

## *Implementation of Nursing Credentials and Recredentials by the Credentials Subcommittee at X Distric Hospital*

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**Abstracts.** *The preliminary study indicated that the implementation of nursing credentials and recredentials in the hospital was not optimal. Not many studies had investigated the problems that caused the implementation of nursing credentials and recredentials was not optimal. This study used a case study method. This study used nonprobability sampling method with purposive sampling approach. The participants were three stakeholders in the hospital. Data collection by interviews. Data analysis according to Miles and Huberman. There are four themes: The process of implementing credentials and recredentials through training, OSCA exams and mentoring, has not used OPPE and FPPE, has not been carried out regularly. The implementation of the results of nursing credentials and recredentials has no reward and has not been used in determining nurse incentives. Obstacles in the implementation of credentials and recredentials are the nursing committee structure that serves in other functional areas, not one perception with management, Covid 19 pandemic, and the application of clinical assignment. Efforts to overcome obstacles by approaching management, using credentials results to determine nurse incentives, socialization to nurses and management as well as coordinating and cooperating with other sections. There are barriers in the implementation of nursing credentials and recredentials. Efforts are needed to overcome obstacles in the implementation of nursing credentials and recredentials. Carry out nursing credentials and recredentials periodically. It is endeavored that the nursing committee is not concurrent with other functional duties. The results of nursing credentials and recredentials can be used in determining the career path and nurse incentives.*

**Keywords:** *Credentials, Recredentials, Credentials Subcommittee, Nursing, Clinical Assignment*

### INTRODUCTION

International Council of Nurses (ICN), which represents more than 130 global nurses' organisations, states there are around 20 million nurses worldwide. The ICN (International Council of Nurses) in 2020 stated that more than 80% of the world's nurses work in countries that save half of the world's population. Nursing shared governance was a beginning attempt to build an organizational infrastructure where the professional characteristics of nursing could be described and evidenced within the agencies and organizations where nurses are located.(Grady, 2022) Although nursing organizations value diversity, inclusion, belonging, accessibility, and equity, and many have reiterated the importance of graduating a diverse workforce, the profession still does not mirror the population it serves.(Sumpter et al., 2022) ICN aims to ensure quality nursing care for all good health policies globally, advances in nursing knowledge and competent nursing personnel, as there are still many nurses who are not competent in providing nursing care (International Council of Nurses, 2021)

The BPPSDMK (Health Human Resources Development and Empowerment Agency) stated that the health workers with the highest number in 2020 were nursing staff, around 438,234 people (40.85%) of the total number of health workers in Indonesia. The number of nurses working in the hospital was 289,332 people (50.79%) of the total number of health workers working in the hospital. Hospitalists are

healthcare professionals who engage in the delivery of clinical care to hospitalized patients.(Klein et al., 2020) The existence of nurses as part of human resources in the health sector in hospitals as a profession that has a longer interaction time than other professions in a hospital has a critical role that is very important in providing health services that focus on patient safety.(Hardi et al., 2019) Human resources in hospitals are important things that support the development of hospitals and are an important benchmark in assessing the development of service quality in hospitals.(Hardi et al., 2019) Nurses are health workers in direct contact with patients, make contact with patients, and deal directly with infectious materials in the treatment room.(Utami et al., 2022) The majority of nurses do not understand the function of nursing credentials which makes nurses not optimal in carrying out their duties according to their clinical authority. (Ministry of Health of the Republic of Indonesia, 2021)

There are 586 health workers at X Distric Hospital in 2022, consisting of 160 other health workers (27.3%), 76 midwives (13%), 50 doctors (8.5%), 300 nurses (51.2%) of the total health workers. Even with the majority number, nurses have not been able to optimally carry out their nursing care because they have not evenly distributed the clinical assignment of nurses in each room. With a majority number, nurses are expected to have better competence and be able to work professionally. Nursing regulatory authorities determine and enforce standards of practice and codes of ethics and conduct to ensure not only quality care but also public safety.(Scanlon et al., 2019) The way to determine nurse competency is by nursing credentials and recredentials. Implementation of nursing credentials and recredentials is expected to improve the ability of nurses who are the majority of health workers in hospitals, but unfortunately the implementation of nursing credentials and recredentials has not been implemented optimally.

Professional nurses are required to provide nursing care in a safe, ethical, and legal nursing practice in a rapidly changing situation, while maintaining competence. In proximal development theory, novice nurses are beginner practitioners and themselves still learning, the zone of proximal development theory was deemed beneficial to understand the interrelated learning that occurs between the student and the nurse in the preceptorship model of clinical education.(Smith & Sweet, 2019) One of the main goals of the professional nurse program is professional competence. Nurses who are less competent in carrying out nursing care will endanger patients, endanger nurses and reduce patient satisfaction (Nelwati et al., 2020). Credentials are used to create or reinforce a pattern aimed at nurse professionalism, through the use of nurse qualifications (Tholen, 2017) Credentials are important not only as requirements that must be passed by prospective workers to get a job, but also as a guide for career paths. When the career path does not have recognized credentials, the career path will be less clear (Hamilton, 2019).

