

RELATIONSHIP OF PROFESSIONALISM CARE WITH RISK OF MALPRACTICES

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Abstract: Nursing care is a form of professional services is an integral part of health care that is based on nursing science and troubleshooting. Therefore, the professionalism of nurses urgently needed to avoid the risk of malpractice. Knowing and analyzing the professionalism of nurses, identify and analyze the risk of malpractice level overview of nurses, identify and analyze the influence of professionalism of nurses to the risk of malpractice. This study used a descriptive correlation with cross-sectional study design research. The sample used is purposive sampling with criteria D.III or S1 educated and have experience of at least five years, the instrument is a questionnaire with a Likert scale, $\alpha = 5\%$. The nurses are categorized as less professional as much as 46.7%. Professional nurses who enter the category of 53.3%, nurses who are at risk of malpractice as much as 46.67%. The relationship between the risk of occurrence of Nursing Professionalism malpractice proved insignificant. The pattern of the relationship between professionalism Nurse Occurrence Malpractice Risk shows that nurses are less professional riskier commit malpractice. While professional careers tendency is not at risk of doing malpractices. It is better to find out the relationship between professionalism and malpractice, it is necessary to conduct research with other independent variables.

Keyword: *professionalism, nurse, malpractice*

1. INTRODUCTION

Various phenomena of alleged malpractice by nurses lately have become the spotlight that is often heard and become popular among the public. According to Sugono, phenomena are events that attract attention or are extraordinary in nature.² The phenomenon of suspected nurse malpractice raises fears for health workers, especially nurses themselves. This causes nurses to sometimes work too carefully and hesitate so that it can cause a decrease in the quality of nursing services

Nurse professionalism is very necessary to avoid the recurrence of malpractice risk. This is important considering that nursing services are a form of professional service that is an integral part of health services. Whereas Explanation of Article 2 letter c UU Number 38 of 2014 concerning Nursing, describes that a nurse in practicing nursing must be based on ethics and professionalism, namely in carrying out nursing practices must be able to achieve and improve nurse professionalism and have professional ethics and professional attitude.³

In accordance with the progress in the field of education, especially in the field of nursing, professionalism must be built globally, to be equivalent to other health sciences (doctors, pharmacies, and others), the nursing foundation must be strong with 3 (three) categories. First,

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² Dendy Sugono, *Kamus Bahasa Indonesia* (Jakarta: Pusat Bahasa, 2008).

³ Indonesia, *UU RI Nomor 38 Tahun 2014 Tentang Keperawatan* (Jakarta: Lembaran Negara, 2014), www.peraturan.go.id.

evidence-based, meaning that nursing must have the knowledge and make research, which creates a different body of knowledge of tourism from medicine so that it requires university-based education. Second, quality of practice, by increasing competence, thinking critically and being able to make the right decisions and trust in interacting with other professions. The third is patient safety. The community served by nurses will get a high level of security because it has the quality of practice. Every job has consequences that cannot be separated from mistakes (mistakes) in the form of failure (nursery error) or negligence (nursery negligence). This error will not occur if the nurse works professionally and in accordance with nursing standards based on expertise, ethical skills and moral, moral norms.

Regarding the authority of nurses, technically operational, Regulation of the Minister of Health No. HK. 02.02 / MENKES / 148 / I / 2010 concerning Licenses and Organizers of Nurse Practices has been regulated specifically in Article 8. Based on these provisions it is regulated that nurses' authority is to carry out nursing care. promotive efforts (health improvement), preventive (disease prevention), rehabilitative (recovery) and community empowerment and implementation of nursing actions.

However, in Article 10 of the Regulation of the Minister of Health Number HK.02.02 / MENKES / 148 / I / 2010 concerning Licensing and the Practical Nurse Provider explains that in an emergency to save the life of a person / patient and no doctor at the scene, the nurse can perform health services outside the authority referred to in Article 8.

Nurses often carry out tasks that are the authority of the doctor by reason of carrying out the task of health services is to help sick people and provide health services that are evenly distributed to the community, especially in carrying out government duties. Nurses actually realize that there are some medical actions that have been carried out so far outside the authority of nurses.

