The Relationship between the Characteristics of the Doctor in Charge of Services and Compliance with the Completion of BPJS Health Patient Medical Resumes at Aisyiyah Hospital in Bojonegoro

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ABSTRACT

A discharge summary summarizes a patient's entire period of care and treatment provided by health workers and related parties. The completion of medical resumes affects the process of submitting claims to the National Health Insurance program. Attending Physician is responsible for preparing the medical resumes. A preliminary study at Aisyiyah Hospital in Bojonegoro found that 74.08% of files had pending claims due to incomplete medical records. This study aims to describe the relationship between the characteristics of the Attending Physician and the compliance in completing medical resumes for Social Security Agency for Health in the inpatient ward of Aisyiyah Bojonegoro Hospital. The method used in this research is a quantitative approach with data analysis conducted using the chi-square method. The study showed that the majority of Attending Physician were classified as less compliant in filling out medical resumes. There was no relationship between the characteristics of gender, age, length of service, employment status, and Attending Physician experience with compliance in filling out medical resumes at Aisyiyah Bojonegoro Hospital. However, there was a significant relationship between the personality characteristic of the neuroticism dimension and compliance in filling out medical resumes. The majority of Attending Physician characteristics at Aisyiyah Bojonegoro Hospital are male, over 40 years old, have a working period of more than 40 years, hold employment status as organic doctors, and have completed their last education at a university in the East Java region.

INTRODUCTION

Hospitals are health care facilities that provide emergency services, inpatient and outpatient care, and other health services to the community in a comprehensive manner (Permenkes, 2020). The government's efforts to meet the health needs of the Indonesian people are in the form of the implementation of the National Health Insurance (JKN). This program is intended for every individual who has paid their premiums, or whose premiums are paid by the government (Ministry of Health Regulation, 2022). The JKN program is administered by the Social Security Administration Agency for Health (BPJS Kesehatan).

Aisyiyah Hospital (RSA) Bojonegoro is one of the hospitals in Bojonegoro Regency, East Java, which has collaborated with BPJS insurance and BPJS Employment, and in its implementation, there are certainly many obstacles, one of which is regarding pending claims. Pending, often referred to as unclaimed, means that a claim has not been claimed or is delayed. This is caused by cases handled at hospitals where the medical conclusions are questionable due to inconsistencies or incomplete data (Valentina & Halawa, 2018). The factors causing pending claims in BPJS Health files are discrepancies in diagnosis and diagnoses that do not include or lack supporting examination reports in the claim files (Noveria & Soewondo, 2019).

The standard percentage of pending claims held by RSA Bojonegoro is 5%. A preliminary study conducted at RSA Bojonegoro found that the total number of inpatient claim files at RSA Bojonegoro in August 2024 was 973 files, 274 files (28.16%) of which were pending. The incompleteness of the claim files was dominated by incomplete medical summaries, namely 203 files (74.08%). Medical summaries serve as part of the patient discharge documents, with healthcare providers compiling medical summaries detailing all patient care and treatment (Hatta, 2014). Other incomplete claim files were due to the absence of supporting documents (71 files, or 25.91%). The data obtained shows that the percentage of pending claims exceeds the standard used by RSA Bojonegoro, which is 5%. Based on secondary data, it is known that pending claims at RSA Bojonegoro in August reached IDR 1,406,388,100. Delayed claim payments certainly affect RSA Bojonegoro's allocation and budget planning policies. Pending claims will impact the hospital's cash flow and disrupt claim payments. Problems with the claims process can also reduce the efficiency of the hospital's financial processes. (Elna & Mahdalena, 2022).

Ministry of Health Regulation No. 269 of 2009 concerning Medical Records states that medical summaries or discharge summaries must be prepared by the doctor or dentist who treated the patient. The doctor who provides treatment to the patient is called the Doctor in Charge of Service (DPJP). The purpose of this study was to analyze the level of compliance in filling out summaries and to analyze the relationship between DPJP characteristics and compliance in filling out medical summaries for BPJS patients in the inpatient facility at RSA Bojonegoro.