The Agency's Credentialing Committee is the agency that administers nurse credentialing in America. Agencies credentialing and privileging providers are also charged with the responsibility of periodically reviewing those they credentials and privilege.(McMullen & Howie, 2020) The process of implementing nursing credentials in Indonesia is carried out by the nursing committee which is carried out by the nursing credentials subcommittee, as well as carrying out the recredentialing process periodically according to the specified time ((Ministry of Health Republik Indonesia, 2013). Patricia Benner reports on her research using examples drawn directly from interviews and observations of practice experts to help form a clear description of nurse practice. A guide to illustrating examples or clinical narratives is presented in the book "From Novice to Expert". Patricia Benner used qualitative research with the Dreyfus acquisition model to better understand skills in clinical nursing practice. Benner followed the logistical continuum model and was able to identify the performance characteristics and teaching and learning needs inherent in each nurse's skills (Benner, n.d.); (Alligood, 2014)(Alligood, 2017). Patricia Benner's theory can be used by the credentialing subcommittee as a guide in the implementation of nursing credentials and recredentials in determining the clinical assignment of nurses.

Muhadi's research shows that the implementation of the Minister of Health Regulation No. 40/2017 regarding the implementation of professional nurses' career paths has not optimally implemented (Muhadi, 2021) Marwiati's research shows that the rules and policies of a clinical assignment are a part of the health service delivery system, and are a process consisting of

dissemination of credential implementation, credential implementation, and clinical assignment (SPK) (Marwiati, 2018) Mokhamad Sandi's research shows that the determination of the career path process has not been carried out according to procedures, and the implementation of clinical authority has not been based on career paths (Haryanto, 2020) Fatikhah's research states that in implementing the nursing credential process there are indeed differences with the Minister of Health Regulation Number 49 of 2013, especially in the area of responsibility and authority in each stage of the credential process (Fatikhah, 2016).

The results of Patricia Benner's research show how to understand skills in clinical nursing practice, know and describe knowledge inherent in nursing practice, but do not explain the implementation of credentials and recredentials in determining nurse clinical authority (Alligood, 2017). The research results of Muhadi, Marwiati, and Mokhamad Sandi show that the implementation of the career path for nurses is not optimal, but it is not explained what causes it and how the implementation of credentials and recredentials in obtaining clinical authority (Muhadi, 2021); (Marwiati, 2018)(Haryanto, 2020). Fatikhah examined the experience of the nursing committee in implementing nurse credentials, but has not researched the implementation of nursing recredentials and what causes the implementation of credentialing and recredentialing of nurses has not been optimal (Fatikhah, 2016).

Based on the results of preliminary data collection, it shows that the implementation of credentials and nursing recredentials by the credentials subcommittee has not optimally implemented. The implementation of nursing credentials and recredentials by the credentials subcommittee is not fully in accordance with Minister of Health regulations number 49 of 2013. The problems that cause the implementation of credentialing and nursing recredentialing has not optimally implemented at X Distric Hospital are not yet known.

Implementation of nursing credentials and recredentials that are less than optimal can reduce the quality and standard of nursing care services, reduce patient protection for their safety, reduce nurse protection for their safety, and can reduce patient and family satisfaction. Due to the importance of the purpose of implementing nursing credentials and recredentials and there are not many studies that examine the problems that cause the implementation of nursing credentials and recredentials to be not optimal, it makes researchers interested in researching the implementation of nursing credentials and recredentials. The researcher wants to find out the problems that have caused the implementation of nursing credentials and recredentials by the credentials subcommittee is not optimal. The purpose of this study is to explore the implementation of nursing credentials and recredentials by the credentials subcommittee at X Distric Hospital.

## **METHODS**

The research design uses a case study with a qualitative approach. This design was chosen because it enables not only answers to 'how', 'why' and 'what' type research questions, but detailed examination of the phenomenon within the situational context of the case (Creswell, 2018).(Raghunathan et al., 2023) A case study is a research approach that is used to generate an in-depth, multi-faceted understanding of a complex issue in its real-life context. Case studies can be used to explain, describe or explore events or phenomena in the everyday contexts in which they occur. Researchers used the a case study method to describe the process of implementing nursing credentials and recredentials (Moleong, 2017); (Mukhtar, 2013) Researchers use the case study method to obtain a more in-depth, detailed and complete understanding of the description of the problem to be revealed so that it can be adopted in a wider environment. This research method is to obtain as complete knowledge as possible in depth, in detail, not just asking questions about a process, program, event or activity (Susanto et al., 2018). The researcher wants to know the typical cases that are chosen to represent a much larger population of other cases, so the purpose of research with case studies here is to explore cases regarding the implementation of nursing credentials and recredentials at X Distric Hospital which have not been implemented optimally.

