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Current Issue

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Original Research

Mask Wearing Behavior to Prevent Acute Respiratory Tract Infections During the COVID-19 Pandemic Among Students in Jakarta

Apriana Rahmawati, Ulfa Nur Rohmah, Shenda Maulina Wulandari, Harizza Pertiwi

1-14

DOI : <https://doi.org/10.37363/bnr.2023.41145>

Improving the Quality of Life for the Elderly Through the GALASEMA Application

Pepin Nahariani, Shanti Rosmaharani, Iin Noviana

15-21

DOI : <https://doi.org/10.37363/bnr.2023.41116>

Post Concussion Syndrome Detection in Post Traumatic Brain Injury Patients

Eko Budi Santoso, Putra Agina Widyaswara Suwaryo, Arnika Dwi Asti

22-33

DOI : <https://doi.org/10.37363/bnr.2023.41136>

The Relationship between Demographic Characteristics and Nutritional Status on Anemia among Balinese Traditional Porter after the COVID-19 Pandemic

Putu Ratna Suprima Dewi, Ni Putu Ayu Wulan Noviyanti, I Kadek Agus Dwija Putra, Yupin Aunguroch

34-42

DOI : <https://doi.org/10.37363/bnr.2023.41138>

The Effectiveness of Leaflet and Video Educational Media Through Whatsapp toward the Knowledge of Type 2 DM Patients

I Made Rai Mahardika, Ni Made Ayu Sukma Widyandari

43-53

DOI : <https://doi.org/10.37363/bnr.2023.41140>

Food Handlers Hygiene of Balinese Traditional Food in Tourism Destination at Badung Regency

Noviyanti Ni Putu Ayu Wulan, Febianingsih Ni Putu Eka, Dewi Putu Ratna Suprima

54-61

DOI : <https://doi.org/10.37363/bnr.2023.41142>

Prenatal and Postpartum Care Experiences During COVID-19 Pandemic Among Mothers in Denpasar

Ika Widi Astuti, I Gede Ngurah Harry Wijaya Surya

62-72

DOI : <https://doi.org/10.37363/bnr.2023.41146>

Application of Cold Drink in Post Operation Nausea and Vomiting (PONV) Appendectomy Cases in Lubuklinggau

Jhon Feri, Wella Juartika, Eva Oktaviani, Derison Marsivova Bakara, Gunardi Pome

73-81

DOI : <https://doi.org/10.37363/bnr.2023.41154>

The Influence of the Drama "My Mother, My Exclusive Breastfeeding Hero" on the Motivation of Exclusive Breastfeeding

Indah Dewi Ridawati; Intan Kumalasari

82-90

DOI : <https://doi.org/10.37363/bnr.2023.41156>

The Effect of Prone Position for Increasing OXYgen Saturation of COVID-19 Patients

I Gusti Ngurah Putu Jaya Antara, Ni Wayan Erik Juniantari, I Made Adi Ariawan, I Kadek Artawan

91-99

DOI : <https://doi.org/10.37363/bnr.2023.41159>

The Overview of Self-Efficacy Among Nursing Students

Retno Purwandari, Alfid Tri Afandi, Diyah Ayuningrum Amini, Anisah Ardiana, Dicky Endrian Kurniawan

100-108

DOI : <https://doi.org/10.37363/bnr.2023.41184>

The Effect of Tri-Core Breastfeeding Models on Mother's Willingness to Breastfeed in COVID-19 Era

Kadek Widianari, Made Pradnyawati Chania, Ni Nyoman Deni Witari

109-118

DOI : <https://doi.org/10.37363/bnr.2023.41192>

Improving Diabetes-Mellitus Self-Care Practice Using Educational Video in Preventing Covid-19 (EPIC-19) during the Pandemic

Sri Dewi Megayanti Mega, Inge Ruth Suantika

119-128

DOI : <https://doi.org/10.37363/bnr.2023.41202>

The Effect of Simulation Puzzle Games on Increasing Mother's Knowledge about Stunting Prevention and Feeding Patterns In Children aged 0-24 Months