METHOD

This study is a quantitative study using correlational research techniques. There were 36 respondents. The data collection tool used in this study was a questionnaire completed by DPJP. The scale developed by the researcher was a Likert scale consisting of several favorable and unfavorable questions. This study was conducted from February – June 2025, at the Bojonegoro RSA.

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RESULTS AND DISCUSSION
DPJP Compliance in Completing Medical Resumes

DPJP compliance in completing medical resumes is calculated based on the accuracy of the diagnosis, supporting examinations, and the completeness of the medical resume files. Table 1 shows that the majority of DPJPs were classified as non-compliant, with a compliance rate of 44.4% (16 people) and a non-compliance rate of 55.6% (20 people).

Table 1. Level of compliance with medical record completion at RSA Bojonegoro

DPJP Compliance in Completing Medical Resumes	Frequency (f)	Percentage (%)
Compliant	16	44,4
Less Compliant	20	55,6
Total	36	100

Characteristics of DPJP

The following are the characteristics of DPJP based on gender, age, length of service, employment status, and experience.

Table 2. Frequency Distribution of Demographic Characteristics and Experience with Medical Resume Compliance

Characteristic	Frequency (f)	Percentage (%)
Gender		
Male	22	61,1
Female	14	38,9
Total	**36**	**100**
Age		
≤ 40 years old	11	30,56
> 40 years old	25	69,44
Total	**36**	**100**
Length of service		
< 1 year	2	5,56
1 - ≤ 3 years	4	11,1
3 - ≤ 5 years	6	16,67
5 - ≤ 10 years	9	25
> 10 years	15	41,67
Total	**36**	**100**
Employment status		
Organic doctor	19	52,78
Partner doctor	17	47,22
Total	**36**	**100**
Experience		
East Java University	24	24
Outside East Java University	12	12
Total	**36**	**100**

Based on Table 2, it can be seen that the majority of DPJPs in this study were male (61.1%). In this study, age was divided into two groups, namely the young age range (approximately 40 years old) and the old age range (over 40 years old).

Table 2 shows that the majority of DPJPs in this study were DPJPs in the older age group (over 40 years old). Length of service in this study was divided into five groups. Table 2 shows that the majority of DPJPs had a length of service of more than 10 years, amounting to 41.67%. Based on employment status, Table 2 shows that the majority of respondents were DPJPs with employment status as organic doctors.

Based on educational background, the majority of respondents studied at universities located in East Java, namely 66.67%. This study also distinguished each DPJP based on personality. The following is the grouping of DPJPs based on personality.

Table 3. Personality Characteristics

Category	Mean	SD	Low	Medium	High
			X ≤ M - 1SD	M - 1SD ≤ X ≤ M + 1SD	X ≥ M + 1SD
Extraversion	15.19	3.46	X ≤ 11.73	11.73 ≤ X ≤ 18.65	X ≥ 18.65
Agreeableness	19.47	2.83	X ≤ 16.63	16.63 ≤ X ≤ 22.3	X ≥ 22.3
Conscientiousness	19.91	3.21	X ≤ 16.7	16.7 ≤ X ≤ 23.12	X ≥ 23.12
Neuroticism	17.27	3.58	X ≤ 13.69	13.69 ≤ X ≤ 20.86	X ≥ 20.86
Openness to Experience	17.05	3.49	X ≤ 13.55	13.55 ≤ X ≤ 20.55	X ≥ 20.55

These criteria form the basis for determining the score category for each dimension of the Big Five Personality Model. The Big Five Personality approach to personality is mostly based on research rather than theory, or in other words, it is an inductive approach to personality, which means that the theory is derived from data (Friedman & Schustack, 2008). The Big Five Personality Model is used to measure the personalities of research subjects.(Simanullang, 2021)