Nurses' awareness in carrying out actions outside their authority is realized not only when carrying out their duties, but they have been known since undergoing formal nursing education. This nurse's authority has been accumulated in various laws and regulations and set out in the Minister of Health Regulation, but for humanitarian reasons make nurses have to carry out actions that should not be carried out or carry out actions outside their authority, especially in terms of medical actions.

On the one hand, if they hold fast to the prevailing laws and regulations, and carry out health services in accordance with established authorities and professional standards, nurses cannot carry out health services to the community in accordance with what is needed by the community. The practice of nurses who provide plenary health services to the community is not an unfounded action but is an effort and policy of the Government in order to meet the needs of the community for health services.

Based on the things mentioned above, it is important to conduct research on the Relationship between Nurse Professionalism and the Risk of Malpractice.

1.1 Formulation of the Problem

Based on the description in the background the problem is formulated as follows:

1. What is the description of the professionalism of nurses?
2. What is the description of the level of risk of malpractice carried out by nurses?
3. Is there any influence on the professionalism of nurses on the risk of malpractice?

1.2 Theoretical Background

1.2.1 Malpractice

According to Black that any professional misconduct, unreasonable lack of skill. This term is usually applied to such conduct by doctors, lawyers, and accountants. Failure of one rendering professional services to exercise that degree of skill and learning commonly applied under all the circumstances in the community by the average prudent reputable member of the profession with the result of injury, loss or damage to the recipient of those entitled to rely upon them. It is any professional misconduct, unreasonable lack of skill or fidelity in professional or judiciary duties, evil practice, or illegal or immoral conduct.⁴

Malpractice is a term used to identify professional negligence—liability resulting from improper practice based on standards of care required by the profession for which the person has been educated. Therefore, malpractice is a term used to describe negligence by nurses in the performance of their duties.⁵ Essential elements of Malpractice:⁶

- a. Harm to an individual
- b. Duty of a professional toward an individual
- c. Breach of duty by the professional
- d. Cause of harm is the breach of duty

According to Sage and Kersh that American medical malpractice law revolves around the concept of negligence. A plaintiff in a malpractice case has the burden of proving by a preponderance of the evidence that (1) the relationship between the plaintiff patient and the defendant-physician gave rise to a duty, (2) the defendant physician was negligent – meaning that her care fell below the standard expected of a reasonable medical practitioner, (3) the plaintiff-patient suffered an injury, and (4) the injury was caused by the defendant physician's negligence. Medical malpractice is a matter of state law, and some differences in the standard of care exist across states. Traditionally, the standard of care in a medical malpractice case has been based on customary medical practice. Now, however, many states are moving to a more objective "reasonable prudence" standard. The standard of care in an informed consent case varies across states: In most jurisdictions, the scope of a physician's duty to inform patients about material risks associated with proposed treatments is defined by what a reasonable physician would disclose, but a minority of states have moved to a patient-based standard, requiring physicians to disclose all risks that a reasonable patient would expect to be told before undergoing the treatment.⁷

According to Sharpe that Malpractice is negligence on the part of a professional only while he or she is acting in the course of professional duties. This unintentional tort involves acts of negligence by an individual employed in a position where defined levels of knowledge, technical skills, and professional standards are prescribed for anyone assuming that position. It is a failure on the part of a professional to act according to such defined standards or a failure to foresee the consequences that a person having the same or similar knowledge, education, and skills should have foreseen. A "professional" includes a nurse, physician, clergyman, educator, and attorney among others.⁸

⁴ S Black et al., *Black's Law Dictionary* (St. Paul, Mn: West Publishing Co, 1990).

⁵ Janice Rider Ellis, *Nursing in Today's World, American Journal of Nursing*, vol. 96, 1996.

⁶ Ibid.

⁷ William M. and Rogan Kersh Sage, *Medical Malpractice and the U.S. Health Care System* (New York: Cambridge University Press, 2006).

⁸ Charles C. Sharpe, *Nursing Malpractice: Liability and Risk Management* (New York: An imprint of Greenwood Publishing Group, Inc., 1999).

1.2.2 Professionalism

According to Indonesian law that Nursing services are a form of professional service that is an integral part of health services based on nursing knowledge and tips aimed at individuals, families, groups, or communities, both healthy and sick.⁹

Grammatically, professionalism comes from basic professions, which means fields of work based on education, expertise/skills, honesty: ethics, morals, and so on¹⁰.