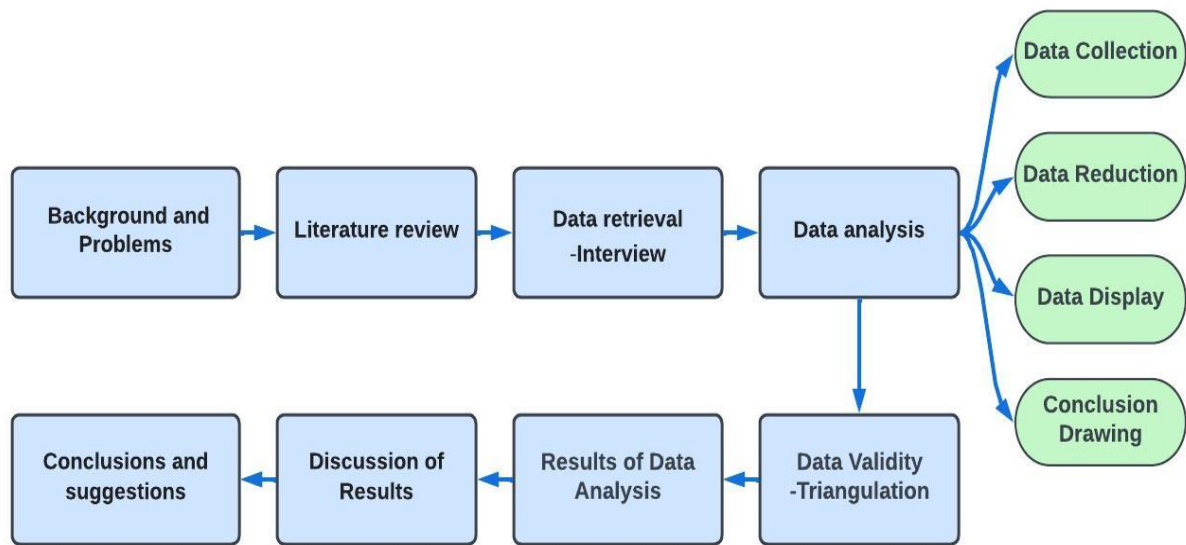


Figure 1. Flowchart and Research Techniques

The population in this study were stakeholders who were involved in the implementation of nursing credentials and recredentials process at X Distric Hospital. The research used a nonprobability sampling method with a purposive sampling approach (Sugiyono, 2021). The inclusion criteria for this study were stakeholders who involved in the implementation of nursing credentials and recredentials, and were willing to become informants as evidenced by signing informed consent. Participants in this study were three stakeholders who were involved in the implementation of nursing credentials and recredentials. The number of informants used in the study was adjusted to the data needed by the researcher.

The research instrument in qualitative research is the researcher himself. The researcher himself is the instrument because the researcher is the key to all research implementation process (Moleong, 2017) Researchers used techniques to collect data with interview techniques. The interview guide used in this study was a semi-structured interview guide with open questions (Sugito, 2023) The researcher's freedom to ask questions is an advantage of the semi-structured interview method, so this interview technique is suitable for use in this study. The questions in the interview guide were adjusted to the research objectives and there was probing to stimulate informants to provide answers. In the interview guide the researcher did not prepare answers. The answers all depend on the informants or participants being able to answer according to the conditions and situations they are experiencing. Researchers used a voice recorder in the form of a digital voice recorder and an OPPO A92 mobile phone. Stationery and notebooks are used to write important conversations or important information from informants (Sugiyono, 2021).

Researchers used the data analysis method according to Miles and Huberman. Data analysis activities are carried out by data collection, data reduction, data display, and drawing conclusions (Miles & Huberman, 2014)(Sugiyono, 2021) At the data collection stage, the researcher will conduct interviews with participants regarding the implementation of nursing credentials and recredentials by the credential subcommittee. Researchers at the data reduction stage will make summaries, prioritizing basic and important data, looking for themes and patterns regarding the implementation of nursing credentials and recredentials by the credential subcommittee. Researchers at the data display stage will present data in the form of short descriptions or narrative text, charts, relationships between categories that will make it easier to understand what happened, plan the next steps based on what has been understood. At the stage of drawing conclusions the researcher will make conclusions in the form of themes and subthemes based on the data obtained.

The trustworthiness in the data resulting from qualitative research is carried out by increasing persistence, member checks and triangulation (Sugiyono, 2021) Researchers increase persistence by examining data carefully and continuously to obtain an accurate and systematic description of data. The researcher will conduct a member check by drawing conclusions on the data that has been obtained and conveying to the informants the conclusions that have been obtained. If the data submitted is agreed upon by the informant, the data is valid and credible. This study uses source triangulation. Source triangulation was carried out by comparing the results of interview data related to the implementation of nursing credentials and recredentials from three informants who had been selected by the researcher. In source triangulation, if participants are asked the same questions and the answers from three participants are the same or almost the same, then the data submitted is valid. The report must clearly refer to the focus of the research. The description must express everything that the reader needs in detail so that he can understand the knowledge acquired (Moleong, 2017). Supervisor conduct audits of the entire research process to ensure accuracy and adherence to research standards (Sugiyono, 2021) Researchers consult the results of interviews with supervisors. The data obtained by the researcher is not different from the data that actually occurred to the informant, so the certainty of the data submitted can be accounted for. Based on the concept of confidentiality to maintain the security of participants, transcripts and data sets are not publicly available and you can contact the authors if you wish.

