



Perceptions of Nurses and Midwives about the Implementation of Credential or Re-credential in Universitas Sumatera Utara Hospital

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Abstract

Edited by: Ana Vucurevic
Citation: Revi H, Nurhidayah RE, Sisjuanti S. Perceptions of Nurses and Midwives about the Implementation of Credential or Re-Credential in Universitas Sumatera Utara Hospital. Open-Access Maced J Med Sci. 2022 May 07; 10(G):573-577. <https://doi.org/10.3889/oamjms.2022.9588>
Keywords: Credential; Re-credential; Logbook; Clinical Authority
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Received: 29-Mar-2022
Revised: 22-Apr-2022
Accepted: 27-Apr-2022
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Funding: This study was supported through the TALENTA grant from Universitas Sumatera Utara Research Institute (no. 563/UNS.2.3.1/PPM/SPPTALENTAUSU/2021)
Competing Interest: The authors have declared that no competing interest exists
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BACKGROUND: Credentialing is a process of evaluating nurses and midwives to obtain clinical authority carried out by the nursing committee at the hospital. The credential process has prerequisites in the form of documents that must be completed, namely, curriculum vitae, diploma, training certificate, registration certificate, practice permit, and logbook as a sign of the mentoring process from each level of nurses and midwives, who also serves as evidence that the Ongoing Professional Performance Evaluation process has taken place as well as the requirements to apply for a career advancement. Re-credentialing is a re-evaluation process for nursing staff and midwives who already have clinical authority to determine the feasibility of granting clinical authority.

AIM: This study aims to determine the perceptions of nurses and midwives about the credentialing process at the Universitas Sumatera Utara Hospital.

METHODS: This study used a qualitative descriptive survey method. The number of samples as many as 12 people selected by incidental sampling. Data collection was carried out by conducting in-depth interviews with respondents during July 2021 in the nursing committee room. The research process consists of several stages starting from the stage of data collection, data presentation, and drawing conclusions.

RESULTS: The results of the study focused on the perceptions of nurses and midwives at the Universitas Sumatera Utara Hospital which refers to their knowledge and understanding of the credential process at the Universitas Sumatera Utara Hospital. This study found three themes related to the perception of nurses and midwives and midwives in implementing credentials at the Universitas Sumatera Utara Hospital, namely, the difficulty in making daily logbooks, several credential requirements, documents, or credentials that were asked to be collected repeatedly, and difficulties in managing them, processing time, and assessment in credentials.

CONCLUSION: The nursing committee is important to create efficient and up-to-date nurses and midwives document storage system, a more practical and capable nurses and midwives logbook creation mechanism, and a more effective and time efficient credentialing process mechanism.

Introduction

The task of the nursing committee is to improve the professionalism of nurses and midwives to regulate good clinical governance so that the quality of nursing and midwifery services that are patient safety oriented in hospitals is more guaranteed and protected in collaboration with the credentials sub-committee, quality sub-committee and ethics and discipline sub-committee, and profession [1]. Credentialing is an evaluation process for nurses and midwives to determine clinical authority. Clinical authority is the authority given by the head of the hospital to nurses and midwives to perform nursing care in the hospital environment for a certain period which is carried out based on clinical assignments. Re-credentialing is a re-evaluation process for nursing staff and midwives who already have clinical authority to determine the feasibility of granting clinical authority [2].

The clinical authority given to nurses and midwives ensures patient safety [3]. The implementation

of clinical authority is granted through a process called credentialing [4]. To guarantee the quality of service and protect the community, it is necessary to develop a credential system to ensure that every nurses and midwives, program, or institution of nursing/health services are qualified and meet the established standards. The credential process is an appropriate effort to maintain the professionalism of nurses and midwives, increasing the professionalism of nurses and midwives through the credential process including the compilation of a detailed list of clinical authorities and white papers, the process of verifying credential requirements, recommendations for clinical authority of nursing staff, recommending restoration of clinical authority, the process of re-credentialing periodically, and reports credentialing process [5].

The credential aims to ensure that the nurses and midwives who perform the nursing action are in accordance with her competence. In general, most of the health professions in hospitals are dominated by nurses and midwives. Thus, nurses and midwives

play an important role in health care and assume the responsibility to provide care to patients in a professional and safe manner. Therefore, the ability to prevent and minimize the mistakes they may make is also very important. With clinical authority through credentials so that continuous professional development has the effect of increasing nurses and midwives expectations and satisfaction, it is used as an opportunity for improvement in the implementation of nursing care [6].

