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PERCEPTION OF DOCTOR PROFESSIONALISM IN MEDICAL STUDENTS

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Abstract— Professionalism is one of the standard competencies for Indonesian doctors. Professionalism plays an essential role in shaping the attitudes and behavior of future doctors. Previous studies have shown that professional behavior as medical students predicts their behavior as doctors. Thus, professional behavior must be learned appropriately, and professionalism in medical education must be better defined. This affects the teaching-learning methods of professionalism in medical education. **Objective:** To identify the student's perception of doctor professionalism. **Methods:** This research used a descriptive observational method. The sample size was 262 students and was selected using a simple random sampling technique from students in 1st year, 2nd year, 3rd year, and 4th. Data collection used a questionnaire, which has been validated. **Results:** Regarding the definition of doctor professionalism, respondents with good perception were 95.27% (249), sufficient perception was 1.42% (4), and poor perception was 3.27% (9). Regarding the teaching method of doctor professionalism, respondents with good perception were 86.24% (226), sufficient perception was 9.05% (24), and poor perception was 4.47% (12). Regarding the professional role of doctors, respondents with good perception were 92.92% (243), sufficient perception was 3.75% (10), and poor perception was 3.3% (9). **Conclusion:** This study's findings are significant as they shed light on the perceptions of doctor professionalism among medical students, providing valuable insights for the improvement of medical education and the future of the medical profession.

Keywords—*Professionalism; professional behavior; medical students.*

I. INTRODUCTION

The Indonesian Medical Disciplinary Honorary Council or Majelis Kehormatan Disiplin Kedokteran Indonesia (MKDKI), an autonomous institution from the Indonesian Medical Council or Konsil Kedokteran Indonesia (KKI), has recorded 317 complaints regarding the services of doctors and dentists. Throughout 2015, 13 complaints were recorded. According to MKDKI, the number of complaints involving surgeons was recorded at 76 cases, and obstetricians at 56 cases. Meanwhile, the most significant complaints came from cases involving general practitioners, namely 114 cases. The increase in the number of complaints could be seen from two sides. On the one hand, this shows that society is becoming more intelligent according to KKI's expectations. On the other hand, the number of violations may indeed increase. For the record, complaints by the public do not always mean that the doctor in question made a mistake. Lack of good communication between doctors and patients often leads to complaints. The increase in malpractice cases through complaints about the services of doctors and dentists also increases attention to the professionalism of doctors. (1)

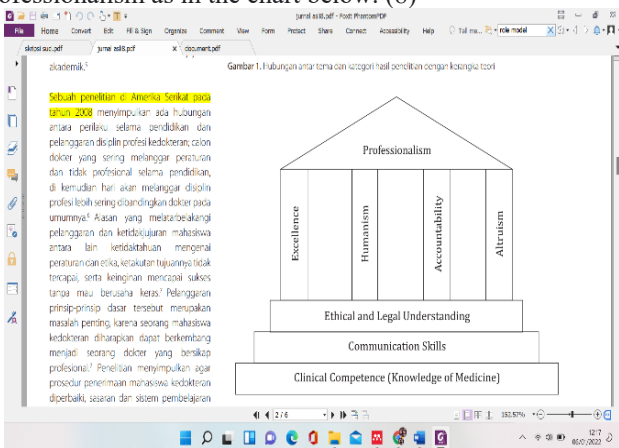
Professionalism refers to the mental attitude in the form of commitment from members of a profession to realize and improve their professional quality. In medical education, professionalism is the competency standard for Indonesian graduate doctors. Professionalism is the primary basis for doctors to be able to carry out medical procedures in health service efforts. The form of professionalism during education does not only refer to Skills Lab learning, Problem-Based Learning, or does not only depart from the knowledge or skills that have been learned during education at Fakultas Kedokteran Universitas Swadaya Gunung Jati (FK UGJ) but also includes the behavioral component. (2) (3)/

The concept of professionalism in medical education institutions in Indonesia has yet to be well-developed in

integrating professionalism into learning. Professionalism is still an object that has yet to be mapped out in the standard medical education curriculum because, at the pre-clinical stage, it only refers to the theory studied during lectures, in contrast to the professional stage, where the concept of professionalism itself can be applied. Therefore, professionalism learning theory has been introduced previously in medical education. However, the implementation of medical education often focuses more on developing aspects of students' knowledge and skills, so efforts to develop professionalism in society are still neglected. (3)(4)(5).

A study in the United States in 2008 concluded that there was a relationship between behavior during education and violations of discipline in the medical profession. Prospective doctors who often violate regulations and are unprofessional during their education will later violate professional discipline more often than doctors. Violating these basic principles is an important problem because a medical student is expected to develop into a professional doctor. The professionalism learning method is related to the professionalism learning process. Meanwhile, the role of professionalism itself is related to the importance of professionalism in medical education and practice. (6)(7).

