

Volume 6 - 2021, Issue 12 - December



Air Quality Index Forecasting Using RNN and LSTM

Author Name : Rahul Singh; Satyam Sagar; Hitesh Kumar; Vaibhav Rai

[CITE/EXPERT](#)

[DOWNLOAD](#)



Technological Innovation, Digital Competence and Job Performance of Secretaries in Public Tertiary Institutions in Ogun State, Nigeria

Author Name : Adenekan, Tolulope Elizabeth; Jimoh, Tajudeen Adisa

[CITE/EXPERT](#)

[DOWNLOAD](#)



Challenges of Home Nursing Sector: A Kerala Experience

Author Name : Dr. T. Shameerdas

[CITE/EXPERT](#)

[DOWNLOAD](#)



Determinants of Tax Sheltering: Corporate Governance as Moderation

Author Name : Badrus Zaman Syabana; Waluyo

[CITE/EXPERT](#)

[DOWNLOAD](#)



A Quantitative Approach to Determine Fire and Explosion Risk for Storage Tank Having Flammable Liquid

Author Name : Rahul Porwal; Nisha Kushwaha

[CITE/EXPERT](#)

[DOWNLOAD](#)



The Analysis Causes of Informed Consent in Supporting the Quality of Medical Record In Graha Hospital Medika Banyuwangi

Author Name : Rizqi Aji Aprilia; Erma Sulistyaningsih; Leersia Yusi Rat

[CITE/EXPERT](#)

[DOWNLOAD](#)



Paper presented at Caleb International Conference Committee (C I C C) October 26th -27th , 2021 Post Pandemic and Tertiary Education in Southwest, Nigeria

Author Name : Asaju Opeyemi Adeola

Mission

The motive of IJISRT behind providing open access platform is to make genuine contribution in the field of science and research. We assure:

World-Class Information

IJISRT focuses on bringing the genuine, driving edge Scientific, and Technical & Crucial data to its readers thus powering a ceaseless cycle of research, discovery and applications in field of Engineering exploration.

Global Dissemination

The authors of today and future can fulfil their information needs by connecting with vast disseminated and preserves database of IJISRT.

Scope

Engineering is a field where lot of research and study is required. The IJISRT primarily focuses on providing a platform to the researchers of various engineering streams where high level of teaching and learning is encouraged. Self created theories, researches; practical/theoretical work, application based reports/studies are welcomed in order to add contribution to the better understanding of technical challenges.

The topics suggested by the IJISRT can be discussed in terms of concepts, state of the art, research, standards, implementations, running experiments, applications, and industrial case studies. All tracks are open to both research and industry contributions.

International Journal of Innovative Science and Research Technology (IJISRT) is the place for exchange of information and research results within the following scope:

Engineering

- Mechanical Engineering
- Electrical Engineering
- Computer Engineering
- Software Engineering
- Electronics & Communication Engineering
- Environment Engineering
- Telecommunication Engineering
- Engineering Mathematics
- Civil Engineering
- Electromechanical System Engineering
- Chemical Engineering
- Agricultural Engineering
- Biological & Bio system Engineering
- Food Engineering

Business & Management

- Economics and Commerce

- Business Administration
- Public Administration
- Accounting and Banking
- Enterprises Recourse Management
- Business Ethics
- Business Studies, Marketing and Finance
- Journalism and Mass Communication
- Corporate Governance and Business Ethics
- Women studies and Gender Issues
- Rural Developments and Micro-credits
- Management and Sociology
- Corporate Accountability and Entrepreneurship
- Managerial Communication
- Managerial Economics
- Marketing Management

Medical

- Accountable Care Organizations
- Acute Coronary Syndromes
- Addiction
- Adolescent Medicine
- Adrenal Disease
- Allergy
- Allergy/Immunology General
- American College of Cardiology 2020
- American Heart Association 2020
- American Society of Clinical Oncology 2020
- American Thoracic Society 2019
- Anticoagulation/Thromboembolism
- Arrhythmias/Pacemakers
- Asthma
- Autoimmune Disease

Editorial Board

Manish Gupta (IJISRTREW100)

| Assistant professor | ECE Dept. | VIT jaipur | Rajasthan | India

Hemant Purohit (IJISRTREW77)

| Professor & HOD ECE dept. | JIET | Jodhpur | Rajasthan | India

Jai Prakash Mishra (IJISRTREW13)

| Assistant Professor | ECE Dept. | VIT Jaipur | Rajasthan | India

Harsh Gupta (IJISRTREW02)

| Micro Electronics Dept. | Manipal University | Jaipur | Rajasthan | India

Diwakar Gautam (IJISRTREW05)

| Assistant professor | ECE Dept. | Sharda University

Tarun Badiwal (IJISRTREW09)

| Assistant Professor | Electrical Dept. | Jaggannath University | Jaipur | Rajasthan | India

Virendra Swami (IJISRTREW105)

| Assistant Professor | ECE Dept. | Maharshi Arvind college| Jaipur |Rajasthan | India

Nishant Chauhan (IJISRTREW79)

| Assistant Professor | Electrical Dept. | Mahershi Arvind College| Jaipur | Rajasthan | India

Prince Ja.cob (IJISRTREW91)

| Assistant Professor | Electrical Dept. | Mahershi Arvind College| Jaipur | Rajasthan | India

Dr.S.Saira Banu (IJISRTREW10)

| Associate Professor | ECE Dept. | Karpagam University| Coimbatore | Tamil Nadu | India

Balaji Velusamy (IJISRTREW500)

| Associate Professor | Info Institute of Engineering| Coimbatore | Tamil Nadu | India

Lalit Mohan Nainwal (IJISRTREW501)

|School of Pharmaceutical Sciences and Research| Jamia Hamdard| Delhi | India

Bais Nirav Kishorkumar (IJISRTREW502)

|Assistant Professor|Ganpat University-Institute of Technology| Ahmedabad| Gujarat | India

Raj Kumar Gupta (IJISRTREW503)

|Assistant Professor|Amity University| Jaipur| Rajasthan | India

Dr. Neeta Saxena (IJISRTREW504)

|Assistant Professor|Amity University| Gwalior| Madhya Pradesh | India

Dr. Nageswara Rao Moparthy (IJISRTREW505)

|Associate Professor| Velgapudi Ramakrishna Siddhartha Engineering College| Vijayawada | Andhra Pradesh | India

R. Narendran (IJISRTREW506)

|Faculty of Marine Sciences| Annamalai University| Parangipettai | Tamil Nadu | India