Extraversion high score criteria are greater than or equal to 18.65, moderate between 11.73 and 18.65, and low less than or equal to 11.73. Agreeableness high score criteria are greater than or equal to 22.3, moderate between 16.63 and 22.3, and low less than or equal to 16.63. Conscientiousness high score criteria are greater than or equal to 23.12, moderate between 16.7 and 23.12, and low less than or equal to 16.7. Neuroticism high score criteria are greater than or equal to 20.86, moderate between 13.69 and 20.86, and low less than or equal to 13.69. Openness to Experience has a high value criterion of greater than or equal to 20.55, moderate between 13.55 and 20.55, and low less than or equal to 13.55. Of the five personality dimensions, the highest value criterion is in the conscientiousness dimension at 23.13, while the lowest is in the Extraversion dimension at 11.73.

This general personality distribution is a numerical description of the respondents' personalities based on data processed from the questionnaire. These values provide a general explanation of each employee's personality type as viewed from the Big Five Personality Model, which consists of Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience.

Table 4. Distribution of Respondents' Personality Values

Value	Extraversion		Agreeableness		Conscientiousness		Neuroticism		Openness	
	f	%	f	%	f	%	f	%	f	%
High	4	11,1	9	25,0	9	25,0	6	16,7	5	13,9
Medium	27	75,0	22	61,1	22	61,1	25	69,4	27	75,0
Low	5	13,9	5	13,9	5	13,9	5	13,9	4	11,1

The table above shows that 4 respondents (11.1%) had high extraversion, 27 respondents (75.0%) had moderate extraversion, and 5 respondents (13.9%) had low extraversion. Respondents with high agreeableness personalities numbered 9 (25.0%), while 22 (61.1%) had moderate agreeableness and 5 (13.9%) had low agreeableness. Respondents with high conscientiousness personalities numbered 9 (25.0%), while 22 (61.1%) had moderate personalities and 5 (13.9%) had low personalities. Respondents with high Neuroticism personality traits numbered 6 (16.7%), moderate 25 (69.4%), and low 5 (13.9%). Respondents with high Openness to Experience personality traits numbered 5 (13.9%), moderate 27 (75.0%), and low 4 (11.1%).

The distribution of these characteristic values is a numerical (numerical) description, which shows how many employees have characteristics including gender, age, length of service, employment status, experience, and personality, as well as which personality characteristic indicators have high, medium, and low values. This can be determined from the number/percentage of respondents' answers to each item on the characteristic scale questionnaire.

Relationship between DPJP Characteristics and Compliance with Medical Resume Completion Bivariate analysis was performed on two variables that were suspected to be related or correlated. The results of this study are presented as follows:

Table 5. The Relationship between Demographic Characteristics and Experience with Compliance in Completing Medical Resumes

No	Category	P value
1	Gender	1,000
2	Age	1,000
3	Length of service	0,450
4	Employment status	0,526
5	Experience	0,906

Green & Kreuter (2005) state that there are three things that can influence a person's behavior, including predisposing factors, enabling factors, and reinforcing factors. Predisposing factors are factors that form the basis or motivation for a behavior. Predisposing factors consist of age, gender, education level, knowledge level, socioeconomic status, beliefs, and perceptions related to an individual's motivation to perform a behavioral action.

The results of the chi-square statistical test based on data on gender, age, length of service, employment status, and DPJP experience with medical resume compliance obtained p-values for demographic characteristics in succession of 1.000; 1.000; 0.450; 0.526; 0.906. The p-value (probability) was greater than 0.05 or 5%, so H1 was rejected, indicating that there was no significant relationship between gender, age, length of service, employment status, and DPJP experience and compliance with filling out medical resumes.

