



(RESEARCH ARTICLE)



Evaluation of the nursing committee credentials in determining the clinical authority of nurses at hospital heart and blood vessels Oputa Yi Koo

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World Journal of Advanced Research and Reviews, 2025, 25(01), 859-872

Publication history: Received on 03 December 2024; revised on 08 January 2025; accepted on 10 January 2025

Article DOI: <https://doi.org/10.30574/wjarr.2025.25.1.0114>

Abstract

Introduction: Nursing committee credentialing is carried out to evaluate nurses in determining the eligibility for granting clinical authority according to the hospital's needs for a nursing staff.

Purpose: To evaluate credentials in determining the clinical authority of nurses.

Method: Qualitative research type with case study approach. Main informants 4 people and additional informants 6 people.

Results: In the process of verifying the nursing committee's credential files in determining the clinical authority of nurses at the Hospital Heart And Blood Vessels (RSJPD) Oputa Yi Koo, Southeast Sulawesi Province, is in accordance with the Regulations Menteri Health (PMK) No. 40 of 2017. In the process of assessing the credential competency in determining the clinical authority of nurses, it has not been in accordance with PMK No. 40 of 2017. This is because there are no competency assessors or bestari partners and no provision of competency certificates. In the process of determining the clinical authority of nurses, it has not been in accordance with PMK No. 40 of 2017. This is due to the absence of a white paper as an internal regulation, the assessment of the clinical authority determination process does not consider the results of file verification and competency assessment results, there is no deviation from the nurse's authority, and differences in interpretation between the nursing committee administrators and the HR department. In the process of providing clinical assignment letters in the implementation of credentials in determining the clinical authority of nurses according to PMK No. 40 of 2017.

Conclusion: The file verification process is in accordance with PMK No. 40 of 2017, the competency assessment process is not in accordance with PMK No. 40 of 2017, the clinical authority determination process is not in accordance with PMK No. 40 of 2017, and the clinical assignment letter issuance process is in accordance with PMK No. 40 of 2017.

Keywords: Credentials Nurse; Nursing Committee; Clinical Authority; Career Leader; Nursing Servis

1. Introduction

Quality health services can only be produced by quality resources, supporting infrastructure, and effective managerial and leadership systems. In the hospital service system, one of the important services is nursing services (1).

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Comprehensive nursing services include physiological, psychological, social, spiritual and cultural aspects provided to clients due to limited ability, willingness and knowledge in meeting basic needs. In health services, the authority to maintain the professionalism of nurses is the task of the nursing committee (2). The nursing committee is a non-structural forum in the hospital organizational structure. Its aim is to ensure that nursing services are provided in accordance with the professional code of ethics so that services are oriented towards patient safety (3).

Clinical nurse in the health service setting consists of levels I to V through the credentialing process. Nurses the has the right to receive clinical authority in accordance with his/her competence as regulated in the Regulations Menteri Health Regulation (PMK) No. 40 of 2017 concerning the Development of Professional Career Levels for Nurses (4).

Credentialing is a formal process for evaluating competence, verification, and the nurse's experience in determining the appropriateness of granting clinical authority according to the hospital's needs for a nursing staff (5). The nursing staff's credentials determine whether a nurses are eligible to be given clinical assignments and clinical authority in carrying out nursing care in a hospital environment (6).

At Hospital Heart and Blood Vessel (RSJPD) Oputa Yi Koo has been operational since September 2023. The existing services consist of 8 outpatient a polyclinics, an emergency room, an inpatient room, an intensive care room, a cathlab room, and other service units. RSJPD Oputa Yi Koo in an effort to maintain patient safety and good quality of service through the nursing committee conducted credentialing of 40 nurses referring to PMK No. 40 of 2017 which regulates the clinical authority of nurses.

From the implementation of nurse credentials clinical nursing (PK) I clinic authority has been given and a clinical assignment letter has been issued. PK I authority is an authority with basic nursing care capabilities. The distribution of nursing staff is spread to outpatient rooms, emergency rooms, intensive care rooms, inpatient rooms, and other units.

Nurses who have been given PK I authority also can take action beyond they clinical authority if patient need, because the nurse is considered to have undergone training at the supporting hospital. This is suspected of not being in accordance with PMK No. 40 of 2017 which regulates the clinical authority of nurses, so it can be suspected of causing a deviation in authority for competent nurses who provide nursing care services.