This research was approved by the health research ethics commission (KEPK) Faculty of Medicine, Diponegoro University Semarang No.318/EC/KEPK/FK-UNDIP/VIII/2022. Research ethics based on a deontological approach, has 4 principles, namely: respect for autonomy, promotion of justice, ensuring beneficence, and ensuring maleficence (Kiyimba, N., Lester, J. N. O'Reilly, 2019)(Heryana, 2020) Participants were informed about the purpose of the research, voluntary participation, and the right to withdraw from the research.

## RESULTS

The place for implementing the research is at X Distric Hospital. The hospital already has a nursing committee and a credentialing subcommittee. The credentialing subcommittee has carried out the process of nursing credentialing and recredentialing. Almost all nurses at X Distric Hospital have carried out nursing credentials and recredentials, even though the implementation has not been optimal. Participants are nurses who are directly involved in the implementation of nursing credentials and recredentials who are very knowledgeable about the problems in the implementation of nursing credentials and recredentials.

### Characteristics of Participants

By using purposive sampling, three participants were identified consisting of two male nurses (66%) and one female nurse (33%) who were involved in the implementation of nursing credentials and recredentials.

**Table 1.** Characteristics of Participants

Participant Code	Gender	Age	Education	Years of service
P1	Female	41 years	Master of Nursing	12 th
P2	Male	50 years	Nurse Profession	24 th
P3	Male	47 years	Nurse Profession	18 th

### Results of Data Analysis

The transcripts of the interview results for each participant were identified into categories, then classified into theme and subtheme based on their meaning and conceptual similarity.

**Table 2.** Results of Data Analysis

No	Theme	Subtheme
1.	The process of implementing credentials and recredentials through training, OSCA exams and mentoring, has not used OPPE and FPPE and has not been carried out regularly, the organization is only carried out after the nurse is accepted	<ol style="list-style-type: none"> <li>1. The implementation of nursing credentials and recredentials has not been carried out regularly</li> <li>2. The organization of nursing credentials in the planning and admission of new nurses is carried out after nurses are accepted.</li> <li>3. How to evaluate nurse competence in the implementation of nursing credentials and recredentials has not used OPPE and FPPE</li> <li>4. How to improve nurse competence in carrying out nursing credentials and recredentials with training, OSCA exams and mentoring</li> </ol>
2.	The implementation of the results of nursing credentials and recredentials has no reward and punishment and has not been one perception with staffing towards career paths and functional positions for nurses, in nursing practice has not been detailed and has not been used in determining nurse incentives	<ol style="list-style-type: none"> <li>1. The implementation of nursing credentials and recredentials has no reward and punishment and has not been one perception with staffing towards career paths and functional positions for nurses.</li> <li>2. The implementation of nursing credentials and recredentials results in nursing practice has not been detailed.</li> <li>3. The implementation of nursing credentials and recredentials has not been used in determining nurse incentives.</li> </ol>
3.	Obstacles in the implementation of nursing credentials and recredentials are the structure of the nursing committee that serves in other functional, there is no one perception about the implementation of nursing credentials and recredentials with management, there is a Covid 19 pandemic, and the application of clinical authority.	<ol style="list-style-type: none"> <li>1. The nursing committee structure that serves in other functional areas.</li> <li>2. There is no one perception about the implementation of nursing credentials and recredentials with management</li> <li>3. There is a Covid 19 pandemic</li> <li>4. The application of clinical authority</li> </ol>
4.	Efforts to overcome obstacles in the implementation of nursing credentials and recredentials by approaching to the management so that there is one perception about the implementation of nursing credentials and recredentials, using credentials results to determine nurse incentives, socialization to nurses and management as well as coordinating and cooperating with other sections.	<ol style="list-style-type: none"> <li>1. Approaching to the management so that there is one perception about the implementation of nursing credentials and recredentials</li> <li>2. Using credential results to determine nurse incentives</li> <li>3. Socialization to nurses and management</li> <li>4. Coordinating and cooperating with other sections.</li> </ol>

## DISCUSSION

Researchers used interview techniques to collect data. Interviews were conducted with three participants. Interviews were conducted using an interview guide that had been prepared by the

researcher. The researcher used a voice recorder when conducting interviews. The results of the interviews were transcribed in written form. Data analysis was conducted on the results of the interviews to produce themes and subthemes. The results of data analysis obtained four themes and fifteen subthemes.

**Theme 1: The process of implementing nursing credentials and recredentials through training, OSCA exams and mentoring, has not used OPPE and FPPE and has not been carried out regularly, the organization is only carried out after the nurse is accepted**

The hospital identifies clinical assignments and job responsibilities based on the credential process for nursing staff members based on applicable laws and regulations. Hospitals in carrying out ethical evaluation of nursing professional performance of nursing staff members based on participation in quality improvement activities organized by the hospital. The hospital has regulations regarding the implementation of nursing credentials which include evaluation and verification of registration, education, licenses, clinical authority, nursing experience and training (Hariyati et al., 2018) Clinical education and practice are integral parts of learning in undergraduate nursing courses worldwide. (Smith & Sweet, 2019) Technical Instructions for Internal Regulations for Nursing Staff (Nursing Staff By Laws) are regulations regarding the implementation of the nursing staff profession and regulate the working mechanism of the nursing committee. Nursing staff internal regulations are used as a reference as well as a valid legal basis for nursing committees and hospital directors in making decisions about nursing staff. (Ministry of Health of the Republic of Indonesia, 2013) White paper is a book that contains documents regarding the requirements that must be completed by nursing staff who will carry out nursing credentials and recredentials to obtain nursing clinical authority. (Ministry of Health of the Republic of Indonesia, 2013)

