

Evaluation Of Compliance With Physician Visiting Hours In The Inpatient Unit Of Aisiyah General Hospital Padang In 2025

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ABSTRACT

Compliance with physician visiting times is a national quality indicator for inpatient services, yet in 2025 the achievement at Aisiyah General Hospital Padang ranged from 25% to 71%, below the target of more than 80%. This study aimed to evaluate compliance with physician visiting times in the inpatient unit of this hospital in 2025 using the input, process, and outcome components of the Donabedian model. A descriptive qualitative design was applied. Four informants, consisting of hospital managers, a nurse, and a physician, were selected through purposive sampling. Data were collected on July 2–3, 2026, through in-depth interviews, document review, and observation, and were validated using source and method triangulation. The results showed that most specialist physicians were external physicians who also worked at government hospitals, which caused frequent delays. A written standard operating procedure, a structured monitoring system, and systematic documentation were available. Visits were conducted daily but not always between 6:00 a.m. and 2:00 p.m. Delays had no significant impact on patient care because general practitioners and nurses continued monitoring patients. In conclusion, compliance did not reach the target, mainly because of physicians' practice schedules at other hospitals.

Keywords : *physician visiting time; compliance; Donabedian model; inpatient unit; hospital quality indicator; patient care*



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INTRODUCTION

Healthcare services comprise a series of integrated and continuous activities aimed at maintaining and improving the health status of the community through promotive, preventive, curative, rehabilitative, and palliative care [1]. One of the facilities that provides these services is a hospital, which is a healthcare facility that provides comprehensive individual healthcare services through inpatient, outpatient, and emergency care. The complexity of hospital services requires effective management to ensure that healthcare delivery is coordinated, efficient, and oriented toward patient safety [2].

Inpatient care is complex because it requires 24-hour patient monitoring, multidisciplinary coordination, and continuous clinical decision-making. In this setting, physicians play an important role through patient visits to evaluate patients' conditions, adjust treatment, and plan follow-up care [3]. Physician visits are also an integral part of the medical care process and need to be conducted in a planned and documented manner and in accordance with applicable standards to support service quality and patient safety [4].

Timely physician visits are one of the indicators of inpatient service quality. According to Minister of Health Regulation No. 30 of 2022, specialist physicians serving as the physicians in charge of patient care (DPJP) are required to conduct patient visits between 6:00 a.m. and 2:00 p.m., with a compliance target of more than 80% [5]. Timeliness of physician visits is influenced not only by physician discipline but also by scheduling, workload, and interprofessional coordination. Timely visits can accelerate clinical decision-making and follow-up care, whereas delays may hinder service delivery and affect efficiency and patient satisfaction [6]. Physician visits conducted according to the established schedule also support effective coordination among healthcare professionals and facilitate the timely delivery of patient care [7].

Problems related to compliance with physician visiting times are still found in various hospitals. Dechastra (2023) found that physician compliance with scheduled visiting times at Hospital X in 2022

was only 65.7%, which was below the 80% target [8]. The non-compliance was influenced by insufficient knowledge and commitment among physicians responsible for patient care. Similarly, Dellialvi and Isbandono (2023) found that non-compliance with physician visiting times was associated with physicians' limited understanding of regulations, hospital regulations that were not sufficiently binding, and low physician commitment to scheduled visits [9].

These previous studies indicate that non-compliance with physician visiting times is not solely related to the achievement of performance indicators but is also influenced by various conditions that support or hinder the implementation of physician visits. However, previous studies have primarily focused on compliance levels and factors such as physicians' knowledge, understanding of regulations, and commitment. In contrast, comprehensive evaluations of physician visiting-time compliance that examine the input, process, and outcome components remain limited, particularly in hospitals with different service characteristics and operational conditions.

A similar condition was identified based on a preliminary survey conducted on February 6, 2026, at Aisyyah General Hospital Padang. A review of the 2025 National Quality Indicators showed that physician compliance with scheduled visiting times ranged from only 25% to 71%, which did not meet the established target. The implementation of physician visits also lacked a specific standardized schedule and remained dependent on physician availability. According to information provided by hospital staff, physicians arrived for patient visits between 7:00 a.m. and 9:00 p.m. Most physicians were external physicians who also worked at government hospitals, causing their visiting schedules to frequently adjust to their duties at other hospitals. Conflicting practice schedules and schedule adjustments following leave also resulted in inconsistent visiting times. These conditions may affect the coordination of care and the follow-up of treatment for inpatient patients.

