

Perceptions Of Indonesian Practical Nurses Toward S Updating Capability To Provide Care: A Qualitative Study

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PERCEPTIONS OF INDONESIAN PRACTICAL NURSES TOWARDS UPDATING CAPABILITY TO PROVIDE CARE: A QUALITATIVE STUDY

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ABSTRACT

Background: Capability to provide care can be recognized as the combination of nursing knowledge, skills, and attitude of care which is dynamic.

Objective: This study aims to explore the perceptions of practical nurses towards updating capability to provide care.

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

Result: There were two themes emerged from data: 1) *Internal perceptions of updating capacity to provide care*, with three subthemes: *Having great expectation*, *Being confidence as a professional nurse*, and *Developing Self-Initiation*. 2) *External contexts driving perception of practicing nurses*, with two subthemes: *Giving best care* and *Acquiring requirement*.

Conclusions: The findings indicated that updating capacity to provide care supports practical nurses to provide better nursing services to patients and meet the regulation of nursing professionalism.

Key words: Competence, Continuing Professional Development, Qualitative Research, Nurse Practitioners

INTRODUCTION

The high demand of health services and complex health care system encourage nurses as one of health care provider to update their competence. It is appropriate that nursing, as a basic component of the health care delivery system, strengthen its

purpose as a practical discipline in accommodating patients to achieve best health care outcomes. Better performance is one of the factors contributing to meet the need of costumers with regard to the quality of health care services, especially in nursing services. As a consequence,

continuing updates to knowledge and practice as quality of personal and professional development is necessary,^{1,2} which is in line with the Indonesian National Qualification Framework (INQF) launched in January 2014 and Indonesian Nursing Acts launched on September 2014.

In Indonesia, practical nurses are demanded to be competent when initially licensed. The national examination of nursing competence is held only for new graduates at one time, and they need to renew the licence every five years without examination.² Nurses can show their 25 credits hours of training, which is not always significantly related to their present competence. Sometimes nurses have difficulty to join the formal training program due to workload schedule in their works, both in clinical setting and community practice to other hospital. Some of nurses also need to work while studying in the university as as the regulation of the hospital. It is surely increased the workload of the nurses. In addition, they also have a lack of additional compensation for duties performed. There is also the gap in collaboration and coordination between healthcare team, and initial resistance by regulatory bodies.³

In regard to the competence, Indonesian nurses develop a wide variety of competencies at the variety level after initial licensure, as well as advanced practice and complex criteria and standards for Continuing Competency (CC) than they are for those at the entry level. Some nurses also develop high levels of competence in specific areas of nursing practice as a result of work experience and specialization at the expense of staying current in other areas of practice.

Practical nurses also have self-development program less than 2 times per

year due to the lack of variety and the need of nursing training programs offered and financial concern. They found difficulty to up-date their existing capability and met the standard of nursing practice owing to the fact that CC programs offered are few and mostly organized in large urban cities, so that practical nurses in rural settings and small towns have to travel distantly to attend the programs, which is a barrier for them. In addition, they also need to pay for the program fee, transportation and the accommodation.

Although literature reports the importance of CC, not many of them report empirical studies on the perception of nurses towards continuing competence or updating capability to provide care (UCPC). Thus, this study aims to explore the perception and to gain a deep insight about updating capability to provide care from different point of view of practical nurses who are working in the hospital by using qualitative methods. This insight will promote practical nurses to have great understanding about updating capability to provide care and enable them to give the best quality of nursing care and respond appropriately to their personal needs.

LITERATURE REVIEW

The environment of clinical practicing nurses' practice is dramatically changing in terms of expectation, resources and evolving technologies. It became critically important for practicing nurses to improve knowledge and competence throughout their career professional. The roles of nursing professional organisation are significantly needed to promote life, ethical and competence of care.⁴ The term competence is a concept which is internationally applied in reference to professional people of all kinds, but especially so in relation to nursing practice. It is considered an essential ingredient when measuring a practitioner's

ability to provide effective nursing care.^{5,6} Competence, however, is generally regarded as an elusive entity when it comes to its actual meaning.⁷

One of the ways to maintain nursing competence is continuing nursing education (CNE) programs which are an essential part of learning for nurses in improving their level of knowledge. Whilst this may seem to present a basic framework of CNE, it is yet to be seen whether or not continuing education programs actually works in practice and is the best initiative to keep nurses' knowledge and skills up to date in the nursing career and profession.⁸ Practicing nurses have to maintain their performance of nursing practice through continuing competence program whether formal or non-formal program. Within 5 years they need to conduct and meet 25 credits hour to maintain their license.