2. Method

This design study is qualitative research that focuses on the determination of clinical authority of nurses in the implementation of nursing committee credentials. Use technique data collection with in-depth interview method and document review. This research aims to evaluate the implementation of the nursing committee's credentials in determining the clinical authority of nurses at RSJPD Oputa Yi Koo. The determination of informants used a purposive sampling technique. Key informants in this study were the Chairperson of the Nursing Committee, Chairperson of the Credentials Sub-Committee, Head of HR, and Director of RSJPD Oputa Yi Koo. Additional informants in this study were 3 heads of rooms and 3 nurses who were given clinical authority PK I. The data are presented in narrative form and equipped with interview quotes.

3. Results

3.1. File Verification Process

Process is a check on the validity of the files carried out by the credential subcommittee as an initial stage of the nurse credential process. Files submitted when taking the credential are collected by the HR department and then submitted to the credential subcommittee for verification.

Furthermore, to find out the file verification process in implementing the nursing committee credential as an initial stage, the interviewer asked questions that began with the question "How is the file verification process carried out during credentialing?"

"...The file verification process is the initial stage in credentialing, in this stage we see the validity of the files collected, the files are collected in the HR department and then submitted to the nursing committee..."

(Key informant: IL, 38 years old)

"...At the time of file verification, it is filing stage, the filing is collected in HR but we are in the credential sub-committee who verify..."

(Key informant: DL, 46 years old)

"...The files of nurses who will be credentialed are collected to the HR department and then submitted to the nursing committee for re-verification..."

(Key informant: OS, 49 years old)

Based on the results of the statement above, it can be concluded that the file verification process flow is in accordance with PMK No. 40 of 2017. Where the collection of files is initially through the hospital's HR department which is then submitted to the credential sub-committee which is responsible for ensuring the validity of the files before the next stage.

To find out about the files collected, the interviewer asked the informant to recall the files. which was collected by asking the question "What files are submitted when a nurse will be credentialed?"

"... For completeness of files, there are diplomas, STR, SIP, old SPK, assignment notes, certificates, credential applications, self-assessments, SKBS, and the latest SK..."

(Key informant, IL, 38 years old)

"...The completeness format of the credential files includes a certificate of good health, STR, SIP, photo, KTP, if there is an old SPK, then diplomas, training certificates, assignment notes, and the latest SK are also collected..."

(Key informant: DL, 46 years old)

"...The files collected are STR, SIP, assignment notes, last SK, diplomas, certificates, passport photos, self-assessments, and old SPK if any..."

(Key informant: OS, 49 years old)

The explanation of the submitted files is also supported by the answer of an additional informant who said the following:

"...SK, training certificate, resume, STR, SIP, KTP, assignment note, last diploma, then there is also a request for the old SPK..."

(Additional informants: HB; TM; FZ)

"...last SK, STR, SIP, Diploma, assignment note, SKBS, self-assessment sheet, old SPK, passport photo, training certificate or skills certificate..."

(Additional informants: SL; AB; ESU)

According to information from supporting informants HB, AB, and ESU there are still additional files such as a resume and a statement letter to carry out duties according to TM. However, these are not absolute files that must be submitted during nurse credentials.

The process of submitting files for this credential involves a series of the same documents, including legal and administrative readiness, nurse health readiness, and nurse competency readiness. This reflects that the file verification process at the time of nurse credentialing has been understood by the nurse to be fulfilled and is something that will be considered in the credential evaluation. Furthermore, to confirm the basis of the rules used, the interviewer continued the question "Are the submitted files in accordance with PMK No. 40 of 2017?"

"...Yes, the files requested from the nurse are in accordance with those regulations..."

(Key informants: IL; DL)

"...Is appropriate because the determination is through HR and the nursing committee..."

(Key informants: OS; AG)

The files submitted in the file verification process are in accordance with PMK No. 40 of 2017 as seen from the answers given by the key informants above, it can be concluded that the determination of the files has also gone through coordination between the HR department and the nursing committee. This shows an awareness and understanding of the importance of complying with regulations.

3.2. Competency Assessment Process

The competency assessment process in the nursing committee credential is a systematic process that goes through several stages to evaluate a nurse in an effort to obtain the appropriateness of clinical authority according to the competency he or she possesses.

The stages in the competency assessment must be passed after the file verification process is declared to meet the requirements. In the competency assessment process, there are several stages in its implementation until a nurse is declared to have passed the competency assessment by the assessor and is submitted to obtain clinical authority. "How is the competency assessment process during the implementation of nurse credentials?"

"...The process begins with a credential application addressed to the director for the implementation of credentials, later after that the HR department will issue a letter for the implementation of credentials, after that the file verification is carried out, once it is finished then we will carry out the nurse competency assessment..."

