

Review

Optimizing The Implementation of Nursing Credentials: A Literature Review



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Article Info	Abstract
Article history: Received: 2 April 2024 Accepted: 21 July 2024	<i>Introduction:</i> The credentialing process is a series of expertise verifications to obtain clinical authority, especially for nurses. This literature review aimed to gain further exposure to implementing nursing credentials and determine whether the implementation is optimal. <i>Methods:</i> The method used a literature review. Article searches were carried out via PubMed, Google Scholar, and Wiley using the keywords “nursing credential” while searching in English articles and the keyword “kredensial perawat” in an article in Bahasa. A total of fifteen articles were extracted based on the inclusion and exclusion criteria. <i>Results:</i> Nurses are expected to provide services by their clinical competence and authority through the credentialing process. Many studies showed that the implementation of credentials still needs to be improved. The main challenge found in many studies regarding the implementation of credentials is the overlapping of duties by the credentials committee. <i>Conclusion:</i> If the credentialing process is carried out correctly and optimally following existing laws and regulations, it will benefit nurses and hospitals significantly. These benefits include, among others, the fact that nurses can optimize the nursing care provided and provide legal protection because nurses have carried out competencies by their authority. Meanwhile, hospitals can improve the quality of service, maintain patient safety, and increase patient and family satisfaction.
Keywords: clinical authority, clinical nurse, nursing credentials	

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INTRODUCTION

Nurses who are competent in carrying out nursing services are needed to create quality nursing care to meet patient safety standards [1]. Based on the National Hospital Accreditation Standards in Indonesia called "Standar Nasional Akreditasi Rumah Sakit" (SNARS), it is stated that knowledge, education, skills, experience, authority, and competency of nursing staff are requirements set by the service unit leadership in providing nursing care [2]. The government document PMK no.40 of 2017 states that the professionalism of nurses must be improved to achieve success in providing nursing care. The increase in professionalism in question is carried out through the development of nursing careers by placing nurses at levels appropriate to their competencies, one of which is competency development for clinical nurses (Perawat Klinis/PK) [3].

The credentialing process involves verifying the knowledge of healthcare professionals in order to grant them clinical authority. This procedure aims to enhance the efficiency of healthcare services by ensuring that only skilled and competent professionals offer them, with a primary focus on patient safety [4]. Efficient and proper execution of the credentialing procedure in accordance with current laws and regulations would yield substantial advantages for both nurses and hospitals. Studies on credentials indicate that competency tests are intricate and may result in unsuitable ratings. The challenges in competency assessment sometimes focus more on the assessor rather than the actual procedure, in comparison to the activities

performed by nurses and the outcomes related to patient satisfaction and safety [5].

The research findings in Indonesia about credentials indicate that there is still room for improvement in the overall implementation process. In their book, Azhari et al. (2022) assert that the credentialing activities in Indonesia exhibit considerable variation. Furthermore, the nursing committee's understanding of the credentialing process remains limited, leading to confusion among nurses regarding the distinction between the nursing credentialing process, the nursing assessment process, and other matters pertaining to clinical authority [6].

The studies revealed that the outcomes of their research on the application of credentials may have been more ideal, albeit only on a surface level. To date, no comprehensive research has been conducted on the entire process, encompassing the recruitment of new employees or mapping of existing employees, the credentialing process, and the evaluation of results. This research would investigate the obstacles, challenges, and solutions that have been implemented to enhance the credential system. The research participants typically consist of nurses who have completed the credentialing process or are exclusively credentialed practitioners. A study conducted found that it is uncommon to have participants who are top managers, middle managers, lower managers, Bestari partners, and nurses. Researchers are interested in synthesizing diverse studies on the execution of credentials that require further optimization. The objective of this research is to provide readers with various outcomes resulting from the implementation

of credentials, as well as identify different kinds of suboptimal implementation of credentials, challenges, and hurdles encountered in the credentialing process. Additionally, this research aims to propose solutions to overcome these challenges. Another objective is to serve as a point of reference for future research on nursing credentials.

