

Factors Associated With Obstetrician And Gynecologist Compliance In Completing The Maternal And Child Health (MCH) Handbook: A Study Based On Kurt Lewin And Talcott Parsons Theories

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Abstract

Background: The maternal and neonatal mortality rates in Indonesia remain high, and the Maternal and Child Health Handbook (MCH) is an essential tool for monitoring maternal and neonatal health. However, the utilization and complete documentation by obstetricians and gynecologists are still suboptimal. **Objective:** This study analyzes individual, unit, and organizational factors that influence obstetricians and gynecologists' compliance in filling out the MCH book in Class C hospitals in Surabaya. **Methods:** This observational analytical study used a cross-sectional design conducted between October and December 2025 with a total population of 66 active obstetricians and gynecologists working in the obstetrics department of Class C hospitals in Surabaya. Data were collected through primary questionnaires and secondary observations of MCH books. **Results:** A total of 81.8% of specialist doctors were categorized as compliant in completing the MCH book. Multivariate analysis using logistic regression indicated that the compliance of obstetrics and gynecology specialists is influenced by organizational factors through the legitimacy of authority figures, whereas individual and unit factors do not have a significant effect. **Conclusion:** Individual, unit, and organizational factors influence obstetricians and gynecologists' compliance. Although most doctors comply, individual factors (responsibility, time management, quality of interaction), unit factors (group norms and cohesion), and organizational factors (reward systems and authority legitimacy) only had a significant effect in the correlation model, but not in the logistic regression model. Compliance is predominantly determined by social and cultural group factors, as well as organizational leadership.

Keywords: MCH handbook, Kurt Lewin's Field Theory, Talcott Parsons' AGIL scheme

1. Introduction

Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in Indonesia remain serious public health concerns. Indonesia's MMR reaches 173 per 100,000 live births, ranking among the highest in ASEAN, with maternal deaths increasing from 4,005 cases in 2022 to 4,129 cases in 2023 [1]. Although the government targets a reduction of MMR to 173 per 100,000 live births and IMR to 16 per 1,000 live births by 2024, achieving these targets continues to face various obstacles (Ministry of Health of the Republic of Indonesia, 2024). One effort to support maternal and child health monitoring is through the utilization of the Maternal and Child Health (MCH) Handbook as a medium for documentation, education, and monitoring of maternal and neonatal services (Ministry of Health of the Republic of Indonesia, 2020).

However, utilization and completeness of MCH Handbook completion in Indonesia remain low. Only approximately 60% of pregnant women were able to show their MCH Handbook during surveys, while completeness of filling only reached 18-20% (Ministry of Health of the Republic of Indonesia, 2018). In Surabaya, 56% of pregnant women had incomplete MCH Handbook entries, only 10.5% were completely filled, and 33.5% did not have an MCH Handbook at all (Surabaya Health Department, 2018). This condition indicates that the quality of maternal and child health documentation is still not optimal.

Antenatal Care (ANC) services at Type C hospitals in Surabaya face various challenges, such as high patient volumes, tiered referral systems, and heavy workloads of obstetricians and gynecologists. These conditions cause MCH Handbook completion to often be incomplete because medical personnel prioritize clinical actions over documentation [2], [3]. Furthermore, the existence of dual documentation between the manual MCH Handbook and electronic medical records further increases the administrative burden on healthcare workers [4], [5].

This phenomenon can be explained through Kurt Lewin's theory, which states that behavior is influenced by individual factors and the work environment [6], and Talcott Parsons' AGIL theory, which views the hospital as a social system that must maintain integration and organizational service quality [7]. In this context, obstetrician and gynecologist compliance in completing the MCH Handbook is influenced by individual factors, unit factors, and organizational factors that interact with one another.

Previous research on MCH Handbook completion has mostly focused on pregnant women, midwives, or primary care settings, so there is still limited research examining the compliance of obstetricians and gynecologists at Type C hospitals in Surabaya. Therefore, this study aims to analyze the association between individual factors, unit factors, and organizational factors with the level of obstetrician and gynecologist compliance in completing the MCH Handbook at Type C hospitals in Surabaya based on Kurt Lewin and Talcott Parsons theories.

Methods

Type of Research

The type of research conducted is analytic observational, which is research using an observational method without intervening on research subjects [8]. The purpose of this study is to analyze the influence of individual factors, unit factors, and organizational factors as independent variables on the dependent variable, namely obstetrician and gynecologist compliance in completeness of MCH Handbook filling.