(Key informant: IL, 38 years old)

"...The assessment process begins after file verification and there is a request from the nurse to the nursing committee, after it is ready then we carry out the assessment..."

(Key informant: DL, 46 years old)

"...After the file verification is declared safe and proper, a competency assessment is then carried out..."

(Key informants: OS; AG)

Based on the interview results, it can be concluded that the nurse credential competency assessment process is carried out after the file verification process is completed and declared valid. All informants agree that only nurses who meet the completeness of the administrative files can proceed to the competency assessment stage. The informant said that this process begins with the submission of a competency assessment request from the nurse to the Director through the HR department which is then directed to the nursing committee to issue a credential implementation letter. The interviewer continued with the next question about "Who conducts the competency assessment?"

"... The assessor moment that was from general nurses, because we did not have internal assessors or expert nurses, but because the implementation of credentials had to be carried out as a condition for the hospital to operate at that time, so with the existing limitations we continued to carry out the nurse credentials at that time..."

(Key informant: IL, 38 years old)

"...We do not have a nursing committee assessor yet, we should use a bestari partner, but in its implementation we experienced limited funds in bringing in a bestari partner. Therefore, based on the consideration of HR, the team conducting the competency assessment is an ad hoc team consisting of nurses who have been assessors in previous hospitals and nurses who have also attended specialist training..."

(Key informant: DL, 46 years old)

"... So the nursing committee creates a team, then HR reviews the number of assessor needs adjusted to the number of nurses to be assessed. Currently there are no internal assessors, but this is our priority in HR to submit to the training section to immediately send nurses for assessor training..."

(Key informant: OS, 49 years old)

"...The competency assessment was carried out by the nursing committee, because at that time there were no assessors, but now it is our priority..."

(Key informant: AG, 47 years old)

From the interview above it can be concluded that RSJPD Oputa Yi Koo does not have an internal nurse assessor. Competency assessment is carried out by an adhoc team of the nursing committee consisting of experienced nurses or nurses who have undergone specialist training. Limited funds are an obstacle for the nursing committee in using bestari partners who should be able to become assessors during competency assessments.

Next, the interviewer explored the competency assessment process in the form of questions such as "What are the factors considered in the competency assessment assessment during the implementation of nurse credentials?"

"...We look at all the stages that have been passed, the file stage and the direct exam stage where we see whether the nurse has mastered it or not, we match it again with the certificates that they have too..."

(Key informant: IL, 38 years old)

"... We look at training certificates, skills, knowledge, experience, length of service, education, and other things that we consider..."

(Key informant: DL, 46 years old)

"...Seeing the skills and competencies when the nurse is tested and from direct interviews..."

(Key informant: OS, 49 years old)

"...The thing that is assessed is the nurse's own competence in terms of how they can answer during interviews and during practice..."

(Key informant: AG, 47 years old)

Based on the interview results above, it can be concluded that in the competency assessment process in the implementation of nurse credentials, there are various factors that are considered in the assessment. The main factors that are considered in the assessment are competency and skills that are assessed through interviews and practices during the competency assessment process. To find out the next stage in the competency assessment process, the interviewer asked the informant the question "Is there a competency assessment certificate?"

"...Not yet because There is no budget yet for making the certificate..."

(Key informants: IL; DL; OS; AG)

"... There is no awarding of competency certificates..."

(Additional informants: SL; AB; ESU)

Based on the interview results above, it can be concluded that the Oputa Yi Koo RSJPD Nursing Committee did not carry out the stages of providing competency assessment certificates for nurses who had passed the competency assessment. The majority of informants said that the competency assessment certificate was not implemented due to budget limitations that had not been allocated for the creation of the competency assessment certificate. The existence of a competency assessment certificate is a valid document that can provide formal recognition to nurses who have

participated and been declared to have passed the competency assessment in the implementation of credentials by the nursing committee.

3.3. Process for Determining Clinical Authority

Determination of clinical authority is the process of determining the limits of action and the appropriateness of the authority of a nurse who has passed the credential. In the process of determining a nurse must be declared to have passed the file verification process and the competency assessment process by the previous assessor. The interviewer asked questions about the stages in the process of determining clinical authority. "In your opinion, how is the process of determining clinical authority during the implementation of the nursing committee credential?"

"...After the file verification is declared sufficient and has passed the competency assessment, the next step is to determine the clinical authority for nurse..."

(Key informants: IL; DL)

"...If the file verification is safe, the competency assessment is good, then a meeting will be held to determine the authority..."