Nurses come from Latin *'nutrix'* which means 'caring' or 'nurturing'. Based on Article 1 Number 2 of Law Number 38 of 2014 concerning Nursing, the definition of a nurse is someone who has passed nursing education, both at home and abroad who are recognized by the government in accordance with the provisions of the legislation.

Based on the above, the definition of nurse professionalism is the field of work of a person who has graduated from nursing education based on education, skills/ethics, and ethics.

2. METHOD

This study uses a descriptive method of correlation with Cross-Sectional Study research design, namely looking at the relationship between Nurse Professionalism and the Risk of Malpractice. The population of this study was the Nurse which numbered 333 people. Sampling technique uses purpose sampling. In this study, researchers used a closed questionnaire, with alternative answers provided.

3. RESULT

3.1 Nurse Professionalism

Nurses are one component that is attached to health services. Often, nurses are called the spearhead of health services, because almost all health services provided to a patient are performed by nurses. Starting from accepting patients, conducting initial examinations, giving medical actions based on doctor's direction, examining changes that occur, caring for patients, reporting patient progress to doctors, is among the work done by a nurse. Because of the large number of jobs, and the high frequency of face-to-face meetings between patients and nurses, it is not difficult to accept the statement that nurses are one of the important spearheads in providing quality health services. The quality of the nurse's performance will very much determine the quality of health services that can be provided by health care institutions.

Given the very strategic role of the nurse, her professionalism becomes a necessity. Professionalism, in any field, will be related to a person's ability to do his work in accordance with knowledge, expertise or skills, and carried out by upholding a code of ethics. The performance of nurses who are weak in one aspect will reduce the level of professionalism they have. In other words, someone who is a professional is an individual who performs his duties based on his knowledge, is carried out skillfully, and does not exclude ethical values related to his profession.

The findings of the research on the professionalism of nurses that the number of nurses in the less professional category was 14 people or 46.7%. The number of nurses in the professional category was 16 people or 53.3%. From these findings, although there are more professional nurses, the proportion that is less professional is relatively high. The proportion of 46.7% is a proportion that is quite alarming, considering that nurses are the spearhead of providing quality health services. With a large proportion of nurses who are less professional, it is feared that it will affect the quality of services provided by nurses. Certainly not something that is excessive if it is

⁹ Indonesia, *UU RI Nomor 38 Tahun 2014 Tentang Keperawatan*.

¹⁰ Sugono, *Kamus Bahasa Indonesia*.

then said that there is an opportunity that 46.7% of all health services provided by nurses are fewer quality services if based on the findings of this study.

Many factors can be used to explain how the professionalism of nurses is built. Factors such as age, gender, last education, and employment status. Age can affect professionalism because it is related to the experience and duration of work hours. The more a person ages, the more experience he will experience, and then will determine the level of professionalism.

Gender also needs to be considered as a factor that can explain how professional nurses are. Based on the results of the cross-tabulation presented in the table above, the pattern formed is a tendency, although not strong enough, which shows that female nurses are more professional than male nurses. Of all male nurse respondents, the number of professionals was 41.7%. While the proportion of professional female nurses is more, namely 61.1%. With this more proportion, then it can be said that there is a tendency for female nurses to be more professional than men. To determine the reasons for this finding, certainly a separate study is needed which is more psychological and psychological.

Other factors can be used to explain how the professionalism of nurses is education and employment status. The results of crosstabulation between education and professionalism show that the proportion of professional nurses is more when their education is undergraduate, compared to nurses who are still Diploma educated. This is because professionalism is built on the foundation of good knowledge. Of course, a person's education level will associate positively with the level of knowledge he has.

Staff status is also interesting to appoint because the findings of this study indicate that respondents who are civil servants tend to be more professional than non-civil servants. The employment status will be related to the compensation someone will receive. The compensation he receives will determine how he will carry out the task and look at the future. Respondents with civil servant status receive compensation that tends to be more suitable than non-civil servants. With better compensation, it becomes a justification for the performance shown.

3.2 Risk of Malpractice

Risk is a result that is less pleasant, can be harmful and dangerous, from an action or action. Malpractice itself can be interpreted as any wrong attitude because of lack of knowledge and skills at a reasonable level. Malpractice in health services is one of the risks that will always go hand in hand in every health service provided.