Mahadeva.M (IJISRTREW507)

|Assistant Professor| Shri Pillappa College of Engineering | Bangalore| Karnataka| India

Dr. Richa Mehrotra (IJISRTREW508)

|Assistant Professor| Amity University | Bangalore| Uttar Pradesh | India

Dr. Chetan. S. Patali. (IJISRTREW509)

|Principal | Dhanush Institute of Nursing, Behind Durga Vihar | Bagalkot | India

Suvarna S Pinnapati (IJISRTREW510)

| Vice Principal | Dhanush Institute of Nursing Sciences | Bagalkot | India

Nugzar Aleksidze (IJISRTREW511)

| Professor of the Chair of Biochemistry and Biotechnology of Iv. Javakhishvili Tbilisi State University | Georgia

Dr. Abdul Rahmat (IJISRTREW513)

| Professor at Gorontalo State University | Gorontalo | Indonesia |

Elhadi Ibrahim Miskeen (IJISRTREW514)

| Faculty of Medicine, University of Bisha | Bisha | Saudi Arabia|

Dr. Ming-An Chung (IJISRTREW515)

| MICROELECTRONICS TECHNOLOGY Inc., || Taiwan |

Selwa Yousif Abdeldafie Mohammed (IJISRTREW516)

| Assistant professor in Pediatric Nursing/ Nursing Department, || KSA |

MOHD. MUNTJIR (IJISRTREW517)

| At Taif University | | Saudi Arabia|

RAJESH A S (IJISRTREW518)

| Assistant Professor in the Department of Mechanical Engineering at MIT | Mysuru | India |

Anyira, Isaac Echezonam (CLN) (IJISRTREW519)

| Lecturer in the Department of Library and Information Science | Ogwashi-Uku| Nigeria|

Dr. MEHBOOB ALAM PASHA (IJISRTREW520)

| Associate Professor of Surgery ,Faculty of Medicine | Kedah | Malaysia

Ahmed Abdelhalim Ahmed Mohamed (IJISRTREW521)

| Department of Geology, Faculty of Science, Assiut University | Assiut | Egypt

Lateef Ayodele AGBETUNDE (IJISRTREW522)

| Fountain University | Osogbo | Nigeria |

OTUU CHIDIEBERE AGHA (IJISRTREW523)

| Department of Zoology and Environmental Biology | Nsukka | Nigeria

Yeap Kim Huat (IJISRTREW524)

| Westlake International School Position : A-Level Physics Teacher | Kampar | Malaysia|

Luqman Kareem SALATI (IJISRTREW525)

| Department of Mineral & Petroleum Resources Engineering, Kaduna Polytechnic
| Kaduna| Nigeria |

Mostafa Ibrahim Hassan (IJISRTREW526)

| Zoology Department, Faculty of Science (Men) , Al-Azhar University | Nasr City, Cairo |
Egypt

Dibua Emmanuel Chijioke (IJISRTREW527)

| Nnamdi Azikiwe University | Awka | Nigeria |

Dr. Mochammad Munir Rachman (IJISRTREW528)

| The designation as Lecturer of Faculty Economic and Business | Surabaya | Indonesia

Akinola Yinka Paul Ojelade (IJISRTREW529)

| The Provost, Federal College of Education | Abeokuta | Nigeria |

Dr. PRAKASH BETHAPUDI (IJISRTREW530)

| VIGNAN Institute of Engineering for Women, HOD, IT | Visakhapatnam | India |

Dr. T. velumani (IJISRTREW531)

| Assistant Professor , Rathinam College of Arts and Science(Autonomous) | Coimbatore |
India |

PANCHAL RONA KUMAR KANTILAL (IJISRTREW532)

| Assistant Professor in Vidyabharti Trust College of BBA & BCA | Umrahk | India |

RAGHAVENDRA D (IJISRTREW533)

| Assistant Professor at Department of Civil Engineering, , Don Bosco Institute of
Technology | New Delhi | India |

D. Vijaychendar (IJISRTREW534)

| LECTURER IN R.K.L.K College of Education | Suryapet | India |

Ajay B. Gadicha (IJISRTREW535)

| .R.Pote College of Engg and Management Amravati as Assistant Professor in Computer
Sci. & Engg Department | Amravati | India |

Dr. Neshat Anjum (IJISRTREW536)

| Assistant Professor, Aligarh Muslim University | Aligarh | India |

PREM KUMAR (IJISRTREW537)

| Project Fellow under UGC-SAP (DRS II) research project at Dept | Pondicherry | India |

BHARATH V (IJISRTREW538)

| Assistant Professor, Brindavan College of Engineering, Yelahanka | Bangalore | India |

Dr. AMRITA MEHTA (IJISRTREW539)

| Lecturer in Department of MBA in Singhania University | Udaipur | India |

Dr.G. Vedanthadesikan (IJISRTREW540)

| Associate Professor & Director Centre for Rural Development Annamalai University
| Annamalainagar | India |

SOUPTIK BHATTACHARYA (IJISRTREW541)

| Executive Civil Engineer, Baguiati | Kolkata | India

Dr. R. RAJESHKANNA (IJISRTREW542)

| Associate Professor and Head, Department of Information Technology at Dr.N.G.P Arts & Science College | Coimbatore | India |

Dr. Y. Md. Riyazuddin (IJISRTREW543)

| Assistant Professor Dept of IT, GITAM University | Hyderabad | India |

Dr. BALAJI. A. P. B (IJISRTREW544)

| Senior Research Scientist- Analytical Chemistry Division” in Vanta Bioscience Pvt Ltd
| Chennai | India

Dr. UMESH KUMAR SHARMA (IJISRTREW545)

| Professor Academic Council meetings and other day to day administrative activities in an University | | India |

Dr. Tamilselvan (IJISRTREW546)

| Associate Professor, KMCH College of Pharmacy | Coimbatore | India |

Dr.Somnath Thigale (IJISRTREW547)

| Coordinator for IIT Bombay’s AAKASH for Education | Mumbai | India |

Maya Kumari (IJISRTREW548)

| Assistant Professor, Amity University | Noida | India |

Dr. ABHISHEK JHA (IJISRTREW549)

| Content Developer and faculty for CSIR NET LIFE SCIENCES at Delhi Academy of Medical Sciences | Dehli | India |

Dr. M. VINOD KUMAR (IJISRTREW550)

