# ILLUMINATING PROFESSIONALISM AMONG NURSES IN THEIR DOCUMENTATION WITHIN THE MALAYSIA CONTEXT – A QUALITATIVE STUDY

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## ABSTRACT

Nursing documentation is the key to nursing care in hospitals. Pertinent literature suggest nursing documentation that contains evidence regarding the comprehensive level of nursing care has a strong correlation with nurses' professional practice. Despite the significance of nursing documentation in nursing practice, no study has been conducted and published on this crucial aspect of nursing practice in Malaysia. Hence, this study utilised a qualitative design to explore the evidence of professionalism in nursing in Malaysia, specifically in the context of their nursing documentation. A total of 40 semi-structured interviews were conducted with nurses involved in completing the nursing documentation. Thematic analysis was used to identify categories and themes in nurses' accounts of their documentation, in relation to professionalism in nursing. Findings reveal that the nurses could not demonstrate their comprehension of the existence of professionalism within their documentation. These findings are likely to suggest the need to emphasise the quality of nursing documentation in nursing practice, besides the significance of education to improve professionalism among nurses in Malaysia.

*Keywords*: Professionalism in Nursing; Nursing Documentation; Malaysia.

## 1. INTRODUCTION

Birks, Francis and Abdullah (2008) argue that nursing in Malaysia still has a long way to go in terms of its nurses' professionalism. A similar argument was shared by Merican (2006), the former minister for the Ministry of Health, Malaysia, who stated that the public's perception of nursing standards in Malaysia had declined over the years. Merican argues that present-day nurses are less skilled, less caring and less efficient compared to their predecessors. He contended that these nurses lacked professionalism. Although a considerable amount of research on nursing practice in Malaysia has been conducted, there is a paucity of information and/or lack of literature exploring the existence of professionalism among nurses in Malaysia. In contrast, a vast amount of research pertaining to professionalism in nursing, besides studies exploring the quality of nursing documentation is available internationally.

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Morrow et al. (2011) argue that, although professionalism in nursing's original context is relatively straightforward to define. It is neither simple nor easy to describe or recognise in absolute terms, whether the behaviour is professional or unprofessional. Furthermore, it is difficult to quantify professional nursing or care unless the rationale and outcomes of a nursing activity are recorded in letters or numbers given that nursing is a profession involving practice (College of Registered Nurses of British Columbia, 2012). Hence, several nursing scholars appear to acknowledge the role of nursing documentation as valid evidence to represent nurses' professional practice (Girard, Linton & Bestner, 2005; Anderson & Mangino, 2006; Gugerty et. al., 2007). These scholars state that professionalism in nursing is generally concerned with nurses' practice and that documentation forms an integral part of their practice. Furthermore, Allen (2007) and Potter and Perry (2010) indicate that empirical evidence, such as nursing documentation, might be a good indicator to validate the existence of professionalism among nurses.

Meanwhile, a review by Prideaux (2011) indicated that the standards of nursing documentation have a strong influence on the quality of patient care and ability to protect and safeguard the professional accountability of nurses. Moreover, nursing documentation that contains evidence concerning care has a strong correlation with nurses' professional expertise (Pirie, 2011; Wang, Hailey & Yu, 2011). Hence, failure to sustain reasonable standards of nursing documentation could be interpreted as professional misconduct that can lead to nurses facing discipline for their professional incompetency (Owen, 2005; Dimond, 2008). Ofi and Sowunmi (2012) explain that nursing documentation is regularly and negligently omitted from nursing job specifications despite its importance. The study conducted by Kim and Park (2005) on narrative nursing, in their example of a tertiary hospital in Korea, also established that nursing documentation was frequently unreliable and inaccurate.

Therefore, the key aim of this study is to explore how nurses demonstrate professionalism within their nursing documentation from a Malaysian context. In order to achieve the stated aim, this study focuses on exploring the knowledge, attitudes and practice related to the professionalism of nurses and its association with nursing documentation in Malaysia. The nature of this study is significant as it provides an opportunity to explore the impact of this study on professionalism in nursing, with its professional practices rooted and grounded in diligently recorded medical documentation from a Malaysian context. This study could also provide insights into the views espoused by nurses in Malaysia concerning professionalism. Moreover, influential factors, including local and national cultural factors, and the norms and tradition of nurses' practice in completing or writing their documentation, and which are pertinent to their professional practice, are also explored in this research.