METHODS

This research employed a literature review, in which the article questions were formulated utilizing the PICO framework technique (Population, Intervention, Comparison, Outcomes). The PICO approach utilized in this case involves the following: P (Population/Problem): nurse; I (Intervention): not applicable; C (Comparison): not applicable; O (Outcome): Nursing certificates. A literature search was conducted from October 2023 to February 2024. This research utilized secondary data, which refers to data collected from prior research findings rather than direct observation. The literature search was conducted using three English-language article databases: PubMed, Google Scholar, and Wiley. Meanwhile, Indonesian articles utilize the Google Scholar database. The criteria for selecting literature sources in this study were as follows: (1) articles that discuss nurse credentials; (2) articles that discuss evaluations of the nursing credentialing process; (3) articles published in English and Indonesian between 2019 and 2023; (4) research articles with an observational research design; and (5) articles that are

available in full text. Exclusion criteria encompass papers found in scoping reviews, literature reviews, meta-analyses, and novels. English articles utilize the keyword "nursing credential," whereas Indonesian articles employ the keyword "kredensial perawat."

The first phase of the article search (identification) for English language papers involved utilizing three data sources, resulting in the discovery of 169 items from PubMed, 113,000 articles from Google Scholar, and 7,754 articles from Wiley. Meanwhile, Google Scholar yielded a total of 121,840 articles, out of which 917 were in Indonesian. Next, the screening process involved applying specific criteria to determine which articles would be included or excluded. The inclusion criteria consisted of articles published within the past five years (2019-2023) and articles that were freely accessible in their entirety. On the other hand, articles that did not fall into the category of reviews (such as scoping reviews, literature reviews, or meta-analyses) were excluded. A total of 148 articles were retrieved from the PubMed data source for English language papers, while 11,260 items were obtained from the Google Scholar data source and 244 articles were identified from the Wiley data source. Meanwhile, the Google Scholar data source yielded a total of 548 publications in Indonesian, out of a total of 12,200 articles.

The subsequent step involved assessing the article's suitability based on a comprehensive analysis of the complete content, specifically focusing on the article title. Articles that fail to fulfill the established criteria are then removed. The selection process involved assessing the presence and quality of the

abstract to establish its applicability. Upon scrutinizing the titles and abstracts of all data sources, encompassing both English and Indonesian materials, only 67 articles were found to fulfill the specified criteria. A total of 12,134 articles were discarded since they did not align with the research objectives. Another justification for omitting these publications is their lack of emphasis on nursing credentialing activities, whether it be in terms of implementation or evaluation. Out of the total of 67 articles, one article was

identical, necessitating its removal, leaving behind 66 articles. The last step involves assessing the quantity of publications that satisfy the criteria for inclusion and exclusion, and are highly pertinent to the goals of this scoping study. There were 15 articles included due to their fulfillment of all the given criteria. The outcomes of article selection can be illustrated in the Flow Diagram presented in Figure 1.

