27.4	164	100.0	

Source: Primary data, 2026

Based on the data in Table 2, the results of the bivariate analysis using the chi-square test showed a p-value of 0.140 ($p > 0.05$), meaning that H_0 was accepted. It can be concluded that there is no association between length of service and compliance with the completion of inpatient medical records by nurses at RSD Idaman, Banjarbaru.

Table 3. Association between motivation and nurses' compliance with the completion of inpatient medical records at RSD Idaman, Banjarbaru

Motivation	Compliant		Less Compliant		Total		p-value	PR
	n	%	n	%	n	%		
Good	83	91.2	8	8.8	91	100.0	0.000	10.663
Poor	36	49.3	37	50.7	73	100.0		
Total	119	72.6	45	27.4	164	100.0		

Source: Primary data, 2026

Based on the data in Table 3, it is known that most nurses with good motivation also had good compliance with the completion of inpatient medical records, namely 83 respondents (91.2%), while among nurses with poor motivation, 36 respondents (49.3%) were compliant and 37 respondents (50.7%) were less compliant. The results of the chi-square test show a p-value <0.000, so H_0 is rejected and H_1 is accepted. This shows that there is a significant association between motivation and nurses' compliance in the Inpatient Wards of RSD Idaman, Banjarbaru in 2026. The results of the analysis show a prevalence ratio (PR) value of 10.663, which means that nurses with good motivation had a 10.663 times greater chance of having good compliance with the completion of inpatient medical records compared to nurses with poor motivation.

Table 4. Association between leadership style and nurses' compliance with the completion of inpatient medical records at RSD Idaman, Banjarbaru

Leadership Style	Compliant		Less Compliant		Total		p-value	PR
	n	%	n	%	n	%		
Effective	95	79.2	25	20.8	120	100.0	0.003	3.167
Less Effective	24	54.5	20	45.5	44	100.0		
Total	119	72.6	45	27.4	164	100.0		

Source: Primary data, 2026

Based on the data in Table 4, it is known that most nurses with an effective leadership style had good compliance with the completion of inpatient medical records, namely 95 respondents (72.2%), while nurses with a less effective leadership style had poor compliance, namely 24 respondents (54.5%). The chi-square test showed $p = 0.003$, indicating a significant association, so H_0 is rejected and H_1 is accepted. This shows that there is a significant association between leadership style and nurses' compliance in the Inpatient Wards of RSD Idaman, Banjarbaru in 2026. The results of the analysis show a

prevalence ratio (PR) value of 3.167, which means that nurses with an effective leadership style had a 3.167 times greater chance of having good compliance with the completion of inpatient medical records compared to nurses with a less effective leadership style.

Table 5. Association between knowledge and nurses' compliance with the completion of inpatient medical records at RSD Idaman, Banjarbaru

Knowledge	Compliant		Less Compliant		Total		p-value	PR
	n	%	n	%	n	%		
Good	88	92.6	7	7.4	95	100.0	0.000	15.410
Poor	31	44.9	38	55.1	69	100.0		
Total	119	72.6	45	27.4	164	100.0		

Source: Primary data, 2026

Based on the data in Table 5, it is known that most nurses with good knowledge also had good compliance with the completion of inpatient medical records, namely 88 respondents (92.6%), while nurses with poor knowledge had poor compliance, namely 31 respondents (44.9%). The results of the chi-square test show a p-value <0.000, so H_0 is rejected and H_1 is accepted. This shows that there is a significant association between knowledge and nurses' compliance in the Inpatient Wards of RSD Idaman, Banjarbaru in 2026. The results of the analysis show a prevalence ratio (PR) value of 15.410, which means that nurses with good knowledge had a 15.410 times greater chance of having good compliance with the completion of inpatient medical records compared to nurses with poor knowledge.

Table 6. Multivariate Analysis

No	Variable	B	Notes
1	Years of Service	0.142	Included in the model
2	Motivation	0.000	Included in the model
3	Leadership Style	0.003	Included in the model
4	Knowledge	0.000	Included in the model

Source: Primary data, 2026

Based on the data in Table 6, the independent variables included in the multivariate model are years of service, motivation, leadership style, and knowledge associated with compliance with the completion of inpatient medical records by nurses at RSD Idaman, Banjarbaru because the p-value of these variables is <0.25. Furthermore, multivariate analysis between several independent variables and the dependent variable was carried out after fulfilling the prerequisites for multiple logistic regression analysis.