Digital Repository Universitas Jember

| Associate professor in Vel Tech Rangarajan Dr. Sagunthala R&D Institute of Science and Technology | Chennai | India |

Jaime L. Coyne (Berry) (IJSRTREW551)

| Associate Professor, Department of School of Teaching & Learning College of Education Sam Houston State University | Huntsville | Texas |

| India |

Shital Ashok Pawar (IJSRTREW597)

| Associate Professor, Bharati Vidyapeeth's College of Engineering for Women | Pune | India |

Dr.Shreekumar Menon (IJSRTREW598)

| Associate Professor, SMT MMK College of Commerce and Economics | Bandra, Mumbai | India |

Indexing



TOGETHER WE REACH THE GOAL



The Analysis Causes of Informed Consent in Supporting the Quality of Medical Record In Graha Hospital Medika Banyuwangi

Rizqi Aji Aprilia
Master of Public Health Science,
Postgraduate, Universitas Jember
Jember, Indonesia

Erma Sulistyanyingsih, Leersia Yusi Rat
Master of Public Health Science,
Universitas Jember
Jember, Indonesia

Abstract:-

Backgrounds: *Informed consent* is an agreement given by the patient or family after receiving a clear explanation of the patient's medical or dental action to be carried out. The standard of completeness of the Informed Consent is based on the Hospital Minimum Service Standard No. 290 of 2008 and the hospital quality standard is 100%. The number of incomplete informed consent at Graha Medika Hospital in the third quarter of 2020 was 11.14%, 26.90%, and 41%, which means that the standard for completeness of informed consent has not been achieved. The purpose of the study was to analyze the factors causing incomplete informed consent.

Methods: The research design used a quantitative approach with a cross-sectional research design. The population and sample were 258 informed consent forms. The unit of analysis was 30 medical doctors who filled out the informed consent. Data analysis used univariate, bivariate with Spearman Rank, and multivariate with Partial Least Square.

Results: The bivariate analysis results showed that the resource indicator had a relationship with the completeness of Informed Consent with a value of 0.005. A multivariate analysis that organizational factors had a relationship with the completeness of Informed Consent with a value of 0.001.

Conclusion: Strengthening the resource sector with a solid organizational commitment will increase the completeness of informed consent, which is inseparable from the quality of the organization's management function. A good management function will run in harmony with the level of compliance of good service personnel.

Keywords:- *Informed consent, Gibson Theory, quality completeness.*

Informed consent or approval for medical action is an agreement given by the patient or family after receiving a complete explanation of the medical or dental action that the patient will carry out. Graha Medika Hospital is a type C hospital that serves outpatient, inpatient, and emergency services. It has performed quality assessment by the Hospital Quality Committee, one of which is the quality of medical records consisting of 9 qualities, including the completeness of informed consent. The implementation of informed consent completion at Graha Medika Hospital in the third quarter of 2020 was 11.14%, 26.90%, and 41%, respectively. The number of incomplete informed consents that continues to rise from July to September means that the completeness of filling out informed consents has not been achieved according to Minimum Service Standards (SPM) and hospital quality is 100% (Oktavia et al., 2020). Obstacles experienced by doctors directly related to the time and filling of this equipment can be a burden if there are many patients so that filling is delayed and there is accumulation. The impact of incomplete filling of informed consent is on the quality and quality of medical records, as well as guarantees of legal certainty for patients, health workers, and hospitals (Oktavia et al., 2020). Obstacles experienced by doctors directly related to the time and filling of this equipment can be a burden if there are many patients so that filling is delayed and there is accumulation. The impact of incomplete filling of Informed Consent is on the quality and quality of medical records, as well as guarantees of legal certainty for patients, health workers, and hospitals (Oktavia et al., 2020). Obstacles experienced by doctors directly related to the time and filling of this equipment can be a burden if there are many patients so that filling is delayed and there is accumulation. The impact of incomplete filling of Informed Consent is on the quality and quality of medical records, as well as guarantees of legal certainty for patients, health workers, and hospitals (Oktavia et al., 2020).

I. INTRODUCTION

The hospital is one of the health care facilities needed to support health care with complex characteristics and organizations with various scientific and medical technologies that are useful in providing standard quality services that make the complexity of problems in hospitals (Kemenkes, 2008b). One of the problems is related to the delivery of information, such as delivery that is not clear, poorly understood, which can affect patient and family decisions. Giving a complete and clear explanation is a patient's right that must be fulfilled by the hospital in improving the quality of health services so that an agreement such as Informed Consent is needed (Wulandari et al., 2019).

Graha Medika Hospital is a type C hospital that was established in March 2016 which serves outpatient, inpatient, and emergency services that has been assessed by the Hospital Quality Committee, one of which is the quality of medical records. A preliminary study conducted at Graha Medika Hospital showed that Graha Medika Hospital had nine quality medical records, one of which was the completeness of Informed Consent. The standard of completeness of the Informed Consent is based on the Hospital Minimum Service Standard No. 290 of 2008, and the hospital quality standard is 100%. The number of incomplete Informed Consent filling at Graha Medika Hospital in Quarter III (July-September 2020) was 11.14%, 26.90%, and 41%, respectively. The number of

incomplete Informed Consents that continues to rise from July to September means that the completeness of filling out Informed Consents has not been achieved according to Minimum Service Standards (SPM) and hospital quality is 100% (Oktavia et al., 2020). Minimum Service standards are performance benchmarks in determining the type and quality of basic service achievements (Government Regulation No. 58, 2005).

The observation results are that doctors will fill out medical records if given by nurses, and some doctors do not fill out medical records due to limited time. This is in line with Kencana et al. (2019) research that doctors know that filling informed consent is their responsibility. However, some doctors do not fill in because they are in a hurry with other practice schedules, and many patients result in the delayed filling. The results of an interview with one of the doctor's assistants that the doctor will fill it out if given the form to fill out. Although some doctors do not fill it completely, the assistant will complete it. Obstacles experienced by doctors directly related to time and filling of equipment can be a burden if there are many patients so that filling is delayed after service. Not all doctors want to fill in the completeness immediately after the service, some have piled up, and some can be completed after the service. This reflects that the doctor in charge still has responsibility for the completeness of the patient's medical record file, even though the doctor's performance in filling out Informed Consent after being given information is still not up to standard and needs to be improved.