(Key informant: OS, 49 years old)

Based on the interview answers with informants, it can be concluded that the process of determining clinical authority in the implementation of nursing committee credentials is carried out after nurses have met the requirements in the file verification stage and have been declared to have passed the competency assessment. Furthermore, the interviewer conducted a deeper interview by asking the question "What factors are considered in determining clinical authority for nurses?"

"...If the determining factor is from the submitted files were then verified and the competency test was earlier, but because the deadline was about to run the hospital, and this nurse credential was one of the requirements, then at that time through discussions with the HR department we gave clinical authority PK I, with the hope that it would be evaluated and the credential would be carried out again to adjust to each person's abilities..."

(Key informant: IL, 38 years old)

"...The determination of clinical authority should see the results of file verification and competency assessment results, but the results of discussions with the HR department with the consideration that we are still a new hospital, so we were given the decision to be given PK I authority without looking at the results of file verification and competency assessment results, with the hope that in the future the credentials can be returned so that they can be placed in their respective clinical authorities..."

(Key informant: DL, 46 years old)

"...The results of the assessment test from the assessor are then discussed and given an assessment or given authority, but additional clinical authority can also be given if it is in accordance with their abilities, although currently we are averaging the authority of nurses starting from PK I which is still low, but we also provide additional authority to work above it on the basis of delegation and previously held training certificates ..."

(Key informant: OS, 49 years old)

"...The determining factor is the nurse's own competence, supported by a skills certificate and the results of a previous competency assessment..."

(Key informant: AG, 47 years old)

Based on the interview results above, it is concluded that the factors considered in determining clinical authority are influenced by several considerations, both from the file verification process, internal policies, and competency assessment results. According to the informant Ideally, the determination of clinical authority should be based on the results of the verification process and competency assessment process as the main standard. However, as a new hospital that will be running, there is a policy adjustment at RSJPD Oputa Yi Koo. Informants from the nursing committee explained that this was due to the urgent need to start hospital operations so that nurses were given clinical authority

PK I. This decision was also taken based on coordination with the HR department, although it had not fully considered the results of file verification and competency assessment. The informant also said that this determination was temporary and in adjusting basic clinical authority, nurses can also carry out other authority independently as long as there is delegation.

Next, the interviewer asked questions about the appropriateness of the determination of clinical authority to the verification results and competency assessment results. "In your opinion, is the clinical authority that has been given in accordance with the results of the file verification and competency assessment results?"

"...If you look at it from a theoretical perspective, it doesn't seem to be right..."

(Key informants: IL; DL)

"...Yes, it is appropriate because we are still a new hospital..."

(Key informants: OS; AG)

From the results of the informant's answers, it can be concluded that although there are efforts to follow the appropriate credential procedures, in terms of implementation, they have not been optimally realized at RSJPD Oputa Yi Koo. There are challenges in implementing appropriate standards due to factors such as time constraints and operational needs of the new hospital that will be operating.

There were different interpretations between the nursing committee informants and hospital management informants. Some informants said that the clinical authority given was not fully in accordance with the previous process, when viewed from the perspective of theory and procedures, the clinical authority given could not reflect the results of file verification and competency assessment results.

This is a question for the interviewer about the basis for consideration used in determining the clinical authority of experienced and competent certificates from the supporting hospital. "What is the basis for consideration in determining the clinical authority of PK I for nurses who have undergone training at the supporting hospital?"

"...Because we are pressed for time, we don't have time to do anything. Lots, However We will certainly process nurses who have had a higher PK in their previous assignment, we will re-evaluate whether we can apply this authority in our hospital..."

(Key informant: IL, 38 years old)

"...Because of the consideration of the hospital which is just about to operate, the credential which is being implemented for the first time, and the demands of the hospital which has to open services, so it seems that it is not fully taken into account..."

(Key informant: DL, 46 years old)

"... Because we are still a new hospital, we start everything from PK I, but with the provision that additional authority is adjusted to the certification that has been obtained. If Judging from their length of service at this hospital, we are counting from the beginning, although it cannot be denied that some of them already have a lot of experience in this place. task before and during the training..."

(Key informant: OS, 49 years old)

"...I think the consideration at that time was because our new hospital was going to be operational, but as the hospital was operational, adjustments to the nurses' authority would be made again..."

(Key informant: AG, 47 years old)

The conclusion of the answers from some informants felt that it was not appropriate if the basis for consideration of determining clinical authority was more based on the demands of new hospitals that would open services without looking at the file verification process and competency assessment and the existence of differences in interpretation

with hospital management in determining the clinical authority of nurses. The informant said that this determination would be renewed if the hospital was running so that nurses could obtain the eligibility for further clinical authority.

