

# Knowledge, Perception, Motivation and Expectations of Nursing and Midwifery Students on Exit Exam in Bengkulu City, Indonesia

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## Abstract

**Background:** Public knowledge regarding health services has been increasing significantly in the recent years and it has an effect on increasing community demands for quality health services. Therefore, health workers with good skills, intelligent, and communicative are needed. Good competence is also needed in carrying out their roles and functions according to the code of ethics. The competencies of health worker graduates are different in every regions in Indonesia. The majority of health workers perceive that their current competencies are not in accordance with their expectations. To ensure that health workers produced by educational institutions have the same competence, all health worker graduates are required to take a competency test as a requirement for obtaining a registration certificate. Exit exam is a competency test that is conducted as a requirement for graduation. This study aims to provide an overview of the relationship between the knowledge, perceptions, motivation and expectations of nursing and midwifery students on the competency test as a graduation requirement. **Methods:** This is a mix-method study (A quantitative and qualitative methods were used). The quantitative method used was non-experimental, with a cross-sectional approach, and qualitative methods to find out information about the perceptions, motivations and expectations of respondents about the implementation of the competency exam as a passing requirement. The number of samples in this study were 246 respondents, consisting of DIII midwifery, Nursing DIII and nurses (82 respondents for each colleges). **Results:** The results of the study based on the path analysis showed that education had no influence on knowledge, respondents' perceptions and expectations of the competency test, but had an influence on motivation ( $P = < 0.01$ ). Knowledge does not affect on perception, motivation or expectation, while for perception variable affects on motivation ( $P = 0.026$ ) and expectation ( $P = < 0.01$ ). **Conclusion:** Respondents' expectations will be directly influenced by motivation and perception.

**Keywords:** Exit Exam; Knowledge; Perception; Motivation and Expectations

## Background

Increasing public knowledge will have an effect on the increasing demands of the community for the quality of health services, so that health workers with adequate competence are needed. In order to get a good comment from the community, health services should provide

good skilled, intelligent, and communicative workers. As well as good competition in terms of carrying out their roles and functions according to the code of ethics. Quality health services need to be supported by human resources produced by quality educational institutions in accordance with established standards [1, 2].

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The competencies of health worker graduates are not the same in every region, based on research results showed the perception of the implementing nurses, most of the nurses perceive that their current competencies are not in accordance with their expectations [3]. Similar answers were also obtained from the users and patients who stated that the majority of users and patients

stated that currently the nurse's competence was not in accordance with the competency. This condition is largely due to the variety of facilities and infrastructure provided by nursing education providers. Most nursing education providers have limited practice areas as a vehicle for student practice, as well as inadequate aspects of human resource availability. To ensure that the nursing staff produced by educational institutions have the same competence [4].

The competency test for health workers is a process to measure the knowledge, skills and attitudes of health workers in accordance with professional standards. A competency certificate is a certificate of recognition of the competence of a health worker to be able to carry out his practice and / or professional work throughout Indonesia after passing the competency test (Permenkes, 2011).

Based on the results of research conducted by HPEQ Student (2013), it was found that more than 60% of Indonesian health students already know the reasons for implementing competency tests, the objectives and benefits of competency tests, how to grant competency certificates, competency test methods (both MCQ and OSCE), guidelines preparation of competency test questions, as well as the place and implementation of competency tests. Almost all students expressed their support for the implementation of the national competency test, as one of the requirements for passing (*exit exams*). It is an implementation in standardized educational institutions, using the MCQ and OSCE methods, integrated financing with education costs, and transparency of graduation results [5].

The results of a survey of 20 nursing and midwifery students in Bengkulu, found that basically students were ready to face the competency test as a graduation requirement (Exit Exam), with the expectation that the competency test will be carried out transparently in terms of financing, determining the passing score or determining the results of competency tests. Based on the data above, the researcher is interested in conducting research on the relationship between knowledge, expectations, perceptions regarding the competency testing as a graduation requirement based on education

level among nursing and midwifery students in Bengkulu.