## 2.   METHODOLOGY

Purposive sampling was used for this study where the researcher selects respondents from unknown population, according to his or her own discernment regarding which respondent will be most informative (Polit & Beck, 2008). Here, nurses who complete the type of documentation were purposefully recruited across five hospitals, covering seven different disciplines. A letter of approval from the National Institute of Health (NIH) of Malaysia was obtained before interviews with the nurses commenced. Subsequently, the directors, head of departments, matrons, sisters, the nurse in charge and the staff nurses of the selected wards were briefed about this study. The briefing sessions were conducted with the purpose of identifying and acknowledging not only the prospective

respondents but also any ambiguities and questions regarding this study. Additionally, a copy of the information sheet pertaining to this study was distributed to the respondents.

Forty semi-structured interviews were conducted individually with the respondents from the five participating hospitals. The semi-structured interview was chosen because the researcher could explore, probe and ask questions that illuminate a certain subject, and the respondent is able to determine the kinds of information produced pertaining to the subject, and the relative importance of each of them (Green & Thorogood, 2014). In the field of healthcare, interviews are an appropriate tool to be employ if the research is concerned with interpersonal aspects of care or if the available evidence is limited (Locke, Silverman & Spirduso, 2010). Interviews were recorded and subsequently fully transcribed and translated into the Malay language, *Bahasa Melayu* to allow for an excellent rapport between the respondents and the researcher/interviewer. An interview guide was formulated to guide the interviews in this study.

At no time either during the interviews or resulting from the nature and demands of the research, were any of the respondents subjected to any stressful episodes which could cause them psychological distress. The researcher ensured that the settings for the interview sessions were comfortable, calm and quiet. Moreover, the interviews were not conducted on the ward or when the respondents were performing a task or procedures. This was to avoid any unforeseen circumstances that could occur which could interfere or delay the respondents' task in giving care to their patients.

In the context of analysis, NVivo version 10 software was employed to create a systematic analysis of the transcripts. The translations and interpretations that were undertaken after the analysis were checked by two bilingual Malaysian nursing academics. In addition, two English postgraduate researchers from universities in the UK examined the transcripts with the analysis of the findings to confirm that data in this study is thorough and transparent to others. Additionally, the researcher sent the transcripts to the respondents to encourage them to read, amend and verify the accuracy of the interview dialogues. This step ensures rigour by establishing the reliability and validity of the interview data (Polit & Beck, 2011). Eventually, the transcripts were emailed to the respective respondents before and after the translations to affirm their agreement concerning the content.

## 3. RESULTS AND DISCUSSION

A total of 40 interviews were successfully conducted and transcribed. The interviews were conducted at five participating hospitals in Peninsular Malaysia, besides East Malaysia (Sarawak and Sabah). Eight interviews were conducted in English and the other thirty-two semi-structured interviews were accomplished in *Bahasa Melayu*. The respondents were asked to give their own definition of professionalism in nursing suggest that nurses appear to 'struggle' to define and comprehend the concept of professionalism. Their definitions merely explained the concepts regarding professional nursing practice. One respondent's definition of professionalism was;

*"... professionalism in nursing is the way we practice ... We as nurses ... must be professional when nursing patients ... Professionalism in nursing is important. Every nurse should be able to show it ... you know ..."*

(Respondent A)

*"OK ... what is your own definition of professionalism in nursing with relation to your nursing documentation?"*

(interviewer)

*"....mmmm.. when you record the patient's findings and the procedures that are ordered by the doctor, your documentation is good. That is professionalism."*

(Respondent A)

Respondent B, a nurse who is attached to an orthopaedic ward, defines professionalism in nursing within the nursing documentation as:

*"... aaaaa ... professionalism is treating patients the same ... Make sure all the work is completed and recorded ... otherwise the doctors are not happy ..."*

(Respondent B)

Conversely, Respondent C defines the existence of professionalism in nursing in the nursing documentation as:

