Nurse’s Expectations after the Enactment of Nursing Law No. 38 of 2014 Concerning Independent Nursing Practices in Yogyakarta Special Region Province

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(Received: November 2017/ Revised: December 2017/ Accepted: January 2018)

Abstract
This study aims to identify nurses’ expectations after the enactment of Nursing Law Number 38 of 2014 concerning independent nursing practice in Yogyakarta Special Region Province. This research is a mixed methods research, in which basic data in the form of nurses’ level of understanding about Nursing Law were taken using quantitative approach, followed by collecting qualitative data in order to identify nurses’ expectations in conducting independent nursing practice. The sample of quantitative data were 282 nurses in 5 Regional General Hospital in the province, while qualitative data were taken from 10 respondents using Focus Group Discussion (FGD) method, the data were analyzed in three stages, which are data reduction, data presentation, and conclusion. The quantitative data were collected using a questionnaire from November 2015-January 2016 and analyzed using frequency table. In terms of quantitative data, nurses’ understanding about Nursing Law was mostly fair, or 69.1%. In terms of qualitative data, the nurses’ expectations of Nursing Law Number 38 of 2014 are covered in 8 themes, namely recognition of nurse profession, provision of collegial regulation, type of nursing competence test, application standard for Nurse Practise License/Surat Izin Praktik Perawat (SIPP), derivatives of Nursing Law, better system, addition of competency test materials, and better protection for nurses. The nurses expect the clarity of job description of independent nursing practice, uniformity of standard operating procedure to facilitate the process of applying independent nursing practice, more protected condition in carrying out independent nursing practice and recognition by other professions.

Keywords: Nurses’ expectations; nursing law; nursing practice

Introduction
Health development have been recognized by health care providers, including nursing services. Nurses are professionals who have particular and specific body of knowledge in performing their professional practice, have responsibility and accountability, so that nurses are bound by the legal rules that govern nursing practice (Nursing Law, 2014).

Nurses who perform nursing practice either in clinical or independent practice based on Nursing Law No 38 of 2014 must have a license. The evidence of license is given to nursing personnel in the form of Nurse Practice License (SIPP) on the recommendation of authorized health officials in the regency or city. Nursing practice should be based on ethical code, service standards, professional

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standards, and standard operating procedures. The result of interview with the Chairman of Indonesian National Nurses Association (PPNI) of Bantul Regency, Yogyakarta Special Region Province, and supported by data from Bantul Public Health Office indicated that the number of nurses in Bantul Regency is 1,111 nurses spreading in 14 hospitals, 27 public health centers, 31 clinics and 67 auxiliary public health centers. However, there are only 0.89% of nurses who already have SIPP. This indicates that the nurses in Bantul Regency still have low interest in performing independent nursing practice.

The results of interviews with nurses who had opened independent nursing practice in Bantul Regency indicated that nurses not understand how to deal with the license and perform their independent nursing practice in accordance with the provisions of the prevailing Nursing Law. In addition, it was stated that nurses are still hesitant about the services provided to the public. In regard to the legal provision of nursing enacted by the government, researchers will conduct research “How are nurses’ expectation after the enactment of Nursing Law Number 38 of 2014 in Special Region of Yogyakarta?”

Method

This research is a mixed methods research, conducted by combining two research forms, which are quantitative and qualitative research. A mixed method is research method that combines quantitative and qualitative methods to be used simultaneously in a research in order to obtain more comprehensive, valid, reliable, and objective data (Sugiyono, 2011). Data were collected in November 2015-January 2016 in 5 Regional General Hospitals in Yogyakarta Special Region Province, namely City Regional General Hospital, Sleman Regional General Hospital, Bantul Regional General Hospital, Kulon Progo Regional General Hospital, and Gunungkidul Regional General Hospital. This research had ethical clearance issued by the Ethics Commission for Health Research of Yogyakarta Muhammadiyah University.