Based on the distribution of room placement as a clinical area for nurses as PK I nurses at this time, this causes there is a possibility that they will exercise clinical authority above it. If all nurses who have been credentialed are given clinical authority PK I then the interviewer asks "Can they perform actions above the clinical authority above them?"

"...With the distribution of nurses who are in the clinical area at this time, there are some who are not in accordance, therefore we are making improvements related to this by adding delegation actions for nurses who are in the clinical area not in accordance with their authority but will carry out other actions outside their authority. This is with the consideration they capable..."

(Key informant: IL, 38 years old)

"...Because they are considered capable of providing nursing services to patients if they require actions beyond their authority..."

(Key informant: DL, 46 years old)

"...Because they have undergone special training, so they are actually able to carry out actions above their authority and are supported by delegation, the determination of the next authority is only wait for the time"

(Key informant: OS, 49 years old)

"...There is a possibility that this could happen, but it all comes back to whether or not there is delegation given in carrying out the action..."

(Key informant: AG, 47 years old)

"...It is possible if the patient needs it and there are instructions given..."

(Additional informants: HB; TM; FZ; SL; AB; ESU)

Based on the informant's answer about this, it can be concluded that all informants said that clinical nurses who have been given clinical authority PK I can still carry out actions above their authority if there are patients who need the action. Another thing that was also expressed was the reason because the nurses were considered capable of carrying out the actions above even though they were given clinical authority PK I because they had attended training at the supporting hospital and there was delegation to them when carrying out the action.

"Are there any delegation actions in the authority details regarding the actions that nurses will take if they take actions above their clinical authority?"

"...Yes, there is delegation or transfer of authority if the doctor gives instructions to the nurse for the care needs of the patient who needs it..."

(Key informants: IL; DL)

"...We added delegated nursing actions in the clinical assignment letter, so they can do the actions if there is delegation..."

(Key informants: OS; AG)

"...Yes, we must use delegation or a mandate from the doctor when giving instructions when we report, visit, or when further treatment is needed..."

(Additional informants: HB; TM; FZ)

"...Yes, there is, I dare to do it if there is an instruction or delegation to me to carry out nursing actions above my authority..."

(Additional informants: SL; AB; ESU)

Based on the interview results above, it can be concluded that all informants said that even though nurses are given clinical authority PK I, they can still take actions above their authority if there is delegation or instruction from the doctor in charge of the patient. The delegation process is considered important to ensure that the actions taken remain within the legal corridor and in accordance with the patient's needs, especially if they are in a situation that requires immediate treatment.

The informants said that this delegation was contained in the clinical assignment letter signed by the Director of RSJPD Oputa Yi Koo, thus providing a formal basis for nurses to carry out the action. Another thing that is the basis for delegation is trust in the competence of nurses who have undergone training at the supporting hospital. As a basis for internal regulations in RSJPD Oputa Yi Koo, a white paper is needed. "Is there a white paper or nursing committee white paper?"

"...Still in the process of being drafted, but the background flow is already there, for the details of clinical authority, it is still in the discussion stage and in process..."

(Key informant: IL, 38 years old)

"...The white book is not completely finished yet..."

(Key informant: DL, 46 years old)

According to some informants, the white paper of the Oputa Yi Koo RSJPD nursing committee does not yet exist. The white paper of the nursing committee is still in the process of being drafted and discussed in its completion. While some other informants do not know whether the white paper of the nursing committee already exists or not because the drafting process is under the auspices of the nursing committee independently.

Furthermore, to find out more about the process of determining the clinical authority of nurses regarding the obstacles that occur. The interviewer asked the question "Are there any obstacles during the process of determining the clinical authority of nurses during the implementation of credentialing?"

"...The constraint is due to the limited time so we feel that it is not optimal in determining the nurses and the involvement of human resources at this stage, but we continue to improve, propose training for the nursing committee and propose training nursing assessor n..."

(Key informant: IL, 38 years old)

"...The obstacle at that time was just a difference of opinion in its determination, we hope that the hospital will support the activities of the nursing committee..."

(Key informant: DL, 46 years old)

"...At that time there were no obstacles, because we emphasized that this would continue to be evaluated, there were no appeals, because it was still a new hospital..."

(Key informant: OS, 49 years old)

Based on the results of interviews with informants, it can be concluded that there are several obstacles that occur during the implementation of nursing committee credentials. The obstacles that occur are caused by limited time and the urgent need to open new hospital services.

Obstacles can also be due to differences in interpretation between the nursing committee and hospital management in interpreting the determination of clinical authority of nurses for new hospitals that will be operational. However, the nursing committee still hopes to get full support from management so that the nursing committee can carry out its functions optimally.

