

CONTINUING COMPETENCE MODEL FOR PRACTICING NURSES IN INDONESIA

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Background: Continuing competence model in this study was developed from the results of research that is aligned with the factors that affect to the implementation of continuing competence. The development of this model is expected to contribute to the implementation of continuing competence that will support the career development of practicing nurses to meet the best quality of nursing services. The main component in this model is in the center, which is consisting of individual nurses (in this case the practicing nurses), hospital as the working environment of the practicing nurses, nursing education and nursing professional organizations. These four components are interconnected to one another in a formal framework as an effort to realize the vision or the main goal of improving the quality of nursing care in hospital.

Methods: A descriptive qualitative study was conducted to explore the deep understanding of practicing nurses towards continuing competence to provide care. Data were gathered using in-depth interview with 25 practical nurses from different areas of practices, and three times focus group discussion (FGD). Qualitative content analysis model was applied to analyze the data.

Result: This study found a model of continuing competence for practicing nurses. This model integrated individual and Institutional aspects to lead quality of nursing services. Furthermore, each component will be explained as follows:

1. Personal (practicing nurses)

This component focuses on individual practicing nurse at the hospital who worked in various units of nursing services, including general wards, OPD, ER, ICU, OR, HD, Paediatric unit and Maternity unit. Every practicing nurse has a basic competence, based on the work area. Nurses who work in specific wards requires particular competence with regard to the scope of work in addition to the basic competencies for giving nursing care to patients. Furthermore, they are required

to have a career path that will be their guidance for the subsequent career development.

There are career development for practicing nurses that have been defined by INNA in collaboration with Department of Health. This path includes 4 (four) levels which are “Perawat Klinik”¹ I-IV, “Perawat Manajer”² I-IV, “Perawat Pendidik”³ I-IV and “Perawat Riset”⁴ I-IV. Each level has 4 (four) steps to move up to the next level. Every practicing nurse has the same opportunities to achieve the highest level of career development based on the level of formal education they have. For example, a practicing nurse with a diploma level can only achieve the highest level of career development to the level of “Perawat Manajer” II or nurse manager II, while nurses with Bachelor education level can reach levels of “Perawat Riset” I or nurse researchers I, as a member of reserach team. The highest level as a nurse researcher can independently obtained by practicing nurse who has minimal level of education in master or specialist.

The process of career path aim to provide the best nursing care for patients. Thus, practicing nurses are also expected to have a performance management that support the implementation of nursing care. Performance management is strongly influenced by internal and external factors of individual nurses. The internal factor is derived from the individual's own nurses, including the motivation, initiative, confidence and desire for change. This factor drive themselves in the process of implementing continuing competence.

Other factors that influence is the external factors, which include factors that come from outside the individual nurses such as lack of information or delays informations related to the CCP which will be held, mismatches between the CCP offered to the competency needed, lack of variety of CCP existing and or related with the distance of the occasion.

The key mechanism from the point of view personal practicing nurses are include developing self initiative, improving communication skills, having good

¹ Perawat klinik means practicing nurses who work and hand-touch directly to the patients

² Perawat manajer means nurse who act as a manager at any level in the hospital

³ Perawat pendidik means practicing nurses who assigned as clinical instructor in the hospital

⁴ Perawat riset means practicing nurses who conduct research based on their educational level, whether as team member or independently

performance, being confidence, acquiring requirement, gaining passion to be needed and getting chance and challenge.

2. Hospital

The second component is a hospital which includes two sub-components: strategic management and leadership development. Both of these components affect the CC process for practicing nurses in hospitals. In the sub-components of strategic management, every hospital has an annual program plan that will be conducted periodically, namely in-house programs and ex-house program either in the form of seminars, training and workshops. This plan is a program of the hospital to provide support for practicing nurses to renew their competencies so that nursing services will also be satisfactory.

In-house programs conducted in the hospital regularly once every month, and focus on general competencies for nurses. This program has empowering internal human resources in hospitals of various health care providers. The activities carried out for all nurses based on the results of customer service satisfaction on nursing care services given. However, this activity have only been recognized by local hospital and accepted in small number of credit hours needed.

Meanwhile, ex-house program of activities are planned by the hospital each year, but can not display the detail type of CCP would do. This is because the information related to CCPs from outside the Institutions are also uncertain.

Ex-house programs that have been planned usually to fulfill the specific competencies required in certain areas such as in OR, ER, HD, or ICU. This activity takes 3-5 months including mastery of theory and direct practice to a particular patient. The length of time affect to the work rhythm in an abandoned room, so it requires careful planning related to practicing nurses to be sent, the suitability of training needed and determination of nurses needs replacement. This is because there is still a mismatch between the number of nurses and patients that will affect the quality of nursing care provided to patients.