Quantitative data were obtained by giving a questionnaire developed by the researchers by referring to Nursing Law number 38 of 2014 with a sample size of 282 obtained using simple random sampling technique and calculated using Slovin’s formula. The inclusion criterion was hospital nurses who had worked for at least 2 years. Meanwhile, qualitative data were obtained through FGD (Focus Group Discussion) using phenomenology approach to 10 respondents taken purposive sampling technique, of which the inclusion criterion was nurses that had opened nursing independent practice. Before being used, the questionnaire instrument was tested its validity and reliability in 20 respondents in Prambanan Regional General Hospital. The results indicated that all items in the instruments were valid, that 11 items of multiple-choice questions had the value of > r table (0.444) with Cronbach’s alpha of 0.967. Nurses’ understanding about the Nursing Law were categorized into 3 categories, namely good, fair, and poor. The qualitative data were analyzed in three stages, namely data reduction, data presentation, and conclusion.

Results

Table 1 shows the number of respondents from each of the Regional General Hospital in Yogyakarta Special Region Province. The highest number of respondents is from Bantul Regional
General Hospital by 27.7% or 78 respondents. Table 2 shows the characteristic of respondents’ sex of the quantitative data from 5 hospitals in Yogyakarta Special Region Province, most of them are female by 227, or 80.5%. The education of respondents of the quantitative data was mostly Diploma 3 (D3) nursing degree by 222, or 78.7%.

Table 3 shows the characteristic of respondents’ sex of the qualitative data in Yogyakarta Special Region Province. They are mostly male, numbering 9 respondents. The respondents’ education of the qualitative data was mostly graduates from Nurse undergraduate program by 4, or 40%.

Table 1. Number of Respondents in 5 hospitals in Yogyakarta Special Region Province

<table>
<thead>
<tr>
<th>Hospital</th>
<th>f</th>
<th>%</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yogyakarta City</td>
<td>60</td>
<td>21.3</td>
<td>21.3</td>
</tr>
<tr>
<td>Sleman</td>
<td>39</td>
<td>13.8</td>
<td>35.1</td>
</tr>
<tr>
<td>Bantul</td>
<td>78</td>
<td>27.7</td>
<td>62.8</td>
</tr>
<tr>
<td>Kulon Progo</td>
<td>59</td>
<td>20.9</td>
<td>83.7</td>
</tr>
<tr>
<td>Gunungkidul</td>
<td>46</td>
<td>16.3</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2. Characteristics of Respondents in Quantitative Research Based on Sex and Educational Level (n=282)

<table>
<thead>
<tr>
<th>Sex</th>
<th>f</th>
<th>%</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>55</td>
<td>19.5</td>
<td>90</td>
</tr>
<tr>
<td>Female</td>
<td>227</td>
<td>80.5</td>
<td>100</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D3</td>
<td>222</td>
<td>78.7</td>
<td>78.7</td>
</tr>
<tr>
<td>D4</td>
<td>24</td>
<td>8.5</td>
<td>87.2</td>
</tr>
<tr>
<td>Undergraduate</td>
<td>15</td>
<td>5.3</td>
<td>92.6</td>
</tr>
<tr>
<td>Undergraduate (Nurse)</td>
<td>20</td>
<td>7.1</td>
<td>99.6</td>
</tr>
<tr>
<td>Master</td>
<td>1</td>
<td>0.4</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 3. Characteristics of Respondents in Qualitative Research Based Sex and Educational Level (n=10)

<table>
<thead>
<tr>
<th>Sex</th>
<th>f</th>
<th>%</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>9</td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D3</td>
<td>3</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>D4</td>
<td>2</td>
<td>20</td>
<td>50</td>
</tr>
<tr>
<td>(Transfer from D3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undergraduate</td>
<td>1</td>
<td>10</td>
<td>60</td>
</tr>
<tr>
<td>Undergraduate (Nurse)</td>
<td>4</td>
<td>40</td>
<td>100</td>
</tr>
</tbody>
</table>
Table 4. Knowledge Level of Respondents about Nursing Law (n=282)

<table>
<thead>
<tr>
<th>Knowledge Level</th>
<th>f</th>
<th>Percentage</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>40</td>
<td>14.2</td>
<td>14.2</td>
</tr>
<tr>
<td>Fair</td>
<td>195</td>
<td>69.1</td>
<td>83.3</td>
</tr>
<tr>
<td>Good</td>
<td>47</td>
<td>16.7</td>
<td>100</td>
</tr>
</tbody>
</table>