Nurses need to provide safe and quality nursing care to patients, while keeping pace with the changing structure of disease, rapidly evolving medical technology and the advancements in nursing science. To do this, improving and maintaining a high standard of competence throughout their careers is essential for nurses. Continuing professional development (CPD) of nurses is increasingly necessary to keep abreast of rapid changes in patient care due to advancement in knowledge and technology.⁹ There is no doubt about the importance of CPD in nursing. CPD benefits patients, the organization and the individual. It reportedly contributes to higher job satisfaction, organizational commitment, and lower stress. Lack of CPD appears to influence nurses' decisions to leave their profession¹⁰ and to retire early.¹¹

Since the acceptance of society toward nursing as a profession in health care system might significantly required

practicing nurses to continue their competency in order of developing nursing services quality. Internal factors have a great contribution to stimulate motivation to search, find and join continuing competence programs. To keep nurses committed, continuing competence program has to take their needs and aspirations into account.¹¹

Organisational factors including the system and type of leadership are influenced the implementation of continuing competence by practicing nurses. Some people need to be supported from external before they might decide some action. Factors affecting nurses in continuing competence of which is the authority granted by the hospital under hospital plan about reward system in nursing career development, government regulations, and the regulation of the hospital. Organizational support is essential so ward managers in conjunction with educational departments can promote and sustain continuing education, lifelong learning and a culture conducive to learning. There were two of the characteristics of the profession that related with the real situation are authority to control its own work and intrinsic rewards.¹²

Lack of continuing competence program appears to influence nurses' decisions to leave their profession and to retire early. Competencies measurement standard can be from self-declaration, evidence of practice hours, and evidence of ongoing professional development¹³ from policy to training, training to competency, and competency to practice. Nurses have their own autonomy 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.

METHODS

Design

This research was descriptive qualitative study, and data were gathered from observation, in-depth interviews and focus group discussions.^{14,15} This was appropriate to help researcher in understanding more about individual perspectives and experiences within their particular context.¹⁶

Participants

This study was conducted in Lamongan Muhammadiyah Hospital. A purposive sampling was used to select practical nurses who were working in the hospital, willing to participate, graduated from diploma in nursing or bachelor in nursing, having minimal 2 year experiences in an Outpatient Department (OPD), Intensive Care Unit (ICU), Emergency department (ER), Operating room (OR), Hemodialysis center (HD), paediatric ward, maternity ward, and adult ward.

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Ethical Considerations

The ethical approval was obtained from the Research Ethics Review Committee, Khon Kaen University No. HE582145 and from the Director of Lamongan Muhammadiyah Hospital. Participants were free to withdraw their information anytime and that their inclusion in the study was purely voluntary. Informed consent was obtained before audio-taping interviews and focus group discussion. 5 Iso, participants were asked to select their own pseudonyms for de-identification throughout the written transcripts. It is important for participant to have confidentiality throughout the process of research. There is no harm for their health and life.

Procedure

After received institutional approval for the study, the researcher contacted the

prospective informant (nurse manager), explained the purpose of the study and made an appointment for participant-observation, in depth interviews, and focus group discussion. Participant observation had been done along the process of data gathering to all of informants in understanding their direct experiences to manage nursing services and competencies as well as building trust between researcher and participants.¹⁶ The nurse manager then contacted practical nurses for in-depth interview and focus group discussion.