3.4. Process of Issuing Clinical Assignment Letters

A clinical assignment letter is an official document issued by a hospital institution and signed by the hospital leader or director as formal proof of a nurse's authority to carry out certain clinical actions based on the results of the implementation of the nursing committee's credentials which have been passed and declared to have passed the file verification process and competency assessment, and determination of clinical authority by the nursing committee. This clinical assignment letter is an authentic permit as a legal basis for nurses to perform actions in a hospital institution. "How is the application process for issuing a clinical assignment letter in the implementation of nursing credentials?"

"...The committee that makes a request to the director through the HR division for the issuance of the SPK to "credentialed nurses"

(Key informants: IL; DL)

"...After the other processes are completed, the nursing committee submits a request for the issuance of an SPK through the HR division..."

(Key informants: OS; AG)

According to statements from all informants, they agreed that the process flow for requesting a nurse's clinical assignment letter was carried out after the file verification process, competency assessment process, and clinical authority determination process were completed. In the process of granting a clinical assignment letter, the nursing committee involved was coordinating with the HR section. The clinical assignment letter is the basis for the placement of the nurse's clinical area. "Are nurses who have been credentialed placed according to their clinical assignment letter?"

"...If adjusted to the PK given, it means that some are appropriate and some are not appropriate in the distribution of room placement, the shortage of nursing staff also at that time affected the clinical area of this placement..."

(Key informant: IL, 38 years old)

"...Some are appropriate and some are not appropriate, we also still lack nursing staff to fill the existing rooms..."

(Key informant: DL, 46 years old)

"...Currently, because the need for nursing staff for room placement is still not much, some of the placements are appropriate and some are not..."

(Key informant: OS, 49 years old)

"...We are adjusting to the placement of the nurses' room, but because there are still many shortages of staff in several rooms, we are temporarily placing those that may not be appropriate, but we will evaluate that again..."

(Key informant: AG, 47 years old)

Based on the results of the interview excerpt above, it is known that the placement of rooms for nurses who have been credentialed based on clinical assignment letters shows a variety of situations, some of which have already in accordance and not yet appropriate. Key informants said that the inconsistency of room placement with the clinical assignment letter was due to the lack of nursing staff in several units. "Is there a report from the nursing committee to the director in implementing the nursing committee's credentials?"

"...As for the implementation report, there is already a report..."

(Key informants: IL; DL)

"... I Already hear report such as the need for assessor personnel, fulfillment of nurses, implementation of credentials, even others such as training and and so on so that competent and professional nurses..."

(Key informant: AG, 47 years old)

From the informant's answer above, it can be said that there has been a report from the nursing committee to the Director of RSJPD Oputa Yi Koo in the implementation of the previous nursing committee credentials. Furthermore, the interviewer asked "Is the reporting carried out periodically as monitoring and evaluation of the nursing committee's activities to the director?"

"...For evaluations such as monitoring activities with nurse monitoring and also reporting for evaluation, there is currently none because we still lack manpower, besides that we also have additional tasks outside of the nursing committee activities, so what is available is only the credential implementation report at that time..."

(Key informants: IL; DL)

"...The evaluation was submitted to us cause this is a new report credentials..."

(Key informants: OS; AG)

The description obtained from the interview above about the monitoring and evaluation of the nursing committee to the director has not been running optimally and periodically. This is due to the lack of personnel in the nursing committee and because of the existence of other additional jobdesks outside the activities of the nursing committee.

4. Discussion

4.1. File Verification Process

verification process in the implementation of credentials is the validity of the files carried out by the credential subcommittee. File verification is a process to re-check the validity, completeness, legality, and suitability of documents collected by nurses through HR and submitted to the credential subcommittee for verification.

The results of the study found that the verification process of the nursing committee credential implementation files at RSJPD Oputa Yi Koo was in accordance with the completeness of the files specified in PMK No. 40 of 2017 which includes the last education certificate, Registration Certificate (STR), Practice License (SIP), last SK, Health Certificate, placement assignment note, job description, certificate, old Clinical Assignment Letter (SPK), and self- assessment . The verification process of files on nurse credentials that are correct and in accordance with PMK No. 40 of 2017 can reduce the risk of potential legal problems because all documents and requirements submitted are in accordance with applicable regulations.

The discussion of the results of this study is in line with the results of previous research. Munir et. al , 2021, who stated that the verification process in accordance with PMK No. 40 of 2017 regarding the collected files will be related to the performance of nursing staff. According to Azhari et . al., 2023, hospitals must have credential regulations which includes evaluation and verification of files related to the last education, registration, permits, authority, competency certificates, training and experience according to national hospital accreditation standards (8).

