

Continuing Competence of Practicing Nurses in Indonesia

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Continuing Competence of Practicing Nurses in Indonesia

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BACKGROUND

The dynamic changing in the world life may influence to many sectors such as culture, geographic, socioeconomic, technology, politic and demographic. It is also involve the process of globalisation when people may have different thinking and action. In globalisation era, we are facing of borderless and competitiveness that can improve the opportunity and challenge among people and countries in the world including in nursing areas. Since Asian Economic Community (AEC) 2015 has been announced, there is an open access among ASEAN (Association of South East Asia Nations) countries, which is including in health sectors. As well as the challenge, there is also competition to have great health services among countries including at the area of nursing services.

In Indonesia, there is a regulation for only new graduates to do national examination of nursing competence. However, there is no mandate to continue their competence, because the process of renewing their license is without any examination. When practicing nurses want to continue their license for every five years, they can show their 25 credits hours of training which is not always significantly related with their present competence needed. Based on INQF, the process of maintaining work is a periodic re-licensure every 5 years without examination for all of professional workers. It is because every practicing nurse develops as per their own daily experiences and how they interact with patients and society (INQF, 2014). This process amid every single interaction involves their thoughts, understanding, attitudes, and what the concept of competence in the course of health care means to them. It also means that every practicing nurse may have different perceptions, values, and meanings of competence which can impact on their quality of care provided. In addition, diversity could be interesting owing to the symbolic meaning that might improve from any individual's own capability of coping.

Even though nursing council in Indonesia does not established yet to protect nurses through a credential system, workforce system, and neither regulations of types and levels of nursing education, there is a collaboration and coordination among ministry of higher education and culture and ministry of health. Under Indonesia Commission of Higher Education (ICHEd), Association of Indonesia Nursing Education (AINEC) and Indonesia National Nurses Association (INNA) regulation about nursing competence

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have been implemented all around Indonesia. There are minimum competencies for new graduates including professional practice, ethic legal of practice, cultural sensitivity, nursing care management and services, and quality of personal and professional development.

CONCEPT OF NURSING

Nurses' area is form of health care professional as part of health care services, which are comprehensively supplied to patient as individuals, groups, families and or communities according to the entire process of human life including physical, psychosocial, spiritual, and cultural aspects based on knowledge, skills, and attitudes, which have been gathered from formal education. According to Creasia (2006),¹ a profession is characterized by prolonged formal education that takes place in a college or university. This characteristics are based on the result of a body of knowledge based on nursing theory and research, including values, beliefs, and ethics related to the profession. Nurses have their own autonomous in decision making and are responsible and accountable for their practice. They need to have a strong sense of personal identification and commitment to improve their capacity and individuals are unlikely to change profession.

Miller B.K (1984) in Creasia (2006),¹ described professionalism in nursing which has eight dimensions adherence to code of nurses, theory development and evaluation use, community service orientation, continuing education and competence, research development and use of evaluation, self-regulation and autonomy, participation in professional organizations, and publication and communication. It is evident that as professional career, practicing nurses need to maintain the knowledge, skills, and ethical grounding of nurses directly in order to affect the quality of care provided.

NURSING COMPETENCE

According to Tilley (2008), the definition of competency does not clear yet to be accepted across nursing education and practice. However, there is a common aim, although competency is defined in different ways; to assure nurses have the knowledge, skills, and abilities presumed and needed for their practice settings. The word "competent" is derived from Latin and means having the essential qualities and abilities to function in specific ways. In addition, the American Nurses Association (ANA) (2011),² stated with regard of competence is carrying out successfully at an expected level, while competency is a presumed level of performance that results from an integration of knowledge, skills, abilities, and judgement within the context of current and projected professional direction.

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Competencies are also identified based on the the dynamic nature of contemporary practice that has been recognized. As the dynamic changing of information, technologies, or practice challenges surface, the expectation of practice may also be changing as well as the current practice requirement. Practicing nurses have responsibility to examine their up to date of practice competency requirements, and look to what competencies may be required in the future. Continuing competence requires a review of expectations as the external and internal environments change, adjusting expectations accordingly.