Knowledge Level based on education level

**D3:**
- Poor: 25 (11.26) 11.26
- Fair: 160 (72.14) 83.4
- Good: 37 (16.6) 100

**D4:**
- Poor: 10 (41.6) 41.6
- Fair: 11 (45.90) 87.5
- Good: 3 (12.5) 100

**Undergraduate:**
- Poor: 1 (6.67) 6.67
- Fair: 12 (80) 86.67
- Good: 2 (13.33) 100

**Undergraduate (Nurse):**
- Poor: 4 (20) 20
- Fair: 12 (60) 80
- Good: 4 (20) 100

**Master:**
- Poor: 0 (0) 0
- Fair: 0 (0) 0
- Good: 1 (100) 100

Table 4 shows the respondent’s knowledge level about Nursing Law Number 38 of 2014 that are mostly fair by 195 or 69.1%.

**FGD Data**

The respondents’ expectations after the enactment of Nursing Law No. 38 of 2014 are covered in 8 themes, namely recognition of nurse profession, provision of collegial regulation, type of nursing competence test, SIPP application standard, derivatives of Nursing Law, better system, addition of competency test materials, and better protection for nurses. Each theme will be described as follows:

**Theme 1: Recognition of Nursing Profession**

This theme is formulated from the statement of participants stating that nurse is a profession whose recognition still needs struggle although administratively it is legal. Nurses encounter big challenges because there are many nurses who do not think that nurse is a profession that has duty and responsibility to provide nursing care, as expressed by a participant:
“...nurse is a profession, but its recognition still needs struggle. Administratively has been recognized, but how we can struggle that our existence is different from other professions, so that people know that nurse is a profession. It is a challenge for us, because a nurse sometimes do not think that it is a profession. Because nurse is a noble job, whose has science is different from doctors and other health workers, and nurses have nursing care that is different from doctors.” (P3)

Theme 2: Provision of Collegial Regulation
This theme is formulated from the statement of participant stating nursing collegiality already exists but it does not reflect the real meaning of organization. The provisions regulating the collegiality are detailed and the graduates of the nursing profession are still diverse, as expressed by a participant:

“The nursing collegiality leads to a sub-specialist. For now nurse collegiality has been formed but has not described in the real sense, because their education is still varied.” (P3)

Theme 3: Type of Nursing Competence Test
This theme is formulated from the statement of participants stating that nursing competency test is divided into two, namely for new nursing graduates to obtain registration certificate and for nurses who have already worked in health service institution in which an increase of career level needs a competency test, as expressed by a participant:

“I think there are two competence tests, according to Nursing Law No. 38 of 2014. In the narrow sense, the first test is specially given to fresh graduates. In the final period of their education they is required to take the competency test in order to improve the graduation minimum standard required by professional employment, so that it requires a competency test to obtain the Surat Tanda Registrasi STR (registration certificate), while the second competency test is for the nurse who has worked, which may be known as the increase for career allowance.” (P5)

Theme 4: SIPP Application Standard
This theme is formulated from the statement of participants stating that there is no standardization for applying SIPP from the headquarter, so that nurses who will apply for the nurse practice license find it difficult, as expressed by a participant:

“There is no standard for the application of SIPP, for example in Bantul, Sleman and Kulon Progo it is different, but actual issued by the same institution, from the Health Agency, so it must be synchronized”. (P7)

Theme 5: Derivatives of Nursing Law
This theme is formulated from the statement of participants stating that there is no clarity about the independent nursing practice in terms of service and license, as expressed by a participant:

“...there is no derivatives of the Nursing Law, which regulates independent nursing practice and its licensing, so that we still use Government Regulation No. 25 of 2000. The SIPP is used for licensing independent nursing practice.” (P1)
Theme 6: Better System

This theme is formulated from the statement of participants stating that it is necessary to develop a good nursing system and to clarify the job description of nursing practice, as expressed by a participant:

“It is expected that the Nursing Law will build a good system, a clarity of our job description, and can improve the system” (P4)

Theme 7: Addition of Competency Test Materials, Nurse Registration, and Nurse Practice License

This theme is formulated from the statement of participants stating that students should be given materials related to competency test, STR application, and SIPP since they start their nursing education, as expressed by a participant:

“...began to be introduced in the Educational Institution, so that they are ready since they are students for competency test, application of STR and SIPP” (P1)

Theme 8: Better Protection for Nurses.