Table 6. The Relationship between Personality Characteristics and Compliance in Completing Medical Resumes

No	Category	P value
1	*Extraversion*	0,061
2	*Agreeable*	0,199
3	*Conscientiousness*	0,620
4	*Neuroticism*	0,038
5	*Openness to Experience*	0,956

The chi-square test results obtained the following p-values for personality characteristics: 0.061; 0.199; 0.620; 0.038; 0.956. A p-value greater than 0.05 or 5% means that there is no significant relationship between the two variables (H1 rejected), while a p-value less than or equal to 0.05 or 5% means that there is a significant relationship (H1 accepted). The chi-square test results show that there is no significant relationship between the dimensions of extraversion, agreeableness, conscientiousness, openness to experience, and compliance, while the dimension of neuroticism has a significant relationship with compliance. The majority of DPJPs in filling out medical records at RSA Bojonegoro are considered to be less compliant, which does not meet the standards set out in Permenkes 129 of 2008 concerning Minimum Hospital Service Standards, which states that medical records are considered complete if they are 100% filled out. The non-compliance of DPJPs in filling out medical records can be attributed to several factors, including an increase in BPJS patients at RSA Bojonegoro, which has increased the workload of doctors, the absence of sanctions regulating non-compliance in filling out medical records, and the large number of DPJPs over the age of 40, who tend to be less meticulous. Pending BPJS claims are a major challenge for hospitals

in Indonesia, impacting hospital cash flow and the quality of services provided to patients. Hospitals must ensure the smooth operation of the claims administration system to minimize delays in payments from BPJS Kesehatan. In addition, pending claims can also cause losses for hospitals that receive many patients with health insurance, resulting in losses due to the discrepancy between the cost of services and the amount of claims paid. Incomplete medical records render claims submissions ineffective and inefficient because claims cannot be processed immediately; follow-up with relevant parties is required to complete the missing components of the medical records.

The results of the study show that there is no significant relationship between the individual characteristics of the Doctor in Charge of Services (DPJP), such as gender, age, length of service, employment status, and experience, and compliance with filling out BPJS Kesehatan patient medical records. It can be concluded that individual factors alone are not sufficient to explain compliance behavior in the aspect of medical documentation. The results of the personality characteristics hypothesis show that there is a significant relationship between the personality characteristic of Neuroticism and compliance with filling out medical records. The results of the hypothesis testing in this study are also in line with the research by Bartone et al. (2009), which states that neuroticism is related to performance, especially among female employees. The results of this hypothesis for DPJP at RSA Bojonegoro show that in performing work, neuroticism contributes to performance outcomes because the job qualifications have targets that are minimally related to the dimension of neuroticism itself. This is also in line with Barrick and Mount (1991), who state that neuroticism affects a person's work. The results of the study also show that DPJP compliance in filling

out medical resumes is likely also influenced by factors other than personal characteristics, such as the existence of a reward and punishment system, as well as a work culture that supports administrative compliance, which has the potential to have a greater influence on doctors' behavior. Thus, improving compliance in filling out medical resumes is not sufficient through individual approaches, such as training or socialization for doctors, but needs to be complemented by systemic interventions that include improving human resource management, strengthening internal regulations, and improving the quality of medical record systems.

CONCLUSIONS AND RECOMMENDATIONS

The results of the problems that have been formulated, the analysis and testing of hypotheses that have been carried out in the previous chapter, then from the research conducted, the following conclusions can be drawn:

1) The majority of DPJP characteristics at RSA Bojonegoro are male, over 40 years of age, have worked for more than 40 years, have civil servant status as organic doctors, and completed their last education at a university in East Java. Analysis of characteristics in terms of personality shows that most DPJP have a moderate level on the Big Five Personality dimension.

2) The level of compliance of DPJP in filling out medical resumes is classified as less compliant, as reflected in the large number of incomplete medical resumes and inaccurate supporting examination diagnoses. This situation has the potential to cause delays or postponements in the BPJS health claim process.

3) There is no relationship between the demographic characteristics and experience of DPJP and compliance in filling out medical resumes.

Conversely, in terms of personality characteristics, the Neuroticism dimension has a significant relationship with compliance in filling out medical resumes. This shows that psychological aspects, particularly in emotional control, can influence the administrative compliance of doctors.

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