In the sub-components of strategic management, hospital is also plan an annual reward program that can be either in cash or in the form of opportunities and chance to attend formal education or training outside the hospital that supports the development of personal competence. This is done in hospitals as an effort to give

appreciation for practicing nurses for their performance that will increase hospitals' credibility.

The next sub component is leadership development. In nursing division, there are 3 levels of nursing managers which are top managers, middle managers and lower managers. There are some responsibility of top manager that related with CC of practicing nurses such as make the annual planning related to human resources development, budgeting, competencies needed and methods of the programs like seminars, taining, workshops and formal education. Every planning is based on the reports of a middle manager in accordance with the needs of the nursing care areas. Top managers also evaluate the performance of practicing nurses so that it can be used as a basis for policy planning to improve the quality of nursing services.

There are head of the wards or units in the hospital which are assigned to be in the middle managers position. At this position, they are in charge of nursing care team leader and practicing nurses on the ward or unit. Nurses who was elected in the position has a leadership capacity more than other practicing nurses. In the level of lower manager, there are practicing nurses who have responsibility to taking care of the patients. They worked shiftly and making collaboration directly with other health care provider to meet the best nursing services.

The key mechanism in this component are enhanching reward and punishment system, provide regular program, develop procedure strategies, develop evaluation tools and human resources department planning.

3. Nursing Education

The 5 (five) levels of nursing education in Indonesia which are recognized by INQF 2014 have variation in qualities based on the grade of accreditation. One aspect of the assessment is related to the availability of a teaching hospital that is used as a place of practice for students. Most of the nursing educational institutions do not have a teaching hospital themselves, but they do a collaboration with RS who are nearby. However, to meet the achievement of basic competence that must be possessed by the graduates, the education institutions will cooperate with hospitals that have a variety of facilities and complex cases although it should be outside the province.

Another aspect that should be developed is the competence of lecturers associated with their nursing skills. There are found that many lecturers who do not meet the criteria as an educator, such as do not have certificate as lecturer yet and in the first year of employment. Thus, the clinical skill is mastered only by their experience at the time when they were a student who undergone the practice. Consequently, when they guide the student to the hospital they might look less confident especially in establishing communication with patients and with practicing nurses in the hospital.

Specialist in nursing like specialist in medical surgical nursing, specialist in maternity who should be more dedicated to the development of nursing care in the hospital, it is now more widely used by educational institutions. It is because they started their continuing education from their educational institution. Accordingly, they have lack of exposed to the real situation of nursing care in the hospital and might impact to the decreasing of their clinical skills.

Based on the nursing act 2014, there is a clearly statement that one of the responsibilities of nursing education institutions are organizing continuing education both formal and non-formal. However, some nursing education institution could not able to conduct CCP, due to many factors including lack of expertise, less confidence and lack of knowledge to create the programs. Currently both nursing educational institutions and the hospital have CCP separately since there is no entanglement between the two institutions.

There are 4 (four) key mechanism in this components which are availability of teaching hospital clinical exposure for lecturers, early exposure to practice and curriculum development.

4. Nursing Organisation

Council of nursing in Indonesia has not been established so that the INNA is the main organization that embodies all nurses in Indonesia. After the announcement of nursing act in 2014, INNA then focuses on the implementation of the National nursing competence examination for nurses who just completed his formal studies. Meanwhile, competence evaluation system for nurses who were working done through the system of CCP credit hours. These credit hours can be obtained through CCP that can be followed in the form of seminars, workshops, training

and formal education. However, this process has not been entirely appropriate to have credibility, because there are still many nursing CCP which are not within the scope of their existing competence.

There are many CCP offering to the hospital, but less than the needed competence which is related with the variety of the programs. Giving credit hours conducted by nursing professional organisation (INNA) in every level are based on the level of activity, number of hours of activity, the length of implementation and the type of activity. The implementation of CCP sometimes are not linear with the needed competence, the expertise speaker that does not fit with their competence, an easy to get recognition of credit hours and the un-credible organizers. Recognition from nursing professional organisation and certificates have become important as an effort to follow the rules that have been determined.

This component has a key mechanism namely strengthening mechanism of CC, develop authority system, establishment of nursing council and develop programs qualification.

Conclusion: Understanding the definition of competence and continuing competence by practicing nurses at any different areas of practice provide a good influence on the implementation of nursing care. They compared and shared their own ideas to improve their positive mind set to support role and function as one of health care professional. Concluded with a model of Continuing Competence which was based on the result of this study to improve the quality of nursing services.