The nursing committee of the Universitas Sumatra Utara Hospital has carried out credentials through determining the career path of clinical nurses and midwives and aims to gain recognition of nurses and midwives competence through the publication of details on the clinical authority of nurses and midwives/midwives since 2016. In this hospital, the career path has not had a direct impact on services, so that the benefits for nurses are not felt so that nurses are less motivated to apply for credentials. In 2016, the sub-credential nursing committee of Universitas Sumatra Utara Hospital carried out the credential of 100 nurses and midwives, in 2017, there were 21 new nurses and midwives, 2018, there were 50 new nurses and midwives, in 2019, there were 47 new nurses and midwives and 95 re-credentials, in 2020, there were 16 credentials and 57 re-credentials, and in 2021, there were re-credential of 12 nurses and midwives.

We are now in the 5.0 era. According to Nurhidayah, the concept of society in the era of Society 5.0 is centered on humans based on technology [7]. To keep pace with technological advances, the manual credential process is ready to change to e-credential. Researchers want to see the perceptions of nurses and midwives to see a picture of the knowledge of nurses and midwives at Universitas Sumatra Utara Hospital on the credentialing process that has been implemented so far. In 2021, the nursing committee will build an e-credential or re-credential system to make it easier for nurses and midwives and midwives and sub-credential nursing committee officers to carry out a more efficient credentialing/credentialing process in the future.

Methods

The research design used in this study is a qualitative survey through interviews with nurses and midwives which aims to identify the experience of nurses and midwives regarding the preparation of credential documents, credential flow, credentialing processes, credential results, goals, and benefits of nurses and midwives/midwives credentialing in Universitas Sumatra Utara Hospital.

The research population is nurses and midwives who have carried out credentialing and re-credentialing, a total of 205 people. The samples in this study were

12 nurses and midwives. The sampling technique is purposive sampling, with criteria for nurses and midwives who carry out credentialing and re-credentialing in 2021 from different career paths, represented by each treatment room, so it is hoped that they can find new things that become obstacles in the implementation of e-mail.

This research was conducted at the University Hospital of North Sumatra. Data collection in the field is approximately 1 month during July 2021. The study was conducted after the researcher passed the ethical test from the Universitas Sumatra Utara Health Research Ethics Commission and then received approval from Universitas Sumatra Utara Hospital by considering ethical principles including (a) informed consent (respondent consent sheet); (b) anonymity (identity confidentiality); and (c) confidentiality (confidentiality of information). The research instrument was in the form of a question sheet for interviews and a conversation recorder which would then be transcribed into written form.

Data were collected by recording the results of interviews from 12 nurses and midwives who were selected as respondents or research informants. In-depth interviews at the initial stage for each informant lasted about 30 min, which were carried out separately, applying strict health protocols to prevent crowds and the ongoing COVID-19 cross-infection. The interview was continued at another time to clarify all the answers that had been given until the data were saturated.

The results of the interviews were then analyzed through several stages, namely:

1. Data reduction or the process of selecting, separating, paying attention to simplification, abstracting, and transforming rough data that emerge from written records in the field. The data obtained in the field will be stated in the form of a complete and detailed description and recorded carefully;
2. The presentation of data is done with the aim of making it easier for researchers to see the overall picture or a particular part of the research. The presentation of the data is done by describing the results of the discussion as outlined in the form of a description with narrative text, and supported by documents, as well as photographs and similar images to make a conclusion;
3. Drawing conclusions, namely, conducting continuous verification throughout the research process, namely, during the data collection process.

Results

The results of the analysis of the qualitative data collected were obtained through in-depth interviews with

12 participants consisting of two midwives and 10 nurses who carried out the credentialing process in 2021. The results found three themes related to the perceptions of nurses and midwives about credentialing and re-credential. Credentials at the Universitas Sumatera Utara Hospital, namely, difficulties in making logbooks in daily life in the ward basic, several credential and re-credential requirements documents were asked to be collected repeatedly, and difficulties in adjusting the time for the assessment process in credentials and re-credentials.