DISCUSSION

The findings revealed no significant association between years of service and nurses' compliance with inpatient medical record completion at RSD Idaman Banjarbaru ($p = 0.142$). Although nurses with less than five years of service exhibited higher compliance rates than their more experienced counterparts, this difference lacked statistical significance. These findings suggest that years of service are not the primary determinant of compliance with medical record documentation. Instead, compliance appears to be more strongly influenced by organizational systems that apply standardized work procedures for all nurses through standard operating procedures (SOPs), staff orientation, supervision, and the implementation of the Electronic Medical Record (EMR) system. Consequently, work experience alone no longer serves as a key determinant of documentation compliance¹².

These findings further indicate that the organizational characteristics of RSD Idaman Banjarbaru contribute to shaping nurses' compliance. The implementation of the EMR system in accordance with¹³, supported by training, routine monitoring, and medical record audits, enables both newly employed and experienced nurses to work under the same documentation standards. This organizational context may explain why years of service did not significantly influence compliance. Furthermore, longer work experience does not necessarily translate into better compliance unless it is accompanied by continuous knowledge updating and ongoing performance evaluation, as suggested by¹⁴.

The present findings are consistent with those of¹⁵, who reported that years of service were not associated with nurses' compliance because compliance was more strongly influenced by organizational

culture and supervisory practices. However, these findings differ from several previous studies that reported a significant association between years of service and documentation compliance. Such discrepancies may be attributed to differences in documentation systems, organizational culture, the implementation of electronic medical records, and supervisory mechanisms across healthcare institutions. Therefore, efforts to improve compliance with medical record documentation should prioritize strengthening organizational systems, continuous training, and effective supervision rather than relying solely on nurses' work experience.

The findings demonstrated a significant association between work motivation and nurses' compliance with inpatient medical record documentation at RSD Idaman Banjarbaru ($p < 0.001$). Nurses with high work motivation were 10.663 times more likely to comply with medical record documentation than those with lower motivation. These findings suggest that motivation is an important determinant of documentation compliance, as highly motivated nurses tend to regard medical record documentation as an integral part of their professional responsibilities rather than merely an administrative requirement. Consequently, they are more likely to complete documentation accurately and in a timely manner despite heavy workloads. This finding is consistent with Herzberg's Two-Factor Theory, which proposes that intrinsic motivation and supportive work environments contribute to improved job performance and task compliance[16].

The observed association may also be explained by the organizational characteristics of RSD Idaman Banjarbaru. The implementation of the Electronic Medical Record (EMR) system, standardized operating procedures (SOPs), head nurse supervision, regular medical record audits, and quality indicator evaluations in accordance with ¹³ have created a supportive environment that promotes documentation compliance. These organizational factors reinforce nurses' motivation, enabling it to be translated into compliant documentation practices, consistent with ¹⁴ view that motivation is an important internal determinant of health-related behavior.

These findings are consistent with those reported by ¹⁷ and the systematic review conducted by ¹⁸, which identified motivation as one of the most consistent factors associated with compliance in medical record documentation. However, previous studies have reported inconsistent findings, possibly due to differences in workload, incentive systems, organizational culture, and supervisory practices across healthcare settings. Therefore, improving compliance with medical record documentation requires not only clear procedural standards but also sustained efforts to enhance nurses' motivation through continuous training, audit feedback, recognition of good performance, and strengthened supervisory support from head nurses.

The findings demonstrated a significant association between head nurse leadership style and nurses' compliance with inpatient medical record documentation at RSD Idaman Banjarbaru ($p = 0.003$). Nurses who perceived their head nurse's leadership style as effective were 3.167 times more likely to comply with medical record documentation than those who perceived it as less effective. These findings suggest that leadership is an important organizational factor influencing compliance through clear direction, effective supervision, and reinforcement of standard operating procedures (SOPs). This finding is consistent with the [19], which proposes that effective leaders enhance employee performance by providing clear goals, support, and motivation.

This association may also be explained by the organizational characteristics of RSD Idaman Banjarbaru. The implementation of the Electronic Medical Record (EMR) system, standardized operating procedures (SOPs), head nurse supervision, regular medical record audits, and quality indicator evaluations in accordance with the ¹³ encourage head nurses to actively promote compliance with documentation standards. Effective leadership not only reinforces adherence to established procedures but also fosters a work culture in which medical record documentation is recognized as an essential component of patient safety and healthcare quality ²⁰.

These findings are consistent with those reported by ¹⁹ and ²⁰, who emphasized that effective leadership contributes to improved work discipline and procedural compliance. However, previous studies have reported inconsistent findings, suggesting that the influence of leadership may vary depending on organizational culture, documentation systems, and the level of EMR implementation across healthcare institutions. Therefore, improving compliance with medical record documentation should be supported by strengthening head nurses' leadership competencies through consistent supervision, effective communication, and regular feedback based on medical record audit results.