Apriani Susmita Sari, Nurrannisa Fitria Aprianti

129-141

DOI : <https://doi.org/10.37363/bnr.2023.41204>

The Effect Of Life Review Therapy On Increasing Self-Esteem In The Elderly With Depression

Yuldensia Avelina, Yosefina Dhale Pora, Wihelmus Nong Baba

142-152

DOI : <https://doi.org/10.37363/bnr.2023.41210>

Analysis of sociodemographic factors as a trigger for a passive lifestyle of the college student in Malang

Dian Pitaloka Priasmoro

153-160

DOI : <https://doi.org/10.37363/bnr.2023.41157>

The Effect of Using Fluid Balance Application on Interdialytic Weight Gain in Stage V Chronic Kidney Disease Patients Undergoing Hemodialysis

Danny Putri Sulistyaningrum, Maya Cobalt Angio Septianingtyas, Tia Nurhanifah, Naylul Izza

161-169

DOI : <https://doi.org/10.37363/bnr.2023.41222>

Determinants of Nurse Professional Behavior: A cross-Sectional Study of Nurses at Public Health Centers in Indonesia

Dodi Wijaya, Nurfika Asmaningrum, Kholid Rosyidi Muhammad Nur, Murni Herawaty Sitanggang, Yennike Tri Herawati

170-184

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Original Research

Determinants of Professional Behavior among Nurses: A Cross-Sectional Study in Nurse Population at Public Health Centers in Indonesia



Dodi Wijaya^{1*}, Nurfika Asmaningrum¹, Kholid Rosyidi Muhammad Nur¹, Murni Herawaty Sitanggang¹, & Yennike Tri Herawati²

¹Faculty of Nursing, University of Jember, Jember, Indonesia

²Faculty of Public Health, University of Jember, Jember, Indonesia

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Abstract

Introduction: The provision of community health care service is strongly correlated with professional attitudes and behavior among nurses. Professionalism retains public trust and erases negative perceptions of the inappropriate behavior, incompetence, poor communication, and inadequate complaint handling skill. Therefore, the recent study aimed to explore the determinants that influenced nurses' professional behavior in Public Health Centers in Indonesia.

Methods: This was an analytic observational study using a cross-sectional research design. A two-months-study conducted from August to October 2022, involving a total of 227 eligible nurses from 50 public health centers (Puskesmas) in Jember Regency, East Java, Indonesia.

Results: Recent findings revealed several determinants of the professional behavior of nurses in the public health care setting: 1) professional behavior was influenced by sociodemographic, individual, and psychological factor, 2) the most significant influence was delivered by the individual factor, 3) individual factor was specifically portrayed by the indicator of professional practice competency and skill among the nurses, and 4) subsequently, a higher level of practice competency and skill would contribute to a better professionalism.

Conclusion: Sociodemographic, individual, and psychological factor concurrently influence the development of professional behavior among the nurses.

*Corresponding Author:

e-mail: dodi.wijaya@unej.ac.id



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INTRODUCTION

Health service is a form of community care that aims to retain public trust and improve public health status [1]. Public Health Center is the primary health service provider required by the community to overcome health issues comprehensively [2]. A nurse as a health professional is demanded to exhibit a professional attitude during the care delivery process. Professionalism is the conceptualization of the commitments, qualities, relations, attitudes, and behaviors required to meet the health need of individual and society. Professional behavior encompasses several qualities: knowledge, inquisitiveness, accountability, autonomy, advocacy, innovation and vision, collaboration and collegiality, and ethics [3]. Professional behavior is an important domain that should be considered in delivering health care services, especially in Public Health Centers. The provision of health services to the community is commonly and majorly assessed based on the nurses' professional attitudes and behavior. Proper professionalism will increase public trust and erases negative perceptions of inappropriate behavior, incompetence, poor communication, and inadequate complaint handling skill [4].