Research Design

This study applies a cross-sectional research design, meaning that measurements were conducted at a single point in time. This study focuses on obstetricians and gynecologists at several Type C hospitals in Surabaya.

Population and Sample

The population in this study consists of specialist doctors who were willing to fill out the MCH Handbook Utilization questionnaire at several Type C hospitals in Surabaya.

The research sample is the total population of obstetricians and gynecologists treating patients at several Type C hospitals in Surabaya between October and December 2025. The use of the total population as the sample provides advantages in terms of accurate representation and the ability to make strong generalizations regarding research findings. Inclusion criteria include Type C hospitals that were willing and provided ethical approval or permission for the research to be conducted, and obstetricians and gynecologists on duty at the antenatal clinic of Type C hospitals in Surabaya. Exclusion criteria were Type C hospitals and/or obstetricians and gynecologists who refused to be included as research samples.

Research Variables

This study uses two types of variables, namely independent variables and the dependent variable. The independent variables consist of three main factors: individual factors, unit factors, and organizational factors. Individual factors include responsibility, time management, and interaction quality. Unit factors encompass group norms, group attitudes, group beliefs, group behavior, group commitment, and group cohesion. Organizational factors consist of the reward and punishment system and the legitimacy of authority figures. The dependent variable in this study is the compliance of obstetricians and gynecologists at Type C hospitals in Surabaya.

Measurement of independent variables was conducted using a closed-ended questionnaire based on a 4-point Likert scale. Assessment used categories ranging from strongly agree/always/very good to strongly disagree/never/very poor, with scores adjusted for positive and negative statements. A mean score of 3.00 or above indicates a good or agree category.

Meanwhile, the dependent variable was measured through observation of MCH Handbook completion using an observation sheet to assess the level of obstetrician and gynecologist compliance at several Type C hospitals in Surabaya.

Data Collection Technique and Procedure

Data were collected through questionnaires administered to obstetricians and gynecologists and through observation using an MCH Handbook completeness checklist at several Type C hospitals in Surabaya. Primary data were obtained from questionnaire completion by respondents after research explanation and informed consent, while secondary data were obtained from random analysis of MCH Handbooks regarding completeness and compliance.

Data analysis included descriptive analysis to describe data characteristics, validity and reliability testing of the questionnaire to ensure the research instrument was valid and consistent, and logistic regression analysis to test the influence of independent variables on the dependent variable. Determination of strategic issues was based on the results of significant influence tests and descriptive analysis results showing unfavorable conditions exceeding 30%. This study obtained ethical approval from the Research Ethics Committee of Universitas Airlangga Hospital with ethical approval number 196/KEP/2025 prior to the conduct of the research. All research procedures were carried out in accordance with health research ethical principles to ensure confidentiality, safety, and the rights of respondents throughout the research process.

Results

Frequency Distribution of Respondent Characteristics

The total number of participants in this study was 66 obstetricians and gynecologists. Participants had varied characteristics based on age, sex, length of service, and employment status.

Table 1: Frequency Distribution of Obstetricians and Gynecologists at Type C Hospitals in Surabaya Based on Respondent Characteristics

Characteristic	Frequency	Percentage (%)
Age		
30-40 years	23	34.8
41-50 years	28	42.4
51-60 years	8	12.1
61-70 years	7	10.6
Sex		
Male	48	72.7
Female	18	27.3
Length of Service		
<10 years	42	63.6
11-20 years	20	30.3
>30 years	4	6.1
Employment Status		
Full Time	26	39.4
Part Time	40	60.6

Source: SPSS data processing, 2025

Based on the frequency distribution analysis of respondent characteristics, it is known that the majority were in the 41-50 year age group at 42.4%. By sex, the majority of participants were male at 72.7%. Participants were dominated by doctors with less than 10 years of service at 63.6%. The employment status of most participants was part time at 60.6%.