These conditions indicate that problems in compliance with physician visiting times are not limited to timeliness as the final outcome but also involve factors that support the implementation process. From a healthcare quality perspective, these conditions can be analyzed using the Donabedian model, which consists of the input, process, and outcome components. The input component concerns the resources, policies, and conditions that support service delivery; the process component concerns the implementation of physician visits in accordance with established standards and procedures; and the outcome component concerns the results of the healthcare services provided. This approach enables a more comprehensive evaluation of physician compliance with scheduled visiting times.

Based on these conditions, a gap exists between the established standards for physician visiting times and their implementation in practice. This gap provides an important basis for evaluating physician compliance with scheduled visiting times not only in terms of indicator achievement but also by identifying input and process conditions associated with the achievement of compliance outcomes. The novelty of this study lies in evaluating physician compliance with scheduled visiting times in the inpatient unit of Aisyyah General Hospital Padang using the Donabedian model through its input, process, and outcome components, thereby providing a more comprehensive overview of physician visiting-time compliance in 2025. Therefore, this study aims to evaluate compliance with physician visiting times in the inpatient unit of Aisyyah General Hospital Padang in 2025 based on the input, process, and outcome components of the Donabedian model. The findings are expected to serve as an evaluation basis for the hospital to improve the implementation of physician visits and enhance the quality of inpatient services.

RESEARCH METHODS

The study employed a descriptive qualitative approach to obtain an in-depth understanding of the implementation of compliance with physician visiting times in the inpatient unit of Aisyyah General Hospital Padang in 2025. The field research was conducted from February to July 2026, with data collection carried out on July 2–3, 2026. Informants were selected using purposive sampling based on specific considerations to obtain participants who were relevant to the research topic and had adequate information regarding the implementation of physician visiting times. The study involved four informants, consisting of the Head of the Inpatient Unit, Head of the Implementation Team, Staff Nurse, and Physician. Data were collected through in-depth interviews, document review, and observation. Data analysis consisted of data collection, data reduction, data presentation, and conclusion drawing. The validity of the data was assessed through source triangulation and method triangulation [10].

RESULTS AND DISCUSSION

Input

Human Resources

Based on the results of the study conducted at Aisyiyah General Hospital Padang regarding human resources, most of the specialist physicians working at the hospital are external physicians who also work at government hospitals. This condition means that physicians are not always able to conduct patient visits according to the established schedule because they still have duty schedules and medical procedures at other hospitals. Nevertheless, physicians continue to visit all patients, although the visits are often delayed. The document review showed that Aisyiyah General Hospital Padang has 51 physicians and 30 nurses providing services to inpatient patients. In addition, the hospital does not yet have detailed data on the number of delays experienced by each physician during patient visits and only has overall data on the achievement of the physician visiting-time compliance quality indicator.

This finding is consistent with the study by Dechastra (2023), which stated that human resources are one of the factors contributing to non-compliance with physician visiting times. Lack of physician commitment and non-binding regulations were factors affecting compliance with physician visiting times [8]. The finding differs from that of Adnan (2025), who stated that low compliance with physician visiting times was influenced not only by limited human resources but also by the absence of clear regulations, structured visiting schedules, visiting reminders or alarms, and suboptimal monitoring and evaluation. In this study, Aisyiyah General Hospital Padang already has medical personnel, SOPs, and an operational monitoring system. Therefore, the main factor affecting compliance with physician visiting times is that specialist physicians still have duty schedules at other hospitals [11].