Data Collection

This process started from reviewing documentations, in-depth interviewing with 25 practicing nurses, and conducting 3 focus group discussions (FGDs) that consisted of: 1) group of participant who were working in the specific areas such as ICU, HD, ER, OPD, Paediatric room and OR, 2) group of participants who were working in general ward, and 3) group of participants who were working as nurse manager in the ward or unit. Participant-observation had been done until data saturated. These methods were selected to get solid information from each or group information to confirm or compare for similarities and differences and the interactions among participants that gave different ideas, so that multiple truths and realities were gained, as well as to reach a deep, wide insight and understanding about updating capability to provide care. Open-ended question from interview guidelines were developed along the process of data collection. Field notes were written for every interview to capture relevant contextual information, including nonverbal communication. Audio tape-recordings and photography documentations were taken during the interviews to support and increase the accuracy of field notes. The interview

processes were conducted in the private areas of their working room ranged from 45-60 minutes. These processes were repeated 2-3 times until data saturated. After all interview, the data were analysed and the direction for the subsequent interviews were outlined in order to improve more detail information on particular points.

Rigor and trustworthiness

Triangulation data of this study was addressed using multiple methods for gathering data to compare a variety data sources to meet the accuracy of study findings. To validate these findings, peer debriefing was also undertaken between researcher and experienced research supervisor to reduce bias and to guarantee confirmability.

Data Analysis

Data were analyzed immediately after data collection through transcribed verbatim and content analysis. Categories and coding were developed from the raw data inductively as well as analyzed simultaneously in order to test data saturation. Trustworthiness of the coding scheme on a sample of text was done by testing the clarity and consistency of category definition. The data were interrelated and need to be explained in the whole context in term of process after read and re-read. This single level of

thematizing were also supported by a multiple levels of thematizing which were figured in mind mapping diagram. This process was used to make easily understanding to find some critical theme. The themes and sub-themes were expressed in phrases that could link and explain categories together, and had its relevance to updating capability to provide care. Conclusions were drawn from the coded data by making inferences and constructions of meanings were then derived from the data. Findings were written in a descriptive format.

RESULTS

This research was conducted in one of big private hospital in east Java, Indonesia. All participants had clinical experiences for more than 2 years, mostly above 10 year (76%) and between 5 to 10 year (24%). They also had experiences to join training program as one method to update capability to provide care by personal initiation (49%), and based on hospital program (51%). The term of updating capability refers to the newest nursing competence that can be attained within 5 years, according to Indonesia nursing acts. Two themes were emerged from the data analysis, namely: *Internal perceptions of updating capability to provide care* and *external context driving perception of practicing nurses*. (see **Figure 1**).

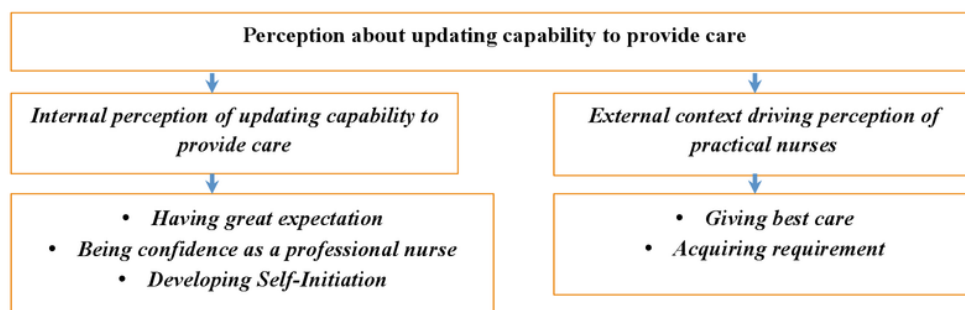


Figure 1: Themes and sub-themes of perception about updating capability to provide care

Theme 1: Internal perception of updating personal capability to provide care.