*"... if we manage to use critical thinking and have lots of knowledge, we can write more and our documentation is more detailed ... We are professional ... We can be better if we have more knowledge ..."*

(Respondent C)

It can be conjectured that these respondents struggled to connect the ideology of professionalism in nursing with their documentation. Comparatively, the respondents in a study by Salam et al. (2012) were also unsure about the meaning of 'professionalism'. As the study by Salam et al. was conducted among medical students in one of the public universities in Malaysia, it is possible that the different thoughts and experiences of the respondents in this study to respondents in the current study might have influenced their understanding of professionalism. Akhtar-Danesh et al. (2013) also reported that little is known regarding nurses' perception of the concepts of professionalism, although they have been clinically applying the attributes of professionalism in the context of their practice, either in clinical care, research, education, policy or administration.

The findings of this study also echoed a study by Karadag, Hisar and Elbas (2007) and a study by Zakari, Alkhamis and Hamadi (2010), which reveals that the level of professionalism is low in nurses' behaviour and that nurses have a low perception of professionalism. Both studies further discussed how low evidence of professionalism in nurses' behaviour and perception in their study could be related to the workplace itself. In Malaysia, nursing is practiced, for most part, to the extent that doctors' orders are met, and not according to the nursing process (Ministry of Higher Education Malaysia, 2010). Ofi & Sowunmi (2012), for example, argue that nurses' lack of knowledge and implementation in the nursing process could be a significant factor that causes deficiencies in proper documentation.

Nursing documentation is defined by the respondents in this study as evidence that differentiates nurses work from other healthcare professionals. In this regard, Respondent D, one of the respondents explained that nursing documentation helps to segregate nurses' roles in in-patient care from the other

healthcare providers. Modern medicine and health create a situation where nurses' roles in some way, overlap with the roles of other healthcare providers. Respondent D states that:

"… nurses' roles are always overlapping with that of the other healthcare providers, particularly with the Medical Assistants in a specialised hospital … That's the reason why nurses write their documentation differently in terms of content, compared to that of the… What's the name of the new post? Assistant Medical Officer (AMO)? ... Ya ... nurses write different things to the AMO…"

(Respondent D)

Respondent D's thoughts are parallel to that of Henderson's (2006) argument on how nurses should be able to master the unique and authentic roles of becoming independent practitioners. From a distinctive perspective, Respondent D's opinions concurs with Barnett, Namasivayam and Narudin (2010). In the study, Barnett et al. (2010) discovered that a grey area exists concerning nurses and medical assistants in Malaysia, specifically with regards to male nurses. Barnett et al. (2010) claimed that, due to historical and cultural reasons, there are very few male nurses and only a small number have been taught nursing skills and prepared as 'medical assistants'. This claim was made based on the Ministry of Health Malaysia's (2007) strategic plan and the health facts.

However, Respondent D's quote demonstrates that nurses can differentiate their work from other healthcare professionals. The sense of ownership of work is perceived as a professional achievement among nurses (Stievano, De Marinis, Russo, Rocco & Alvaro, 2012). Professional achievement is concerned with how other healthcare providers perceive or treat nurses as colleagues and able to contribute to the care and treatment of patients (Siew, Chitpakdee & Chontawan, 2011). They added that professional achievement is perceived to be the appreciation shown by patients, physicians and other healthcare providers: the nurses felt that they are 'treated as important people in the hospitals'.

Poon (1998) and Ismail (1988) also explain how Malaysia's working and organisational culture emphasises social status and superiority, which includes respecting and being obedient for leaders. Khoo (1999) mentions that these phenomena occur among healthcare providers. On the matter of nurses' respect for their superiors, particularly doctors, nurses in Malaysia do not challenge the status quo or question 'orders', as they are accustomed to a 'subservient role' in a culture that emphasises harmony and face-saving, hierarchy, status, roles and titles. This subservient role, according to Zainol and Ayadurai (2010), can be described as a status conscious with a deep respect for elders and roles in society; paternalistic; relationship-based instead of task orientated; largely collective in approaching work; and confrontation-averse, emphasising 'harmony and face-saving in Hofstede's model (1980).