It is known that three factors that can affect the completeness of filling *informed consent* are organizational, technical, and behavioral factors that have a positive effect on performance (Paulus et al., 2019). Gibson et al. (2012) in Putri (2020) that job performance is the result of work-related to organizational goals in the form of quality, efficiency, and effectiveness. Gibson et al. (2005) in Fitria et al. (2018) performance theory models that affect individual behavior and performance include individual, organizational and psychological factors. Individual factors consist of abilities and skills, background, and demographics. Psychological factors consist of perception, attitude, personality, learning and motivation. While organizational factors are classified into resources, leadership, rewards, structure, and job design (Putri, 2020).

The impact of incomplete filling *informed consent* is on the quality and quality of medical records and guarantees of legal certainty for patients, health workers, and hospitals (Oktavia et al., 2020). in negligence on medical action in accordance with Article 359 of the Criminal Code. So with this Informed Consent, errors that are suspected of being malpractice can be minimized (Syafuruddin & Rohman, 2019). However, the approval of medical action does not abolish legal liability if it is proven that there is negligence in medical action that results in patient losses (Ministry of Health, 2008a).

Based on the description above, incomplete *informed consent* can be called errors and omissions according to law. The researchers are interested in analyzing the factors that cause incomplete informed consent in supporting hospitals'

quality of medical records. The theory that will be used is the Performance theory by Gibson, which includes individual, psychological and organizational factors.

II. METHODS

The research design used a quantitative approach with an analytic observational research type and a cross-sectional research design. The research location is at Graha Medika Banyuwangi Hospital for 6 months. The population in this study is the informed consent form for the Fourth Quarter of 2020 with a total of 722 forms with a sample of 258 Informed Consent forms and sampling using simple random sampling with a lottery system.

The unit of analysis used 30 doctors. Data sources are primary data in the form of a questionnaire filled out by the doctor and secondary data obtained from the checklist for the completeness of the Informed Consent form. The independent variables are individual factors (ability, family background, experience, age, gender), psychological factors (perception, attitude, personality, learning, motivation), organizational factors (resources and leadership), and the dependent variable is the completeness of informed consent. Data analysis using univariate, bivariate using Spearman Rank test with SPSS software and multivariate using Partial Least Square with SmartPLS 3.0 software.

III. RESULTS AND DISCUSSION

Respondents in this study were 30 doctors who worked at Graha Medika Hospital with a distribution of 25 specialists and 5 general practitioners and divided into 14 permanent doctors and 16 contract doctors. 30 doctors were asked to be the unit of analysis to measure the factors that could affect the completeness of the Informed Consent. There were 258 Informed Consent forms in the analysis of the completeness of the fillings, which are spread over 30 doctors.

Based on the results of univariate data analysis, 83% of the Informed Consent forms filled out by doctors at Graha Medika Hospital were at a completeness level of 81-100%. The perception of doctors who filled out the informed consent at Graha Medika Hospital was very good at 90.3%. 71.3% of doctors who filled out Informed Consent at Graha Medika Hospital were good. 50.8% of doctors who filled Informed Consent at Graha Medika Hospital were very good. 66.7% of doctors who filled out Informed Consent at Graha Medika Hospital were very good. 80.2% motivation of doctors who filled out the Informed Consent at Graha Medika Hospital was very good. The resources at Graha Medika Hospital are very supportive of the completeness of the Informed Consent of 51.2%. By 80.

The bivariate test in this study used the Spearman Rank correlation test with the help of SPSS to answer the hypothesis between the independent variables (individual factors, psychological factors, and organizational factors) and the dependent factor (incomplete informed consent). This bivariate test aims to determine the level of closeness of the relationship between variables X and Y. The results of the bivariate analysis are described in Table 1.

Variable	Indicator	p-value	Correlation Coefficient
Individual Factor	Ability	0.735	0.021
	Background	0.146	-0.091
	Experience	0.146	-0.091
	Age	0.070	-0.113
	Gender	0.940	-0.005
Psychological Factor	Perception	0.095	0.104
	Attitude	0.317	0.063
	Personality	0.222	-0.076
	Learn	0.219	-0.077
	Motivation	0.571	-0.035
Organizational Factor	Resource	0.005	-0.176
	Leadership	0.104	-0.101

Table 1: Results of Bivariate Analysis

Table 1 can be explained that only resource indicators on organizational factor variables have a relationship to the incompleteness of Informed Consent with a p-value of 0.005.

The results of subsequent analysis using PLS. This study states a relationship between variables if the value of p-value is 0.05 (value = 5%). Table 1 describes the statistical results

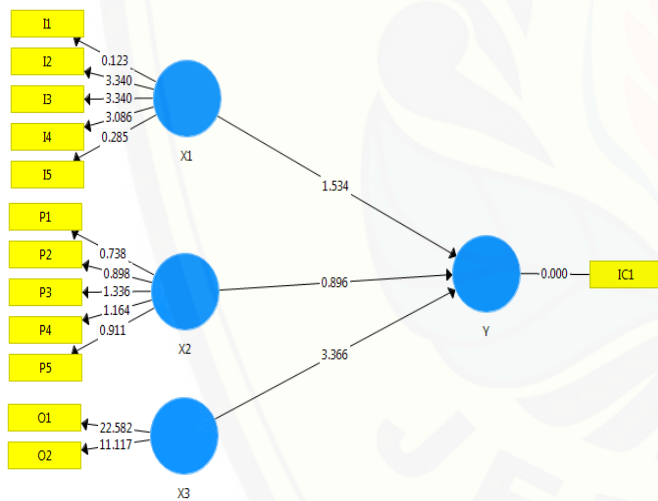


Fig. 1: Structural Model

Based on the structural model, the results of statistical tests can be explained as in Table 2.

Independent Variable	Dependent Variable	Std. Deviation	T-Statistic	p-value
individual factor	Incomplete informed consent	0.078	1,534	0.126
Psychologic al factors	Incomplete informed consent	0.164	0.896	0.371
Organizatio nal factors	Incomplete informed consent	0.039	3.366	0.001

Table 2 : Statistical Test Results

The table can be explained that individual and psychological factors have a p-value > 0.05, which means that there is no relationship between individual and psychological factors on the incompleteness of Informed Consent. Meanwhile, organizational factors have a p-value < 0.05 (p-value 0.001), which means a relationship between organizational factors and the incompleteness of Informed Consent.