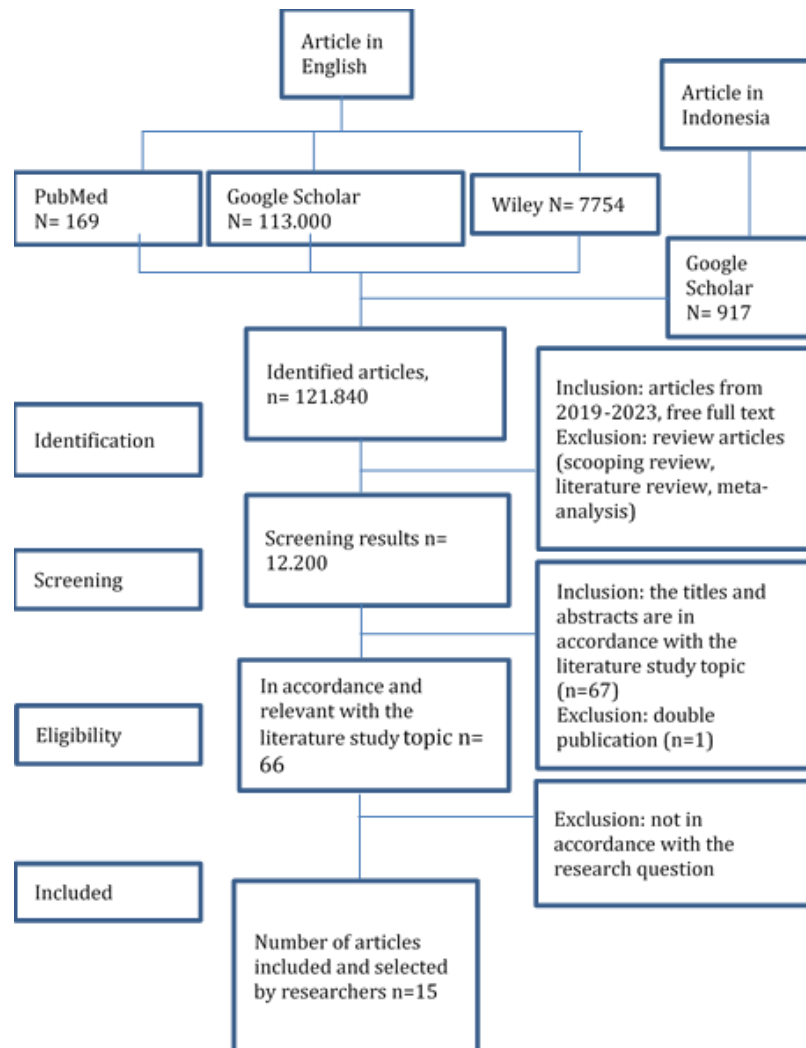


Fig. 1. PRISMA-based flow diagram

Table 1

Summary of the Nursing Credentials Studies

Author, Year and Title	Analysis Research Design, Sample, Variables, Instruments, Analysis	Results	Summary of Findings
<p>Dwiantoro et al., 2023 [7]</p> <p>Implementation of Nursing Credentials and Recredentials by the Credentials Subcommittee at X District Hospital</p>	<p>Research Design: case study method</p> <p>Sample: Three stakeholders in the hospital were used using a nonprobability sampling method with a purposive sampling approach.</p> <p>Variables: Implementation of nursing credentials and re-credentials by the credential subcommittee</p> <p>Instruments: question list of the interview</p> <p>Analysis: Data analysis, according to Miles and Huberman</p>	<p>Four themes are present: The process of implementing credentials and re-credentials through training, Objective Structure Clinical Assessment (OSCA) exams and mentoring, Ongoing Professional Practice Evaluation (OPPE), and Focused Professional Practice Evaluation (FPPE) have not been used, the implementation of credentials and re-credentials have not been carried out routinely.</p>	<p>Determining nurse incentives and providing "rewards" have not been implemented in implementing nursing credentials and re-credential results. The structure of the nursing committee, which is tasked with other functional areas, does not share the same perception as management; the Covid 19 pandemic and the implementation of clinical assignments are obstacles and obstacles in the implementation of credentials and re-credentials, so efforts are needed to overcome them. Approaches to management, using credential results to determine nurse incentives, outreach to nurses and management, and coordinating and collaborating with other departments are carried out as an effort to overcome obstacles. Also, nursing credentials and re-credentials must be carried out periodically, and the Nursing committee must be ensured to refrain from carrying out other functional duties.</p>
<p>Hariyati et al., 2020 [8]</p> <p>Nurses' Perceptions and Satisfaction Towards The Competencies Assessment Process</p>	<p>Research Design: cross-sectional study</p> <p>Sample: 410 nurse practitioners in two hospitals type A in Jakarta using proportional random sampling.</p> <p>Variables: Independent variable: nurses' perceptions and satisfaction</p>	<p>63.38% of the nurses agreed that the implementation of the competencies assessment was running well, but nurses were not satisfied with taking a competencies assessment (mean: 48.07, SD 4.7, CI 47.6-48.52; total value: 96).</p>	<p>Nurses believed management should evaluate and improve the competency assessment process because many nurses wanted to be more satisfied with summative examination and assessment approaches. It can be developed using ongoing professional performance evaluation (OPPE) to improve competency evaluation.</p>

