

IMPLEMENTATION OF EFFECTIVE COMMUNICATION IN FILLING IN GENERAL CONSENT AT PATIENT REGISTRATION LOCATIONS AT HEALTH CENTERS

Sri Amelia ^{1*}, Niska Salsiani Sinta ², Mega Ermasari Muzuh ³

^{1,2,3} Politeknik Baubau, Indonesia

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CORRESPONDING AUTHOR

Nama : Sri Amelia
Address: Bure Lorong 1
E-mail : sriameliaa0703@gmail.com

A B S T R A C T

Effective communication is the type of communication that can lead to changes in attitudes among those participating in the exchange. General Consent, or the general consent form, is an approval document provided to patients or their families after they receive a comprehensive explanation from the registration staff. This research employs descriptive methods with a quantitative approach, utilizing data collection techniques that include questionnaires distributed to 30 patients and observations. of 2 officers at the registration site at the Kadolomoko health center. The most common characteristics were male, 50% (17 persons), the highest attained education was secondary school, 33.3% (13 person), the patient clearly knew the purpose and contents of the general consent form which was explained by the officer who answered. 43.3% said yes and 56.7% of patients answered that they were able to clearly understand the officer's clarification about the sections included in the general consent form, 50% answered yes and 50% answered no. As many as 56.7% of patients had difficulty understanding the intent and purpose of the officer's explanation regarding the general consent form and 43.3% answered no. According to the observation results, it was discovered that 46.7% of officers had explained the contents and objective of the general consent form for patients and 53.3% had not explained it.

INTRODUCTION

Health service facilities refer to facilities or locations used in implementing health services, whether promotional, preventive, curative, or rehabilitative, which are organized by local governments and the community. (Minister of Health, 2022).

Community health centers, as one of the health service facilities, play a significant contribution to public health. The services provided by officers, both directly and indirectly, have a positive impact on patient recovery. Friendly services and in accordance with the code of ethics of health workers are the expectations that are highly desired by patients. (Firnanda et al., 2022).

Health services at community health centers can be interpreted as steps carried out individually or collectively in an organization to maintain and improve health, avoid and treat diseases and restore the health of individuals, families, groups, or communities. Health services provided by community health centers are comprehensive, and community health centers can also prioritize basic health services. (Daniati et al, 2021).

The existence of medical records in the Community Health Center is very crucial because it functions as concrete evidence of the provision of medical services to patients and supports the realization of orderly administration in steps to improve health services in the Community Health Center. (Kristen et al., 2021).

Medical records are the main element in handling patient health, both now and in the future. Medical records function as a source of information regarding the health condition and treatment of patients, as well as a reference in planning further therapy and actions. In addition, medical records can also be used by management to plan facilities and infrastructure and medical services. Medical

records are also used for research in the health sector and the compilation of health statistics. (WHO, 2006).

Medical records are documents that contain patient identity data, examination results, treatment, actions, and other services that have been received by the patient (Minister of Health Regulation Number 24 of 2022). The main purpose of medical records is to support the creation of orderly administration in an effort to improve health services in community health centers (Ayu et al., 2023).

Orderly administration is one of the key components in health service efforts in health centers. A medical record management system can be considered effective and efficient if the administration of services in health centers is carried out neatly. It is important for officers to provide information or educate patients before health service actions are carried out, in order to minimize misunderstandings or unclear communication between officers and patients or patient families. Education is the process of explaining health information to groups or individuals with the aim of increasing deeper understanding. (Ayu et al., 2023).

The registration system is the initial service received by patients when they come to a health facility. Information officers and Patient Reception Areas (TPP) are an important part of a health institution's services. To support the provision of services to patients in the registration area, adequate resources are needed. (Fanny et al., 2022).

According to research results from the World Health Organization (WHO), around 70-80% of errors that occur in health services are caused by poor communication and lack of understanding among members of the health team. Effective communication between health teams, both medical and non-medical, can reduce problems related to patient safety. (Ansyori & Ikawati, 2022).

Effective communication between various professions is very important to provide comprehensive, effective, and efficient health services. Effective communication is also stated as one of the patient safety targets according to the Regulation of the Minister of Health of the Republic of Indonesia 1691/MENKES/PER/VII/2011. In order to achieve patient safety goals and provide optimal health services, effective communication is essential, because communication is the basis of all other factors. (Ansyori & Ikawati, 2022).