A. Completeness Informed Consent

The results showed that 83% of the Informed Consent forms at Graha Medika Hospital were at a completeness level of 81-100%, which means that the completeness was very good. The results of the observation on the form that out of 258 forms, as many as 216 were written complete and the rest were written incomplete. The most incomplete fillings at the 0-20% level are 17 forms which are contained in the contents and signatures. This incomplete Informed Consent form will be returned to the unit or DPJP in charge of the patient to be completed. This Informed Consent form must be filled out completely because it involves the responsibility and accountability of a health professional so that if the informed consent is incomplete, it will be returned to the responsible unit.

This is in accordance with the results of the Wicaksana research (2019), which explains that informed consent is a therapeutic contract between a doctor and a patient. Informed consent will guarantee a legal relationship between doctors and patients based on fulfilling rights and obligations that can be fully accounted for. Before approval, informed consent is made between doctors, and patients must go through an explanation phase. Patients must understand the procedures that will be received later so that there is no element of coercion. Any action given to the patient without informed consent is confirmed to be invalid and can be legally challenged.

An Informed Consent is given after the client has received complete information, including the purpose of the procedure, the risks and benefits of the procedure, as well as all information related to the procedure that the patient will receive. Completeness of informed consent is an absolute thing in implementing health services. Therefore, the essence of implementing Informed Consent is in a detailed explanation so that the patient understands the actions or services received by him while in the health facility (Falvo, 2011 in Sharma, 2017).

B. The Analysis of Relationship of Individual Factors to Completeness Informed Consent

This study indicates that all indicators on individual factors have no relationship with incomplete informed consent (p-value > 0.05). Based on the p-value, the highest is on the gender indicator, and the lowest is on the age indicator. This means that the age indicator is more likely to be associated with incomplete informed consent than other indicators. The gender indicator is the indicator least associated with incomplete informed consent. Whether or not an Informed Consent document is complete manifests individual compliance with an applicable standard procedure. The incompleteness of the Informed Consent is a reference for the

doctor's non-compliance with the legal aspects that have been determined.

The ability of doctors to understand Informed Consent accompanied by implementation according to standard procedures reflects that the doctor individually can fulfill medical service standards so that the ability of doctors has a relevant relationship with the completeness of the Informed Consent form (Riyadi, 2018). Informed consent's theoretical ability and experience will be higher if it is based on good motivation to fulfill Informed Consent documents according to standard procedures. Motivation becomes a psychological driving force when doctors provide medical services. This is in accordance with the results of Meyyular's research (2019),

The facts from the research mention things that are different from the theory and relevant research above. The results of this study indicate that all indicators of individual factors (ability, background, experience, age, and gender) do not have a relationship with incomplete Informed Consent due to other factors that have a stronger influence on individual doctors in completing Informed Consent. Individual factors that can affect the completeness of the Informed Consent are the high routine of doctors' activities in providing services in several places so that it can reduce attention to the completeness of the Informed Consent document. Most of the doctors at Graha Medika Hospital (53.3%) are contract doctors. The phenomenon of the high busyness of doctors to provide medical services in several health facilities can reduce the awareness of doctors themselves in completing medical record documents, one of which is Informed Consent. This is in accordance with Ramadani's research (2017), which explains that not all doctors fill out the Informed Consent sheet according to their responsibilities. This is due to the high level of doctor's busyness, resulting in a lack of awareness that Informed Consent is essential medical record documentation to be completed. It was explained that not all doctors filled out the Informed Consent sheet in accordance with their responsibilities. This is due to the high level of doctor's busyness, resulting in a lack of awareness that Informed Consent is vital medical record documentation to be completed. It was explained that not all doctors filled out the Informed Consent sheet in accordance with their responsibilities. This is due to the high level of doctor's busyness, resulting in a lack of awareness that Informed Consent is a very important medical record documentation to be completed.

C. The Analysis of Relationship of Psychological Factors to Completeness Informed Consent

This study indicates no relationship between psychological factors from indicators of perception, attitude, personality, learning, and motivation with incomplete informed consent (p -value > 0.05). Table 4.5 shows that the highest p -value is on the motivation indicator, and the lowest is on the perception indicator. It means that perception has a greater chance of being associated with incomplete Informed Consent than other indicators on psychological variables, and motivation has the highest level of omission of relationship with incomplete Informed Consent than other indicators on psychological variables.

This is in accordance with the results of Haniefa's research (2014) that there is no relationship between the doctor's education phase and perceptions related to Informed Consent. The difference in the level of medical education is only in terms of expertise, not in the depth of insight of Informed Consent so that all levels of medical education will treat the interests of Informed Consent equally. This study shows no relationship between attitudes as one indicator with incomplete Informed Consent has the same relevance as the perception indicator. The absence of a relationship between perceptions and incomplete informed consent also affects attitudes and incomplete informed consent. In theory, it is stated that a good attitude will result in a good performance.

Similarly, Aisyah's research (2015) explains a relationship between attitude and motivation with performance. A person's work behavior is strongly influenced by the person's attitude at work because there is a will in a person's attitude to do / not do the job well. Czerw's research (2015) also confirms a strong relationship between work attitude and performance. Psychological factors in the form of attitudes significantly affect performance because attitudes will directly encourage individual behavior to work according to procedures. Czerw's research (2015) also confirms a strong relationship between work attitude and performance.

The results of this study indicate that most of the doctors' personalities at Graha Medika Hospital are very good (50.8%), but the study's conclusion states that there is no relationship between personality and incomplete informed consent (p -value 0.222). Some doctors' behavior is good, and the completeness of the informed consent is good (81-100%), but the results of the analysis shows there is no relationship (Sari & Chalidyanto, 2016).

This is contrary to the results of the research conducted by Kosegeran (2019), which explains a relationship between personality type and performance. The study explains that personality affects performance because personality will impact work motivation. The last psychological factor is motivation. The results showed that most doctors at Graha Medika Hospital had very good motivation (80.2%). However, the conclusion of the research analysis stated that there was no relationship between motivation and incomplete Informed Consent (p -value 0.571). Motivation is self-motivation to try to make changes in behavior to meet their needs better. Self-motivation in the world of work emphasizes producing good performance according to workplace regulations. Self-motivation is needed for a worker to keep work psychologically stable so that the quality of work will be maintained simultaneously (Sadijan, 2008).

The results of this study contradict the research of Sudarmono (2017). It is explained that there is a relationship between motivation and a doctor's performance, and motivation has an effect of 8,155 times better than compensation and job satisfaction in influencing performance. Motivation is an internal driver of behavior that can defeat other influencing factors.