## Methods

### *Research Design and Samples*

This research used quantitative – qualitative methods, where the quantitative method used was non-experimental, with a cross sectional approach. In addition, for qualitative research data collection was carried out by in-depth interviews. Qualitative methods used to find out information about respondents' perceptions and expectations about the implementation of the national competency exam. The samples were nursing and midwifery students who took the competency test, with total 246 respondents, consisting of 82 respondents from midwifery DIII, 82 respondents from nursing DIII and 82 Respondents from nursing Profession program.

### *Measurements*

The data for quantitative method were obtained from a structured questionnaire. While, the data for qualitative method were obtained using interview guidelines (semi-structural). The questions used to obtain more in-depth information about respondents' perceptions and expectations of the competency test. Before the questionnaire was used to collect data; first a trial was conducted, such as the validity and reliability test, using the Pearson Product Moment test. If the correlation score between the question item score and the total score is statistically significant, it can be said that the measuring instrument has construct validity.

## Results

### *Respondent Characteristics*

The age group of respondents was mostly in the age group of 21 to 25 years both for D3 Midwifery (96.34%), D3 Nursing (100%) and Ners (57.32%). Based on gender, most of the women were both for D3 Nursing (70.73%) and Ners (63.41%). Meanwhile, most religions are Muslim with the prevalence; 98.78% in D3 Midwifery, 97.56% for D3 Nursing and 97.56% for Ners respondents.

**Table 1. Frequency distribution of respondents according to general characteristics on the D3 in midwifery, D3 in nursing and Ners (n1 = n2 = n3 = 82)**

Variable	D3 Midwifery		D3 Nursing		Ners	
	n	%	n	%	n	%
Age						
<20 yrs	1	1.22	0	0	0	0
21– 25 years	79	96.34	82	100	47	57.32
26– 30 years	2	2.44	0	0	33	40.24
31 - 35 years	0	0	0	0	1	1.22
> 35 years	0	0	0	0	1	1.22
Gender						
Male	0	0	24	29.27	30	36.59
Women	82	100	58	70.73	52	63.41
Religion						
Islam	81	98.78	80	97.56	80	97.56
Christian	1	1.22	2	2.44	2	2.44

Source: Primary Data, 2020

**Table 2. Frequency distribution of respondents according to knowledge, perception, motivation and expectation on the D3 in midwifery, D3 in nursing and Ners**

Variable	Good		Less	
	n	%	n	%
Knowledge				
D3 Midwifery	56	68.29	26	31.71
D3 Nursing	47	57.32	35	42.68
Ners	52	63.41	30	36.59
Perception				
D3 Midwifery	57	69.51	25	30.49
D3 Nursing	46	56.1	36	43.9
Ners	33	40.24	49	59.76
Motivation				
D3 Midwifery	47	57.32	35	42.68
D3 Nursing	29	35.37	52	64.63
Ners	49	59.76	33	40.24
Expectation				
D3 Midwifery	61	74.39	21	25.61
D3 Nursing	45	54.88	37	45.12
Ners	11	13.42	71	86.58

Source: Primary Data, 2020

**Knowledge**

The results of the frequency distribution of respondents' knowledge about the competency test were mostly good. For D3 Midwifery, 56 respondents (68.29%) have good knowledge, while for D3 Nursing 47 respondents (57.32%) and Ners 52 respondents (63.41%).

**Perception**

Different results were obtained for each level of education, some of the respondents in midwifery had positive expectations (69.51%), as well as for D3 Nursing (56.10%). Meanwhile, most of the nurses had negative expectations (59.79%).

**Motivation**

Different results were obtained for each group. Most of the D3 midwifery group had strong motivation (57.32%) as well as for nurses (59.76%). While for D3 Nursing most of them have low motivation (64.63%).