Data from the research shows that of the 30 nurses who were respondents, the number of respondents at risk of malpractice was 14 people or 46.67%. While the number that is not at risk is 16 people or 53.3%. Similar to the findings in previous aspects of professionalism, although the proportion of nurses who did not do more malpractice, the proportion that had the opportunity to do malpractice was relatively very large, namely 46.67%.

Some of the characteristics of the respondents who were appointed, there are a number of factors that can be used to slightly explain how the risk of malpractice occurrences. The first factor is age. The results of cross-tabulation between age and the risk of malpractice events showed a pattern where younger respondents were more at risk of malpractice compared to older respondents. Of the 3 respondents aged between 18-25 years, all at risk of malpractice. Of the 14 respondents aged 26-35 years, 57.1% were at risk of carrying out malpractice actions. Whereas in the last two age groups, the risk of malpractice is smaller.

From the aspect of sex and marital status, the proportion of the risk of malpractice between categories is relatively the same, so that these two aspects are not sufficiently feasible to be used

to explain the risk of malpractice occurrences. Educational factors and employment status are two variables that are quite significant in displaying the relationship pattern with malpractice risk. Judging from the aspect of education, the risk proportion for not having malpractice is much smaller when nurses with undergraduate education are compared to those with Diploma education. While based on employment status, the risk of respondents who are civil servants to conduct malpractice is much smaller than respondents who are non-civil servants.

As mentioned in the previous section, factors such as age, education, and employment status are 3 factors that can adequately explain the professionalism of nurses. And in this section, these three factors are also quite significant in explaining how the risk of malpractice events. The common thread that can then be drawn is that professionalism will be largely determined by age, education, and employment status. And with that, the three factors will also be able to explain the diversity that is found in the risk of malpractice occurrences.

3.3 The Relationship between Nurse Professionalism and the Risk of Malpractice

Cross-tabulation between variables of Nurse Professionalism and Malpractice Risk can be presented in table 1 below.

Tabel 1 Cross Tabulation between Nurse Professionalism Variables and the Risk of Malpractice

			Risk of Malpractice		Total
			Yes	No	
Nurse Professionalism	Less professional	Frequency	9	5	14
		Percentage	64.3%	35.7%	100.0%
	Professional	Frequency	5	11	16
		Percentage	31.3%	68.8%	100.0%
Total	Frequency	14	16	30	
	Percentage	46.7%	53.3%	100.0%	

Table 1 shows that in the category of less professional nurses, the frequency of nurses who are at risk of malpractice is as many as 9 people or 64.3%, while those who are not at risk are as many as 5 or 35.7%. Based on this percentage, it can be said that when nurses are less professional, the chance of occurrence of malpractice actions is greater than not. In the category of Professional Nurses, the number of nurses at risk of malpractice is as many as 5 people or 31.3%, while those who are not at risk are as many as 11 people or 68.8%. With this comparison, it can be said that when nurses have professionalism in carrying out their duties, the chances of him doing malpractice are smaller.

Chi-Square test results can be presented in table 2 as follows:

Tabel 2 Chi-Square test result

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.274(b)	1	.070		
Continuity Correction(a)	2.081	1	.149		
Likelihood Ratio	3.331	1	.068		
Fisher's Exact Test				.141	.074
Linear-by-Linear Association	3.165	1	.075		

N of Valid Cases	30
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a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.53.

Table 2 shows that the Chi-Square value is obtained, the calculated value is 3.274 and is smaller than the table value 3.841 then accepts H₀, or in other words, there is no risk of malpractice with professional nurses.

The pattern of the relationship between Nurse Professionalism and Malpractice Occurrence Risk shows that nurses who are less professional are more at risk of malpractice. This can be seen from the percentage of less professional nurses with a risk of malpractice by 64.3%. While professional nurses tend to be more at risk of malpractice. This can be seen in the percentage of professional nurses who tend not to do malpractice in the amount of 68.8%.

The relationship between Nurse Professionalism and Malpractice Risk Proves proved insignificant. This is indicated by the chi-square value of 3.274. The closeness of the relationship between the two variables is very small. This is shown by the value of the contingency coefficient of 0.314.

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