The explanation of each theme based on participants' responses is as follows:

a. Difficulty in keeping a logbook on a daily basis.

In talking with participants during interviews about making logbooks as one of the credential/credential requirements, it was concluded that they had difficulty in making logbooks on a daily basis, this can be seen in the following participant statements.

RD: "In terms of files, there are many names, it's a bit complicated but yes, the task is like that, yes, there are many that are prepared, for example, the logbook makes it easier for us to follow the credentials, because if we work on the logbook, putting it together takes time, while sometimes we don't know when there are many. The patient. We will work on holidays, when there is no operation, but if there is no operation, we will also prepare the tools. But if, for example, you are given a slightly lighter logbook, it will be very, very helpful.

RI: It means the credential flow from preparing the file, for example, creating a logbook. Oh. If you think it's beautiful, that's fine. No, it's not a hassle. Hey. So, for the file, there are still many times this file has to be prepared, that's what has to be prepared. And usually when you want credentials, you just have to prepare otherwise, you don't have to do the log book.

b. Some of the credential/credential requirements documents are requested to be collected repeatedly.

This second theme can be found in the following interviews with participants

RT: Most of the time, that's all the files are asked for. If it's complicated, maybe not, maybe only one, Ms. Sometimes our data sometimes asks for a softcopy, but sometimes other parts ask for more, even though maybe they are already there, as long as there is a need at this hospital, it is always asked for repeatedly while they are already there. Now that's sometimes a question from friends below, why are they always asked, so the response is that they are lazy to look for it

RH: Yes, the files are the same everywhere. It's like in any hospital the file is the same. It's just surprising that the files have been collected,

sometimes they are asked again

RM: Yes, in my opinion, Ms. If the credential problem is too complicated. Because there are a lot of files to prepare. Because every 3 years we have credentials. Those are also files that must be attached.

c. Difficulty in setting time for the assessment process in credentialing or re-credentialing. In the conversation with the participants during the interview about the difficulty in managing time for the assessment process in credentialing or re-credentialing, they found that they had difficulties because the workload in the room was quite busy and their files were sometimes scattered somewhere, as can be seen in the following participant statements.

RM: The problem is only time, Ma'am. So. Because we work shifts. Then it's not just the in file that is held.

RF: The most needed file to make this, make that, and the time is nowhere to be found.... the time collides and sometimes you get tired of working or what?

RI: the most. the obstacle that I feel the most is like there is a mental burden. Because this sister has credentials, it's a bit late., So this is it. Yes, what kind of service are you going to do? Time constraint, yes. Hey. Because he wants a cyto service again tonight.... If there is an HD Cyto patient

Discussion

In the credential or re-credential process, the logbook is one of the process requirements files, namely, as evidence of the implementation of competencies, career path requirements, as a personal notebook for each nurses and midwives. In filling out the logbook, more detailed technical instructions are needed to make it easier for nurses and midwives in filling out the logbook and can be socialized so that when filling out the nurses and midwives have the same understanding [8].

At Universitas Sumatera Utara Hospital, the logbook is still made manually and in the preceptor ship or mentor ship process as clinical guidance by clinical nurses and midwives at the level above. Preceptorship is a method of clinical learning [9], but its implementation in the ward is often not in line with existing policies. Another thing related to the problem of the logbook is due to the problem of its creation. This condition occurs due to several factors, namely, lack of knowledge of nurses and midwives, busyness, fatigue, and lack of self-motivation.

There is no feedback from the leadership, the logbook is not easy to fill and there is no special

reward for the logbook. Manual logbooks take a long time to fill in so they will not be used to filling in every day, if the writing process is in a hurry it will complicate understanding in the Zaharany *et al.* [10]. Nurhidayah stated [11] that basically every different profession will demand different competencies.

The main indicator of the quality of hospital services is in its nursing services. The ability and competence of nurses and midwives can be assessed through the nursing care strategy notebook. The logbook as a tool for assessing the performance of nurses and midwives has not been optimal due to limited socialization to nurses and midwives in hospitals. In addition, the results showed that there were several obstacles in the implementation of notebooks such as limited time in filling out logbooks, inadequate understanding of the procedure for filling out notebooks, and lack of appreciation of nurses and midwives when they filled out notebooks [12].