**Expectation**

Different results were obtained for each group. Most of the D3 Midwifery group had positive expectations (74.39%) as well as D3 Nursing (54.88%). Meanwhile, most of the nurses had pessimistic expectations (86.58%).

**Differences in Respondents' Knowledge**

Based on Table 6, the mean value of the respondents' knowledge about the competency test were reported; D3 midwifery is 6.10 with a minimum value of 0 and a maximum of 9, for D3 nursing the mean value is 5.71 with a minimum value of 0 and maximum 10, while for Ners the mean value is 5, 71 with a minimum value of 0 and a maximum value of 9.

The statistical test results obtained p value = 0.027, meaning that at alpha 0.05, there was a significant difference in the mean value of knowledge about competency tests in the D3 midwifery, nursing and Ners D3 groups, so that the knowledge of the three groups' competency tests was different.

**Table 3. Distribution of frequency differences in respondents' knowledge, perception, motivation and expectaion about competency test in the D3 Midwifery, D3 Nursing and Ners**

Variable	Mean	Min	Max	P-Value
Knowledge				
D3 Midwifery	6.1	0	9	
D3 Nursing	5.71	0	10	0.027
Ners	5.93	0	9	
Perception				
D3 Midwifery	39.39	26	50	
D3 Nursing	38.17	21	50	0.246
Ners	35.85	26	44	
Motivation				
D3 Midwifery	40.31	34	50	
D3 Nursing	37.84	24	46	0.879
Ners	40.13	32	50	
Expectation				
D3 Midwifery	44.04	30	50	
D3 Nursing	42.52	31	50	0,000
Ners	38.98	31	44	

Source: Primary Data, 2020

### ***Differences in Respondents' Percentage***

Based on Table 7, it was obtained that the mean value of respondents' perceptions about the competency test reported at D3 midwifery is 39.39 with a minimum value of 26 and a maximum of 50, D3 in nursing, a mean value of 38.17, a minimum value of 21 and a maximum of 50, while for Ners the mean value is 35.85 with a value minimum 44 and maximum value 44. The statistical test results obtained p value = 0.246, at alpha 0.05 there was no significant difference in the mean value of perceptions about competency testing in the midwifery D3, Nursing and Nursing D3 groups.

### ***Differences in Motivation of Respondents***

Based on Table 5.8, it was obtained that the mean value of the respondents' motivation to the competency test reported at D3 midwifery is 40.31 with a minimum value of 34 and a maximum of 50, for D3 nursing the mean value is 37.84 with a minimum value of 24 and a maximum of 46, while for Ners the mean value is 40, 13 with a minimum value of 32 and a maximum value of 50. The statistical test results obtained p value = 0.879, meaning that at alpha 0.05, there was no significant difference in the mean value of motivation regarding the competency test in the D3 midwifery, Nursing and Nurse D3 groups, so that the respondents' motivation the competency tests in the three groups were no different.

### ***Differences in Respondents' Expectations***

Based on Table 5.9, it was obtained that the mean value of the respondents' expectations for the competency test in midwifery D3 is 44.04 with a minimum value of 30 and a maximum of 50, for D3 nursing the mean value is 42.52 with a minimum value of 31 and a maximum of 50, while for Ners the mean value is 38, 98 with a minimum value of 31 and a maximum value. The results of the statistical test showed that the value of p = 0.000, meaning that at alpha 0.05, there was a significant difference in the mean expectation of the competency test in the D3 midwifery, nursing and nurses D3 groups, so that the respondents' expectations of competency testing in the three groups were different.

## **Discussion**

The life of a nation is closely related to the level of education. Education is not only about preserving culture and passing it on from generation to generation, but is also expected to be able to change and develop knowledge. Education does not only convey familiar skills, but must be able to predict the various types of skills and proficiency that will come, and at the same time find the right and fast way so that students can master it. Education is a deliberate and planned effort to help improve the development of children's potential and abilities so that it is beneficial for the interests of their life as an individual and as a citizen / community, by selecting the appropriate content (material), activity strategies, and assessment techniques [6, 7].