A study of all indicators of psychological factors, including perception, attitude, personality, learning, and

motivation, can be concluded that perception, self-personality, and learning are the main elements of a doctor's psychological factors in viewing and responding to the importance of Informed Consent. Motivation is the main thing that affects self-attitude in processing object stimulation in the form of Informed Consent, whether it is important or not important to be completed every time provide health services to patients. Informed consent, which is one of the benchmarks for doctors' performance in providing services, becomes a correction of how many psychological factors influence doctors' performance in the form of completing the Informed Consent form.

D. The Analysis of Relationship of Organizational Factors to Completeness Informed Consent

There are two indicators of organizational factors, namely resources and leadership. The results showed that only resource indicators had a relationship with incomplete informed consent (p-value 0.005). The results of the tabulation study stated that most doctors (51.2%) stated that the resources at Graha Medika Hospital strongly supported the availability of complete Informed Consent documents. The results of the analysis stated that there was a relationship between resources and incomplete Informed Consent (p-value 0.005). Resources are valuable and have benefits for their use for survival and the achievement of certain goals. Completeness of the Informed Consent form will not be realized if there are no adequate resources to support it. Resources summarized in man,

The results of this study are relevant to the theory proposed by Purnaya (2016) that resources have a solid contribution to the quality of the completeness of the Informed Consent document. Adequate resources in each institution will support the completeness of documents for each performance, for example, adequate resources in hospitals will certainly support completeness of documents, including Informed Consent. This is because the resources owned by the hospital are the principal capital for the progress of the hospital and the provision of services in accordance with regulations and ethics. The resource problem that appears in this study lies in the human aspect, namely the high number of contract doctors (53.3%) at Graha Medika Hospital.

The relationship between resources and incomplete informed consent can also be influenced by the doctor's tenure at Graha Medika Hospital. Most of the work experience of doctors at Graha Medika Hospital is between 0-5 years (73.3%). Doctors who are still relatively new can be an obstacle in understanding the completeness of Informed Consent because it is related to their insight about Informed Consent. This is in line with Vyas' research (2019), which explains that Informed Consent's knowledge, attitude, and practice to doctors who have just graduated are adequate. However, conducting an in-depth study through workshops or seminars is necessary to increase in-depth understanding of Informed Consent. Relatively new Doctors already have an understanding of Informed Consent. It is just that in practice, it is often not appropriate. Therefore, recommendations for increasing insight through socialization are the right steps.

The next indicator of organizational factors is leadership. The results showed that most of the leadership at Graha

Medika Hospital was very good (80.2%) to support the completeness of the Informed Consent. The hospital management has demanded and encouraged the completeness of the Informed Consent document as a legal, medical record document. The analysis results concluded that there was no relationship between leadership and incomplete informed consent (p-value 0.104). This means that other factors in the organizational factor have a stronger influence on the completeness of the Informed Consent.

Leadership in a service facility is closely related to resources. This is related to the leader as a policymaker in the workplace. Policymaking certainly goes through various stages of study, and one of them considers the available resources so that there is a strong correlation between leadership patterns and resources. The pattern of leadership cannot be the same in all organizations because the dynamics of each organization are different. Therefore, the right leadership pattern will significantly affect organizational commitment and employee performance. This is in line with Titioka's research (2019) that leadership style has a positive and significant effect on organizational commitment and employee performance. Leaders as role models must be precise in making a policy. The right policy will be an organizational commitment in its implementation, so that employee performance will increase following the organizational commitment made. The absence of a relationship between leadership and incomplete Informed Consent is still related to the limited resources available at Graha Medika Hospital so that the commitments formed in each hospital are less binding. This has become a classic phenomenon when there are limited doctors. A service that is not primary often becomes neglected and, in this case, is the completeness of the Informed Consent document.

E. The Analysis of Relationship of Individual, Psychological and Organizational Factors to Completeness Informed Consent

The results of the PLS test of this study stated that only organizational factors had an influence on the incompleteness of Informed Consent (p-value 0.001). The influence of organizational factors on the incompleteness of Informed Consent is inseparable from the indicators of available resources at Graha Medika Hospital. Table 4.5 shows that the p-value of the resource indicator is 0.005 (p-value <0.05), so it can be concluded that resources have a relationship with incomplete informed consent. The frequency distribution table of the research results shows that the resource indicator on the organizational factor variable has a unique variant compared to other indicators. The variance of the data on the resource indicator is directly proportional to the incompleteness of the Informed Consent.

The relationship between resources and incomplete informed consent cannot be separated from the high number of contract doctors at Graha Medika Hospital. The high number of contract doctors at Graha Medika Hospital directly affects the quality of service professionalism, especially in the field of completeness of ethical documents. This condition has its own psychological and organizational effects. In some places, the practice cycle of doctors makes the workload high and even beyond the limits of ability. This high workload indirectly

creates a priority mindset, so doctors will rule out less considered primary. Changes in work attitudes that tend to decrease are triggered by fatigue due to excessive workload. In line with the results of Ma's research (2014), explained that excessive workload can cause fatigue both psychologically and physiologically. Excessive workload will result in excessive energy loss and high emotional stress, coupled with strong stressor power conditions. The condition is the same as experienced by contract doctors. Practices carried out in several places make physical activity increase and psychological stress in itself. Of course, this condition causes a disorientation effect on several aspects that are considered not urgent, such as the completeness of the Informed Consent.

Strengthening an organization's resources cannot be separated from the quality of its management function itself. The results of Ritonga's research (2019) explain a relationship between the management function and compliance with a positive direction of the relationship. A good management function will run in harmony with the level of compliance of good service personnel as well. According to standardization, the availability of good resources will certainly affect the quality of services, one of which is the fulfillment of ethical documents. A good and proportionate doctor's resources will certainly focus attention on the completeness of the Informed Consent. Doctors will view that Informed Consent is one of the principles of patient safety that is sought, not an additional task. Therefore,

The absence of a relationship from individual factors and psychological factors to the incompleteness of Informed Consent is strongly influenced by aspects of the resources owned by Graha Medika Hospital. One of the primary resources in the hospital is human resources. Human resources will be optimal if they are supported by other main resources, such as finance (money) and facilities (materials) (Misbahuddin, 2020; Setyawan, 2020).

A service must have good quality resources to realize a professional service. The quality of reliable human resources has a positive relevance to employee performance because it directly increases the professionalism of the employee's work. Research by Gasim (2019) explained that the quality of human resources is an absolute must to realize work professionalism that is measurable in the performance of employees of a company. The quality of resources is realized when the number of employees is balanced with the workload received, and the competencies possessed by employees are in accordance with the work qualifications carried out.