This theme is formulated from the statement of participants stating that the Nursing Law makes nurses more protected and recognized by other professions, as expressed by a participant:

“...protecting, increasingly clarifying the nursing profession, recognized by other professions. It needs clear derivatives, especially because the professional organization is getting more solid, more PPNI members, and it is necessary to involved all things, especially the development of nursing science” (P2).

Discussion

Respondents of quantitative data was mostly female by 80.5% of the total 282 respondents. Meanwhile, respondents of qualitative data was mostly male by 90% of 10 respondents. Female nurses average can fulfill their patients’ rights better than males (Sudrajat, 2008). The attitudes of women are more varied than that of men, women emphasize more on work conditions, while men emphasize more on wages (Alligood & Tomey, 2003). In contrast to Robbins (2006), there is no significant difference in employment productivity or in the fulfillment of patient rights between men and women. Gibson, Ivancevich, & Donelly (1996/1997) adds that the ability of a person to do a job is affected more by factors of knowledge, experience, potential, and responsibilities given than that by sex. This study found that the characteristic based on sex with a good level of knowledge of the Nursing Law is female by 17.6% compared to male by 12.7%.

The education level of quantitative data respondents is mostly D3 Nursing degree by 78.7% of 282 respondents. Meanwhile, the sex of qualitative data is mostly male by 40% of 10 respondents. The result of this quantitative data research is similar to what was done by Sudrajat (2008) in which most of the respondents (98.1%) was D3 Nursing and indicates that there is no significant correlation between education level variable and fulfillment of patient rights. Ilyas (2000), have different state the education is a picture of individual competence and skills and is a factor that affects performance. This statement is consistent with the research conducted by Widaningsih (2002) on hospital nurses, and indicates a
significant correlation between nurses’ education level and nurses’ performance.

The respondents’ level of knowledge about Nursing Law No. 38 of 2014 from 5 Regional General Hospitals in Yogyakarta Special Region Province is mostly fair by 69.1%. Nurses’ knowledge of legal aspects will guide the nurse carrying out nursing practice in a responsible, quality, safe, and affordable manner by those with high competence, ethics and moral (Nursing Law 2014). A person’s behavior is affected and determined by his/her knowledge, attitude, and belief. Level of knowledge begins from the moment when a person knows. Knowing can be interpreted as remembering a material that has been previously studied. After knowing is a stage of understanding which is defined as an ability to explain correctly about the object known and can interpret the material correctly (Notoatmodjo, 2007).

One of the factors that affect knowledge is education. Most of the nurses involved in the research have D3 nursing education. Education affects the learning process, the higher a persons’ education, the easier the person receives information. The more the information enters, the more the knowledge is obtained. Knowledge is closely related to education in which it is expected that a highly educated person will be more knowledgeable. Information mat affect knowledge. Information obtained from formal and non-formal education can provide immediate impacts so as to produce change or increase in knowledge (Notoatmodjo, 2007). This research is consistent with the statement of Notoatmodjo (2007) in table 4 that the higher the level of nurse education in Yogyakarta Special Region Province, the higher the level of knowledge, which is 100% of Master of Nursing graduate have good knowledge, 20% of Nursing undergraduate graduate have good knowledge, while 16.6% of D3 nursing graduates have good knowledge.

The results of qualitative data concerning the nurses’ expectations after the enactment of Nursing Law are the first theme, the recognition of nursing profession which still needs to be fought although it is administratively legal. Before the Nursing Law was enacted, the nursing profession already had a legal umbrella, namely Law no. 23 of 1992 concerning Health which is a legal basis that provides an opportunity to develop nursing profession, such as practice standard, patient’s rights, authority, and legal protection for health professions, including nursing. The nursing profession was recognized by Law No. 23 of 1992, but in practice, the nursing profession had to struggle for recognition from other health professions, as well as from the public (Sudrajat, 2008). As result of the Nursing Law, participants expect that society and other professions recognize the existence of nurse profession. According to Snyder (in Carr, 2004), hope is the ability to plan the way out in an effort to achieve goals despite the obstacles, and make motivation as a way of achieving goals.