Effective communication is a type of communication that can result in changes in attitudes in the individuals involved. The goal is to facilitate understanding of the message conveyed between the sender and recipient, so that the language used becomes clearer and more complete, feedback can be given in a balanced manner, and the use of nonverbal language can be trained properly. One way for health centers to improve the quality of their services (Ulum, 2022).

The implementation of effective communication by officers can provide good and quality services in the patient registration process, especially in explaining the contents of the general consent sheet for health services (General Consent) to patients or families using effective communication methods, patients or families can easily understand the contents of the general consent sheet. (Soraya et al., 2023).

One of the consent forms that needs to be explained is the general consent, which relates to the rights and obligations of patients and the health services that will be provided to patients in connection with the examination, care, and treatment process (Yulia et al., 2018).

The patient or his/her family receives a comprehensive explanation from the registration officer using easy-to-understand language, or through other methods to facilitate their understanding of the health services that will be provided, including examination, care, and treatment along with all their consequences, and provides consent. An explanation of the patient's rights and obligations must be conveyed directly to the patient or closest family member, either upon request or without being asked (Yulia et al., 2018).

The impact if the patient or his/her family does not understand the contents of the general consent is that they do not know the information available at the health center, such as patient care, types of services, patient guarantees, polyclinic service schedules, along with the patient's rights and obligations. Meanwhile, the patient or his/her family experiences the consequences of the medical actions and health services provided. (Yulia et al., 2018).

Based on previous research conducted by (Soraya, Hafiz Nayotama, Tri Murni, 2023) namely on the implementation of effective communication in filling out general consent at the TPP RSUD Jombang Regency in 2023, it was stated that the level of understanding of officers regarding the SOP for filling out general consent among 4 officers showed a percentage of 25%, which means that only 1

of them had understood the SOP. From the results of the study on the level of patient understanding regarding the registration of general consent and writing the name on the general consent sheet reached 97%, filling in the medical record number was 88.2%, filling in information for payment obtained 90%, filling in the place, date, and time reached 85%, filling in the signature and clear name recorded a percentage of 88%, filling in the witness signature was 88%, and finally, the signature of the witness from the patient's family reached 97%.

Based on the results of previous studies, the type of research used in this study is quantitative with a descriptive approach, which aims to provide an overview of a situation. The purpose of this study was to determine the level of incompleteness of filling in medical record files at the Wolio Health Center in Baubau City in a certain year. The population in this study included medical record files in the storage room of the Wolio Health Center in Baubau City. The sample used consisted of 98 patient medical record files at the Wolio Health Center in Baubau City. The data collection method applied was a documentation study. The data analysis method applied was descriptive analysis, which describes the research results and compares them with existing theories, so that conclusions can be drawn from this study. (Niska Salsiani Sinta, S.KM., M.Kes, 2023).

The implementation of effective communication between officers and patients in filling out the general consent is still not optimal. Regarding identification, whether the patient feels respected by the officer, the percentage reaches 38.2%. For the sense of empathy felt by the patient from the officer, the percentage is 41.1%. Meanwhile, patients who can hear the officer's explanation regarding the contents and intent of the general consent have a percentage of 52.9%. In addition, respondents who know the intent and purpose of filling out the general consent only reached 17.6%. Finally, the percentage of patients who felt they accepted the explanation given by the officer, namely in a humble and easy-to-understand manner, was 29.4%. (Soraya et al., 2023).

Based on the results of initial observations conducted by researchers on 15 new patients at the Kadolomoko Health Center, there are still many patients who do not know the intent and purpose of the General Consent sheet explained by the officer in the registration section. So in this case, it encourages researchers to conduct research related to "Implementation of Effective Communication in Filling in General Consent at the Patient Registration Place at the Kadolomoko Health Center".