ROLE OF PROFESSIONAL NURSE

The roles of professional nurses has elaborated in accordance with the dramatic changing of demographics. The roles are including practitioners, caregivers, advocates, educators, leaders, managers, collaborators, and researchers. (Masters K., 2014). What's more, according to Hood (2010),³ additional roles expected of professional nurses are change agents, coordinators, counsellors, and colleagues.

Caregiver. During the past century, related to the role of professional nurse as a caregiver things have changed tremendously. Nurse use nursing process and critical thinking skills to provide interventions in order to reach data related to the physical, psychosocial, spiritual, and environmental needs of patients and families. As an individual has uniqueness, it is important for a nurse to use a holistic approach because the knowledge in nursing becomes the art of nursing through caring. So knowledge, skills and attitude, which are including emphatic feeling and caring are the dimentions of the caregiver.

Advocator. The aim of this role is to respect patient decisions and boost patient autonomy. Blais et al., (2006),⁴ stated that practicing nurses responsible to advocate patients that are include in protecting of patient rights and developing a therapeutic nurse-client relationship to secure patient self-determination. In the clinical setting areas, practicing nurses act as an intermediary among the patients and their significant others and health care providers. To illustrate further, Hood L. J., (2010),³ described this role; providing adequate information and resources to make decision are one of the roles of practicing nurses on behalf of the clinet. In this process, the client's wishes are respected at all times.

Manager. Based on the concept of manager in nursing practice, all nurses are managers because on the expected outcomes of care, they need to directly work with professionals and nonprofessionals. Delegation process is important task in nursing practice because not all nursing activity will be done by one's self. Therefore, the acceptance of the delegation process require a strong understanding. According to Sullivan & Decker, 2005 practicing nurses who accept the delegation must be clearly understand to do and ensure to accomplish the task with regard to the definition of

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delegation which is the process of transferring the responsibility and authority to another person.

Collaborator. Collaborative system among health care providers is necessarily needed to meet and develop client health care outcome owing to the complexity of health care today. Within this role, the nurse needs to achieve health-quality client care as well as client satisfaction. This collaboration includes nurse-physician interaction, nurse-nurse-interaction, or the interaction of interdisciplinary teams or committees.⁴ It is the challenges to correlate the best knowledge and abilities among health care providers to produce positive client outcomes.⁵

CONCEPT OF CONTINUING COMPETENCE

In today's era, the understanding of competence and continuing competence are extremely debated.^{6,7} (Chiarella, M. (2006); International Council of Nurses 2007; Vernon et al. 2010). It is important for practicing nurses should be valued for their quality patient care and their commitment to organizational goals and objectives. Continuing competence is one way of investment in the educational development of practicing nurses and of demonstrating appreciation and support. Hospitals have a significant role to facilitate continuing competence programs for their staff that can encourage a culture of excellence. This in turn relates with high levels of job satisfaction and high self-esteem among practicing nurses. Continuing Nursing Education (CNE) within the Nursing Practice Environment (NPE) is important in determining issues associated with unsafe practice, unproductiveness or incompetent nurses. Mizuki, 2011 stated that CNE is the best initiative to maintain and develop practicing nurses' knowledge and skills up to date in the nursing career and profession.

Meanwhile, the continuing competence of an individual is interrelated to current nursing practice (Meretoja et al. 2004).⁸ In the current situation, assessment of the competence need to be more flexible due to the differing evidence of the basic and the highest levels of competence. (Vernon et al., 2011).

Vernon⁴ 2013 stated that the standards set by Nursing Council proved the quantity of professional development that practicing nurses have to perform and remain the number of time that they need to be in real practice in order to maintain their competence. It provides clarity, is a way of creating and ensuring a standard which replaces the previous system of having no standard of what people were engaged in. Eraut's (2004, 2007)⁹ and Eraut et al. (2004) found that organizational support is one of the most important components in maintaining competence. This in turn impacts staff motivation, empowerment and learning culture.