In term of updating capability to provide care, all participants shared and discussed deeply based on their variety personal perceptions. There were three sub-themes identified: *Having great expectation, Being confidence as a professional nurse, and Developing self initiation.*

Having great expectation

Every practical nurse has the same opportunity to sustain and improve their Updating Capability to Provide Care (UCPC) through hospital's programs, including in-house training and ex-house training which are supported by the hospital. This program includes financial endorsement and leaving from work. Most of participants expected that joining UCPC would impact to their career development and increase the salary. One documented comment from FGD2 was, 'expecting up-level of career was one internal thinking to improve the updating capacity of practical nurses', which illustrates individuals' motivations that may affect to develop and update, so that they can provide the best quality of nursing services. Participants expressed these in the following statements:

"If I continue my study or improve my knowledge and skills through training, seminar or workshop, it might involve my ability to perform nursing services. Beside, I wish to get a chance in career development, including salary definitely too...isn't it?" (P5, July 22, 2015)

"We will have more capacity to provide care if we join the upgrading program individually, or it has been planned by our nursing manager. This is important to know the up-to-date knowledge and skills needed...I mean hmmm lifelong

learning" (P1, Paediatric ward, 20 September 2015)

"Having "greater" position in this hospital is my dream...and it will become if can join a program of UCPC" (P7, ICU, 22 October 2015)

Beside their personal expectation, most of participants also considered to give the best quality of nursing services to their patients using the up-to-date knowledge and skills, so the patients would feel satisfy. There were also participants of Indepth Interview (II) who stated, 'knowledgeable and skillfull make satisfied'. On the other side, participants of the FGD made comments such as a feeling to: 'improve self motivation to be more competence (FGD3)', and 'expecting up-level of career (FGD1)'. Participant expressed this in the following statement:

"Wherever we work, if our knowledge and skills are shape up through continuing competence, will definitely get the reward, not just money but also the level of our career" (P3, July 20, 2015)

Participant also said:

"As practicing nurses, most of our time is only for patient so that we do not have time to upgrade our capacity. We implemented nursing care based on our habit...at least patient get what they want. Nothing changes because it will be difficult to do the new activity. We have to critically think again and it is not easy...especially for practicing nurses who nearly retired. It will take time and also long queuing to have the opportunity particularly for external training program" (P8, Maternity ward, 21 October 2015)

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The strategies can aim at performing daily patient care, extra tasks and other roles. This hospital provides annual planning for human resources development, both formal and informal, and involves all of practical nurses.

Being confidence as a professional nurse

All participants agreed that nursing is not a promising career, in terms of salary and social acceptance. This profession is not the first choice or even the second choice compared with another health care professional, such as physician or pharmacist. It becomes the reason that UCPC program may develop their confidence in giving nursing care. Most of participants in this hospital stated that they felt more confidence when they could join the training or seminar that improved their capability to provide care, whether it is in-house or ex-house training. For them, the most important thing is to have a certificate, having chance to meet and discuss with others nurses from other hospital. Thus, they will be able to share their experiences which can be used as additional new knowledge and skills in providing nursing care, like participant said:

"The improvement of our knowledge or the up to date competence that we have become a great reason for being more confident in providing nursing care to the patient. I believed that the patient also feel satisfy" (P12, July 20, 2015)

Another participant said that they had a better preparation to carry out roles and functions as practical nurses when their knowledge and skills are up-to-date. It is because people nowadays can easily access and find information related with the latest knowledge in health, including nursing. Participant expressed this in the following statement:

Well ... I certainly felt very steady and confident when patients call and I can provide the best and latest nursing services to them. Because the science is up to date then the patient will be satisfied. People also aware about the newest information related health, including nursing "(P22, 25 July 2015)

Developing Self-Initiation

Most of participants agreed that updating their capability is belong to their own responsibility in order to develop the quality of nursing services. They create self-initiative to join an internal dan external development programs including seminar, workshop, training and continuing formal education. Each nurse relied on themselves to build competency based on their practice, and sought other supports to achieve (i.e., personal commitment, professional body support). Participant expressed this in the following statement:

"Some nurses continued their studies by their own initiative because we have to wait a long queue to get their turns." (P23, ICU 20 September 2015)

Theme 2: External contexts driving perception of updating capability to provide care.

This theme is related to the external factors that influences the perception of practical nurses about updating capability to provide care. Two sub-themes were identified: Giving best care and acquiring requirements.