Nurses and midwives have difficulty in making logbooks on a daily basis so it is important to conduct credential training so that they can improve the knowledge, attitudes, and behavior of nurses and midwives, especially in overcoming difficulties in making logbooks [13]. Transformational leadership can increase the role of the nursing committee in carrying out the credentialing process, especially strategic planning in making logbooks [14].

In addition, supervision is one of the managerial functions that must be carried out by the head of the room. Appropriate supervision will help the hospital management to improve the performance of the implementing nurses and midwives, especially in carrying out their work in accordance with the job descriptions of the implementing nurses and midwives.

For this reason, as a supervisor, the head of the room must be ready to carry out supervision with sufficient competence and skills [15]. The perception of nurses and midwives on the supervisory ability of the head of the room with the performance of nurses and midwives, especially performance in nursing documentation is still not optimal. To improve the implementation of nursing care documentation, it is necessary to make efforts to increase the knowledge of nurses and midwives regarding nursing care documentation as well as the ability of the head of the room in joint [16].

A good credentialing system will ensure a good quality of nursing services. Credentials at Universitas Sumatera Utara Hospital require nurses and midwives to compile files in a bundle called a Portfolio which consists of self-identity documents, family identities, work history documents, education, training, nurses and midwives registration certificates, nurses and midwives work permits, SK RKK previously, previous PK certificate, passport photo, and certificate verification letter.

Some of the documents mentioned above are always asked to be returned to nurses and midwives by other departments. For example, the education and training section asks for documents to prove the implementation of education and training in the form of a diploma or training certificate. The Human Resources Department asked for a SK RKK, Update STR, Update SIK, and last diploma. The Hospital Cooperation Section every time there is hospital credentialing by BPJS always asks for updated STR and SIK documents. This indeed often makes implementing nurses and midwives feel difficult and bored because they are burdened again by document matters many times.

To overcome this problem, a neat and always updated data or document storage system is needed which is prepared by the leadership. The above is in accordance with the research conducted at RSIA Dr. Djoko Pramono Karawang in 2021 who said that the determination of the use of information technology in the nursing service work environment was absolutely immediately carried out, besides being very beneficial, nursing staff could focus more on nursing service activities in paying attention to patient [17].

In the course of the clinical nurses and midwives career path process, the role of the preceptor assessor, the nursing committee, and the nursing field is quite large and must be supported by other policy makers in the hospital who really want to improve the quality of nursing staff services, which are the largest human resources in a hospital. In the career path process, you must pay attention to aspects of human resources, costs, and the ongoing internship process, and its development must also always be monitored with current technological advances, integration of hospital management information systems is one of them. Therefore, in terms of credentials, the existence of documents that are requested repeatedly is an obstacle that needs to be considered because it is related to ineffective HR performance [18].

The results of the researcher's interview with the participants found the theme of difficulty in adjusting the time for the assessment process in credentials. This is indeed very often the case because there are more nurses and midwives who work on shift systems, especially nurses and midwives who work in inpatient rooms. In addition to the problem with the assignment system, notifications or information about scheduling credential or re-credential activities are given in a relatively short time. In addition, there is no real reward or benefit for nurses and midwives on the results of this credential or re-credential activity so that the attention and interest and motivation of nurses and midwives in participating in this credentialing activity or process are still low.

This phenomenon is in accordance with the research conducted by Nilawaty [19] which stated that the root of the credentialing process misperception is the lack of knowledge of nurses and midwives about the

mechanism and benefits of credentialing so that they have not been able to identify the actual credentialing process. The function of the credential is to improve the quality of the profession and maintain professional discipline but it has not been implemented properly because the concept of professionalism has not been implemented optimally by the nursing committee [20].

Conclusion

Based on the results of this study and the description in the discussion, we can conclude that the perceptions of nurses and midwives in the credentialing or re-credentialing process activities at Universitas Sumatera Utara Hospital felt that they experienced three difficulties, namely; difficulty in making logbooks on a daily basis, nurses and midwives files or documents being requested repeatedly, and difficulties in adjusting the timing of the credentialing process. The nursing committee is important to create efficient and up-to-date nurses and midwives document storage system, a more practical and capable nurses and midwives logbook creation mechanism, and a more effective and time efficient credentialing process mechanism.

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