Dickerson (2010),¹⁰ found that the awareness of the continuing nursing education provider both internal and external influences to nursing professional development may

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influence to the plans, implementations, and evaluation of learning activities. Nursing has the foundation, framework, and opportunity to contribute in framing the future of professional development in health care. The creation of Continuing Competence Programs (CCPs), with the goals of promoting good nursing practice, encouraging continuous learning, contributing to the quality of nursing practice, and optimizing client outcomes. It is proven that the availability of continuing education increases staff satisfaction, self-esteem, and self-confidence, might not only in the program participants yet also in the colleagues with whom they share their new knowledge and skills. Continuing education will improve the capability of practicing nurses to deliver quality care at controlled cost. Meanwhile, in the changing health care environment, education not only increases knowledge and clinical skills but further improve the quality of behaviors and attitudes necessary. Furthermore, continuing education has the chance to improve attributes such as analytical ability, critical thinking, communication, teamwork, flexibility, and the ability to adapt to change.

COMPETENCY FRAMEWORK IN INDONESIA

In collaboration between professional nursing organisations and Indonesian government (Indonesia National Nurse Association /INNA), Association of Indonesia Nursing Education (AINEC) and Ministry of Education and Culture, Ministry of Health formulate a competency framework for nurses creates a standard of competency in order to meet quality care needs of clients.

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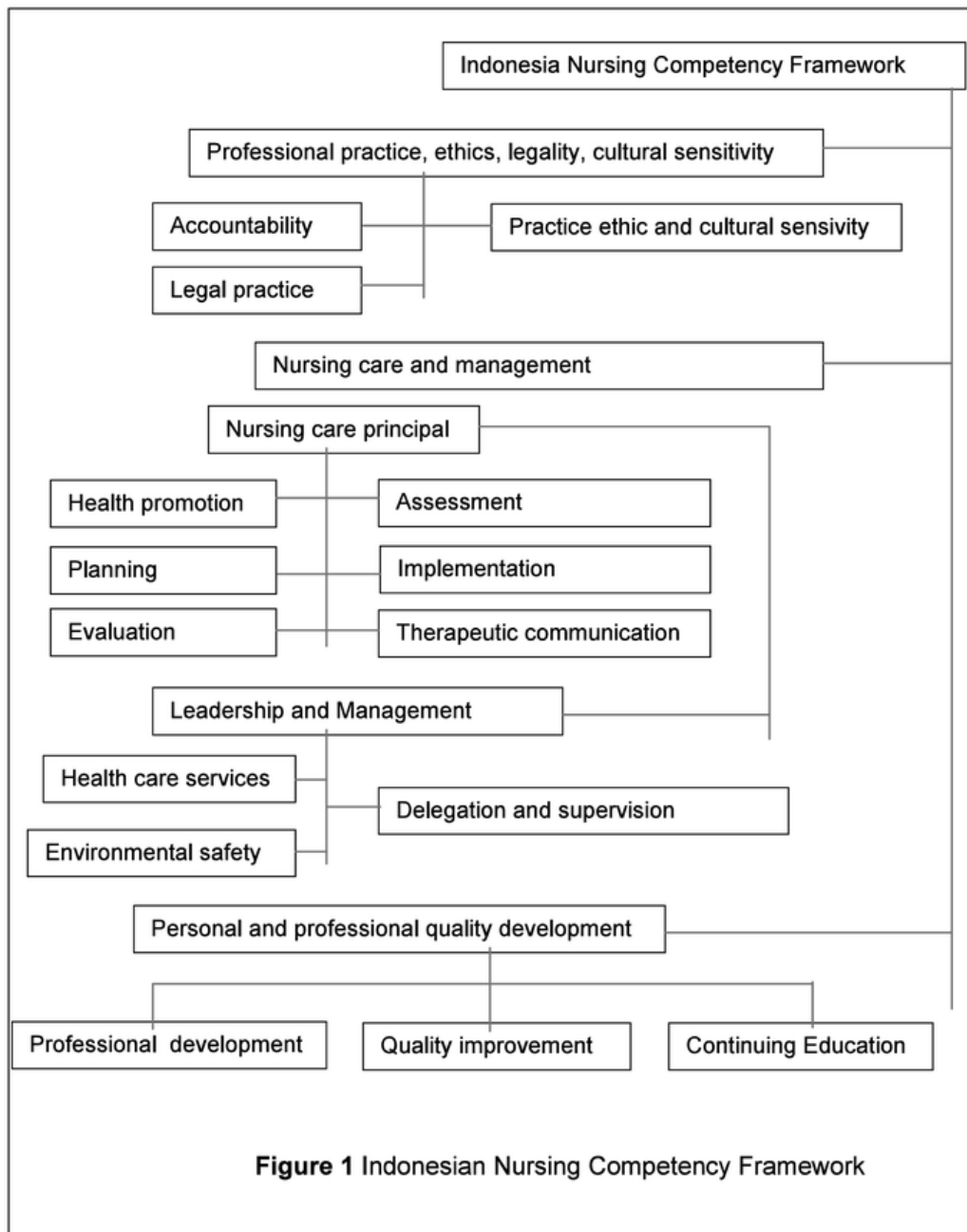