The findings demonstrated a significant association between nurses' knowledge and compliance with inpatient medical record documentation at RSD Idaman Banjarbaru ($p < 0.001$). Nurses with good

knowledge were 15.410 times more likely to comply with medical record documentation than those with lower levels of knowledge, indicating that knowledge was the strongest predictor compared with years of service, work motivation, and leadership style. These findings suggest that documentation compliance is largely determined by nurses' understanding of the role of medical records in clinical communication, legal accountability, reimbursement claims, and continuity of care. This finding is consistent with ¹⁴, which states that knowledge forms the foundation of behavior, whereby greater knowledge increases the likelihood of performing tasks in accordance with established standards ¹⁴.

These findings also reflect the organizational characteristics of RSD Idaman Banjarbaru, where the implementation of the Electronic Medical Record (EMR) system in accordance with the [13], supported by standardized operating procedures (SOPs), training, supervision, and regular medical record audits, enables nurses to apply their knowledge effectively in documentation practice. Conversely, insufficient knowledge may lead nurses to perceive documentation as merely an administrative task, thereby increasing the risk of incomplete medical records ²¹.

The present findings are consistent with the systematic review by ¹⁸, which identified knowledge as one of the most consistent individual determinants of compliance with medical record documentation. However, the influence of knowledge may vary across healthcare settings depending on organizational support, workload, health information systems, and the quality of supervision. Therefore, improving compliance with medical record documentation should prioritize continuous education and training, dissemination of updated regulations, EMR implementation support, and regular audit and feedback to strengthen nurses' documentation practices.

Multiple logistic regression analysis identified knowledge as the most influential factor associated with nurses' compliance with inpatient medical record documentation at RSD Idaman Banjarbaru (OR = 20.804). After adjusting for years of service, work motivation, and leadership style, nurses with good knowledge were approximately 20 times more likely to comply with medical record documentation than those with lower levels of knowledge. These findings indicate that documentation compliance is primarily determined by nurses' understanding of medical record documentation standards, ethical and legal responsibilities, and the role of medical records in supporting patient safety and continuity of care. This finding is consistent with ¹⁴, which emphasizes that knowledge forms the foundation of behavior, and is further supported by the Theory of Planned Behavior, which suggests that adequate knowledge enhances an individual's intention and ability to perform behaviors in accordance with established standards ²².

The dominant influence of knowledge may also be explained by the organizational context of RSD Idaman Banjarbaru, where the implementation of the Electronic Medical Record (EMR) system, standardized operating procedures (SOPs), training programs, supervision, and regular medical record audits in accordance with the ¹³ provide an environment that enables nurses to effectively apply their knowledge in documentation practice. These findings are consistent with the systematic review by [18], which identified knowledge as the primary determinant of compliance with medical record documentation. Therefore, improving nurses' competencies through continuous education and training, dissemination of updated regulations, and regular audit and feedback should be prioritized to enhance the quality of medical record documentation.

CONCLUSION

In conclusion, the findings of this study indicate that years of service were not significantly associated with nurses' compliance in completing inpatient medical records at RSD Idaman Banjarbaru. In contrast, motivation, leadership style, and knowledge were found to be significantly associated with medical record documentation compliance. Multivariate analysis further identified knowledge as the most influential predictor of compliance, indicating that nurses with higher levels of knowledge were substantially more likely to complete medical records accurately and comprehensively than those with lower levels of knowledge. These findings suggest that improving compliance with medical record documentation requires not only organizational support through effective leadership and work motivation but also prioritizing nurses' knowledge enhancement through continuous training, supervision, and professional development.

AUTHOR'S CONTRIBUTION STATEMENT

KW conceived and designed the study. KW collected the data. KW and KW analyzed the data. KW drafted the manuscript. MSN, ES, ELS, and SA critically revised the manuscript. All authors reviewed and approved the final version of the manuscript.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest, including specific financial interests, relationships, and/or affiliations relevant to the subject matter or materials included in this manuscript.