4.2. Competency Assessment Process

Measuring the ability, knowledge, skills, and attitudes of nurses in the competencies they have must go through a competency assessment process in the nursing committee credential. The competency assessment process is carried out after a nurse has passed the verification process of files that meet the requirements.

The findings of this study in the process of assessing nurses' credential competency carried out by the Nursing Committee at RSJPD Oputa Yi Koo found that that not optimally following PMK No. 40 of 2017. This is because there are still stages in the competency assessment process that are not carried out by the Nursing Committee, namely the absence of competency assessors or bestari partners to assist the nursing committee during the competency assessment and the absence of a competency certificate after the nurse is declared to have passed the competency assessment.

When the nurse's credentials at RSJPD Oputa Yi Koo were assessed by general nurses because no one had taken training to become a competency assessor. However, on the other hand, the nursing committee also did not use peer reviewers as a substitute for competency assessors due to budget limitations to provide peer reviewer incentives. This budget limitation also affects the stages of granting competency certificates to nurses which are not carried out when the competency assessment process is complete. Meanwhile, a competency certificate is authentic evidence that a nurse has passed the competency assessment and can be assigned clinical authority.

The findings of this study are in line with research Azhari et. al, 2023, who said that the implementation of credentials can be said to be optimal if there are competency assessors, incentives for assessors, and clarity of the roles and functions of the credential team (7).

In PMK No. 40 of 2017, it is stated that those who carry out competency assessments are competent assessors or bestari partners who come from nursing professional organizations, nursing colleges, or from elements of higher nursing education. Optimal implementation of credentials can improve quality, protect patient safety, maintain standards of care and provide protection to nurses.

The results of the research findings related to the requirement to fulfill the requirements for granting competency certificates are in line with the research Rahmani And Hardiansyah which states that nurses who will propose clinical authority are required to have passed a competency assessment and this must be proven with a competency certificate (9).

From the discussion of the findings of the researcher and previous research, there is a correspondence that the importance of the role of competency assessors in conducting assessments when nurses are undergoing credentialing is because an assessor is the one who can ensure that the nurse being assessed has overall competency in accordance with competency standards and is proven by the provision of a competency certificate so as to produce competent nurses who maintain the quality of service and protect patient safety.

4.3. Clinical Authority Determination Process

The determination of the clinical authority of nurses is the responsibility of the nursing committee which has been stated in the internal regulation *of nursing staff by law* and the white paper *of the nursing committee*. The determination of clinical authority is influenced by the verification of files that are declared valid and from the results of the nurse competency assessment test.

Based on the findings of researchers in the process of determining the clinical authority of the Oputa Yi Koo RSJPD Nursing Committee, this determination process is not in accordance with PMK No. 40 of 2017. This is due to several things, namely the absence of a white paper as an internal regulation of the nursing committee, the assessment of the clinical authority determination process did not fully consider the results of file verification and competency assessment test results so that all nurses who had been credentialed had PK I clinical authority, there was no deviation from the nurse's clinical authority, the experience of being involved in organizing credentials at the previous hospital caused differences in interpretation between the nursing committee administrators and the hospital's HR department at that time in determining clinical authority for nurses.

In the absence of this white paper, the HR department influences the nursing committee because there is no strong basis for determining clinical authority in decision making during credentialing. Whereas the nursing committee's *white paper* is a document of requirements related to nurse competence which contains a description of the clinical authority of nursing staff based on their area of practice.

Furthermore, in terms of determining the clinical authority of PK I nurses at RSJPD Oputa Yi Koo, which does not take into account the results of the file verification process and the results of the competency assessment test due to time constraints to meet the administrative needs of the hospital that will only be operational, this determination is considered temporary and re-credentialing will be carried out immediately to adjust to the nurse's competency.

Nurses who have followed the current credential have been distributed in their respective clinical areas. With the determination of PK I authority, nurses in the intensive care unit, emergency room, and inpatient room of RSJPD Oputa Yi Koo can take actions above their authority if there are patients who need other actions. In order to avoid deviations in authority, nurses are given additional authority based on the mandate or delegation in the details of their authority. This is with the consideration that the nurse is considered to have undergone special training at the supporting hospital so that she is trusted and able to carry out these actions. Delegation or transfer of authority from the doctor in charge of the patient to the nurse can also be through direct instructions or telephone communication. Nurses who receive delegation are assisted by the head of the room, the duty team, general practitioners, or the doctor in charge of the patient himself as a supervisor when taking action to avoid risks that will cause errors.