**Subtheme 1. The implementation of nursing credentials and recredentials has not been carried out regularly**

Implementation of nursing credentials and recredentials is a process of evaluating and re-evaluating nursing staff to determine the feasibility of granting clinical authority. The credential sub-committee recredentials periodically according to the set time. (Ministry of Health of the Republic of Indonesia, 2013). The implementation of nursing recredentialing should be carried out within a certain period of time or periodically every two to three years. The results of the interviews show that the implementation of nursing credentials and recredentials has not been carried out regularly. P1: *"Initially, we took part in the credentialing process, initially because of the demands for accreditation that we submitted to the hospital accreditation committee, one of the conditions was that it was stated in the element that every health worker profession is required to be credentialed".* P1: *"Since 2010, credentials have been carried out at the beginning of 2010 and 2017".* P1: *"And finally in 2022 we will start again to carry out the credentialing and recredentialing process for nursing staff."* P1: *"normatively it is carried out periodically every 2-3 years but given one reason or another it cannot be done..usually it is carried out before the accreditation preparation process....so it cannot be carried out regularly..how normatively according to the credential management guidelines".* P1: *"that in our place one of the factors is whether it can be carried out optimally or not because there are more demands for accreditation because the files must be available so that for some reason this process cannot be carried out optimally"* P2: *"for as long This is indeed the implementation is not perfect yet".*

**Subtheme 2. The organization of nursing credentials in the planning and admission of new nurses is carried out after nurses are accepted**

The implementation of nursing credentials and recredentials process cannot be separated from the staffing process in which there is management of nursing staff. Organizing nursing credentials is related to organizing the authority and competence of nursing members or staff based on the 2018 SNARS (National Hospital Accreditation Standard) (Hariyati et al., 2018). Managers in healthcare settings require graduate nurses to be practice ready when they graduate from nursing school. Caring for a patient and working bedside as a registered nurse is complex and requires the ability to be

responsible for and oversee the completion of patient care as well as being a leader of and managing the provision of care with regards for patient safety. (Sterner et al., 2019) Results of interviews about the organization of nursing credentials. P1: *so it's related to admission new staff or new nurses... maybe because government agencies may have a different process...then we'll involve them in the mapping... where will they be placed... P1: "the recruitment process is through CPNS and also BLUD staff". P1: "Recruitment or recruitment of new staff, once again, we are institutions or government agencies. we are SKPD or UPT from the health office." P1: "the field of nursing in collaboration with their assessors will carry out a competency test assessment after which the credentialing process is carried out." P1: ' For the current organization the credentials are different, right after nurses are accepted, then the credentials will be carried out... for the organization based on experience for some time.' P1: "In fact, we were involved in recruitment in this committee regarding the nursing credentialing and recredentialing process... and provided recommendations related to mapping." P3: "accepting a new nurse...of course the new nurse should be in accordance with the input of room mates regarding human resources needs related to the need for additional human resources needs in each room."*

### **Subtheme 3. How to evaluate nurse competence in the implementation of nursing credentials and recredentials has not used OPPE and FPPE**

On Going Professional Evaluation (OPPE) is a professional evaluation process for each nurse according to their clinical authority, while the Focus Professional Practice Evaluation (FPPE) places more emphasis on a focused evaluation process when there is a professional ability (professional performance) from nurses continuously getting complaints or not according to established standards (Hariyati et al., 2018). The results of this study are about how to evaluate the competence of nurses in the implementation of credentials and recredentials, P1 : *"So one way to evaluate how progress is going on... what is the latest certificate that is owned or the person concerned has carried out the latest training and what has been achieve"d. P1 : "evaluation, if for example based on continuous professional development he has the latest workshop training and then has fulfilled the other educational work period maybe an evaluation will be carried out whether the person concerned can level up or not". P2 : "To evaluate the competence of the first nurse from the portfolio "*

### **Subtheme 4. How to improve nurse competence in carrying out nursing credentials and recredentials with training, OSCA exams and mentoring**

If during the assessment as well as OPPE and FPPE a competency gap is found, then the credentials subcommittee or preceptor/mentor/supervisor can propose staff to take part in CPD. CPD is carried out based on a training need assessment of competency gaps that occur during competency assessment, ongoing professional evaluation/OPPE, and organizational development needs. CPD can be carried out in the form of seminars, training, workshops, clinical reflection discussions, as well as increased formal education (Hariyati et al., 2018). As the world becomes increasingly more diverse in global and local populations, health care professionals also must increasingly possess culturally competent knowledge, skills, and attitudes to care for culturally dissimilar patients.(Farber, 2019) The results of this study about how to improve the competence of nurses, P1: *"then there is one or one of the two carried out credentials but it turns out that they have not been able to achieve certain competencies, so in addition to training or certificates that are seen and conducted interviews, a kind of OSCA exam can be carried out which involves the nurse with a phantom or probandus to make sure that the person concerned can or not". P2: "Those who haven't been able to exercise that authority... we have a name later to review their competence we have a name called guidance or training". P3: "for that later we will recommend it in the form of mentoring at the level above and there are recommendations to the training section for competency development"*