Nurses required to own the ability to be genuinely care for others. The intellectual, technical, and interpersonal skills would be reflected by their caring behavior. Caring is a major element of nursing practice, provided by dynamically approaching patients to deliver holistic care in improving the quality of life and accelerating process of recovery

[5]. The ability of nurses to exhibit professional behavior based on the element of caring will increase patient satisfaction to the health services [6]. Sufficient and high-quality health services will create a "word of mouth" among the patients as consumers, disseminating information about the health care quality in the community, gradually fostering patient faithfulness to the health service providers. On the contrary context, poor professional behavior among nurses would deliver a notorious reputation for the quality of care and health care providers. Therefore, caring is widely reported as an indicator of quality health services [6]. Presently, the poor professional behavior of nurses is a fundamental problem in various level of health service provider, especially in Public Health Centers [7]. Previous studies have been extensively discussed these issues.

ElGhareap Hassan et al. [8] found that most nurses in primary health services in Port Said had insufficient knowledge about professional ethics, especially concerning general patient right, sincerity and integrity, respect, and kindness. Further, the significant association between nurses' knowledge and professional behavior was also mentioned in a study [8]. Tanaka et al. [9] also reported that 1,501 nurses in Japan demonstrated a poor level of professionalism. Another study conducted in Indonesia found that five out of nine nurses had poor caring practice toward their patients, majorly marked with ineffective implementation of therapeutic communication [6]. Triyoso & Sari [10] also reported poor caring behavior among most nurses at the Bukit Kemuning Inpatient

Health Center in Bukit Kemuning, North Lampung Regency.

However, findings from Degefa Tola et al. [11] showed different results, where more than 50% of the total 380 nurses demonstrated high professional behavior. The poor professional behavior of nurses in Public Health Centers stemmed from the presence of several causative factors. Three factors were identified as the typical cause of poor professional behavior among nurses: individual-environmental, organizational, and external factors [12]. In addition, according to Ghadirian et al. [13], nurses' professionalism is defined as the construction of demographic characteristics, educational background, and environmental factors. Another study mentioned factors related to the value of nurses' professionalism that were categorized into socio-demographic factors (age, gender, marital status, qualifications, education, professional association membership, and income level), personal factors (professional satisfaction, job satisfaction, communication), work (experience, training, and career), and organizational factors (type of agency, location, year of establishment of the agency, availability of resources, and attitudes of colleagues) [11]. This study was expected to fill the gaps discovered in previous findings, exploring the determinants that influenced professional behavior among nurses in Public Health Centers in Indonesia.

METHODS

This was an analytical observational study with a cross-sectional design. The study was

conducted in two months, from August to October 2022. The study population was 227 nurses from 50 Public Health Centers in Jember Regency, East Java Province, Indonesia. The eligible participants then selected using a simple random sampling technique. Six latent variables and 30 manifest variables/indicators were employed in this study: (1) sociodemographic variable (X1) which comprised nine indicators including age, gender, educational background, ethnicity, residence-to-workplace distance, marital status, employment status, employment period, and income level, (2) individual variable (X2) constituted of four indicators including knowledge, competency, communication, and skill, (3) psychological variable (X3) with four indicators including work motivation, work commitment, personality, belief, and value, (4) organizational variable (X4) constructed by four indicators including reward, training, leadership style, and organizational support, and (5) work variable (X5) with four indicators including workload, job description, feedback, and career path, and (6) nurse professional behavior variable (Y1) that constituted of five indicators including altruism, autonomy, human dignity, integrity, and social justice. These latent variables and indicators were derived based on the performance theory [14], behavioral theory [15], and nurse professional values [16]. A questionnaire was also prepared to address the aim of the study according to these theories. The Pearson correlation and Cronbach's alpha values of the questionnaire ranged from 0.634 to 0.934 and 0.709 to 0.939, respectively. SEM PLS with the

SmartPLS application version 3 was used to conduct the inferential analysis.

Ethical permission has been granted by the Health Research Ethics Commission Board in Indonesia through letter Number: 149/UN25.1.14/KEPK/2022. This study was declared to be ethically appropriate in accordance with seven WHO 2011 Standards: 1) Social Values, 2) Scientific Values, 3) Equitable Assessment and Benefits, 4) Risks, 5) Persuasion/Exploitation, 6) Confidentiality and Privacy, and 7) Informed Consent, referring to the 2016 CIOMS Guidelines. This situation is indicated by the fulfillment of the indicators for each standard.