	Dependent variable: competencies assessment process Instruments: questionnaire Analysis: using descriptive statistical methods: mean, median and standard deviation		
Supri et al., 2019 [9] Nurses' Performance Assessment Based on Nursing Clinical Authority: A Qualitative Descriptive Study	Research Design: A qualitative descriptive study Sample: The participants consisted of the head of the nursing department, the head of the nursing section, the head of the internal care room, and the nursing committee. Variables: Nurses' performance assessment based on nursing clinical authority Instruments: question lists that are used in the FGD, individual interviews, and document analysis Analysis: Thematic analysis	The nurse's performance assessment of RSUP Dr. Wahidin Sudirohusodo has been carried out since 2015. However, things still need to be improved, including assessing quantity indicators that need to be developed based on nursing clinical authority. The nursing clinical authority given to nurses after completing the credentialing process, as stated in the Nurse's Clinical Assignment Letter, should follow the nurse's performance assessment for quantity indicators.	The nursing clinical authority must comply with the nurse's performance assessment. Hospital managers should also be able to synchronize nursing clinical authority with the online nursing logbook available in the Hospital Information System.
Rahmah et al., 2022 [10] Nurses' Efforts to Maintain competence : A qualitative study	Research Design: the qualitative phenomenological method Sample: six participants using a purposive sampling snowball approach Variables: Nurses' efforts to maintain competence Instruments: question lists that are used in in-depth interviews Analysis: Thematic analysis	Research results: 1) to maintain competence, continuous professional development is carried out, 2) the career path system is linked to the credentialing system, 3) in the implementation of nursing services, miss care still occurs 4) managers support efforts to maintain competence by carrying out continuous professional development which is the hope of nurses	Managers are expected to improve the supervision program to maintain clinical competency and reduce missingness in nursing services.
Revi et al., 2022 [11] Perceptions of Nurses & Midwives about the Implementation of Credential or Re-credential in Universitas	Research Design: a qualitative descriptive survey method Sample: 12 participants were selected by incidental sampling. Variables: perceptions of nurses and midwives about the implementation of credential or re-credential Instruments: question lists that are used in in-depth interviews Analysis: Thematic analysis	The perceptions of nurses and midwives at North Sumatra University Hospital regarding their knowledge and understanding of the credentialing process at North Sumatra University Hospital are the focus of this research. Three themes were found: complex daily logbook creation, multiple credential requirements, requested documents or credentials collected repeatedly, difficulty managing them,	The nursing committee needs to create an efficient and up-to-date document storage system for nurses and midwives, a more practical and capable mechanism for creating nurse and midwife logbooks, and a more effective and time-efficient credentialing process mechanism.

Sumatera Utara Hospital		processing times, and credential assessment.	
Mada et al., 2022 [12] Analysis of the Implementa tion of Professiona l Career Paths for Nurses	Research Design: A qualitative phenomenology explorative method Sample: seven nurses as participants through purposive sampling Variables the implementation of the professional career path Instrument: Question lists that are used in in-depth interviews Analysis: Colaizzi	There are four themes from the research: understanding of the career of professional nurses, the implementation of clinical authority has not been based on the career path of clinical nurses, nurses' expectations in evaluating the performance of career paths, obstacles faced in developing a professional nurse career path	the process of understanding clinical nurses, as felt by participants, is not following procedures; the process of determining career levels carried out at the Manimeri Community Health Center is not following procedures, so the duties and authority of each level of clinical nurse should be different according to their jurisdiction, in practice in the field it is not following the level of nurse clinical, caused by the fact that in the field every nursing action is not always at the PK level that it should be.
Noprianty et al., 2019 [13] Evaluation of the Implementa tion of Competenci es Based on Nurses' Professiona l Career Levels	Research Design: descriptive observational with a survey approach Sample: 43 nurses using the total sampling method Variables Independent variable: evaluation of competency implementation Dependent variable: nursing career path Instrument: The research instrument used the clinical authority format for nurses at the Rotinsulu Pulmonary Hospital in Bandung, which refers to the career level competency of nurses in the Republic of Indonesia Minister of Health Regulation No. 47 of 2017. Analysis: Data analysis uses frequency distribution.	Implementation of competencies based on the professional career level of nurses in the appropriate category was 58.1%. The implementation of the career path by Clinical Nurse or "Perawat Klinis" (PK) I (56.3%) is suitable, Clinical Nurse (PK) II (50.0%) is appropriate, and Clinical Nurse (PK) III (66.7%) is suitable.	Many nurses fall into the inappropriate category because there are still many nurses who work outside their authority; Clinical Nurse I carries out the authority of Clinical Nurse II and Clinical Nurse III, and vice versa. This is because clinical nurses are unevenly distributed during service. Therefore, it is necessary to review the human resources of nurses who already have a career path to have a good distribution of career paths in each room.
Muhadi, 2021 [14] Implementa tion of PMK No. 40 Year 2017 Concerning	Research Design: qualitative study with narrative design Sample: 5 structural officials as participants using a purposive sampling technique Variables	The stages of implementing the credentialing process are the recruitment and selection stage, orientation stage, internship stage, credentialing stage, and determination of clinical authority.	This study concludes that the implementation of PMK No.40 of 2017 concerning the professional career path of nurses could be more optimal. Increasing the level of nurse competence is carried out in accordance with the guidelines of the