The limited number of doctor resources owned by Graha Medika Hospital in the form of a large number of contract doctors has become a special concern to fix the regulations for the provision of permanent doctors. Although the description of individual factors and psychological factors on average are in the positive category in supporting the completeness of the informed consent, organizational factors are more dominant in influencing the completeness of the informed consent. The facts and scientific review of this research conclude that resources have a strong contribution to supporting the Informed Consent's completeness. Therefore, there is a need for an increase in resources in building services

that meet ethical aspects to improve patient safety, one of which is fulfilling the completeness of Informed Consent according to applicable standards.

IV. CONCLUSIONS AND RECOMMENDATIONS

The Informed Consent forms at Graha Medika Hospital are very good, reflecting one of the health services' professionalism. There was no relationship between individual factors and incomplete Informed Consent. The results showed that ability, family background, experience, age and gender have no relationship with doctors' performance in the completeness of Informed Consent. There was no relationship between psychological factors and incomplete Informed Consent, and perceptions, attitudes, personality, learning, and motivation have no relationship with doctors' performance in the completeness of Informed Consent. There was a relationship between resources and incomplete Informed Consent on organizational factors. Only organizational factors had a relationship with Informed Consent incompleteness at Graha Medika Hospital. The effect of organizational factors on Informed Consent incompleteness is inseparable from the indicators of available resources at the hospital.

The hospital should conduct an in-depth study of their resources to support forming a service system that meets legal requirements with high ethical compliance for all workers and supports maximum use of resources. Hospital leaders can give warnings to doctors who do not comply with filling out the completeness of medical records and socializing about filling out to doctors regarding filling out Informed Consent and the importance of this Informed Consent. Further studies are necessary to measure the workload factor on work commitment to doctors who practice in several health-cares to determine doctors' performance. A qualitative approach can be carried out to deeply explore the factors related to doctors' performance, especially the completeness of filling out informed Consent/medical records.

REFERENCES

- [1.] Czerw A, Grabowski D. (2015). Work Attitudes and Work Ethics as Predictors of Work Engagement among Polish Employees. *Polish Psychological Bulletin* Vol. 46 (4): hal 503-512.
- [2.] Fitria, Arso, & Kusumawati. 2018. Hubungan Variabel Organisasi Dan Psikologis Dengan Kinerja Pegawai Puskesmas, as Bendan Kota Pekalongan Dalam Era Jaminan Kesehatan Nasional. *Jurnal Kesehatan Masyarakat (e-journal)*. Universitas Diponegoro: Semarang. Universitas PGRI Ronggolawe Tuban: Tuban. https://books.google.co.id/books?id=_TYDEAAAQBAJ&pg=PA49&dq=pengertian+kemampuan&hl=id&sa=X&ved=2ahUKEWjk0NCzx7_tAhVGWH0KHQmaApsQ6AEwAnoECAIQAg#v=onepage&q=pengertian%20kemampuan&f=false. [diakses 9 Desember 2020].
- [3.] Gasim. (2019). Pengaruh Kualitas Sumberdaya Manusia dan Profesionalisme Kerja Terhadap Kinerja Karyawan dengan Kepuasan Kerja sebagai Variabel Moderasi pada Asuransi Bhineka Life Kupang. Program Studi Akuntansi Fakultas Ekonomi Universitas Muhammadiyah Kupang. *Jurnal Akuntansi* Vol. 6 No. 2: Halaman 18-29.