Figure 1 Indonesian Nursing Competency Framework

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As part of this framework, it is essential for every nurse in Indonesia to implement personal and professional quality development along of their career from both formal and informal continuing competence which is related with IQF program. It is important

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to be understood that professional quality development mainly refer to be individual responsibility as well as Institution.

Practicing nurses have to maintain their performance of nursing practice through continuing competence program whether formal nor non-formal program. Within 5 years they need to conduct and meet 25 credits hour to maintain their SIPP.

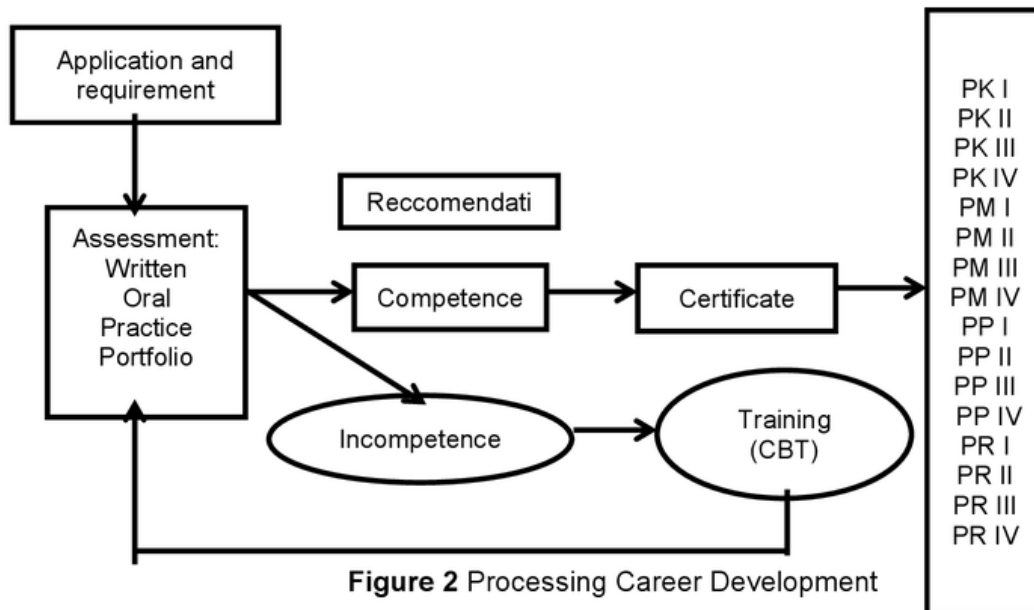


Figure 2 Processing Career Development

Figure 2 Processing Career Development

ISLAMIC CONCEPT RELATED CONTINUING COMPETENCE

The basic concept of life long learning was stated clearly in the Qur'an, as Muslims' guideline of life in the surah Al 'Alaq verse 1.¹¹ This was the first verse in the Qur'an sent to Muhammad as the last prophet, means that Allah SWT has been ordered to all of humankind to search knowledge.