In addition, Dellialvi and Isbandono (2023) showed that physician compliance can be improved through the active role of hospital management in conducting monitoring, evaluation, and motivation of medical personnel [9]. This condition differs from the findings of this study because although monitoring has been implemented properly, compliance with physician visiting times has still not reached the target due to physicians' practice schedules at other hospitals. According to Minister of Health Regulation No. 30 of 2020, one of the functions of hospitals is to provide treatment and health recovery services in accordance with hospital service standards and to provide education and training for human resources to improve their capacity to provide healthcare services [12]. In addition, hospital administration also aims to improve quality and maintain hospital service standards and provide protection for human resources in hospitals [13].

Standard Operating Procedures (SOPs)

Based on the results of the study conducted at Aisyiyah General Hospital Padang regarding Standard Operating Procedures (SOPs), the hospital has a written SOP for physician visits. The implementation of physician visits refers to the applicable SOP and the national quality indicator provisions, which stipulate that physician visits should be conducted between 6:00 a.m. and 2:00 p.m. The SOP is clear, known by the staff, accessible, and has been implemented in service delivery. In addition, a physician visiting-time logbook and a quality indicator form are available to document compliance with physician visiting times. The SOP is not updated according to a specific time period but is adjusted to organizational needs, such as changes in regulations, changes in hospital directors, or preparation for hospital accreditation. The problems encountered are not caused by the SOP but rather by the fact that most specialist physicians still have practice schedules or duties at other hospitals, resulting in frequent delays in physician visits.

This finding is consistent with the study by Adnan (2025), which stated that regulations in the form of SOPs, policies, and visiting schedules that are not yet optimal are among the factors affecting compliance with physician visiting times. In this study, however, the condition differs because Aisyiyah General Hospital Padang already has an SOP for physician visits that is used as a guideline for implementing physician visits. Nevertheless, compliance with physician visiting times remains suboptimal because of another factor, namely that some physicians still have duties at government hospitals [11]. However, this finding differs from Dechastra (2023), who stated that hospital regulations that are not binding on physicians are one of the causes of non-compliance with physician visiting times.

In this study, the SOP for physician visits is available, understood, and implemented by the staff; therefore, delays in physician visits are not caused by unclear regulations but rather by physicians' practice schedules at other hospitals [8].

The finding is also consistent with the study by Dellialvi and Isbandono (2023), which explained that the successful implementation of quality indicators is influenced by the hospital's active role in monitoring and evaluation. Although the SOP is available and monitoring has been implemented, compliance with physician visiting times has still not reached the quality indicator target because it is influenced by the conditions under which physicians provide services [9]. According to Minister of Health Regulation No. 30 of 2022, compliance with physician visiting times is one of the national hospital quality indicators that must be measured and evaluated continuously. Physicians in charge of patient care (DPJP) are required to visit inpatient patients between 6:00 a.m. and 2:00 p.m. as an effort to maintain the quality of hospital services [12]. In addition, the purpose of evaluation is to determine program implementation, identify aspects that have and have not been implemented, and provide a basis for decision-making to improve service quality [14].

Compliance Monitoring System

Based on the results of the study conducted at Aisyyah General Hospital Padang regarding the compliance monitoring system for physician visiting times, the monitoring system has a clear workflow, beginning with daily recording, monthly recapitulation, validation by the Quality Committee, analysis every three months, and electronic reporting through the Mutu Fasyankes website of the Ministry of Health. Recording is carried out daily by the quality indicator officer or PIC using a reporting logbook and is subsequently entered into a computer as a physician visiting-time compliance form. The monitoring results are used to evaluate the achievement of the hospital's quality indicators. The monitoring process is also accompanied by a feedback mechanism for physicians as a basis for improvement so that physician visits continue to follow the applicable SOP.

The finding is consistent with the study by Dellialvi and Isbandono (2023), which stated that hospital management needs to actively monitor and evaluate the implementation of quality indicators so that compliance among medical personnel can be maintained and improved. Regular monitoring provides a basis for determining the achievement of quality indicators as well as for decision-making to improve services [9]. The finding differs from that of Adnan (2025), who stated that monitoring and evaluation of physician visiting-time compliance had not been implemented optimally and thus contributed to the low achievement of quality indicators. In this study, the monitoring system has a clear workflow, beginning with daily recording, monthly recapitulation, validation by the Quality Committee, periodic analysis, and electronic reporting through the Mutu Fasyankes website of the Ministry of Health[11].