<p>Professional Career Levels of Nurses of Islamic Hospitals Surabaya</p>	<p>Implementation of PMK No. 40 Year 2017 Instrument: Question list for a structured interview Analysis: Activities in data analysis are data condensation, data display, and conclusion verifications.</p>		<p>nursing committee, but the guidelines need to be updated. Job promotion is carried out using the peer group assessment approach, personal relationships, and emotional closeness with nursing staff, who are the suggestions and targets. RSI's (Rumah Sakit Islam) attention to nurses' needs and professional career development is limited and has not been optimized. Nursing committees create old guidelines that have not been adapted to new policies. PMK No.40 2017 concerning the professional career paths of nurses at RSI is focused on clinical nurses and nurse managers in stages.</p>
<p>Azhari et al., 2023 [6] Challenges for Nurses in Implementing Credentials for Increasing Career Path at Islamic Hospital Banjarmasin</p>	<p>Research Design: a qualitative research design with a phenomenological approach Sample: 6 participants and document studies Variables: Nurses' challenges in implementing credentialing Instrument: Question list for in-depth interview Analysis: Thematic Analysis</p>	<p>The results of the research found the theme of Credential Implementation Challenges with four sub-themes, namely the ideal number of assessors and nurses whose competencies are assessed, overlapping duties and functions of the credential team, assessor incentive salaries, and payment for nursing services that are adjusted to clinical authority.</p>	<p>Credentials can improve quality, protect patient safety, maintain nursing care service standards, and provide protection to nurses if the implementation of credentials is carried out using the correct processes, such as an adequate number of assessors, salary incentives for assessors, clarity of roles and functions of the credential team and also the provision of salaries/bonuses which is in accordance with the burden of action that is the nurse's responsibility.</p>
<p>Nurhikmah et al., 2023 [15] Optimizing Nursing Management Functions in Implementation of Career Paths and Credentialing</p>	<p>Research Design: a case report with Analysis, Design, Development, Implementation, and Evaluation (ADDIE) Sample: 174 respondents of nurses from an online survey, followed by discussions with the head of the ward, the head of the nursing unit, and the nursing committee Variables: Dependent variable: optimization of nursing management functions</p>	<p>The result of this study determines that the credentialing of nursing staff could have been more optimal as a priority problem. The innovation strategy implemented is the preparation of Standard Operating Procedures (SOP) for Planning the Implementation of Career Advancement in Nursing, a Google spreadsheet-based nursing career planning tool, work instructions for using the tool, and educational videos on career paths and nurse credentialing.</p>	<p>Implementing career paths and nursing credentialing at X hospital has been going quite well, but in some cases, it can be optimized. Strategies to optimize the implementation of nursing career paths and credentialing in nursing management functions are planning, organizing, staffing, actuating, and controlling.</p>