Giving Best Care

All participants had the same opinion that the best quality of nursing care can be delivered using an up-to-date knowledge and skills. They believed that the need of patients in the hospital will be met with their update competence, which is

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following the development of science and technology. It is however in line with the hospital accreditation programs. Every stakeholder in the hospital has responsibility to give the best services, including in nursing areas. Practical nurses will always strive to be able to provide their best for the patient wherever they work. Their efforts are always followed by the appearance and performance of which requires the latest competence. It is critically important for them in updating the capacity to provide nursing services, like participants said:

"I certainly can provide the best nursing care to patients because of the knowledge and skills I have always updated" (P6, 15 September, 2015)

"Since I worked in this hospital (10 years experiences), I do believe that being capable to provide care is my chance to prove to other health care professional that I can give my best care to my patients" (P17, adult ward, 18 September 2015)

Acquiring requirement

There is a new policy for Indonesian nurses in regards to upgrading capability to provide care or continuing competence. However, its implementation is still not able to reach all areas in

Indonesia, but this process will continue to be implemented so that the latest nursing competence can be maintained to provide nursing care in hospitals. Most of participants assumed that following the activity of training or seminar to complete the course requirements, would have a great outcome to meet the need of the patients. Participant expressed this in the following statement:

"The policy of Indonesian National Nurse Association related to continuing competence requires all nurses to have the 25 credit every 5 years. So hmmm ... we as nurses have to follow and obey the rules have been defined, although still not all hospitals do. Because it will change the system in the hospital...not easy" (P20, 25 October 2015)

An opposite statement was expressed by participant towards the National regulation:

"I do not have choice but to follow the regulation...but when we lack of time, can be offseat...just pay the certificate because only need that." (P25, 20 September 2015)

It describes that the regulation related with UCPC is not applied in an appropriate activity due to lack of information in detail.

DISCUSSION

According to Indonesian Nursing Act, nursing service is defined as a professional service as an integral part of health services which is based on nursing science and art provided to individual, family, group, or community, either in the state of health or illness. Competence in practice is described through the competent

practitioner as "tolerably³ good but less than expert". Although a practitioner is considered competent, there is still something more for them to attain beyond which one theorist referred to as proficiency and expertise.^{17,18} All of practical nurses from different level of education must have all of these general

competencies as basic standard to be implemented in nursing services.^{19,20}

Nurses' roles can be extended through continuing competence program which is also considered to be a key factor in nursing retention.²¹ Based on the Indonesia health act 2012, nursing has been categorized as one of health care professional providers. There were positive perceptions of continuing professional education by nurses. Keeping individuals updated on trends, skills and techniques required for effective practice.²²

The nursing professional development defined as "a life-long process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhancing their professional practice, and supporting achievement of their career goals." This is a useful definition because it encompasses different purposes of continuing competence.²³

The learning method chosen for such programs is often didactic in nature, as opposed to encouraging nurses to take initiative and direct their own learning. If learners perceive that learning content is not tailored to their needs and not likely to earn them points, then such learners are not likely to utilize the acquired knowledge and skills in practice. Workers may engage superficially or whole-heartedly in learning, depending on their appreciation of the importance of a particular practice.^{24,25} Continuing professional education appeared to lead to intrinsic changes to practitioners rather than direct behavioral change. Nurses' increased knowledge and confidence affected the balance of power in the doctor-nurse relationship.^{26,27}

CONCLUSION

The findings of this study revealed that participants perceived updating capability to provide care as serviceable

improvement in nursing practice, which is why practical nurses are required to develop their personal capacity, values and perceptions. There are multiple factors influencing practical nurses' motivation and ability to incorporate continuing competence into their practices. Initiating and facilitating self-initiation culture in collaboration with managerial support in clinical practice is necessary through empowering their characteristics such as needs, values, beliefs and potential barriers.

Updating capability to provide care critically impacts to the quality of nursing services. Ability to carry out the roles and functions of nursing professional will make practical nurses received recognition from the community, including other health care providers. The professionalism of the nurses will be measured by the ability of the practical nurses in integrating knowledge on the clinical skill possessed application. Thus, regular CC programs should be continually conducted to gain the latest knowledge and skills to suit the wishes of the community, and to provide different competencies needed in order give the best nursing services to the patients.

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