Evaluation is conducted through process evaluation, which assesses the implementation of an ongoing program or activity to determine whether it has been implemented according to established standards [15]. In addition, the purpose of evaluation is to assist management in collecting information, analyzing program implementation results, and providing a basis for decision-making and follow-up actions regarding a program [14]. This is also consistent with Minister of Health Regulation No. 30 of 2022, which establishes compliance with physician visiting times as one of the National Hospital Quality Indicators that must be monitored, evaluated, and continuously improved [12].

Process

Documentation of Physician Visiting Times

Based on the results of the study conducted at Aisyyah General Hospital Padang regarding the documentation of physician visiting times, documentation is carried out through manual recording in a reporting logbook and is subsequently entered into a computer as a quality indicator form for physician visiting-time compliance. Documentation is carried out by the quality indicator officer or PIC and is then validated before being reported. The documented data include the date, patient name, medical record number, DPJP name, physician visiting time, and an assessment of visiting-time accuracy using code 1 for visits conducted on time and code 0 for visits not conducted on time. The documentation process has been carried out systematically, beginning with recording, validation, and reporting.

This finding is consistent with the study by Dellialvi and Isbandono (2023), which stated that hospital management plays an important role in implementing quality indicators through continuous

monitoring, evaluation, and recording activities. Complete documentation is an important component in supporting the measurement of healthcare service quality indicators so that the resulting data can be used as a basis for evaluation and decision-making [9]. However, this finding differs from Dechastra (2023), who stated that one of the causes of non-compliance with physician visiting times is the lack of optimal follow-up on the results. In this study, the documentation process has been implemented systematically through recording, validation, and reporting; therefore, no problems were identified in the documentation process, but rather in the timeliness of physician visits [8].

The finding also differs from the study by Adnan (2025), which showed that the documentation of quality indicator implementation was not supported by an optimal monitoring system, resulting in low compliance with physician visiting times. In contrast to that study, Aisiyiah General Hospital Padang has a structured documentation system through manual recording, computer data entry, data validation, and periodic reporting, allowing quality indicator data to be used as a basis for monitoring and evaluation [11]. According to Minister of Health Regulation No. 30 of 2022, compliance with physician visiting times is one of the National Hospital Quality Indicators that must be measured, analyzed, and evaluated continuously [12]. Therefore, documentation not only serves as an administrative requirement for reporting quality indicators but also as a source of information used by hospital management to develop strategies for improving service quality.

Timeliness of Physician Visits

Based on the results of the study conducted at Aisiyiah General Hospital Padang regarding the timeliness of physician visits, physician visits are conducted every day for all inpatient patients. However, the timeliness of physician visits does not fully comply with the hospital's quality indicator, which requires visits to be conducted between 6:00 a.m. and 2:00 p.m. This condition occurs because most physicians still have duty schedules, practices, or medical procedures at other hospitals, resulting in physician visits often being conducted in the afternoon, evening, or even at night. Nevertheless, patient care continues because, while the DPJP has not yet arrived, patients are monitored by general practitioners and nurses working in the inpatient unit. If a patient's condition changes or an emergency occurs, the general practitioner immediately contacts the DPJP to obtain instructions or requests the physician to come directly when necessary.

This finding is supported by Adnan [16], who showed that compliance with physician visiting times did not meet the quality indicator target because of various obstacles, such as the absence of a structured visiting schedule, insufficient understanding of quality indicators among DPJPs, and suboptimal monitoring and evaluation. These conditions resulted in physician visits not being consistently conducted within the established time range [11]. This finding differs from Situmorang et al. (2025), who stated that the timeliness of physician visits had a positive and significant relationship with inpatient satisfaction, indicating that delays in physician visits may reduce patients' perceptions of service quality. In this study, although physician visiting times did not comply with the quality indicator, patient care continued because patients were monitored by general practitioners and nurses while waiting for the DPJP to conduct the visit [17].