RESULTS

Findings in sociodemographic factors revealed that more than 50 percent of the participants were female and graduated from vocational nursing school. Further, most participants originated from Javanese ethnic backgrounds. The majority of participants' residence-to-workplace distance travel was one to three kilometers (18.9%). The majority of participants were married and working as civil servants (44.5%) with a monthly income of >2,000,000 IDR (36.1%). Additionally, the average age of the participants was 35.63 years with a standard deviation of 7.00, with the youngest and oldest age of 23 and 56 years, respectively. The average period of employment was 10.58 years with a standard deviation of 7.59, with the shortest and longest duration of 2 and 34 years, respectively. These findings are presented in Table 1.

Findings in individual factors showed that most participants (44.5%) demonstrated a good level of professional behavior. More than 50 percent of participants showed good professional practice competency. More than 50 percent of participants also showed good communication skills. Further, 45.8% of them established good and very good communication skills.

The statistical analysis reported that professional behavior in delivering health services at Public Health Centers was classified into the good category. Psychological factor analysis signified that more than 50 percent of participants had good working motivation and commitment. Almost half of them showed good level personalities (48.9%) and proper beliefs/values (48%). Statistical analysis of the organizational factor showed that 32.2% of nurses perceived and put their working rewards system in the poor category. However, more than 50 percent of participants believed that the quality of training obtained in their workplace was quite relevant, causing this indicator categorized into the good category. More than 50 percent of nurses also perceived adequate organizational support. The work factor showed that 28.6% of nurses perceived reasonable level of workload at their workplace (good category). A total of 47.1% of the participants also perceived that their job responsibilities were fair enough, signifying the job description in the good category. More than 50 percent of the nurses perceived proper working feedback in the workplace. They also believed that their current

workingplace had provided them with a promising career path.

The initial inferential outer model analysis results showed that the indicators of the constructed variable had a loading factor with a value less than 0.7, implying the need to remove these indicators in the subsequent statistical analysis. Invalid indicators included age, ethnicity, residence- to-workplace distance, marital status, employment status, employment period, income level, knowledge, communication, leadership style, workload, job description/responsibility, feedback, and autonomy.

The outer model in Figure 1 showed the indicator of the constructed variable; there was no loading factor valued at less than 0.7. Based on Figure 1, the construct validity and reliability evaluation could be performed in this sequence.

Table 2. shows the outer model evaluation. The outer model obtained the final measurement value of the constructed variable with an AVE value of > 0.5, composite reliability value of > 0.7, and Cronbach's alpha value of >f 0.6. According to Figure 1, the model construction was valid, and the variables had a good correlation. Hence, the subsequent analysis of the inner model was allowed to be performed.

Based on Figure 2, a correlation between variables with a t-count value was less than the t-table of 1.96. The association between these variables included in the organizational factor variable on nurse professional behavior (t-count = 0.867) and the work factor variable on nurse professional behavior (t-count = 1.197).

Table 1

Frequency Distribution of Sociodemographic Indicator in the Jember Public Health Centers in September 2022 (n=227)