Statistical Analysis

3.2.1 Correlation Test. The statistical analysis used in this study was Pearson correlation. The results of the correlation test can be seen in the following table:

Table 2: Correlation Test Results

Variable	Sub-variable	Pearson Correlation	Sig.
Individual Factors	Responsibility	0.324	0.008
	Time Management	0.342	0.005
	Interaction Quality	0.356	0.003
Unit Factors	Group Norms	0.398	0.001
	Group Attitudes	0.351	0.004
	Group Beliefs	0.297	0.015
	Group Behavior	0.277	0.024
	Group Commitment	0.372	0.002
	Group Cohesion	0.413	0.001
Organizational Factors	Reward and Punishment System	0.399	0.001
	Legitimacy of Authority Figures	0.410	0.001

Source: SPSS data processing, 2025

From the results of the correlation test between responsibility, time management, interaction quality, group norms, group attitudes, group beliefs, group behavior, group commitment, group cohesion, reward and punishment system, and legitimacy of authority figures with compliance, it was found that all factors showed a statistically significant association with obstetrician and gynecologist compliance in completing the MCH Handbook according to Kurt Lewin and Talcott Parsons theories. This is indicated by the Pearson Correlation values for all factors being greater than the t-table value (>1.6735), so it can be concluded that each factor has a moderate to very strong association with physician compliance. The Sig. (2-tailed) values for each factor are below 0.05, meaning the association between factors and compliance is significant at a 95% confidence level.

3.2.2 Logistic Regression Test. Based on the results of statistical analysis, most sub-variables in the individual factors, such as responsibility, time management, and interaction quality, and unit factors including group norms, group attitudes, group beliefs, group behavior, group commitment, and group cohesion, did not show a significant influence because they had Sig. values > 0.05 . For example, group norms had a Sig. value of 0.051 and group cohesion 0.472.

In the organizational factors, legitimacy of authority figures was the only variable that had a significant influence with a Sig. value of 0.038 ($p < 0.05$) and Exp(B) of 2.749. These results indicate that individuals with good legitimacy of authority figures have approximately 2.7 times higher odds of being compliant compared to individuals without strong legitimacy of authority figures. This influence is reinforced by a 95% CI value of 1.059-7.134, which does not cross 1. In contrast, the reward and punishment system did not show a significant influence with a Sig. value of 0.895. These research findings indicate that compliance is more influenced by recognition and trust in authority figures than by rewards, punishments, or group pressure.

Table 3: Summary of Logistic Regression Significance Results for Individual Factors, Unit Factors, and Organizational Factors

Variable	Sub-variable	Exp(B)	Sig.	95% CI for EXP(B) Lower	95% CI for EXP(B) Upper	Note
Individual Factors	Responsibility	0.978	0.942	0.535	1.787	Not Significant
	Time Management	0.737	0.403	0.360	1.508	Not Significant
	Interaction Quality	1.389	0.381	0.667	2.893	Not Significant

Unit Factors	Group Norms	1.891	0.051	0.998	3.582	Not Significant
	Group Attitudes	0.440	0.087	0.171	1.128	Not Significant
	Group Beliefs	1.684	0.158	0.817	3.469	Not Significant
	Group Behavior	0.918	0.793	0.485	1.738	Not Significant
	Group Commitment	1.268	0.541	0.592	2.717	Not Significant
	Group Cohesion	1.281	0.472	0.653	2.513	Not Significant
Organizational Factors	Reward and Punishment System	0.955	0.895	0.484	1.884	Not Significant
	Legitimacy of Authority Figures	2.749	0.038	1.059	7.134	Significant

Source: SPSS data processing, 2025

Strategic Issues

Strategic issues were determined based on the significance of the influence test results of independent variables with the dependent variable and unfavorable descriptive results (>30%), as follows:

Table 4: Research Strategic Issues

Variable	Sub-variable	Descriptive Result (unfavorable >30%)	Logistic Regression (Sig.)	Strategic Issue
Individual Factors	Responsibility	50%	Not Significant	Not a strategic issue
	Time Management	51.5%	Not Significant	Not a strategic issue
	Interaction Quality	60.6%	Not Significant	Not a strategic issue
Unit Factors	Group Norms	56.1%	Significant	Strategic issue, group norms unfavorable at 56.1%
	Group Attitudes	63.6%	Significant	Strategic issue, group attitudes unfavorable at 63.6%
	Group Beliefs	66.7%	Significant	Strategic issue, group beliefs unfavorable at 66.7%
	Group Behavior	53%	Significant	Strategic issue, group behavior unfavorable at 53%

Variable	Sub-variable	Descriptive Result (unfavorable >30%)	Logistic Regression (Sig.)	Strategic Issue
	Group Commitment	59.1%	Significant	Strategic issue, group commitment unfavorable at 59.1%
	Group Cohesion	60.6%	Significant	Strategic issue, group cohesion unfavorable at 60.6%
Organizational Factors	Reward and Punishment System	48.5%	Not Significant	Not a strategic issue
	Legitimacy of Authority Figures	62.1%	Significant	Strategic issue, legitimacy of authority figures unfavorable at 62.1%