METHODOLOGY

Type and Research Design

Rancangan penelitian ini mengadopsi metode deskriptif dengan pendekatan kuantitatif. Penelitian deskriptif merupakan metode tertentu untuk memecahkan masalah dengan menggambarkan kondisi objek saat ini mengacu pada fakta-fakta yang ada, yang selanjutnya dianalisis dan diinterpretasikan. Jenis penelitian deskriptif berfokus pada penyelesaian masalah terkini sesuai dengan keadaan pada waktu penelitian dilakukan. (Herawati, 2022)

Population and Research Sample

According to Sugiyono (2018: 117) Population is a scope of generalization that includes objects or subjects that have certain qualities and characteristics, which are determined by researchers to be analyzed and then conclusions drawn. In this context, the population referred to by the researcher is the officers in the registration section as many as 2 people and patients who visit the Kadolomoko Health Center numbering 20 to 30 people. Based on patient visit data at the Kadolomoko Health Center, it was found that patients visited an average of 2-3 new patients who visited in a day. The sample is part of the number and characteristics of the population. Sampling is done when the population is too large, so that researchers cannot study all of them. In this study, the number of samples used was 30 people. The researcher applied the incidental sampling technique, namely the random sampling method, where anyone who happens to meet the researcher can be used as a sample, if considered suitable as a data source. (Sugiarti et al., 2022).

Place and Time of Research

This research was conducted at the Kadolomoko Health Center, Kadolomoko Village, Kokalukuna District, Baubau City. The research was conducted from April to June 2024.

Quantitative Research Variables

Research variables are attributes or values owned by individuals, objects, or activities that have specific characteristics determined by researchers to be studied and concluded. (Sugiyono, 2018). The dependent variable in this study is the level of understanding of officers about the process of filling out the general consent and the patient's understanding of the general consent sheet. Meanwhile, the independent variable in this study is the application of effective communication in filling out the general consent at the Kadolomoko Health Center registration location.

Operational Definition of Variables

Based on Nurdin and Hartati (2019: 122). The operational definition is a practical description of variables based on the characteristics observed, which allows researchers to observe or measure a phenomenon carefully.

Data Collection Techniques

Primary data is a data source that directly provides data to data collectors (Sugiyono, 2018). Primary data in this study was through distributing questionnaires to respondents. Primary data was collected from respondents who were given questionnaires after a list of questions was compiled. Secondary data is data obtained or data collection indirectly (Sugiyono, 2018). Documents from the Kadolomoko Health Center are secondary data, namely information obtained from various sources related to the object of research such as data on new patient visits, the number of registration officers.

Research Instrument

Observation or observation is a systematic method for collecting data regarding the object of research, both directly and indirectly (Hardani et al., 2020). In this study, observations were carried out directly, where researchers observed the behavior of registration officers in conveying the contents and intent of the general consent to patients. Questionnaires or questionnaires are data collection techniques carried out by providing a set of written questions or statements to respondents to be answered (Sugiyono, 2017). This study uses the Guttman scale, which is a scale for measuring two answer choices, such as yes-no, positive-negative, already-not yet, and others. Thus, the data obtained is nominal, where positive responses are scored 1, while negative responses are scored 2 (Bahrun, Alifah & Mulyono, 2018). The documentation study technique is a data collection method in which researchers collect and analyze the necessary information through available important documents (Zaldafriaal, 2012). According to Hadari Nawawi (2015), the documentation study method is a way of collecting data that involves classifying and categorizing relevant written materials related to research problems, both from documents, books, publications, magazines, and others. Based on this understanding, this technique requires data that is in line with the research case to be analyzed.

Data Analysis

According to J. Supranto (2003), data processing with quantitative analysis involves several activities, namely: Editing, which is the stage of checking the completed questionnaire to find errors, such as inconsistencies in filling. Tabulating is the process of grouping data based on regular and precise answers, which are then calculated and summed to be displayed in tabular form. SPSS (Statistical Program for Social Sciences) is a computer application system used to perform statistical data analysis. Using SPSS, we can produce reports in the form of tables, graphs, and diagrams from various distributions, descriptive statistics, and more complex statistical analysis. In this study, the analysis was used to determine the percentage of patients who understood the contents and intent of filling out the General Consent explained by the officer in the patient registration section in 2024, using univariate analysis.

RESULTS & DISCUSSION

Level of Officers' Understanding of the Flow of Filling in General Consent and Information Explanation by Officers for Patients or Families

SOP is a guideline for registration officers in carrying out service activities at the Health Center. With the SOP, officers can understand the steps of their duties and provide optimal information to patients or families regarding filling in General Consent. The flow and procedures for filling in General Consent are: Officers carry out 5 S (greeting, smiling, greeting, being polite, courteous), Officers also explain while introducing Delivering information to patients or families and

providing the necessary explanations and Officers provide patient information about health services that will be provided to patients according to the patient's illness and condition including: Physical examinations to be carried out by nurses and doctors, installation of medical devices (except those requiring special approval), nursing care, laboratory examinations, and health financing/insurance. Officers provide information about patient rights and obligations. Service unit officers ask about the patient's medical history and provide information about the cost of fees. When officers explain to patients, it must be done thoroughly using language that is easy to understand. In addition, officers also provide opportunities for patients or families to ask questions or request additional explanations.