Indicator	Category	Frequency	
		n	%
Age	(M=35.63, SD=7.00, Min-Max=23-56)		
Employment Period	(M=10.58, SD=7.59, Min-Max=2-84)		
Gender	Female	144	63.4
	Male	83	36.6
Educational Background	Vocational Program	142	62.6
	Bachelor/Professional Program	85	37.4
Race/Ethnicity	Java	182	80.2
	Madura	45	19.8
Residence-to-Workplace Distance	< 1 km	24	10.6
	≥ 1 km – 3 km	43	18.9
	≥ 3 km – 5 km	37	16.3
	≥ 5 km – 7 km	32	14.1
	≥ 7 km – 9 km	16	7
	≥ 9 km – 11 km	24	10.6
	≥ 11 km – 13 km	8	3.5
	≥ 13 km – 15 km	11	4.8
Marital Status	Unmarried	17	7.5
	Married	209	92.1
	Divorced	1	4
Employment Status	Employee Under Pre-determined Contract	80	35.2
	Government Employee Under Agreement	17	7.5
	Civil Servant Candidate	29	12.8
	Civil Servant	101	44.5
Income Level	Less than Rp. 2.000.000/ month	82	36.1
	≥ Rp. 2.000.000 – 3.000.000/ month	67	29.5
	≥ Rp. 3.000.000 – 4.000.000/ month	43	18.9
	≥ Rp. 4.000.000 – 5.000.000/ month	24	10.6
	≥ Rp. 5.000.000/ month	11	4.8
Total		227	100