Based on the pathway analysis, it is known that education is not related to knowledge (0.133), perception (0.164), and hope (0.216). But knowledge is related to motivation (0.004). According to Notoatmodjo (2003) knowledge will be influenced by the level of education. Broadly speaking, education includes the entire life process of an individual from the swing to the grave, in the form of individual interactions with their environment, both formally and informally. The process of educational activities basically involves individual and group behavior. Formal and informal educational activities focus on the teaching process, with the aim of changing behavior, from not knowing to knowing, from not understanding to understanding [8, 9].

Education is also an attempt to develop personality and abilities inside and outside of school and lasts a lifetime. Education affects the learning process, the higher a person's education, the easier it is for that person to receive information. With higher education, someone will tend to get information from both the clan and the mass media. The more information that comes in, the more knowledge will be gained about health. Knowledge is very closely related to education where it is hoped that someone with higher education will have broader knowledge. However, it should be emphasized that someone with low education does not mean that they have low knowledge either. Increased knowledge is not absolutely obtained from formal education but can be obtained from non-formal education. A person's

knowledge of an object also supports two aspects, namely positive aspects and negative aspects. These two aspects ultimately determine a person's attitude towards certain objects. The more positive aspects of the object that are known will foster a more positive attitude towards the object [10].

Respondents in this study have an education level at the Diploma III and Professional (Ners) level, with the types of education are D3 Nursing, Nurse and D3 Midwifery. Based on the results of the analysis, it was found that there was no relationship between education level and knowledge. This is because the knowledge asked in this study is not about their respective scientific fields, but knowledge about competency testing activities. Almost all institutions that provide education for health workers have conducted socialization on competency tests as a requirement for graduation (Exit Exam) which will be held starting in 2021.

In this study, it was found that there was no relationship between education and perception with an alpha value of 0.164. Perception is the experience of objects, events, or relationships obtained by inferring information and interpreting messages. Perception is giving meaning to sensory stimuli (sensory stimuli). The relationship between sensation and perception is clear. Even so, interpreting the meaning of sensory information does not only involve sensation, but also attention, expectations, motivation [11]. Several internal factors that influence perception, among others; (1) physiological factors are information entered through the senses, then the information obtained will influence and complement efforts to give meaning to the surrounding environment. The capacity of the senses to perceive each person is different so that interpretations of the environment can also be different. (2) Attention. Individuals need a certain amount of energy expended to pay attention or focus on the physical form and mental facilities that exist in an object. The energy of each person is different so that one's attention to objects is also different and this will affect the perception of an object. (3) Interests. The perception of an object varies depending on how much energy or perceptual vigilance is moved to perceive. Perceptual vigilance is a person's tendency to pay attention to certain types of stimuli or

it can be said as interest. (4) Unidirectional needs. This factor can be seen from how strong an individual is looking for objects or messages that can provide answers in accordance with himself. (5) Experience and memory. Experience can be said to depend on memory in the sense of the extent to which a person can remember past events to know a stimulus in a broad sense. (6) Mood. Emotional state affects a person's behavior, this mood shows how a person feels at the time which can affect how a person receives, reacts and remembers. Education does not directly affect perceptions,

Education in this study is related to motivation (0.004), Motivation is a number of psychological processes, which lead to the emergence, direction, and persistence of voluntary activities directed at certain goals, either internal or external to an individual, which causes enthusiasm and work persistence. Thus giving rise to certain forms of potential that encourage action [12].

