

The Workload of Health Workers in The Medical Record Unit During the Covid-19 Pandemic

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Abstract— The medical record unit is the holder of data for all patients so that the performance of medical record workers supports the quality of health services. The problem that occurs in the Community Health centers at Sawit Indonesia, Medical Record Unit is the limited number of workers so that the service to patients tends to belong. The number of patient visits during the Covid-19 pandemic reached 80-100 people/day. The purpose of this study was to analyze the workload of medical record unit workers. The research method used is qualitative with a descriptive research design. Data collection was carried out using observation and interviews. The results showed that: (1) registration workers were carried out by nurses, who served patient registration as well as assisting doctors in providing medication to patients and operating ambulances when needed, as a result, workers experienced work fatigue; (2) analyzing-reporting workers concurrently serve as cashiers, resulting in human errors, inaccurate data and inability to finish on time; and (3) filing workers are carried out by midwives who also provide medical treatment to patients so that the provision of medical record documents is delayed. Workers complain about fatigue, feeling dizzy, drowsy at work, loss of concentration, etc. Researchers suggest that Community Health centers at Sawit district, prepare job descriptions for workers so that the medical record unit can be carried out according to its function.

Keywords—workload, job description, medical record workers

I. INTRODUCTION

The main aim of quality healthcare should be safe, patient-centered, timely, efficient, and equitable[1]. It's can be achieved if healthcare is supported by adequate resources, one of which is human resources. Even though the number of patients during the Covid-19 pandemic is increasing, workers in healthcare are required to always maintain patient satisfaction [2]. Providing health services during the Covid-19 pandemic is not easy. Workers must think about their safety without neglecting the priority of patient safety. Visits of patients in Healthcare have increased every year. All patient data should be properly documented in the Medical Records section. Organizing medical records is an activity process starting from patient registration, processing patient data in assembling, indexing, coding, filing, analysis, and reporting. The medical record unit must carry out all these tasks properly to report complete, accurate, and timely data. Because medical records are the main key for data holders of all patients, the performance of these medical record officers greatly determines the quality of health services. The quality of health services will determine patient satisfaction[3][4].

The number of workers at the Community Health centers at Sawit Indonesia is 53 civil servants and 34 people as honorary staff. The medical record officer consists of only 1 officer. Working hours start at 07.00 am-02.00 pm every Monday-Friday. However, the reality is that medical record officers always come home late, even the officers still bring home some of their work. Based on the recognition of medical record workers, they often complain about being sick. Workers feel easily tired and their concentration decreases at work and easily forgets. This is a symptom of work fatigue and work stress. Thus, workers need to work according to their physical capacity to prevent work stress[5]. Workers who experience work fatigue or work stress can both result in a decrease in work productivity. Therefore, occupational health efforts are aimed at protecting workers so that they can live healthily, free from health problems and bad effects caused by work [6][7]. Based on the above problems, the purpose of this study was to determine the workload of health workers in the medical record unit, especially at the Community Health centers in Sawit, Indonesia.

II. METHOD

This type of research is qualitative with a descriptive research design. The location of this research is the Community Health Center at Sawit Boyolali. The research subjects consisted of the head of the civil service, the head of medical records, registration officers, and reporting officers. This study uses a cross-sectional approach. The instruments used were a questionnaire and a list of observation guidelines. The method used in data collection through questionnaires and interviews, which are aimed at research subjects. Then interpret the data based on the research results.

III. RESULT

A. Characteristics of Respondents

Table 1. Characteristics of Respondents
(a) Age

Characteristics	Number (people)	Percentage (%)
31-41 years	2	66,6
42-52 years	0	0
≥ 52 years	1	33,3

(b) Gender

Characteristics	Number (people)	Percentage (%)
Male	1	33,3

Female	2	66,6
(c) Level of education		
Characteristics	Number (people)	Percentage (%)
high school	1	33,3
Diploma in Medical Records	1	33,3
Diploma / Degree but not Medical Records	1	33,3

(d) Length of work		
Characteristics	Number (people)	Percentage (%)
< 10 years	1	33,3
10-20 years	1	33,3
> 20 years	1	33,3