This finding is not consistent with Winarso [18], who found that untimely physician services caused patients to experience uncertainty regarding physician visit schedules, although inpatient services in general had been implemented well [19]. In this study, the informants stated that delays in physician visits had not resulted in patient complaints because of coordination among general practitioners, nurses, and DPJPs, which maintained continuity of care. According to Minister of Health Regulation No. 30 of 2022, compliance with physician visiting times refers to daily visits by specialist physicians serving as DPJPs to inpatient patients between 6:00 a.m. and 2:00 p.m., with a compliance target of more than 80%. This indicator is measured to reflect healthcare personnel's commitment to providing timely services to inpatient patients so that the quality of hospital services can be maintained and improved [14]. Non-compliance with physician visiting times may be influenced by a lack of commitment among DPJPs to conduct visits on time [20].

Outcome

Impact of Compliance with Physician Visiting Times

Based on the results of the study conducted at Aisiyiah General Hospital Padang regarding the impact of compliance with physician visiting times, delays in physician visits have not had a significant

impact on patient care. While the DPJP has not yet conducted the visit, patients continue to receive care and monitoring from general practitioners and nurses working in the inpatient unit. If a patient's condition changes or an emergency occurs, the general practitioner immediately coordinates with the DPJP to obtain instructions or requests the physician to come directly when necessary. Although the target for physician visiting-time compliance has not been achieved, monitoring results show an improvement compared with the previous period. The hospital has also made efforts to improve compliance with physician visiting times by adding non-civil-servant physicians, with the expectation that physician visits will become more consistent with the quality indicators.

Quality of inpatient services in general had been implemented well, although there were still obstacles related to the timeliness of physician services. Delays in physician visits resulted in physician visit schedules not being consistently implemented according to standards; however, patient care continued with the support of other healthcare personnel, thereby maintaining patient safety [19]. This finding is also consistent with Dellialvi and Isbandono [21], who stated that monitoring, evaluation, and the active role of hospital management contribute to improving service quality. Continuous evaluation can serve as a basis for improving medical personnel compliance with hospital quality indicators. This condition is consistent with the situation at Aisyiyah General Hospital Padang, which routinely monitors compliance with physician visiting times as an effort to improve service quality, although the indicator target has not yet been fully achieved [9].

Treloar et al [22] found different results, in which suboptimal ward rounds or physician visits could negatively affect service quality, including increased patient complications, delayed discharge, and increased hospital service costs. These findings differ from those of this study because although physician visiting-time compliance at Aisyiyah General Hospital Padang has not reached the target, patient care continues through collaboration among general practitioners, DPJPs, and nurses, and no significant impact on patient care has been identified [22]. The final outcomes obtained from a healthcare service process reflect the impact of the services provided on patients. Outcomes are assessed not only based on the successful achievement of quality indicators but also on the results of the care received by patients after the entire service process has been completed. Therefore, the quality of healthcare services is influenced not only by the timeliness of physicians' visits but also by the continuity of care provided by all healthcare professionals [23].

CONCLUSION

Based on the results of the research and discussion, the evaluation of compliance with physician visiting times at the inpatient unit of Aisyiyah General Hospital Padang in 2025 shows that, in the input (structure) component, most specialist physicians are external physicians who also work at government hospitals, resulting in frequent delays in physician visits. The hospital has 51 physicians, consisting of 39 civil servant physicians and 12 non-civil servant physicians, as well as 30 nurses. The hospital has also provided a written SOP for physician visits, which is used as a guideline and updated according to the hospital's needs. The compliance monitoring system has been implemented through daily recording, monthly recapitulation, validation, quarterly analysis, and periodic reporting. However, physician compliance with visiting times has not yet reached the quality indicator target. In the process component, documentation of physician visiting times is carried out through manual recording in a reporting logbook, followed by computer entry by the quality indicator PIC and validation before being used as a basis for monitoring and evaluation. Physician visits are conducted every day for all patients; however, the timing does not fully comply with the established provisions because some physicians still have duty or practice schedules at other hospitals. In the outcome component, delays in physician visits have not had a significant impact on patient care because patients continue to receive monitoring from general practitioners and nurses, with coordination with the DPJP. The hospital has also made efforts to improve compliance through monitoring, evaluation, and the addition of non-civil-servant physicians; however, the quality indicator target has not yet been achieved.

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