Discussion

Analysis of Individual Factors in MCH Handbook Completion by Obstetricians and Gynecologists at Type C Hospitals in Surabaya

The majority of research respondents were in the 41-50 year age range (42.4%), with male dominance (72.7%), length of service of less than 10 years (63.6%), and part time employment status (60.6%). This condition indicates that obstetricians and gynecologists at several Type C hospitals in Surabaya are dominated by mature adults with early to mid-career work experience. Research by Mayenti et al. (2020) states that age does not show a significant difference in documentation performance, although older healthcare workers tend to have better documentation awareness [9]. Meanwhile, Lina et al. (2024) report that male doctors are more commonly found in regional hospitals [10]. Length of service is also known to be associated with completeness of medical data [11]. The dominance of part time doctors at Type C hospitals illustrates the hospital's need for specialist workforce flexibility to maintain service continuity, consistent with research by Schott et al. (2016), which found that part time obstetricians and gynecologists have better work-life balance [12].

Research results indicate that obstetricians and gynecologists have a good level of responsibility in MCH Handbook completion, as shown by a mean value of 3.36 with a good category of 50%. This finding indicates sufficient professional awareness in the implementation of healthcare documentation. Research by Sulastri et al. (2024) states that responsibility plays an important role in increasing healthcare worker motivation in medical record completion [13]. In addition, physician compliance in completing medical data is also influenced by knowledge and work motivation [14], [15]. Completeness of medical data is important because it contains all patient information, including examination results and medical summaries that are the responsibility of doctors [2], [16].

In the aspect of time management, obstetricians and gynecologists showed a good category with a mean value of 3.20, although descriptively 51.5% of respondents were still in the unfavorable category. This shows the existence of variation in the ability to manage time for MCH Handbook completion. Research by Hamid (2025) and Wulandari et al. (2022) state that suboptimal time management can cause delays and incompleteness of healthcare documentation [17], [18]. High workloads can also cause documentation to be carried out hastily and incompletely [19].

Rotenstein et al. (2024) show that the use of virtual scribes can help reduce the burden of physician electronic documentation [20]. In addition, the large number of forms and manual recordings also increase healthcare worker documentation time [21]. Good interpersonal communication also supports the quality of healthcare services and increases patient satisfaction [22], [23].

The interaction quality of obstetricians and gynecologists in this study was also classified as good with a mean value of 3.26, although some respondents still rated interaction quality in the unfavorable category (60.6%). This condition shows an imbalance in the application of professional communication and interaction during MCH Handbook completion. Research by Paramitha et al. (2022), Prihatini et al. (2024), and Sunaryo et al. (2021) shows that effective communication between healthcare workers and patients is associated with patient satisfaction and quality of healthcare services [24], [25], [26]. Poor interaction can increase the risk of errors and incompleteness in clinical documentation. Effective interpersonal collaboration between doctors and other healthcare workers is also important for creating quality services, mutual respect, and supporting patient safety [27].

Analysis of Unit Factors in MCH Handbook Completion by Obstetricians and Gynecologists at Type C Hospitals in Surabaya

Research results indicate that unit factors among obstetricians and gynecologists at several Type C hospitals in Surabaya are generally in the good category based on mean scores, but descriptive results show that many respondents still have a negative perception of group dynamics. Group norms obtained a mean value of 3.21, but 56.1% of respondents rated group norms as not yet appropriate. This shows an imbalance in norm implementation in the performance of MCH Handbook completion tasks. This finding is consistent with research by Skoogh et al. (2022), which states that shared values and teamwork climate are closely associated with patient safety and service coordination effectiveness [28]. Research by Mcguier et al. (2024) also shows that adaptive teamwork supports the successful implementation of work practices and clinical service processes [29].

Group attitudes were also in the good category with a mean of 3.18, although 63.6% of respondents rated group attitudes as not yet appropriate. This condition indicates that collective perception of teamwork in MCH Handbook completion is not yet optimal. Research by Skoogh et al. confirms that teamwork climate is an important part of patient safety culture that influences the effectiveness of healthcare worker collaboration [28]. Further, research by Curiñaupa et al. (2025) proves that positive attitudes toward teamwork are associated with improved service quality and clinical outcomes [30].