اَقْرَأْ بِاِسْمِ رَبِّكَ الَّذِي خَلَقَ ﴿١﴾

“Read (Proclaim!) In the Name of your Lord Who created”

*“Bacalah dengan (menyebut) nama Rabbmu Yang menciptakan”
 (Indonesia version)*

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Knowledge knows no boundaries and defeats any limitations. This has been dictated by Allah S.W.T in the Quranic chapter of al-Kahfi, verse 109:¹¹

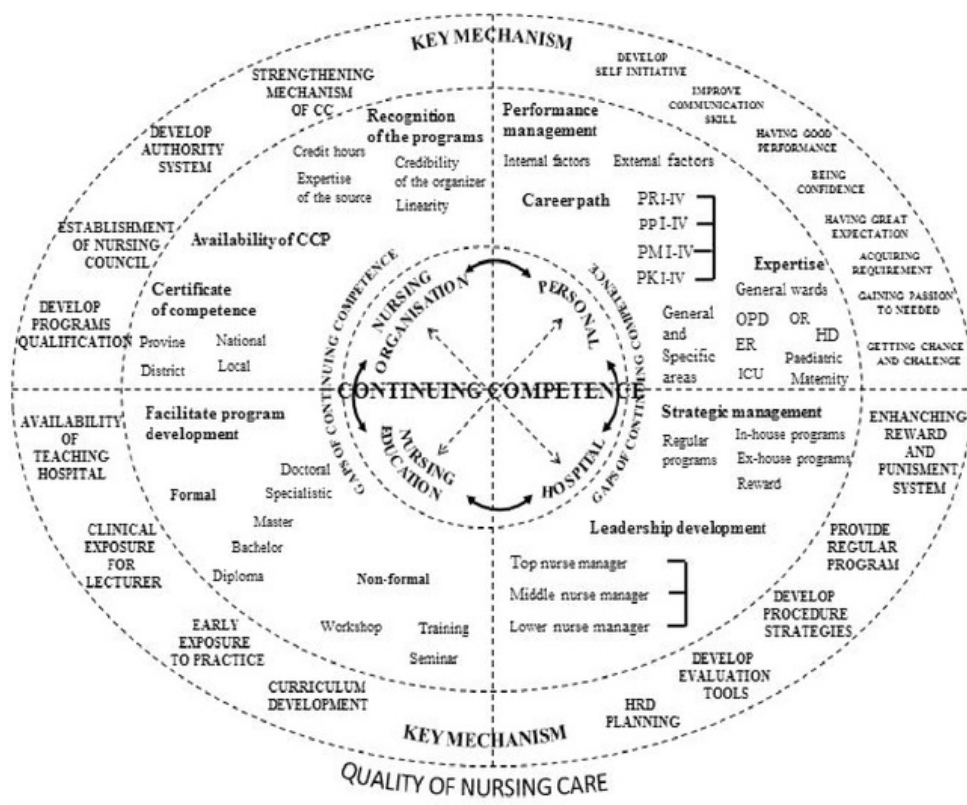
قُلْ لَوْ كَانَ الْبَحْرُ مِدَادًا لِكَلِمَاتِ رَبِّي لَنَفِدَ الْبَحْرُ قَبْلَ أَنْ تَنْفَدَ كَلِمَاتُ رَبِّي

وَلَوْ جِئْنَا بِمِثْلِهِ مَدَدًا

“Say (Dear Muhammad): “If the sea were ink¹ for [writing] the words of my Lord, the sea would be exhausted before the words of my Lord were exhausted, even if We brought the Like of it as a supplement”

“Katakanlah: “Kalau sekiranya lautan menjadi tinta untuk (menulis) kalimat-kalimat Tuhanku, sungguh habislah lautan itu sebelum habis (ditulis) kalimat-kalimat Tuhanku, meskipun Kami datangkan tambahan sebanyak itu (pula).” (Indonesia version)

CONTINUING COMPETENCE MODEL FOR PRACTICING NURSES IN INDONESIA



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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. This paper concludes with a model of Continuing Competence which was based on the result of the study to improve the quality of nursing services. The model consist of 4 (four) critical components namely: 1) personal career path, 2) hospital strategic management, 3) nursing education development system and 4) nursing organisation recognition system.

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