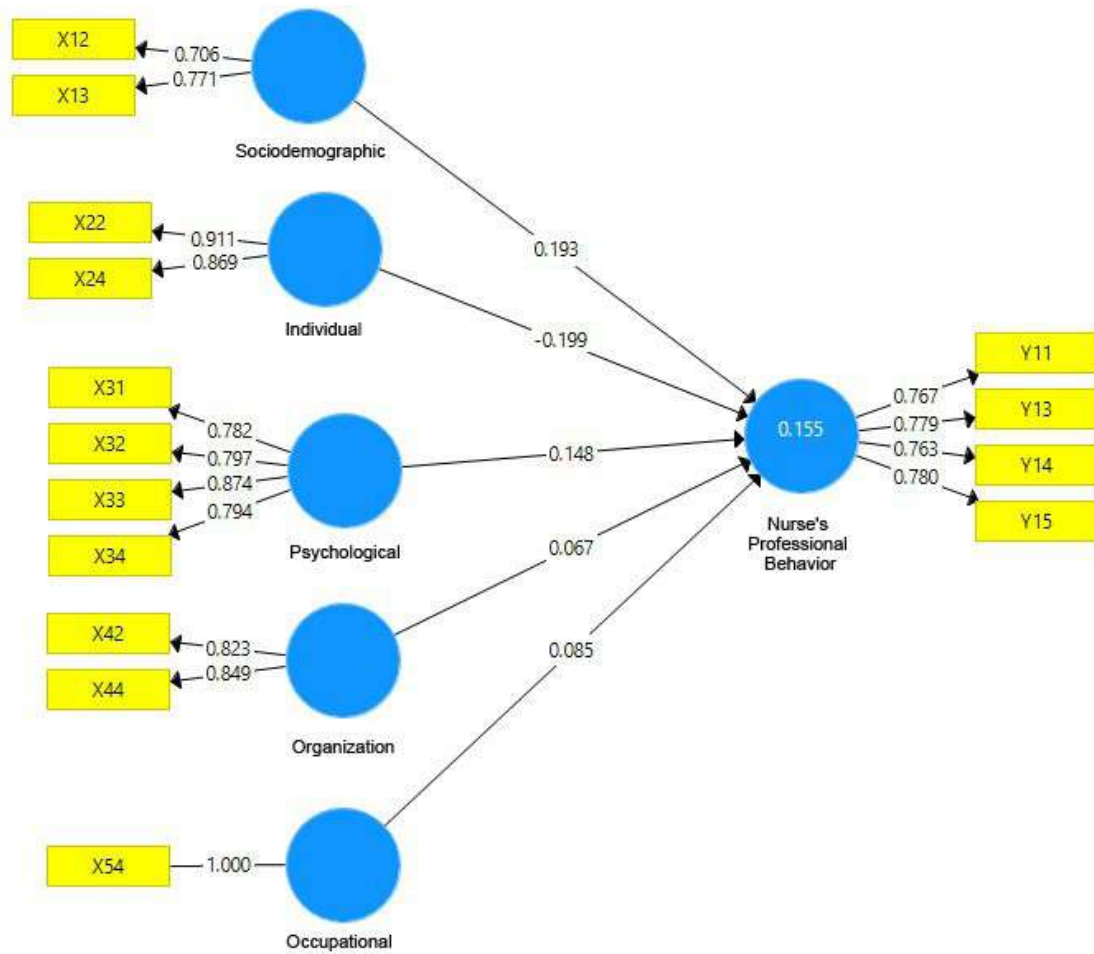


Figure 1. The Outer Model

Table 2

Measurement Model (Outer Model) Evaluation

Variable	AVE	Composite Reliability	Cronbach Alpha
Sociodemographic Factor	0.716	0.965	0.749
Individual Factor	0.833	0.937	0.900
Psychological Factor	0.600	0.857	0.778
Organizational Factor	0.725	0.872	0.863
Occupational Factor	1.000	1.000	1.000
Nurse Professional Behavior	0.768	0.869	0.700