**Theme 2: The implementation of the results of nursing credentials and recredentials has no reward and punishment and has not been one perception with staffing towards career paths and functional positions for nurses, in nursing practice has not been detailed and has not been used in determining nurse incentives**



The process of implementing nursing credentials and recredentials must be followed by implementing a nursing professional career path.(Hariyati et al., 2018) This means that the process of implementing nursing credentials and recredentials must be followed by reforming, improving and developing nursing professional career paths as well as developing functional nursing positions contained in the Regulation of the Minister of Administrative Reform Number 35 year 2019. (Regulation of the Minister of Administrative Reform and Bureaucratic Reform of the Republic of Indonesia Number 35 of 2019 Concerning Functional Positions of Nurses, 2019).

### **Sub-theme 1. The implementation of nursing credentials and recredentials has no reward and punishment and has not been one perception with staffing towards career paths and functional positions for nurses**

In Indonesia, the clinical nurse career path (PK) program has the levels of Clinical Nurse I, Clinical Nurse II, Clinical Nurse III, Clinical Nurse IV and Clinical Nurse V (Hariyati et al., 2018). Overall, the professional career path for nurses in Indonesia consists of four fields, including Manager Nurse (PM), Research Nurse (PR), Clinical Nurse (PK), Nurse Educator (PP). (Ministry of Health of the Republic of Indonesia, 2013). The implementation of nursing credentials and recredentials must be followed by reforming, improving and developing nursing professional career paths as well as developing nursing functional positions contained in the Regulation of the Minister of Administrative Reform No. 35 year 2019. (Regulation of the Minister of Administrative Reform and Bureaucratic Reform of the Republic of Indonesia Number 35 of 2019 Concerning Functional Positions of Nurses, 2019).

The results of interviews about the effect of the implementation of nursing credentials and recredentials on career paths and functional positions of nurses, P1: *"In X Distric Hospital... currently those who are still in the guidelines are PK I-IV levels and the hope is that they can be increased to PK V and PM I and so on... because some have masters degrees."* P1: *"Hopefully when it's done we can coordinate with management... for example the relationship with nurse incentives based on unit performance indicators and individual performance indicators."* P2: *"For credential issues... for career paths... there is no reward and punishment yet."* P2: *"The application is related to the functional position of a nurse if it's appropriate..that's in the sense of the credit score...in practice it's done, but in the process of credentialing that's what we're not regular yet..."*. P3: *"Sometimes with staffing there is not one perception"*

### **Subtheme 2. The implementation of nursing credentials and recredentials results in nursing practice has not been detailed**

The recruitment process for nursing human resources is carried out in the same way, and in the selection process it is necessary to make regulations or regulations that determine the process or procedure for selecting nursing staff to determine the level of knowledge, skills and abilities or other clinical competencies.(Hariyati et al., 2018) The transfer of nursing personnel must be adjusted to the clinical area and level of clinical authority (PK) for nurses. The preparation of the nurse's shift schedule should include the nurse's clinical authority (PK), so that in each shift there are each PK level. Nurse shift procedures should adjust to PK level, so for example PK level 1 should also exchange guards with PK level 1 as well, don't switch guards with a higher PK level

The results of interviews about this research regarding the implementation of nursing credentialing and recredentialing results in nursing practice, P1: *"In fact, we were involved in recruitment in this committee regarding the nursing credentialing and recredentialing process... and provided recommendations related to mapping"*. P1 : *"In X Distric Hospital...currently those who are still in the guideline are PK I-IV levels and the hope is that they can be increased to PK V and PM I and so on, because some have masters degrees in Nursing."* P1 : *"The normative is like that... but the implementation is not that detailed yet...meaning that the procedure for exchanging schedules between individuals...is confirmed with the head of the room"* P2 : *"For the acceptance of new employees...so far we have not been involved at all from the credentialing subcommittee."* *"In acceptance there should be minimal involvement due to competence of authority"*. P3: *"the involvement is after the new worker is accepted"* P2: *"This is for the issue of transfer, rotation or promotion at*

*this time we are also not involved there". P3: "Yesterday we referred to the staff group... later for nursing rotation rotations are attempted according to their competence." P1: "in Katim, at least he is PK IV and Kashif is at least PK III". P2: "in here we have referred to the competence..not the level..sometimes technical competence is not competence at the PK level". P3: "We don't ignore the level of competence, namely for katim, kashif with a higher level of competence" P2: "To exchange guards because we also don't know the restrictions or replacements earlier." P3: "it is expected that the exchange of guards must be in accordance with the competence possessed"*

### **Subtheme 3. The implementation of nursing credentials and recredentials has not been used in determining nurse incentives**