Based on the results of the study, it was found that the Kadolomoko Health Center had carried out filling in the general consent, some of the general consent filling flow was in accordance with the SOP and some of the general consent filling flow was not in accordance with the SOP. So it depends on the officer how to explain how to fill in the General Consent to the patient or patient's family. Effective communication that is usually applied in providing information aims to identify the main components of patient safety. Communication can be considered effective if it is carried out at the right time, clearly, completely, accurately, and easily understood by the patient, so that it can reduce errors and improve patient safety efforts.

Based on the results of the study that I conducted at the Kadolomoko Health Center, the delivery of information by registration officers to patients has been carried out well. This is indicated by the provision of clear and complete information, greeting patients who come, and being friendly during the registration process, and trying to convey information well.

However, ineffective communication occurs because some registration officers prioritize speed in registering patients, which aims to reduce patient waiting time and reduce the number of complaints received. This situation is caused by the busyness of several registration officers, so that the services provided are inconsistent.

Table 1. Officer Activity Indicators

No	Activity Indicator	Category		Presentation		Total
		Yes	No	Yes	No	
1.	Has the officer provided an explanation regarding the contents and intent of the general consent form for the patient?	14	16	46,7	53,3%	100%
2.	When explaining the general consent sheet to the patient, does the officer explain to the point?	16	14	53,3	46,7	100%
3.	When explaining the general consent sheet to the patient, does the officer use clear language that is easy for the patient to understand?	14	16	46,7	53,3%	100%
4.	Does the officer repeat the explanation if there is a patient or patient's family who does not understand/or does not understand the contents and intent of the general consent sheet?	14	16	46,7	53,3%	100%
5.	Does the officer ask the patient, family, and witnesses to sign the general consent after they understand the officer's explanation?	28	2	93,3	6,7%	100%

Patient Understanding of the General Consent Sheet

Based on the results of a study of 30 respondents, both patients and their families, understanding of information regarding the general consent is still relatively low. In interviews, several patients and families admitted that they did not fully understand the contents and could not repeat the information from the general consent.

This is due to the large number of patients and limited registration service time, so that patients or families are often in a hurry when registering and do not have enough time to read or understand the contents of the general consent.

In addition, patients or families are often reluctant to read and tend to sign the general consent immediately. Officers also usually do not explain in detail the contents of the general consent, but only ask patients and families to read and convey if there is anything unclear. As a result, many

patients and families do not take the initiative to ask about the contents of the general consent and choose to sign it immediately.

Table 2. Frequency of Gender

No	Gender	Frequency	Percen
1.	Male	17	56.7%
2.	Femele	13	43.3%

Based on the table above, the frequency of respondent characteristics by gender at the Kadolomoko Health Center, out of 30 respondents, 17 were male and 13 were female.

Table 3. Age Frequency

No	Age	Frequency	Percen
1.	14	5	16.7%
2.	15	6	20.0%
3.	21	8	26.7%
4.	30	6	20.0%
5.	35	5	16.7%

Based on the table above, the frequency of age characteristics of respondents at the Kadolomoko Health Center, respondents aged 14 years (5 people), 15 years (6 people), respondents aged 21 (8 people), respondents aged 30 years (6 people) and 35 (5 people).

Tabel 4. Frequency of Education

No	Education	Frequency	Percen
1.	Junior High School (SMP)	5	16.7%
2.	Senior High School (SMA)	13	43.3%
3.	Bachelor's Degree (S1)	12	40.0%

Based on the table above, the frequency of the characteristics of educational respondents at the Kadolomoko Health Center, SMP is (5 people), SMA is (13 people), SI is (12 people).