On Nursing Staff	<p>Independent variable: Implementation of career paths and credentialing</p> <p>Instrument: Online questionnaires for problem identification through interviews, observations, secondary data, and surveys.</p> <p>Analysis: Discussion and brainstorming for preparing a POA (plan of action) in the design and development of innovative products are prepared, tested, implemented, and evaluated. The innovation strategy uses Kurt Lewin's 3 stage change approach.</p>	
<p>Agusnita et al., 2022 [16]</p> <p>Implementation of Nursing Recreditations by the Nursing Committee</p>	<p>Research Design: qualitative method with a rapid assessment procedure research design</p> <p>Sample: 2 informants (head of nursing and chairman of the nursing committee) using purposive techniques</p> <p>Variables Implementation of Nursing Recreditations by the Nursing Committee</p> <p>Instrument: Question list for in-depth interview. The data collection also through document review and observation</p> <p>Analysis: Identify problems and determine problem priorities using Urgency, Seriousness, and Growth (USG) techniques, then determine alternative problem solutions based on the root cause of the problem using fishbone analysis.</p>	<p>The results of the management analysis in the nursing committee unit in residency activities at the Dumai City Regional Hospital have identified 9 (nine) main problems. The priority problem was determined as "Not yet implementing Nursing Personnel Recredentialing by the Nursing Committee at the Dumai City Regional Hospital," which is caused by the ad hoc committee that has not yet been formed. There are still differences in perception between the nursing and ad hoc committees in determining the method of implementing re-credentialing. The nursing re-credentialing method has not yet been established, the work standards of the nursing committee (SOP, assessment tools, technical guidelines, operational guidelines) are not yet optimal, There is no specific budget for practical laboratory facilities and infrastructure, and there is still a lack of practical laboratory facilities and infrastructure.</p> <p>Furthermore, several intervention plans were determined to overcome this problem, including forming an ad hoc committee, proposing training for the ad hoc committee, discussing determining methods and preparing assessment tools, proposing a budget for practicum laboratory facilities and infrastructure, and making policies related to the implementation of the re-credentialing process.</p>
<p>Munir et al., 2021 [17]</p> <p>Nurses' Experiences</p>	<p>Research Design: a qualitative research design with a phenomenological approach</p>	<p>The research results revealed four themes: the implementation of credentials not following procedures, Nurses' expectations in implementing credentials, Hopefully, this research will improve nursing practice by implementing credentialing in nursing. Nurses are expected to be able to carry</p>

<p>in Implementing Credentials At Mitra Medika Hospital</p>	<p>Sample: 10 participants using consecutive sampling Variables: The experience of nurses in implementing Credentials Instrument: Question list for in-depth-interview Analysis: Colaizzi approach</p>	<p>Obstacles to implementing credentials, and Benefits of implementing credentials. The experience of nurses in implementing credentials shows that during the implementation of credentials, nurses experience difficulties in implementing credentials.</p>	<p>out nursing care according to competency, and educational institutions can provide an overview of the implementation of credentials for students so that they can later prepare themselves when going through the credentialing process when working in hospitals.</p>
<p>Marwiati. et al., 2019 [18] The Influence of Clinical Supervision on the Implementation of Nursing Competencies According to Clinical Appointments at RSUD Setjonegoro Wonosobo</p>	<p>Research Design: a quasi-experimental design with one group pre-post test design Sample: 57 respondents of Clinical Nurse (PK) II. Variables Independent variable: the effect of clinical supervision Dependent variable: the implementation of nurse competencies according to clinical appointments Instrument: Questionnaire Analysis: Univariate analysis using one-sample Kolmogorov-Smirnov test</p>	<p>Based on this study, 50 nurses did not implement competencies according to clinical appointments, and the post-test results found significant differences from the pre-test.</p>	<p>Clinical supervision is effective for controlling the implementation of nurse competencies according to clinical appointments.</p>
<p>Azhari et al., 2023 [19] Efforts to Optimize Credential Implementation According to National Hospital Accreditation Standards Edition 1.1</p>	<p>Research Design: a qualitative research design with a phenomenological approach Sample: 10 participants Variables Efforts to optimize credential implementation according to National Hospital Accreditation Standards Edition 1.1 Instrument: Question list for in-depth-interview Analysis: Thematic analysis</p>	<p>As a result, there are themes of credential implementation efforts with sub-themes of credentialing and re-credentialing processes, availability of clinical authority and white papers, involvement of bestari partners, competency assessor training, and technology-based.</p>	<p>Credentials and re-credentials can improve quality, protect patient safety, maintain nursing care service standards, and provide protection to nurses. The credentialing process must also prepare infrastructure and human resources related to clinical authority lists, white papers, information technology, and competency assessor training.</p>

RESULTS

The Implementation of Credentials and Recredentials Is Not Yet Optimal

Starting with nurses' knowledge and understanding of the credentialing process in hospitals, which is still lacking, as in research by Revi et al. (2022) [11]. One of the government regulations that underlies the implementation of credentials is PMK No. 40 of 2017. Muhadi (2021) in his research found that the implementation of PMK No. 40 of 2017 concerning the professional career path for nurses was not optimal [14], and the implementation of credentials did not comply with the procedures [17]. Nurhikmah et al. (2023) in their research also obtained similar results where the credentials of nursing staff were not optimal as a priority problem [15]. Apart from that, in research by Agusnita et al. (2022), it was even found that the re-credentialing of nursing staff by the Nursing Committee had not been implemented due to various reasons [16]. Research by Mada et al. (2022) stated that the determination of career levels did not comply with procedures, so the duties and authority of each level of the clinical nurse had to vary according to their authority [12].