B. Standard Workload

Job descriptions of main activities in the Medical Record Unit following the Health Center Operational Procedure Standard at Sawit Boyolali,

Table 2. Average Time Per Activity in Outpatient Registrations

	Description Activity	Average time per patient
1	Interview the patient	14,81
2	Registration and input data	27,12
3	Print the register form	13,37
Total time (seconds)		55,30 seconds
Total time (minutes)		0,92 minutes

Table 3. Average Time of Activities in The Filing Section

	Description Activity	Average time per patient
1	Take medical record documents	33,37
2	Making a tracer	5,19
3	Distribution of documents to outpatient services	72,48
Total time (seconds)		111,04 seconds
Total time (minutes)		1,85 minutes

Table 4. Average Time of Activities in the Assembling and Reporting Section

	Description Activity	Average time per patient
1	Checking the completeness of medical record documents	29,52
2	Inputting data to a computer	2,56
Total time (seconds)		35,08 seconds
Total time (minutes)		0,58 minutes

Table 5. Workload standards

No	Work section	Workload standard (minutes / year)
1	Outpatient registration	113.478,26
2	Filing	56.432,43
3	Assembling and reporting	180.000

Based on observations and interviews by the research team, medical record workers also have other duties apart from the medical record, such as maintaining information systems, helping to evacuate ambulances for patients, and making patient referrals that should be made by nurses. As a result, there are still main duties of the medical record unit that have not been implemented properly as stipulated by the Ministry of Health, including:

- Make a quantitative and qualitative analysis of medical record documents before returning them to the filing shelf.
- Make reports of morbidity and mortality.

- Prepare a report on the efficiency of health service facilities
- Make a recapitulation of infectious disease data.
- Make a form design proposal along with instructions on how to fill it in.

The workload must be following workability. If the workload is more than the work capacity, it will result in a decrease in work productivity and cause health problems[8][9]. This is evidenced by the answers of medical record workers who complain of frequent back pain, leg pain, headaches, back pain, fatigue, and tremors. These are all symptoms of work fatigue[10]. If this is allowed, it will affect the emotional state of workers serving patients[11][5]. Health workers who resist burnout have an impact on workers' emotions. They will get angry easily, work concentration decreases, and work performance is not good[12][13]. If the workers' emotions are unstable, the service to patients will be less than optimal. Also, if workers experience work fatigue due to high workloads, it will cause health problems. If this is allowed to do so, health workers will easily get sick or suffer injuries due to work. Of course, this will affect the performance of health services to patients[14][15].

Health workers serving patients must be physically and mentally healthy. The health worker at the registration department is in the front position, the first to communicate with patients. Workers must conduct interviews in asking the patient's identity, then input it into the information system so that patient data is integrated with other departments, such as polyclinics, wards, pharmacies, administration, reporting, insurance, and so on. It all must be done properly because the medical record unit is a part that documents the entire history of the patient while being treated by the medical team[16][17]. Whether it is in the form of physical examination, determination of disease diagnosis, medical action, prescription of drugs, to completion of administration[18].

Work productivity is very much determined by performance. The decline in the performance of health workers is caused by several factors, including factors of ability, workload, work discipline, and motivation[19]. There is a significant relationship between hospital quality and Key Performance Indicators (KPI)[4][20]. Also, work motivation can affect work productivity[6]. As a result, work does not go according to the target.

This will affect patient satisfaction. Patients are very easy to assess the performance of all health workers. The aspects of evaluating patient satisfaction consist of reliability, assurance, responsiveness, and tangible aspects[21][14][22]. Good communication and friendly responses will make the patient feel satisfied. If the patient is satisfied, he will come back for treatment. Conversely, if you feel disappointed with the health worker's services, the patient will not come back again, they will even tell everyone about this bad thing. This has an impact on income for facies. There is a significant relationship between the quality of health services and the level of patient satisfaction [23][24].

Workers in the medical record data reporting division also have concurrent duties by working on HIV / AIDS data and assisting in retaining medical record documents. Meanwhile, midwives in the filing division are employed.