Table 5. Patient Activity Indicators

No	Activity Indicator	Category		Presentation		Total
		Yes	No	Yes	No	
1.	Were you able to listen to the officer's explanation regarding the contents and intent of the general consent sheet	30	0	100	0	30
2.	Did the officer use clear and easy-to-understand language when explaining the general consent sheet	30	0	100	0	30
3.	Did the officer explain the general consent sheet quickly/in a hurry	30	0	100	0	30
4.	Did you clearly understand the intent and contents of the general consent sheet explained by the officer	13	17	56,7	43,3	30
5.	Did you have difficulty understanding the purpose and intent of the officer's explanation regarding the general consent sheet	17	13	56,7	43,3	30
6.	Did you get a sense of empathy from the officer regarding the general consent sheet explained by the officer	14	16	46,7	53,3	30
7.	Did you get respect from the officer when the officer explained the general consent form	30	0	100	0	30
8.	Were you able to understand the officer's explanation clearly regarding the sections contained in the general consent form	15	15	50	50	30

9.	Did you ask the officer again if there was an explanation that you did not understand/did not understand regarding the intent and purpose that had been explained by the officer	30	0	100	0	30
10.	Were you explained and guided regarding the procedure for filling out the general consent form by the officer	30	0	100	0	30

Discussion

Level of Officers' Understanding of the General Consent Filling Flow and Information Explanation by Officers for Patients or Families

Based on the explanation (Yunaeti Anggraeni, 2017), information is a collection of data or facts that are organized or processed in such a way that they have meaning for the recipient. Data that has been processed to be useful for the recipient can provide explanations or knowledge, so that the source of information is data.

The patient's or family's understanding of the General Consent is very crucial because if the patient or family does not know the information from the Health Center, such as the service flow, type of service, service rates, patient rights and obligations, rules and regulations, and internal rules of the Health Center, this can be a problem. Evidence of this can be seen through the results of the questionnaire given to patients or families of patients.

Patients who listened to the officer's explanation: 100% understood. Patients who understood the explanation: 43.3% understood, 56.7% did not understand., Officers used clear language: 100% agreed, Explanations were given quickly/hurriedly: 100% agreed.

Understanding the parts of the General Consent: 50% understand, 50% do not understand, Difficulty understanding the purpose of the explanation: 56.7% have difficulty, Respect from officers: 100% feel respected, Empathy from officers: 46.7% feel empathy, 53.3% do not feel empathy. Patients who ask again if they do not understand: 100% ask. Instructions on how to fill out the general consent: 30% get an explanation.

From this data, it appears that although many patients feel respected and try to understand, there are still challenges in a deeper understanding of the contents and purposes of the general consent sheet. This indicates the need for a better approach in explanation to improve patient understanding.

Patient/Family Understanding of the General Consent Explanation

Based on the view (Djaali, 2011), understanding is the ability to understand or summarize information in their own language. Patients or families are considered to understand if they have read and can reiterate the contents of the General Consent that they understand. Patient or family understanding of General Consent is very important, because if the patient or family does not know the information from the Health Center, such as service flow, type of service, service rates, patient rights and obligations, rules and regulations, and internal rules of the Health Center, as well as referral information, this can be a problem. Evidence of this can be seen through the results of the questionnaire given to patients or families of patients.

Patients who listened to the officer's explanation: 100% understood. Patients who understood the explanation: 43.3% understood, 56.7% did not understand., Officers used clear language: 100% agreed, Explanations were given quickly/hurriedly: 100% agreed. Understanding the parts of the general consent: 50% understood, 50% did not understand, Difficulty understanding the purpose of the explanation: 56.7% had difficulty, Respect from officers: 100% felt respected, Empathy from officers: 46.7% felt empathy, 53.3% did not feel empathy. Patients who asked again if they did not understand: 100% asked. Instructions on how to fill out the general consent: 30% received an explanation.

From this data, it appears that although many patients felt respected and tried to understand, there were still challenges in a deeper understanding of the contents and purpose of the general consent form. This suggests the need for a better approach to explanation to improve patient understanding.

CONCLUSION

Patient or family understanding of General Consent at the Health Center plays a very important role in ensuring that they have adequate information about the flow and types of services, rates, rights and obligations, regulations, and referral information. Although all patients listened to the explanation and felt respected, only 43.3% really understood the contents of the explanation, while 56.7% had difficulty. This shows a gap between hearing and understanding.

The language used by the officers was considered clear, but the explanation given quickly could hinder understanding. Empathy from officers also needs to be improved, considering that 53.3% of patients did not feel it.

Thus, a better approach is needed in explanations to improve patient understanding. This is very important so that patients and families feel well informed and have full trust in the health services provided.

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