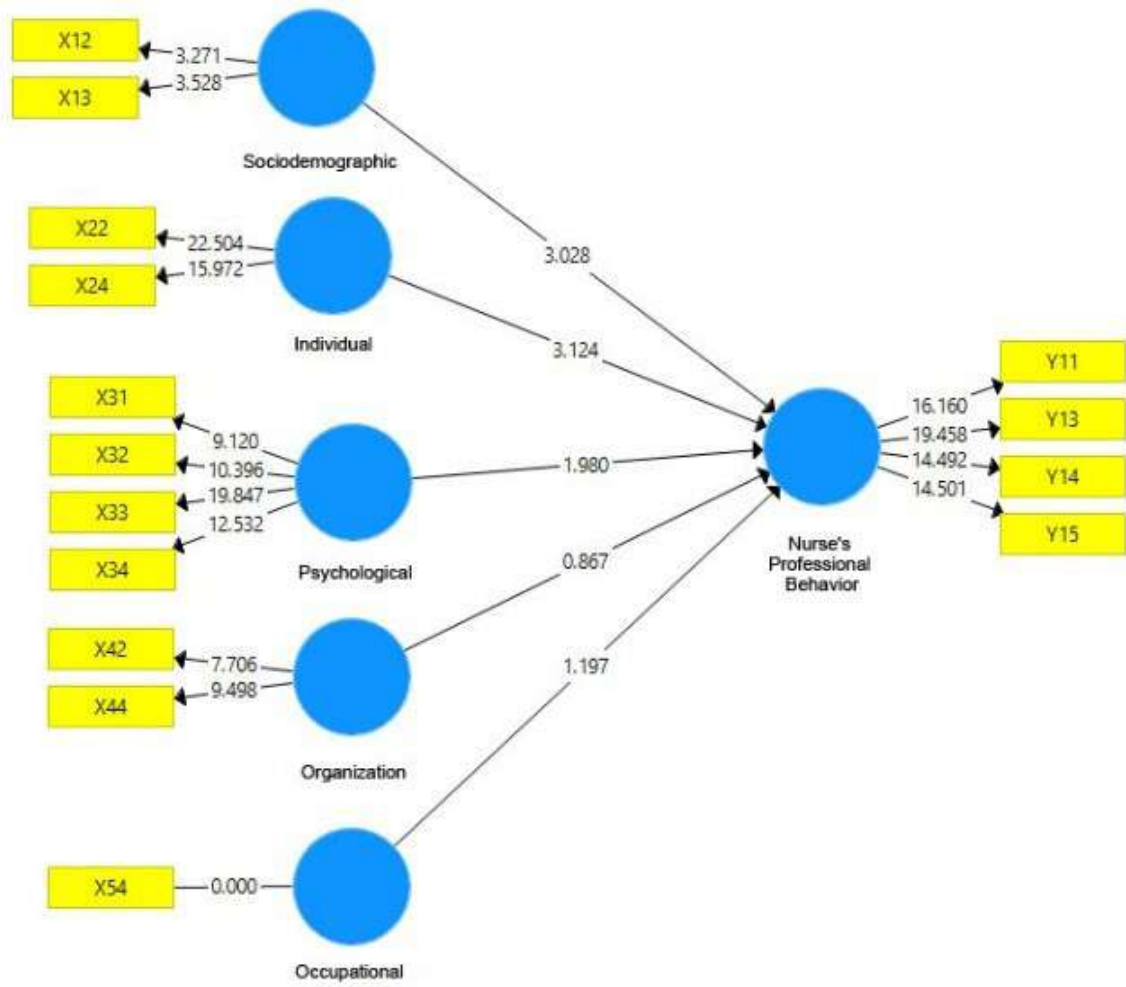


Figure 2. The Inner Model

DISCUSSION

The sociodemographic factors

Recent findings showed a significant correlation between sociodemographic factors and the professional behavior. These findings were in line with a study by Thomas et al. [17]. They reported that sociodemographic factors such as age, gender, marital status, and ethnicity affected the occurrence of work-related fatigue in the nurse population, which would influence the level of professionalism in delivering nursing care. However, this finding was contrary to a study conducted in the Main Health Care Center (PHC) and Hospital in Erbil City, Iraq [18]. In this study, no significant relationship between age, gender, residence location, marital status, economic status, employment period, and the professional behavior of nurses were reported. Nevertheless, one variable, namely the educational background, had a significant association with professionalism among the nurses.

These findings aligned with the study by Handayani & Kuntarti [19] that found no association between age, gender, and educational background in the nurse caring behavior. This finding was contrary to Rizany et al. [20], that mentioned a correlation between those sociodemographic factors, such as age, on the nurse professional behavior. The older nurse was perceived to have more experience in work; thus, they acquired better competence and skill to perform sufficient nursing practices. M. Tarcan et al. [21] linked the age of nurses with

the level of work-related fatigue, which eventually concluded that increasing age will relate to increased fatigue level. This situation may suggest that older age would affect professional behavior performance. In their study, G. Y. Tarcan et al. [22] also found that gender influenced the professionalism of nurses. Female nurses were considered more competent compared to the male nurse. However, M. Tarcan et al. [21] stated that fatigue among nurses actually occurred more in female nurses, which potentially also influenced their work professionalism in workplace. The significant influence of educational background on nurse professionalism was previously reported in the study [23]. The aforementioned study found that nurses who graduated from the bachelor/professional program had the capacity to combine basic knowledge and practice by assessing the ground explanation for a medical intervention.

Ethnicity and cultural differences between nurses and their patients or co-workers have been broadly reported as a factor influencing nurse caring behavior. Differences in ethnicity and culture particularly offered language barriers that inhibit the delivery of professional nursing care. A previous study reported a significant correlation between the period of employment with the professionalism perception among the nurses. Nurses with more than ten years of working experience had 1.2 times better perception of professionalism than those with only five years of experience. Longer work experience was associated with better clinical nursing

judgment and practice proficiency, creating an ideal role model for other nurses [24]. Tri Anggoro & Aeni's [6] explained that marital status could increase personal and work responsibilities, and permanent work then became more valuable and essential. They emphasized that married nurses were generally related to higher responsibilities.

The individual factors

Recent findings reported a significant relationship between individual factors and professional behavior among the participants. An individual factor would be depicted by the professional practice competency and nursing skill indicator. A higher level of practice competency and skill would contribute to higher professional behavior. These findings were similar to the study by [19], which documented the correlation between practice competency and working performance among nurses. Practice competency is a part of the caring theory that could be demonstrated through knowledge, understanding, cognitive skill, physical skill, personality, attitude, and behavior [25]. Nursing skills and proper critical thinking ability would construct adequate nursing clinical judgments and could refer to the combination of sensory, mental, and muscles to provide safe and professional care [26]. The discoveries from the previous study by Lacobucci [27] revealed that knowledge and practice competency influenced the level of professionalism among nurses. Arisanti [28] also mentioned that knowledge affected the caring behavior among nurses.