As a guide in assessing professionalism, Arnold and Stern (2006) provide a definition that professionalism is demonstrated through basic clinical competence, communication skills, and understanding of ethics and law built by the hope of implementing the principles of professionalism: excellence (excellence), humanism (humanism), accountability (accountability), altruism (altruism). Arnold and Stern visualize the definition of professionalism as in the chart below. (8)



Professional behavior is part of the competencies that a doctor must master, and professional learning efforts are very appropriate if started early. Professionalism must begin to be studied and applied even to new students. Every institution must implement a formal curriculum regarding the concept of professionalism. This concept of professionalism is an essential aspect of doctor competency standards. Because medical education institutions need to assess student behavior

from the start of learning to guarantee that future doctor graduates can practice professional behavior. Professionalism in medicine is also formed from several behavioral components, including altruism, competence, honesty, and respect for others. Based on the background of the problem above, the author is interested in identifying student perceptions regarding the concept of doctor professionalism at the Faculty of Medicine at Universitas Swadaya Gunung Jati. (1)(3).

II. METHOD

This study was a descriptive observational study with a cross-sectional design. We collected data from a sample size of 262 medical faculty students at Universitas Swadaya Gunung Jati using the Stratified Random Sampling Method. The students were from 1st year, 2nd year, 3rd year, and 4th year. Students who had not been active in the study or did not fill out the questionnaire ultimately were not included in this study.

Data collection used a validated questionnaire instrument. The questionnaire consisted of 15 questions that measured students' perceptions of professionalism, including its definition, learning method, and role. This study was approved by the Research Ethics Committee in the Faculty of Medicine at Universitas Swadaya Gunung Jati.

III. RESULTS AND DISCUSSION

In this study, there were 62 students participated as research samples: 58 students from the 4th year (class 2017), 62 students from 3rd year (class 2018), 76 students from 2nd year (class 2019), and 66 students from 1st year (class 2020) medical students in Universitas Swadaya Gunung Jati, who met the criteria.

Student's perceptions toward a definition of professionalism. There were 66 respondents in 1st year, 60 (90.9%) respondents had good perception, 1 (1.5%) respondent had sufficient perception, and 5 (7.6%) respondents had poor perception. There were 76 respondents in 2nd year, 71 (93.4%) respondents had good perception, 2 (2.6%) respondents had sufficient perception, and 3 (3.9%) respondents had poor perception. There were 62 respondents in the 3rd year; 60 (96.8%) respondents had good perception, 1 (1.6%) respondents had sufficient perception, and 1 (1.6%) respondents had poor perception. There were 58 respondents in the 4th year, of which 58 respondents (100%) had good perception, 0 (0%) respondents had sufficient perception, and 0 (0%) respondents had poor perception—the distribution is shown in the table below.

TABLE I. STUDENT'S PERCEPTION TOWARD A DEFINITION OF PROFESSIONALISM.

No	Year	Result	Freq	(%)
1	Ist year	Good	60	90,9
		Sufficient	1	1,5

		Poor	5	7,6
		Total	66	100,0
2	2nd year	Good	71	93,4
		Sufficient	2	2,6
		Poor	3	3,9
		Total	76	100,0
3	3rd year	Good	60	96,8
		Sufficient	1	1,6
		Poor	1	1,6
		Total	62	100,0
4	4th year	Good	58	100,0
		Sufficient	0	0
		Poor	0	0
		Total	58	100,0

TABLE II. STUDENT'S PERCEPTION TOWARD LEARNING METHOD OF PROFESSIONALISM.

No	Year	Result	Freq	(%)
1	1st year	Good	50	75,8
		Sufficient	8	12,1
		Poor	8	12,1
		Total	66	100,0
2	2nd year	Good	67	88,2
		Sufficient	7	9,2
		Poor	2	2,6
		Total	76	100,0
3	3rd year	Good	54	87,1
		Sufficient	6	9,7
		Poor	2	3,2
		Total	62	100,0
4	4th year	Good	55	94,8
		Sufficient	3	5,2
		Poor	0	0
		Total	58	100,0

Table II shows students' perceptions toward learning methods of professionalism. From 1st year respondents there were 50 (75.8%) respondents had good perception, 8 (12.1%) respondents had sufficient perception, and 8 (12.1%) respondents had poor perception. From 2nd year respondents, 67 (88.2%) respondents had good perception, 7 (9.2%) respondents had sufficient perception, and 2 (2.6%) respondents had poor perception. Of the 3rd-year respondents, 54 (87.1%) had good perception, 6 (9.7%) respondents had sufficient perception, and 2 (3.2%) respondents had poor perception. From 4th year respondents, 55 (94.8%) had good perception, 3 (5.2%) respondents had sufficient perception, and 0 (0%) respondents had poor perception.