In the aspect of group beliefs, the mean score was in the good category (3.09), but the majority of respondents (66.7.1%) still felt uncertain about the group's ability to achieve shared goals. Low levels of trust among team members have the potential to reduce physician compliance in completing the MCH Handbook. Research by Erna et al. (2020) shows that self-efficacy is associated with nursing documentation compliance [31], while research by Nuraini et al. (2019) mentions a significant association between beliefs and compliance [32]. Varga et al. (2025) also affirms that mutual trust among health professionals can improve collaboration and clinical outcomes [33].

Group behavior obtained a mean score of 3.25, but 53% of respondents rated group behavior as still unfavorable. This shows that a positive work culture has not been consistently established in MCH Handbook completion. Research by Lestari et al. (2020) shows the influence of behavior on medical record completion compliance [34]. In addition, Husni (2018) explains that behavior is influenced by individual attitudes and motivation, so doctors with good attitudes and motivation tend to be more compliant in performing documentation tasks [35].

Group commitment had a mean score of 3.12, but the majority of respondents (59.1%) were in the low category. This indicates that doctor loyalty and willingness to contribute to the achievement of shared goals is not yet optimal. This finding is supported by Utmawati et al. (2023), which states that physician commitment has a significant influence on completeness of patient medical data filling [36].

Meanwhile, group cohesion obtained a mean score of 3.09, but 60.6% of respondents rated the group as not yet cohesive. This condition indicates that working relationships, coordination, and mutual support among team members have not been consistently established in the implementation of MCH Handbook completion. Research by Wei et al. (2024) shows that group cohesion is positively correlated with team effectiveness, including work compliance and task performance [37].

Analysis of Organizational Factors in MCH Handbook Completion by Obstetricians and Gynecologists at Type C Hospitals in Surabaya

The results of this study indicate that the reward and punishment system for obstetricians and gynecologists at Type C hospitals in Surabaya has not been operating optimally. This is reflected in the mean perception score of 2.86, which is in the unfavorable category. However, different results were found in the descriptive findings, which show that more than half of respondents (51.5%) rated the implemented reward and punishment system as effective. This condition shows a difference in perception among respondents, indicating that the implementation of the system is not yet uniform and has not been consistently felt by all obstetricians and gynecologists at Type C hospitals in Surabaya. Previous research by Nurfarida and Syawaludin (2025) shows that reward and punishment have a positive and significant influence on employee performance in the nursing division in hospitals [38]. Research by Azis et al. (2022) found that the causes of incompleteness in medical data document filling include lack of physician discipline in completing medical data, lack of supporting facilities and infrastructure for medical data filling, lack of socialization regarding medical data document filling, the absence of a reward and punishment system, and limited funding [39].

The legitimacy of authority figures as perceived by obstetricians and gynecologists at Type C hospitals in Surabaya was in the good category based on mean score (3.09). Still, different results were found in the descriptive findings, which show that the majority of respondents (62.1%) rated the existing legitimacy of authority figures as still not legitimate. This difference in results indicates an inconsistency between the mean score assessment and the majority of respondents' perceptions. This condition reflects that the legitimacy of authority figures has not been strongly and uniformly shaped in the work environment, particularly in completing MCH Handbook tasks. Previous research by Putri (2018) shows a significant association between the status of authority figures and closeness of authority figures with nurse compliance in implementing Standard Operating Procedures (SOP) [3].

Analysis of Obstetrician and Gynecologist Compliance in MCH Handbook Completion at Type C Hospitals in Surabaya

A total of 66 obstetricians and gynecologists were respondents in this study, with the majority of respondents (81.8%) being compliant in MCH Handbook completion, while 18.2% were non-compliant. This finding indicates that most doctors have carried out maternal and child health service recording in accordance with applicable service standards. MCH Handbook completion compliance is important because it serves as an integrated recording medium to support service continuity, communication among healthcare workers, and ongoing monitoring of maternal and child health. Research by Sari et al. (2023) shows that physician compliance has a positive influence on completeness of medical data and MCH Handbook filling [2], while Susanto et al. (2023) found an association between age and compliance with medical document completion [40]. These results are consistent with the characteristics of respondents who are predominantly aged over 41 years (65.2%).

Compliance is defined as individual behavior in carrying out applicable healthcare provisions and service standards [41]. In addition, compliance is influenced by social factors, authority, and individual motivation in carrying out professional duties [42]. In the context of maternal and neonatal services, the MCH Handbook is an official instrument used to comprehensively document maternal and child health services, while also serving as an important part of the service claim verification process in the National Health Insurance (BPJS Kesehatan, 2025). Therefore, complete and timely MCH Handbook completion not only reflects healthcare worker compliance with service standards, but also supports service quality and healthcare financing accountability.