The psychological factors

There was a significant association between psychological factors and professional behavior among the participants. Indicators of psychological factors such as work motivation, work commitment, personality, beliefs, and values were reported as factors that impact professional behavior among nurses. This finding aligned with a study by Dagne [29] that discovered the correlation between increased work motivation with the professional behavior of nurses. This situation may attribute to work motivation, a desire that is characterized by the emergence of willingness to perform the job in responsible manner and capability to achieve the desired goal [30]. In addition, personality is also an internal factor that played a vital role in constructing proper caring behavior among the nurses. Nurse's profession demands personality traits that capable to adapt quickly to new people and environments due to the pressure to face new things and situations in every day job [19]. [31] reported similar findings, that the behavior of nurses, motivation, and beliefs about the importance of learning activities in the workplace affected the career development of nurses.

The organizational factors

The recent study indicated no significant correlation between organizational factors and professional behavior among nurses. The reward system is an indicator included in the organization variable. This finding was relevant to Agustini & Mulya [32], that discovered an insignificant correlation

between the reward system received and compliance with flowsheet documentation at Pelamonia Hospital II Makassar. On the other hand, the recent finding negated the result from Kamanzi and Nkosi [33]. In their study, most nurses (83%) agreed that the availability of a rewards system had fostered the work motivation of nurses, eventually improving their professional behavior. Another indicator related to organizational factors was the training activities. Findings showed that most nurses perceived the training activities in their workplace as adequate and relevant. Further, [34] seminars, activities, and training programs succeeded creating more qualified and trained nurses. Nursing professional training aimed to improve nursing practices and experience, constructing more adequate professional behaviors.

The occupational factors

An insignificant correlation between occupational factors and the professional behavior of nurses was also reported in this study. Several previous studies also revealed similar findings. Syafrizal [35] and Satria et al. [36] reported no relationship between nursing workload and performance that may impact professional behavior. However, there were also opposing findings. Ramadhan et al. [37] reported that 71.43% of the 42 nurses in their study demonstrated negative professional behavior, which was attributed to a high workload. Thus, this implied that a higher workload correlated with lower caring behavior. High workload occurs due to the incongruence between the workload in the

nursing capacity, which could cause extreme physical exhaustion. A high number of workloads, needs, and recovery issues among the patients demanded a lot of physical and psychological energy, which at the end of the day would affect their work satisfaction [38]. This study offers empirical evidence of the determinants affecting the professional behavior of nurses in Public Health Centers in Indonesia. Several health discoveries and issues have driven the organization of the study, particularly in overcoming setbacks in the quality of health services at Public Health Centers. Poor quality health services are frequently associated with the professional behavior among the nurses.

Furthermore, we spotted study gaps compared to several previous studies. Initially, this gap may occur to the fact that no studies have examined the determinants that can affect the behavior of nurses in public health centers in Indonesia using six latent variables and 30 determinant indicators. Three determinants influenced the professional behavior among the nurses. These findings may occupy the gaps left by previous studies. The significance of these recent findings majorly intended to improve community health status, especially through health care service provided in the Public Health Center. Improving nursing practice competency is one of the most crucial movements taken in a health institution. Nurses with poor professional behavior will give a notorious reputation and poor patient satisfaction. The level of professionalism was very dependent on the determinants. Several factors associated with poor professional behavior have been thoroughly discussed in

this study. The recent findings are beneficial for nurses or healthcare institutions to determine effective strategies to overcome professionalism issues, developing better human resource qualities and creating more professional nurses in the future.

STUDY LIMITATIONS

In fact, the influence of multiple factors on nurse professionalism have been broadly reported. However, we only investigated four indicators in this study. These indicators were selected according to a review of the relevant literatures revealing the most significant indicators for the latent variable of the nurse factors.

CONCLUSION AND RECOMMENDATIONS

Recent findings revealed several determinants of the professional behavior of nurses in the public health care setting: 1) professional behavior was influenced by sociodemographic, individual, and psychological factor, 2) the most significant influence was delivered by the individual factor, 3) individual factor was specifically portrayed by the indicator of professional practice competency and skill among the nurses, and 4) subsequently, a higher level of practice competency and skill would contribute to a better professionalism.

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CONFLICT OF INTEREST

Authors declare no conflict of interest to disclose in this study.

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