- [4.] Haniefa D, Wujoso H, Suwandono A. (2014). Perbedaan Fase Pendidikan Kedokteran terhadap Persepsi tentang Informed Consent. *Jurnal Nexus Kedokteran Klinik* Vol. 3 No. 2.
- [5.] Ismainar. 2018. *Manajemen Unit Kerja: Untuk Perakam Medis dan Informatika Kesehatan Ilmu Kesehatan Masyarakat Keperawatan dan Kebidanan*. CV Budi Utama: Yogyakarta. <https://books.google.co.id/books?id=B8lcDwAAQBAJ&pg=PA137&dq=kelengkapan+pengisian+berkas&hl=id&sa=X&ved=2ahUKEwiOtaX56evtAhV94HMBHTAOD9oQ6AEwAHoECAUQAg#v=onepage&q=kelengkapan%20pengisian%20berkas&f=false>. [diakses 26 Desember 2020].
- [6.] Kemenkes 2008b. Permenkes Nomor 129/Menkes/SK/II/2008 tentang Standar Pelayanan Minimal Rumah Sakit.
- [7.] Kosegeran MG, Pangemanan DH, Hamel RS. (2019). Hubungan Tipe Kepribadian dengan Kinerja Perawat di Ruang Rawat Inap RSUD GMIM Bethesda Tomohon. *E-Journal Keperawatan Volume 7 Nomor 1*: hal 1-7.
- [8.] Ma J, Ma RM, Liu XW, Bian K, Wen Z, Li XJ, Zhang ZM, Hu WD. (2014). Workload Influence on Fatigue Related Psychological and Physiological Performance Changes of Aviators. *PLOS One* Vol. 9 Issue 2: hal 1-7.
- [9.] Meyyulinar H. (2019). Analisis Faktor-Faktor Penyebab Ketidاكلengkapan Informed Consent pada Kasus Bedah di Rumah Sakit AL Mariner Cilandak. *Jurnal Manajemen dan Administrasi Rumah Sakit Indonesia* Vol. 3 No. 1: hal 34-45.
- [10.] Oktavia, Hardisman, & Erkadius. 2020. Analisis Ketidاكلengkapan Pengisian Lembar Informed Consent Pasien Bedah di Rumah Sakit Tk. III Reksodiwiryo Padang. *Jurnal Manajemen Informasi Kesehatan*. Universitas Andalas: Padang. <https://webcache.googleusercontent.com/search?q=cache:zCYVKtGNmQJ:https://jmiki.apfirmik.or.id/index.php/jmiki/article/view/15+&cd=1&hl=id&ct=clnk&gl=id>. [diakses 24 November 2020].
- [11.] Oktavia. 2019. *Sikap dan Kinerja Guru Profesional*. CV Budi Utama: Sleman. https://books.google.co.id/books?id=08qsDwAAQBAJ&pg=PA34&dq=faktor+psikologis+yang+mempengaruhi+kinerja&hl=id&sa=X&ved=2ahUKEwipq_fL_b_tAhWlQ3wKHd3_CIIQ6AEwAnoECACQAg#v=onepage&q=faktor%20psikologis%20yang%20mempengaruhi%20kinerja&f=false. [diakses 9 Desember 2020].
- [12.] Paulus, Dharmawan & Agusbyana. 2019. Faktor-Faktor yang Berhubungan dengan Kelengkapan Dokumen Rekam Medis Rawat Inap di Rumah Sakit Tahun 2018. *Jurnal Kesehatan Masyarakat*. Universitas Diponegoro: Semarang. <https://webcache.googleusercontent.com/search?q=cache:ovEskGkIy04J:https://ejournal3.undip.ac.id/index.php/jkm/article/view/24810+&cd=1&hl=id&ct=clnk&gl=id>. [diakses 25 November 2020].
- [13.] Presiden Republik Indonesia. 2005. Undang-Undang Republik Indonesia Nomor 29 Tahun 2004 Tentang Praktik Kedokteran.
- [14.] Purnaya. 2016. *Manajemen Sumber Daya Manusia*. CV Andi Offset: Yogyakarta. https://books.google.co.id/books?id=OC03DgAAQBAJ&printsec=frontcover&hl=id&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false. [diakses 26 Desember 2020].
- [15.] Putri. 2020. *Sistem Penilaian Kinerja Perawat Pelaksana Berbasis Caring*. CV Pena Persada: Banyumas. <https://books.google.co.id/books?id=MAENAAAQBAJ&pg=PA3&dq=teori+kinerja+gibson&hl=id&sa=X&ved=2ahUKEwi3v-md4rrtAhUQdCsKHXCTBRQQ6AEwAHoECAEQAg#v=onepage&q=teori%20kinerja%20gibson&f=false>. [diakses 7 Desember 2020].
- [16.] Ramadan N, Djusmalinar, Putri IH. (2017). Gambaran Ketidاكلengkapan Pengisian Lembar Informed Consent (CM 8) Tindakan Operasi di RSUD Dr. M. Yunus Bengkulu. *Jurnal Perakam Medis dan Informasi Kesehatan* Vol. 2 No.2: hal 1-9.
- [17.] Riyadi, Slamet. 2018. *Faktor Peningkatan Kinerja Melalui Job Stress*. Zifatama Jawara: Sidoarjo. https://books.google.co.id/books?id=55wAEAAAQBAJ&pg=PA88&dq=karakteristik+individu+dalam+peningkatan+kinerja&hl=id&sa=X&ved=2ahUKEwjj5eSs2b_tAhWJbisKHTG4AfQQ6AEwAXoECAkQAg#v=onepage&q=karakteristik%20individu%20dalam%20peningkatan%20kinerja&f=false. [diakses 9 Desember 2020].
- [18.] Sadijan. 2008. Upaya Meningkatkan Motivasi dan Ketramampilan Berbicara Bahasa Inggris Pada Expressing Opinions Melalui Metode Students Team Achievement Divisions (STAD) Pada Siswa XI TITLC SMK Negeri 5 Surakarta Thun Pelajaran 2013/2014. *Jurnal Pendidikan*. Forum Komunikasi Guru Pengawas Surakarta: Surakarta. <https://books.google.co.id/books?id=DaWDDwAAQBAJ&pg=PA62&dq=pengertian+keterampilan+dan+kemampuan&hl=id&sa=X&ved=2ahUKEwiLpqvhob3tAhXhQ3wKHenHAPAQ6AEwAXoECAUQAg#v=onepage&q=pengertian%20keterampilan%20dan%20kemampuan&f=false>. [8 Desember 2020].
- [19.] Sari & Chalidyanto. 2016. Hubungan Faktor Psikologis Terhadap Kinerja Radiografer Rumah Sakit. *Jurnal Administrasi Kesehatan Indonesia*. Universitas Airlangga: Surabaya. <https://media.neliti.com/media/publications/71867-ID-none.pdf>. [diakses 13 Desember 2020].
- [20.] Sudarmono, Margawati A, Jati SP. (2017). Hubungan Kompensasi, Motivasi dan Kepuasan Kerja dengan Kinerja Dokter pada BLUD Rumah Sakit Umum Daerah Dr. Loekmono Hadi Kudus. *Jurnal Manajemen Kesehatan Indonesia* Vol. 5 No. 1: hal 43-46.
- [21.] Syafruddin & Rohman. 2019. Model Perlindungan Dan Pemenuhan Hak Pasien Terhadap Pelaksanaan Informed Cosent di Indonesia. *Universitas Borneo Tarakan: Kalimantan Utara*. <https://webcache.googleusercontent.com/search?q=cache:jWdB9AISbU0J:https://jurnal.ugm.ac.id/jmh/article/view/37504+&cd=1&hl=id&ct=clnk&gl=id>. [diakses 30 November 2020].
- [22.] Titioka BM, Siahainenia AJD. (2019). Pengaruh Gaya Kepemimpinan dan Budaya Organisasi terhadap Komitmen Organisasi dan Kinerja Pegawai. *Jurnal Ilmiah Manajemen Bisnis dan Inovasi Universitas Sam Ratulangi* Vol. 6 No. 2: hal 73-97.

- [23.] Vyas N, Jadhav P, Sane R. (2019). Knowledge, Attitude, and Practices Regarding Informed Consent for Research Purposes among Postgraduate Resident Doctors. *National Journal of Physiology, Pharmacy and Pharmacology* Vol. 10 Issue 01: hal 54-58.
- [24.] Wicaksana ID, Budhisulistiyawati A. (2019). Tinjauan Terhadap Dokter yang Menangani Pasien Gawat Darurat tanpa Menggunakan Informed Consent. *Jurnal Privat Law* Vol. VII No. 1: hal 150-155.
- [25.] Wulandari, Wasono, Lestari & Maitsya. 2019. Analisis Kelengkapan Pengisian Informed Consent Tindakan Bedah di Rumah sakit Pertamina Bintang Amin Tahun 2018. *Jurnal Ilmu Kedokteran dan Kesehatan*. Universitas Malahayati: Bandar Lampung. <http://webcache.googleusercontent.com/search?q=cache:B1EGyBssFZ0J:ejournalmalahayati.ac.id/index.php/kesehatan/article/view/2296+&cd=1&hl=id&ct=clnk&gl=id>. [diakses 24 November 2020].