She also provides care to patients. Of course, this makes the concentration of workers in each division unable to focus, because they have to be concurrent with other tasks [25]. So that the workload is increasing. It is better if the workload of the worker must be under workability.

IV. CONCLUSION

Based on the research results, it is known that the duties of medical record workers in Health care, Sawit Boyolali have not been clearly defined. The personnel department needs to make a decision letter regarding the job description of each division so that the workload and work capacity are balanced.

REFERENCES

- [1] M. Pillai, O. Senthilraj, and S. Swaminathan, "Role of Human Resources Management in Healthcare Organizations: A Review," *Int. J. Heal. Sci. Res.*, vol. 9, no. 1, p. 228, 2019, [Online]. Available: www.ijhsr.org.
- [2] D. Adonu, Y. A. Opuni, and C. B. Dorkenoo, "Implications of COVID-19 on Human Resource Practices: A Case of the Ghanaian Formal Sector," *J. Hum. Resour. Manag.*, vol. 8, no. 4, pp. 209–214, 2020, doi: 10.11648/j.jhrm.201200804.11.
- [3] Y. Gobel, W. Wahidin, and M. Muttaqin, "Health Service Quality In Accident And Emergency Department Regional Public Hospital Makassar City," *J. Adm. Negara*, vol. 24, no. 3, pp. 177–188, 2018, doi: 10.33509/jan.v24i3.420.
- [4] F. E. S. Arlina Dewi, Aris Suparman Wijaya, "Relationship Quality, Key Performance Indikator (Kpi), And Performance Of Hospital Services (Case Study In Aumakes Hospitals)," *JMMR (Jurnal Medicoeticolegal dan Manaj. Rumah Sakit)*, vol. 2, no. 2, 2013, [Online]. Available: <http://mpoc.org.my/malaysian-palm-oil-industry/>.
- [5] F. Tentama, P. A. Rahmawati, and P. Muhopilah, "The effect and implications of work stress and workload on job satisfaction," *Int. J. Sci. Technol. Res.*, vol. 8, no. 11, pp. 2498–2502, 2019.
- [6] W. P. Boles, Myde PhD; Pelletier, Barbara MS; Lynch, "The Relationship Between Health Risks and Work Productivity," *J. Occup. Environ. Med.*, vol. 46, no. 7, pp. 737–745, 2004, doi: 10.1097/01.jom.0000131830.45744.97.
- [7] H. C. and E. R. B. Debra Lerner, Benjamin C. Amick, III, Jennifer C. Lee, Ted Rooney, William H. Rogers, "Relationship of Employee-Reported Work Limitations to Work Productivity," *Med. Care*, vol. 41, no. 5, pp. 649–659, 2003, [Online]. Available: <https://www.jstor.org/stable/3768025?seq=1>.
- [8] C. Puett, J. Coates, H. Alderman, S. Sadruddin, and K. Sadler, "Does greater workload lead to reduced quality of preventive and curative care among community health workers in Bangladesh?," *Food Nutr. Bull.*, vol. 33, no. 4, pp. 273–287, 2012, doi: 10.1177/156482651203300408.
- [9] W. Susihono and I. P. G. Adiatmika, "The effects of ergonomic intervention on the musculoskeletal complaints and fatigue experienced by workers in the traditional metal casting industry," *Heliyon*, vol. 7, no. 2, p. e06171, 2021, doi: 10.1016/j.heliyon.2021.e06171.
- [10] M. W. E. van der Borg, M. P. Verdonk, M. J. de Jong-Camerik, and M. T. A. Abma, "How to relate to dialysis patients' fatigue - perspectives of dialysis nurses and renal health professionals: a qualitative study," *Int. J. Nurs. Stud.*, vol. 117, p. 103884, 2021, doi: 10.1016/j.ijnurstu.2021.103884.
- [11] C. Consiglio, "Interpersonal strain at work: A new burnout facet relevant for the health of hospital staff," *Burn. Res.*, vol. 1, no. 2, pp. 69–75, 2014, doi: 10.1016/j.burn.2014.07.002.