Research by Pardede (2024) found that age, gender, knowledge, attitudes, and physician motivation are significantly correlated with compliance in completing the MCH Handbook [14]. The most dominant factors were found to be knowledge and motivation. Investigation by Simanjuntak (2018) states that incentives and length of service are able to influence physician compliance in completing patient progress notes [43].

Analysis of the Influence of Individual Factors, Unit Factors, and Organizational Factors on Obstetrician and Gynecologist Compliance in MCH Handbook Completion at Type C Hospitals in Surabaya

The correlation test results show that individual factors, including responsibility, time management, and interaction quality, have a positive and significant association with obstetrician and gynecologist compliance in completing the MCH Handbook. However, logistic regression analysis shows that these three variables do not have a significant partial influence on compliance. This finding is consistent with research by Rakhmaningrum and Nudji (2016), which states

there is no association between responsibility and compliance in returning medical record files [44], but differs from Yulia et al. (2022), who found that responsibility is associated with timeliness of medical data recording [45]. In addition, Hartanti et al. (2021) report that timeliness of return is related to timeliness of medical data provision [46], while Sharkiya (2023) affirms that effective communication is associated with service quality and administrative compliance [47]. Research by Cahyani et al. (2024) also shows an association between outpatient officer compliance and completeness of MCH Handbook filling [48].

Logistic regression results show that most sub-variables in individual factors and unit factors are not statistically significant ($p > 0.05$). In contrast, in organizational factors, legitimacy of authority figures is the only variable that has a significant influence on compliance (Sig. = 0.038; Exp(B) = 2.749; 95% CI = 1.059-7.134). This indicates that respondents who acknowledge the legitimacy of authority figures have 2.749 times greater odds of being compliant in MCH Handbook completion compared to respondents who do not acknowledge it. Meanwhile, the reward and punishment system does not show a significant influence (Sig. = 0.895).

This finding is consistent with research by Gotz et al. (2025), which emphasize that authority figures play an important role in increasing individual compliance [49]. Cahyonowati (2023) also states that social norms and trust in authority are the main determinants of compliance [50]. This phenomenon is consistent with the concept of authority bias, which is the tendency of individuals to follow directions from parties considered to have authority. Prusinski (2022) in his research shows that legitimacy is a factor capable of increasing compliance with medical advice and regulating the treatment process [51]. Thus, this study affirms that physician compliance in completing the MCH Handbook is more influenced by the legitimacy of authority figures than by reward factors, punishment, or social group pressure.

Conclusion

This study shows that individual factors, unit factors, and organizational factors have a significant association with obstetrician and gynecologist compliance in completing the MCH Handbook at several Type C hospitals in Surabaya. In individual factors, responsibility was in the good category at 50%, while time management (51.5%) and interaction quality (60.6%) were still classified as unfavorable. In unit factors, most respondents rated group norms, attitudes, beliefs, behavior, commitment, and group cohesion as not yet supportive of MCH Handbook completion compliance. In organizational factors, the reward and punishment system was rated as sufficiently effective (51.5%), but the legitimacy of authority figures was still low (62.1%). Overall, the majority of specialist doctors were already compliant in MCH Handbook completion (81.8%). Multivariate analysis results show that the legitimacy of authority figures is the most influential factor in specialist physician compliance, with odds of compliance 2.7 times higher in doctors who acknowledge the legitimacy of authority figures compared to those who do not.

Type C hospitals in Surabaya are advised to improve MCH Handbook completion compliance through optimization of the reward and punishment system, routine monitoring and evaluation, effective communication training, strengthening of SOPs and clinical forums, enhancement of cross-professional teamwork, and improvement of service time management. In addition, the legitimacy of authority figures needs to be strengthened through clarity of roles, competence, and transparent communication. For future researchers, it is recommended to add other variables such as workload and organizational climate, expand research locations, use mixed-method or longitudinal designs, and develop intervention models based on individual, group, and organizational levels.

Research recommendations include the provision of training on completing the latest printed MCH Handbook, support for additional personnel, and digitalization of the MCH Handbook to facilitate recording and data integration. Regular cross-professional meetings and integration of electronic medical records also need to be improved to strengthen group beliefs and cohesion. From the organizational aspect, digitalization of patient queuing, empowerment of administrative support staff, management of patient overload at ANC polyclinics, and periodic evaluation of MCH Handbook utilization as a pregnancy risk screening medium and hospital medical record completeness indicator are necessary.

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