Based on the discussion of the results of this study, it is in line with previous research by Nurlina et al., 2021, which found that the mindset between the HR department and the nursing committee regarding roles, functions, and tasks

can result in the work of the nursing committee and the HR department overlapping and being unclear. In addition, the nursing committee often works according to what is ordered by the HR department (10).

Discussion of the findings regarding the absence of a white paper can affect the determination of the clinical authority of nurses in line with the results of research by Azhari et al., 2023, which states that nursing committees that do not have a white paper will find it difficult to determine the clinical authority of nurses being assessed. This is because the white paper is a document that contains the requirements met by the nursing committee which is used to determine the clinical authority of the nurse's clinical level (7).

The findings discussed that there were no deviations committed by nurse PK I at RSJPD Oputa Yi Koo in carrying out actions above his authority because it was carried out based on delegation given by the director as the head of the health service facility. According to PMK No. 26 of 2019, the Implementing Regulations of the Law on Nursing, Article 28 paragraph (1) states that the delegation of authority to nurses is in the form of delegation of delegative authority and mandate.

This is also in accordance with Article 745 Paragraph (4) of the Republic of Indonesia Government Regulation No. 28 of 2024, which states that the head of a health service facility must determine the types of health services for which authority can be delegated (11). The findings of this study are also supported by Rahmani & Hardiansyah, 2024 who found that the delegation of authority for medical actions can be carried out by a doctor who is confident that the nurse receiving the delegation is capable of carrying out the task well. The delegation is carried out in writing, including clear instructions regarding implementation and how to act if complications arise and so on (9).

4.4. Process of Issuing Clinical Assignment Letters

Clinical Assignment Letter is an official document issued by the Director to nurses who have passed the nursing committee credential implementation. The Clinical Assignment Letter contains the results of the determination of the nurse's authority level and details of the nurse's clinical authority.

The process of issuing a Clinical Assignment Letter at RSJPD Oputa Yi Koo is in accordance with PMK No. 40 of 2017, where the process of issuing it is after the nurse has passed the credential stage, the nursing committee makes an application to the director through the HR department, and after being signed by the director which contains list details authority clinical action independent, mandate, and delegation so that own certainty law and legal.

However, related to the distribution of nursing staff at RSJPD Oputa Yi Koo, it is not based on the Clinical Assignment Letter due to the lack of nursing staff. As the final stage of the credential process, it should not stop here because the nursing committee must carry out monitoring and evaluation. However, at RSJPD Oputa Yi Koo, the nursing committee has not optimally carried out monitoring and evaluation of the implementation of previous credentials.

The results of the discussion of research findings on the process of issuing a Clinical Assignment Letter after nurses have taken the nursing committee credential are in line with Pertiwi's research, 2020, which found that nurses who have passed the nursing committee credential test will receive a Clinical Assignment Letter containing details of the nurse's clinical authority to exercise authority legally.

In the findings, the distribution of nursing staff was not based on the SPK because there was still a lack of nursing staff in line with with the findings of Noprianty's research, 2024 found that the minimal number of nurses can have an impact on the mapping of nurses in the room because the number of needs for fulfillment does not match the number of nurses in a hospital institution. According to Idhan, 2023, nurses who already have a clinical assignment letter can be placed not in accordance with their competence if it is related to the limited number of nurses (14).

The results of the discussion found that there was no monitoring and evaluation from the nursing committee to improve the credential process due to the main task as a nurse and the lack of nursing committee personnel in line with Herawati et al., 2022 and Idhan, 2023 found that monitoring and evaluation must be carried out periodically by the nursing committee so that nurses can carry out nursing care according to their respective authorities and become a problem solver in improving the stages of the credential process that are not yet in accordance (15) (14).

5. Conclusion

File verification process and granting process letter authority clinical The implementation of the nursing committee's credentials in determining the clinical authority of nurses at the RSJPD Oputa Yi Koo, Southeast Sulawesi Province, is in

accordance with the completeness of the files based on PMK No. 40 of 2017. Competency assessment process and determination process authority clinical The implementation of the nursing committee's credentials in determining the clinical authority of nurses at the RSJPD Oputa Yi Koo, Southeast Sulawesi Province has not been optimal in accordance with PMK No. 40 of 2017.

Compliance with ethical standards

Disclosure of conflict of interest

The authors do not have conflict interest in this study.

Statement of ethical approval

Study This get letter permission or recommendation from Committee Ethics Study Health (KEPK) Regional Management of the Association Expert Health Indonesian Society (IAKMI) of Southeast Sulawesi Province with Number 256/KEPK-IAKMI/XII/2024.

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