The second theme is the expectation of provision of collegial regulation that does not reflected the real organization. The Nursing Law mentions that Nursing Collegiality is a body established by organization of nursing profession for every branch of nursing discipline which is in charge of handling and improving the education quality of the branches of the discipline.

The third theme is the expectation of type of nursing competence test that is divided into 2, namely for new nursing graduates to obtain registration certificate and for nurses who have worked in health care institutions in which a competency test is required for increasing career path. The Nursing Law mentions that competence test is a process of measuring knowledge, skills, and behavior of learners at the universities that administer Nursing study program. The competency test referred to in paragraph (2)
is aimed at achieving the competency standards of graduates that meet the work competence standards (Nursing Law, 2014).

The fourth theme is the expectation of the same standard for applying Nurse Practice License (SIPP) between one regency/city and another. The Nursing Law states that a nurse who carries out nursing practice is required to have SIPP. As referred to in paragraph (2), SIIP is provided by the Regency/Municipal Government on the recommendation of the authorized health authorities in the regency/municipality where the nurse practices. However, the participants who had applied for the SIPP stated that the procedures are different between regencies/cities.

The fifth theme is the expectation for the derivatives of Nursing Law. Article 34 of Nursing Law states that further provisions regarding duties and authorities of the Nurse are regulated by Regulation of Minister. Participants expect the clarity of duties and authorities in performing independent nursing practice.

The sixth theme is the expectation of a better system regulating nursing practice. Participants expect that the nursing system should be one way that central, provincial, regency/municipal level and the commissariat should have the same perception. Nursing practice in accordance with the provisions in Chapter V article 28 can be divided into two: nursing practice in health care facilities and independent nursing practice. Nursing practice should be based on ethical codes, service standards, professional standards, and standard operating procedures. The basic principle of nursing practice is the need for health and nursing services in the community within a region.

The seventh theme is the expectation of the addition of competency test materials, nurse registration, and nurse practice license in the nursing curriculum. Participants expect an exposure in the academic domain related to what the competence test, nurse registration, and nursing practice license are. Like the provisions of Higher Education in Nugroho (2016), competence test is given in the final stage after completing the education phase as an exit exam in which a professional academic environment is needed. It is also mentioned in Health Professional Education Quality (HPEQ) Student in Nugroho (2016) that the Indonesian Nurse Competency Test (UKNI) poses problems such as socialization and preparation, so that the problem can be anticipated earlier and students can better prepare for UKNI. Nurse registration deal with a nurse who has been officially registered and has completed and obtained a professional certificate and has certain qualifications, and has been legally recognized to carry out nursing practice. CHAPTER IV Article 18 number 1 states that nurses who perform nursing practice must have a Registration Certificate (STR). The time specified for re-registration, or the expiry date of STR are contained in Chapter IV Article 18 that it must be extended every 5 years. The requirements for re-registration are having the previous STR, having a competence certificate or professional certificate, a certificate of physical and mental health, making a statement of compliance, and applying the provisions of professional ethics.

The eighth theme is the expectation of better protection for nurses. As a result of Nursing Law, the nurse profession is more protected and nurses are more careful in carrying out nursing practice. The rights of a nurse who carries out nursing practice are contained in the Nursing Law of CHAPTER VI that nurse obtains legal protection as long as performing the tasks in accordance with service standards, professional standards, standard operating procedures and provisions of laws and regulations. Nurse
obtains true, clear, and honest information from the client. Nurse also receives service rewards for the
services provided for the client. Nurse has the right to refuse the client’s wishes that are considered
contrary to the ethical codes, service standards, professional standards, standard operating procedures,
or statutory provisions. Nurses has the right to obtain work facility in accordance with the standards.

Conclusion

The results of this research indicate that most of the respondents are female with D3 nursing
education. The understanding of nurses in Yogyakarta Special Region on Nursing Law is mostly fair.
The nurses’ expectation after the enactment of Nursing Law are; recognition of nursing profession by
the public and other professions, provision of collegial regulation, type of competence test divided
into two (academic and clinical), standardization of SIPP application, immediate derivative of Nursing
Law, better nursing system, addition of competence test material, registration and nurse practice
license in the academic curriculum, and better protection for nurses.

Acknowledgment

We would like to express our deepest and sincere gratitude to Stikes Jenderal Achmad Yani
Yogyakarta for providing research grant so that this research can be completed.

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