This working culture that exists among nurses in Malaysia, which Abdullah and Low (2001) regard as a 'common cultural value', is part of the Malaysian's sense of self. This notion is regularly carried into the workplace and, to some extent, influences the way people relate to one another in performing their daily work. Ahmad and Abdul Majid (2010) argue that 'common cultural value' emphasises upholding the core values of the shared values and community orientation, as opposed to Western values that promote active competition and individualism. Nevertheless, Ahmad and Abdul Majid argue that all Malaysians, regardless of ethnicity, share these common cultural values despite being a multicultural society where each ethnic group retains its own identity and culture.

The nurses occasionally 'suppress' their knowledge to some degree (Maben, Latter & Clark, 2006). Moreover, although they may know better or observe other nurses' unethical behaviours, due to a sense of respect towards higher authority and hierarchy or people who are older (Mastor, Jin & Cooper, 2000), they may choose to remain silent due to nurse-nurse domination and a desire to maintain approval from colleagues (Yeh, Wu & Che, 2010). Furthermore, nurses have been found to sometimes hide their insecurities behind the masks of competence and self-confidence to become part of teams (Anderson & Edberg, 2010). Therefore, it is more likely that nurses in Malaysia prefer to be more reserved to avoid being socially segregated in their workplaces (Mohamed et al., 2014).

Another interesting aspect of these nurses' working culture is mainly influenced by Malay culture as a result of affirmative action which have made the Malays dominate the nursing workforce in Malaysia (Lee, 2005; Montesino, 2011). In Malay culture is rare for an individual to claim his or herself to be more competent than others (Adelaar, 2004). Mastor et al. (2000) state that the Malays do not openly voice their dissent. Therefore, nurses in Malaysia may seem to 'play it safe' in order to avoid being social outcasts in their workplaces. Therefore, this form of 'playing safe' is more likely to influence how nurses are look at or judge themselves. Hence, in part, these factors could have contributed to their behaviour of being not opinionated and expressive when it comes to sharing their thoughts about themselves, particularly when sharing their work experience.

These cultural obstacles preventing individuals in Malaysia from moving forward in a timely manner cannot be overstated. Birks, Francis, Chapman, Mills and Porter (2009) describe the influence of religion, tradition and gender which may have resulted in the lack of professional recognition for nursing in Malaysia (Ahmad & Oranye, 2010). Religion and ethnicity greatly influence the working culture in Malaysia (Bhaskaran & Sukumaran, 2007; Selvarajah & Meyer, 2008).

## 4. CONCLUSION

Although this study has provided valuable information for healthcare professionals and created pointers for future research, it also has a few limitations. Interpretation of the findings of this study should be considered in the light of several limitations. As aforementioned, the sample was restricted to a limited number of participating hospitals in Malaysia. Although this study had intended to gather data from both Peninsular Malaysia and East Malaysia, which it could be claimed is geographically representative, the findings might not be generalised to other hospitals in Malaysia. Discouraging responses from private hospitals and university teaching hospitals, a natural disaster (flood), a limited time frame for data collection and other logistical issues, hindered the researcher from obtaining a broader and more representative sample for the study.

However, this study has highlighted the existence of elements of professionalism in nursing in nursing documentation within the context of Malaysia. More importantly, this study offers new insight and entity into professional practice among nurses in Malaysia, with special focus on the nursing documentation. Essentially, the findings add another set of viewpoints in addressing the authenticity of global nursing practice. This study also emphasises the significance of nurses to prepare patient-driven or focused nursing documentation to achieve the level of care that society and organisations expect.

As for nursing practice in Malaysia, professionalism in nursing is a distinct entity greatly influenced by Malaysia's diverse backgrounds. The awareness of the unique entity of professionalism among nurses in Malaysia should not avert the nurses from demonstrating professionalism in their practice but, instead, encourage them to be more culturally competent and, at the same time, consciously competent in assimilating the attribute of professionalism into their practice. The ability to demonstrate professionalism, while being culturally competent, creates a desired appreciation and recognition from society together with nurses' colleagues and patients. Until nurses, themselves, value the unique contribution that they make to healthcare, and the special body of knowledge that informs their practice, the subordinate role to that undertaken by doctors will continue.

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