Incentives for BLUD employees at X Distric Hospital are regulated in Regent Regulation number 73 of 2020. (Regent Regulation X Number 73 of 2020 Concerning Remuneration at BLUD X District Hospital, 2020). The management of the Nursing Committee has the right to receive incentives in accordance with the rules and policies of the Hospital. (Minister of Health of the Republic of Indonesia, 2013). Results of interviews about nurse incentives, P1: *"can we propose to get incentives for honorarium or incentives in implementing this credential we still coordinate with the education and training department which has a budget". P2: "there is no reward and punishment yet". P2: "To determine the incentives for the remuneration system... from the team, the assessors haven't been included yet... haven't entered remuneration... we haven't entered the incentive problem... the index hasn't been included." P3: "In terms of rewards for friends involved in the committee, there is no profit yet"*

### **Theme 3: Obstacles in the implementation of nursing credentials and recredentials are the structure of the nursing committee that serves in other functional, there is no one perception about the implementation of nursing credentials and recredentials with management, there is a Covid 19 pandemic, and the application of clinical authority**

The implementation of nursing credentials and recredentials involves many stakeholders and is influenced by many factors, both factors from the hospital institution or internal factors from the nurses themselves. Barriers experienced in the credentialing and recredentialing process, including the physical environment, the availability of facilities or infrastructure, for example the availability of supporting tools, training and so on (Harahap, 2017).

#### **Subtheme 1. The nursing committee structure that serves in other functional areas**

The nursing committee is a professional group of nursing staff who are functionally organizational structure under the hospital director and directly responsible to the hospital director (Minister of Health of the Republic of Indonesia, 2013). The nursing committee has an important function in the credentialing mechanism for nursing staff, because its main task is to protect patients in the hospital, and maintain the professionalism of every nursing (Hariyati et al., 2018). The existence of multiple positions makes the duties of the nursing committee less than optimal. Results of interviews about obstacles in implementing nursing credentials and recredentials. P1: *"The inhibiting factor, the first is related to the structure of the nursing committee itself. In the policy, the nursing committee is established and there is indeed a structure where they are on the committee and are not in charge of other tasks, but where we are, the chairman of the committee is also serving in other functional areas is technically not optimal..so most of those involved in the committee are functional people which is also a technical obstacle for credentialing.. P1: "the obstacle is that almost all those involved have a mandate in some are involved." P3: "with a fairly heavy level of workload"*.

#### **Subtheme 2. There is no one perception about the implementation of nursing credentials and recredentials with management**

The head or director of the Hospital determines the policies, procedures and resources needed to carry out the functions and duties of the nursing committee.(Minister of Health of the Republic of Indonesia, 2013). The nursing committee formed by the hospital has the aim of managing good clinical

governance, developing the professionalism of each nursing staff and improving the quality of nursing care services, so that patient safety in the hospital is more protected and guaranteed (Hariyati et al., 2018). The results of the interview showed, P1: *"Incidentally, most of those who came in were also new, so it is related to this process, how important is it then that it can be used as such, there is not one perception."* or not, because there are more demands for accreditation because the files must be available, so for some reason this process cannot be carried out optimally" P3: *"Sometimes with staffing there is not one perception"*

### **Subtheme 3. There is a Covid 19 pandemic**

Enabling factors which include the physical environment, the availability or unavailability of work safety facilities or means, for example the availability of supporting tools, training and so on (Asnawi et al., 2021). The existence of the Covid 19 pandemic has made the implementation of credentials and recredentials cannot be implemented optimally. Results of interviews about obstacles in implementing nursing credentials and recredentials. P3: *"Our pandemic is also limited by several activity procedures... so that the credentialing and recredentialing process was hampered"*

### **Subtheme 4. The application of clinical authority**

Green's theory states "that human behavior is influenced by two main factors, namely behavioral factors (behavior causes) and factors outside of behavior (non-behavior causes) (Wahana, H., & Hasaini, 2021).(Arum et al., 2021). While behavioral factors (behavior causes) are influenced by three factors namely; predisposing factors which include age, occupation, education, knowledge and attitudes. Enabling factors which include the physical environment, the availability or unavailability of work safety facilities or means, for example the availability of supporting tools, training and so on. Reinforcing factors include laws, regulations, supervision and so on (Harahap, 2017). Results of interviews about obstacles in implementing nursing credentials and recredentials. P3: *"The most common obstacle is the application of clinical authority"*

## **Theme 4. Efforts to overcome obstacles in the implementation of nursing credentials and recredentials by approaching to the management so that there is one perception about the implementation of nursing credentials and recredentials, using credentials results to determine nurse incentives, socialization to nurses and management as well as coordinating and cooperating with other sections**

The Nursing Committee needs to carry out nursing professional credential training in stages for all nurses as a strategic effort to increase the knowledge, attitude and behavior of nurses (Asnawi et al., 2021). There needs to be reinforcing factors which include laws, regulations, supervision and so on (Harahap, 2017). Nursing regulatory authorities determine and enforce standards of practice and codes of ethics and conduct to ensure not only quality care but also public safety. This in turn enables nursing practice to be credentialed to demonstrate an authorized standard has been met. Credentials encompasses not only licensure but also registration, accreditation, approval, certification, recognition, or endorsement. The terms are commonly applied when a product, process, or person are assessed as qualified to meet the regulatory or professional standards to carry out specific tasks.(Scanlon et al., 2019)