Motivation can be influenced by several factors including; (1) Individual perceptions of themselves; someone is motivated or not to do something much depends on the cognitive process in the form of perception. A person's perception of himself will drive and direct a person's behavior to act. (2) Self-esteem and achievement; this factor encourages or directs the individual (motivates) to strive to become an independent, strong person, and gain freedom and gain a certain status in the community; and can encourage individuals to excel, through education someone can show their achievements, so that they will continue to have strong motivation. (3) Needs; humans are motivated by the need to make themselves fully functional, so as to be able to reach their full potential. Needs will encourage and direct someone to seek or avoid, direct and respond to the pressure they experience. (4) Job satisfaction: is more an affective drive that appears in individuals to achieve the desired goals or objectives of a behavior. (5) Hope; there are hopes for the future [13]. Hope can be understood as a combination of intrinsic motivation, personal self-efficacy and expectations of results. Things that are closely related to external factors [14].

Expectations are objective information from the environment that affects a person's subjective attitudes

and feelings. Hope is the goal of behavior. In this study it was also found that expectations are related to motivation (0.007). This research is in line with research conducted by Wahyu Kusumaningtias (2015) which states that the direction of the relationship between expectations and motivation is positive, meaning that the more positive perceptions of parents' expectations are, the higher the achievement motivation of students of SMP Negeri 31 Semarang. The effective contribution of perceptions to parental expectations is 20% of student achievement motivation. These results indicate that there are 80% of other factors that also play a role in influencing achievement motivation that are not disclosed in this study [15].

According to Snyder (Carr, 2004), hope is the ability to plan a way out in an effort to achieve goals despite obstacles, and make motivation as a way of achieving goals. Hope has a meaning that is contained in the heart of everyone who comes is a gift from God Almighty which is imprinted and difficult to describe. It is the heart who has hope or desire. Despair means hopelessness. And in order for hope to be achieved, it requires belief in yourself, trust in others and belief in God Almighty. Hope in human life is the aspiration, desire, waiting, longing for something to happen. In waiting for something that happens and is expected, humans must involve other humans or other forces outside of themselves so that something happens or manifests.

A person will have optimistic expectations if he believes that something will happen that has given signs that can be analyzed rationally, that something that will happen will appear at a time, and is said to have pessimistic expectations if there are rational signs of what is desired will not happen. Expectations in the application of a person's life have several factors. The factors that affect the goals of expectations and directed behavior according to Snyder (Carr, 2004) include: (1) How big is the value of the results undertaken, (2) Planned solutions can be ascertained against the appropriate outcome and desires of how effectively they will succeed in the resulting thing. (3) Self-thought and how effectively a person will follow his path in achieving goals. Meanwhile, according to Weil (2000) states that there are several factors that can influence expectations,

namely social support, religious belief, and maintaining control. Maintaining control can be accomplished by staying informed, self-determination, and independent which creates a strong sense of individual hope. The individual's ability to control is also influenced by self-efficacy.

## Conclusion

Respondents' knowledge about the Competency Test as a passing requirement is mostly good. Respondents' perceptions of the National Competency Test for D3 Nursing and D3 Midwifery are mostly positive, while Nurses are mostly negative. Motivation of respondents towards the National Competency Test for D3 Midwifery and Nurse is mostly strong, while D3 in nursing is mostly weak. Respondents' expectations of the National Competency Test for D3 Midwifery and D3 Nursing are mostly optimistic, while for Nurses are mostly pessimistic. Education is directly related to motivation and motivation is related to expectations, perceptions are related to motivation and expectations.

## Reccomendations

This study suggests that health education institutions should always conduct some socializations about the importance of competency testing as a graduation requirement to all students (Junior and Senior students). Education institutions on Health field also should provide rigorous information on the area and depth material that usually being used in test; a description of the test method that usually applied on test and a reference for self-preparation that must be conducted by the institutions. For exam administrators, it is recommend that it can become a reference for the development and determination of making questions with a level of difficulty commensurate with the ability of prospective exit exam for participants, formulating booklet packages or sets of standard competency test implementation questions as well as standard setting guidelines

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