- [12] K. Nelson et al., "Authentic leadership and psychological well-being at work of nurses: The mediating role of work climate at the individual level of analysis," *Burn. Res.*, vol. 1, no. 2, pp. 90–101, 2014, doi: 10.1016/j.burn.2014.08.001.
- [13] I. Portoghese, M. Galletta, R. C. Coppola, G. Finco, and M. Campagna, "Burnout and workload among health care workers: The moderating role of job control," *Saf. Health Work*, vol. 5, no. 3, pp. 152–157, 2014, doi: 10.1016/j.shaw.2014.05.004.
- [14] R. Rosita, "The Realationship of Quality of Health Services and The Level of Patient Satisfaction," *IJMS – Indones. J. Med. Sci.*, vol. 4, no. 1, pp. 80–87, 2017.
- [15] H. Raja, PA, Setya, "Analysis Of Determined Factors Of Tardiness Providing Documents Service In Outpatient Medical Record Unit," *J. Adm. Kesehat. Indones.*, vol. 2, no. 1, pp. 1–6, 2014.
- [16] A. Phillips, K. Stiller, and M. Williams, "Medical Record Documentation: The Quality of Physiotherapy Entries," *Int. J. Allied Heal. Sci. Pract.*, vol. 4, no. 3, pp. 1–17, 2006, [Online]. Available: <http://ijahsp.nova.edu/articles/vol4num3/phillips.pdf?referer=www.cklickfind.com.au>.
- [17] I. Sugianti, "Legal Protection of Patient Rights to Completeness and Confidentiality in Management of Medical Record Documents," vol. 26, no. 129, pp. 179–191, 2020, doi: 10.2991/ahsr.k.200523.045.
- [18] R. Wong and E. H. Bradley, "Developing patient registration and medical records management system in Ethiopia," *Int. J. Qual. Heal. Care*, vol. 21, no. 4, pp. 253–258, 2009, doi: 10.1093/intqhc/mzp026.
- [19] S. Sinambela, "The Effect of Workload on Job Stress, Work Motivation, and Employee Performance," *Int. J. Psychosoc. Rehabil.*, vol. 24, no. 4, pp. 1373–1390, 2020.
- [20] A. S. Taqdees Fatima, Shahab Alam Malik, "Hospital healthcare service quality, patient satisfaction and loyalty: An investigation in context of private healthcare systems," *Int. J. Qual. Reliab. Manag.*, vol. 35, no. 6, pp. 1195–1214, 2018, doi: <https://doi.org/10.1108/IJQRM-02-2017-0031>.
- [21] A. H. Ramli, "Patient Satisfaction, Hospital Image and Patient Loyalty in West Sulawesi Province," *Bus. Entrep. Rev.*, vol. 17, no. 1, p. 1, 2019, doi: 10.25105/ber.v16i2.5088.
- [22] R. L. Dufrene, "An evaluation of a patient satisfaction survey: validity and reliability," *Eval. Program Plann.*, vol. 23, no. 3, pp. 293–300, 2000, doi: [https://doi.org/10.1016/S0149-7189\(00\)00015-X](https://doi.org/10.1016/S0149-7189(00)00015-X).
- [23] M. Panagioti et al., "Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-analysis," *JAMA Intern. Med.*, vol. 178, no. 10, pp. 1317–1330, 2018, doi: 10.1001/jamainternmed.2018.3713.
- [24] R. Rosita, B. Murti, and S. -, "Path Analysis on the Organizational Factors Affecting Medical Service Quality and Patient Satisfaction at Dr. Moewardi Hospital, Surakarta," *J. Heal. Policy Manag.*, vol. 01, no. 02, pp. 71–77, 2017, doi: 10.26911/thejhpm.2016.01.02.02.
- [25] H. Harjanti, N. Yuliansyah, and K. Widyaningrum, "Daily Work Load Distribution to Increase Time Quality of Inpatients' Medical Record Document Procurement In X Hospital," *J. Medicoeticolegal dan Manaj. Rumah Sakit*, vol. 7, no. 1, pp. 86–92, 2018, doi: 10.18196/jmmr.7160.