### **Subtheme 1. Approaching to the management so that there is one perception about the implementation of nursing credentials and recredentials**

Credentialing is a formalized process that incorporates established guidelines to confirm that a health care provider possesses sufficient qualifications, licensure, training, and abilities to practice at a nationally approved standard of care.(McMullen & Howie, 2020) The credentialing process has not been as expected due to misperceptions or a lack of knowledge of nurses regarding credentials (Nilawati, 2020). The root of the misperception of the credentialing process is the lack of knowledge of nurses regarding the mechanisms and benefits of credentialing so that they have not been able to

identify the actual credentialing process. So far, credentials are not a procedure to guarantee nurse professionalism, but play a role as part of the hospital employee selection process (Asnawi et al., 2021). Results of interviews regarding efforts to overcome obstacles in implementing and applying the results of nursing credentials and recredentials. P1: *"Maybe management has actually supported it, but how important is this credential process, we need to approach management again. P1: "So it must be conveyed continuously that this process is not only a demand for accreditation" P1: "Related to management related to how to implement credentials, not only related to the interests of accreditation, we together with other committees have approached the management and we hope we are in the one perception that we can be responsible for this credential process SPK and RKK that appear not just a letter but can be used and has an impact on others including rank and others" P1: "Management also supports this process, but it is possible that this is the first time that management has facilitated the implementation process to run better because previously it was usually from the process to the output that was made by the nursing committee but for now it can run better".*

### **Subtheme 2. Using credential results to determine nurse incentives**

The management of the Nursing Committee has the right to receive incentives in accordance with the rules and policies of the Hospital. The implementation of the activities of the Nursing Committee is funded by the Hospital budget in accordance with applicable regulations. (Minister of Health of the Republic of Indonesia, 2013). Results of interviews regarding efforts to overcome obstacles in implementing and applying the results of nursing credentials and recredentials. P1: *"then the next hope is that those with higher PK...can occupy certain positions..for example, for example, kashif is PK III...or at this time it is agreed that in the organization in that room there is katim, at least PK IV" P1: "the hope is if so, we can coordinate with the management... for example, the relationship with nurse incentives based on unit performance indicators and individual performance indicators, including those individuals, so there is a period of work, education level, additional assignments and what PK level is included." P1 : "but we want to try to do that concerned is involved in the team there is an SK and the SK is valued as an additional task that is included in the individual performance indicator "*

### **Subtheme 3. Coordinating and cooperating with other sections**

The quality of health services involves stakeholders such as managers and policy-makers (World Health Organization et al., 2018)(Fajarini et al., 2022) The head/director of the Hospital determines the policies, procedures and resources needed to carry out the functions and duties of the Nursing Committee. In carrying out its duties and functions the Nursing Committee can be assisted by the ad hoc committee. The ad hoc committee consists of nursing staff who are classified as bestari partners. Bestari Partners can come from other hospitals, professional nurse organizations, midwife professional organizations, and/or nursing education institutions and midwifery education institutions. (Minister of Health of the Republic of Indonesia, 2013). Results of interviews regarding efforts to overcome obstacles in implementing and applying the results of nursing credentials and recredentials. P1 : *"We are gradually cooperating with other committees...other health workers." P3: "We also coordinate with other departments that support, especially for the provision of facilities and infrastructure..."*

### **Subtheme 4. Socialization to nurses and management**

Nursing staff in hospitals tend to perform routine tasks in providing nursing and midwifery services. This is illustrated by various conditions, including: unclear job descriptions and a tendency to perform routine tasks. Nursing personnel are needed who are competent, able to think critically, always developing and have professional ethics so that nursing and midwifery services can be provided well, quality and safe for patients and their families. (Minister of Health of the Republic of Indonesia, 2013). Results of interviews regarding efforts to overcome obstacles in implementing and applying the results of nursing credentials and recredentials. P1: *"invited those in the ranks of management to socialize again... maybe they have never been exposed to this credential process beforehand." P3: "Our efforts are to always coordinate our friends in the credentialing sub-committee" P3: "providing socialization to friends that it is for*

*credentials and authority... so what we do will actually have legal protection". P3: "trying in the form of motivational support, to my friends"*

## CONCLUSION

This study explores the experience of stakeholders in implementing nursing credentials and recredentials. Implementation of nursing credentials and recredentials is not optimal. There are obstacles in the implementation of nursing credentials and recredentials. Efforts are needed to overcome obstacles in the implementation of nursing credentials and recredentials. Advice to hospitals and credentialing subcommittees. Establish a regular program on the implementation of nursing credentials and recredentials. The inclusion of nursing credential and recredential results in determining nurse incentives. It is endeavored that the nursing committee is not concurrent with other functional duties. The results of nursing credentials and recredentials can be used in determining the career path or functional position of a nurse.

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