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REFERENCES

1. Kementerian Kesehatan Republik Indonesia, 2022. Peraturan Menteri Kesehatan Republik Indonesia Nomor 24 Tahun 2022 tentang Rekam Medis. Jakarta: Kementerian Kesehatan RI. no. 829, pp. 1–19, 2022.
2. Kementerian Kesehatan Republik Indonesia. Profil kesehatan Indonesia tahun 2023. Jakarta: Kementerian Kesehatan RI.
3. RSD Idaman Banjarbaru, 2024 "Data Instalasi Rekam Medik Tahun 2024 "SIM MUTU 2024 .pdf."
4. RSD Idaman Banjarbaru, 2025 "Data Laporan Hasil Kajian Rekam Medis Tahun 2025".
5. Ardiantari *et al.*, 2022 "Ketidaklengkapan Komponen Analisis Kuantitatif Pada Rekam Medis Pasien Rawat Inap Terhadap Tertib Administrasi Rekam Medis di RSUD Sanjiwani Kabupaten Gianyar" Indonesia Journal Chest | Vol . 9 No . 2 Juli-Des . 2022," vol. 9, no. 2, pp. 84–89, 2022.
6. Kementerian Kesehatan Republik Indonesia, 2022. Peraturan Menteri Kesehatan Republik Indonesia Nomor 24 Tahun 2022 tentang Rekam Medis. Jakarta: Kementerian Kesehatan RI. "jdih.kemkes.go.id," pp. 1–20, 2022.
7. Y. A. Prihandini, 2020 "Faktor yang Berhubungan dengan Kelengkapan Berkas Rekam Medis oleh Perawat di RSD Idaman Banjarbaru Tahun 2020," pp. 55–61.
8. B. N. Damanik, 2023 "Determinan Kelengkapan Berkas Rekam Medis Rawat Inap Di Rumah Sakit Umum Daerah Tanjungpura Kabupaten Langkat Tahun 2023," *Kesehat. Deli Sumatera*, vol. 1, no. 2, pp. 1–9, 2023.
9. Y. Yusuf and A. K. Astiena, 2022 "Pengisian Rekam Medis Dan Faktor-Faktor Yang Mempengaruhinya Di Rsud Dr Rasidin Padang," vol. 7, no. 2, pp. 359–368, 2022.
10. Pardede, *et al.*, 2024 "Analisis Pengetahuan , Sikap Dan Motivasi Kepatuhan Dokter Spesialis Dengan Pengisian Rekam Medis Pasien di Instalasi Rawat Inap RS X Jakarta dengan kualitasnya terpelihara sesuai dengan amanah Undang-Undang Nomor 29 tahun 2004," vol. 1, no. 3, 2024.
11. M. W. (2005) Green, L.W. and Kreuter, *Health Program Planning: An Educational and Ecological Approach*. New york: McGraw-Hill, 2005.
12. K. K. R. Indonesia, "Peraturan Menteri Kesehatan Republik Indonesia Nomor 24 Tahun 2022 tentang Rekam Medis," Kementerian Kesehatan RI, 2022.
13. S. Notoatmodjo, *Promosi Kesehatan dan Perilaku Kesehatan*, Edisi Revi. Jakarta: Rineka Cipta, 2018.
14. Zulkifli, "Hubungan antara masa kerja dengan kepatuhan perawat dalam pelaksanaan tindakan pencegahan pasien jatuh di Rumah Sakit Umum Daerah Pemerintah Samarinda," *Borneo Student Res.*, vol. 1(1), 2029.
15. B. . Herzberg, F., Mausner, B. and Snyderman, *The Motivation to Work*, 2nd edn. New York: John Wiley & Sons., 1959.
16. Majannang, E.A.D., Kadir, A. and Hamsinah (2021) 'Hubungan Motivasi dan Masa Kerja terhadap Kinerja Perawat di Ruang Rawat Inap Rumah Sakit Umum Daerah Haji Makassar Tahun 2018', *JIMPK: Jurnal Ilmiah Mahasiswa & Penelitian Keperawatan*, 1(2), pp. 196–202
17. C. . Lavender, I.E., Suryawati, C. and Purnami, "Kepatuhan dokter dalam pengisian rekam medis di Indonesia: Sebuah telaah sistematis," *J. Manaj. Kesehat. Yayasan RS. Dr. Soetomo*, vol. 10(1), pp. 151–164, 2024, [Online]. Available: <https://doi.org/10.29241/jmk.v10i1.1889>
18. R. . House, "Path-goal theory of leadership: Lessons, legacy, and a reformulated theory", *Leadership Quarterly*, *Leadersh. Q.*, no. 7(3), pp. 323–352, 1996.
19. S. P. and J. Robbins, *Organizational Behavior*, 19th ed. Harlow: Pearson, 2023.
20. M. T. Alhammadi *et al.*, "Factors Associated with the Completeness of Inpatient Medical Record Filling," vol. 5, pp. 451–461, 2022.
21. I. Ajzen, "The theory of planned behavior", *Organizational Behavior and Human Decision*

Processes," vol. 50(2), pp. 179–211, 1991, [Online]. Available: [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)