TABLE III. STUDENT'S PERCEPTION TOWARD THE ROLE OF PROFESSIONALISM.

No	Year	Result	Freq	(%)
1	1st year	Good	56	84,8
		Sufficient	6	9,1
		Poor	4	6,1
		Total	66	100,0
2	2nd year	Good	71	93,4
		Sufficient	2	2,6
		Poor	3	3,9
		Total	76	100,0
3	3rd year	Good	59	95,2
		Sufficient	1	1,6
		Poor	2	3,2
		Total	62	100,0
4	4th year	Good	57	98,3
		Sufficient	1	1,7
		Poor	0	0
		Total	58	100,0

Table III shows students' perceptions toward the role of doctor professionalism. In 1st year there were 56 (84.8%) respondents had good perception, 6 (9.1%) respondents had sufficient perception, and 4 (6.1%) respondents had poor perception. In 2nd year there were 71 (93.4%) respondents had good perception, 2 (2.6%) respondents had sufficient perception, and 3 (3.9%) respondents had poor perception. In 3rd year there were 59 (95.2%) respondents had good perception, 1 (1.6%) respondent had sufficient perception, and 2 (3.2%) respondents had poor perception. In 4th year there were 57 (98.3%) had good perception, 1 (1.7%) respondent had sufficient perception, and 0 (0%) respondents had poor perception.

In medical education, professionalism is the competency standard for Indonesian graduate doctors. Professionalism is the main basis for doctors to be able to carry out medical procedures in health service efforts. Professionalism is demonstrated through basic clinical competence, communication skills, and understanding of ethics and law, which is built by the hope to implement the principles of professionalism such as excellence, humanism, accountability, and altruism. The medical professionalism learning method at FK UGJ includes an introduction to the profession and the medical code of ethics, followed by methods that facilitate mastery of skills using lecture methods, PBL, and clinical skills. Professionalism plays an important role in forming prospective doctors with attitudes and behaviors that follow the standards of medical moral values in accordance with the basic principles of medical ethics and the Indonesian medical code of ethics and can make decisions regarding ethical dilemmas in health services. (1)(14)(18).

Core values related to the definition of professionalism include clinical competence, communication skills (communication skills), and ethical and legal understanding (understanding of law and ethics) are the basis of professionalism. At the same time, excellence (excellence), humanism (humanism), accountability (accountability), and

altruism (altruism) are the pillars of professionalism. In 1999, the Association of American Medical Colleges (AAMC) recommended that all medical schools include professionalism in their core medical education curriculum. This is in line with research that has been conducted, namely the responses of 262 respondents regarding the definition of doctor professionalism; 95.27% (249) of respondents had a good perception, which means that the FK UGJ has included the context of the definition of professionalism in its curriculum. Meanwhile, for students with sufficient perception, 1.42% (4) of respondents and 3.27% (9) had poor perception. This was in line with Cruess and Cruess's research for more than a decade, which illustrates the need for explicit teaching about definitions and values of professionalism for students who have insufficient perception and are unable to carry out reading and comprehension strategies designed to improve reading comprehension skills and understand the definition of professionalism itself. (22).

The form of professionalism during education not only refers to Skills Lab learning problem-based learning or does not only depart from the knowledge or skills learned during education at FK UGJ but also includes behavioral components. This is in line with research conducted, namely the responses of 262 respondents regarding learning methods for doctor professionalism; 86.24% (226) of respondents had good perceptions, meaning they already understood much about the learning methods they had studied. Meanwhile, for students who have a sufficient perception, 9.05% (24) of respondents and 4.47% (12) of respondents have a poor perception; this is because they have not been able to understand in depth the professional learning methods included in the lecture method, Skills learning. Lab and Problem Based Learning (2) (3).

The role of professionalism is to treat patients equally and with respect, which means always maintaining patient confidentiality, taking responsibility for actions, and being a competent and knowledgeable doctor. This also shows the moral and ethical behavior of treating colleagues, patients, and families ethically and dignifiedly, which is professional behavior that ensures that their rights are protected and that they do not neglect themselves. In this research, it was proven that most students know what the role of professionalism is, with the data showing that 92.92% (243) of the 262 respondents had a good perception. However, higher-semester students can understand better because they are more experienced in this professional role. On the other hand, 3.75% (10) of the respondents had sufficient perceptions, and 3.3% (9) needed more adequate perceptions and needed to be more able to understand what the role of professionalism itself means. Students in the lower semester had poorer perceptions than students in higher semesters due to a lack of understanding and experience regarding the role of a doctor's professionalism. (22)

IV. CONCLUSIONS

Medical faculty students at Universitas Swadaya Gunung Jati, Cirebon, had good perceptions of professionalism regarding its definition, learning method, and vandalism. Further, qualitative research is recommended to explore the concept of the doctor profession more deeply.

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