Competency assessment must be carried out in a series of credentialing activities. According to Hariyati et al. (2020), nurses are not satisfied with taking part in competency assessments due to using a summative examination and assessment approach and not using ongoing professional performance evaluation (OPPE) [8]. Muhadi (2021) stated that the process of increasing nurse

competency has been implemented and is under the nursing committee guidelines, but these guidelines need to be updated [14].

The Role of The Nursing Committee

The role of the nursing committee is vital in the implementation of credentialing and re-credentialing. In research by Agusnita et al. (2022), of the six roles of the nursing committee, two roles were not running optimally, namely the role of the committee in creating clinical authorities and white papers and the role of the committee in carrying out periodic re-credentialing [20]. Socialization regarding the implementation of credentials to nurses and management must be explicit, as in research by Dwiantoro et al. (2023) and by Revi et al. (2022), where the nursing committee needs to create an efficient system, up-to-date document storage for nurses and midwives, a more practical and capable mechanism for creating nurse and midwife logbooks, as well as a more effective and time-saving credentialing process [7] [11].

Determining Nurse Incentives Based on Credentialing Results

The research by Dwiantoro et al. (2023), currently determining nurse incentives and also providing "rewards," has not been implemented in the implementation of nursing credentials and re-credential results [7]. Research by Sugito et al. (2023) also found similar results, namely that implementing nursing credentials and re-credentials as accreditation demands has yet to contribute to incentives and career paths for nurses [21]. Azhari et al. (2023) also found that the current

nurse remuneration system is based on something other than the nurse's professional career level but on class, place of work, and length of time worked. This has resulted in the current increase in nurses' career paths not being balanced with an increase in nurses' welfare [6].

Challenges and Obstacles

Dwiantoro., et al. (2023) stated that the implementation of clinical duties was an obstacle and challenge in the implementation of credentials and re-credentials, where the nursing committee also served in other functional areas in the service, causing differences in perceptions with management [7]. The clinical authority given after the implementation of credentials, as stated in the Clinical Assignment Letter, is still not following the nurse's performance assessment for quantity indicators [9]. Other challenges, as stated by Azhari et al. (2023), are regarding the ideal number of assessors and nurses whose competency is assessed, overlapping duties and functions of the credentialing team, incentive salaries for assessors, and payment for nursing services that are assessed should be in accordance to clinical authority [19]. The main challenge found in many studies regarding the implementation of credentials is the overlapping of duties by the credentials committee, which also has concurrent service duties or other functional areas.

Implementation of Competency Is Inalign with Clinical Authority

Many studies state that implementing many

nursing competencies differs from the clinical authority they have after the credentialing stage. Research by Mada et al. (2022) shows that competency in practice in the field does not correspond to the clinical level of nurses. This is because, in the field, every nursing action is not always at the clinical nurse level that it should be [12]. In line with this, Noprianty et al. (2019) stated that there are still many competencies carried out by nurses that fall into the inappropriate category because there are still many nurses who work outside their authority, such as Clinical Nurse I carries out the authority of Clinical Nurse II and Clinical Nurse III, vice versa. This is because, during the service, the distribution of Clinical Nurses is not evenly distributed [13]. Likewise, Marwiati et al. (2022), where 50 nurses (out of 57 respondents) carried out competencies not according to clinical authority [18].

DISCUSSION

The study results found that implementing nursing credentials in Indonesia still needs to be improved, and various challenges and obstacles are still encountered. These challenges and obstacles include the nursing committee also carrying out other functional duties resulting in overlapping work; unequal perceptions between committee and management [7]; nurses' dissatisfaction in participating in competency assessments due to the use of summative examination and assessment approaches [8]; and incompatibility of clinical authority as stated in the Nurse's Clinical Assignment Letter assessing nurse performance for quantity

indicators [9].

Things that are recommended to overcome these challenges and obstacles include the need for a good approach and socialization regarding credentials to management and nurses, the committee is expected not to carry out other functional duties so that it can focus, and the implementation of credentials and re-credentials must be carried out periodically [7]; using ongoing professional performance evaluation (OPPE) to develop competency evaluation [8]; nursing clinical authority must comply with the nurse performance assessment, where hospital managers must also be able to synchronize nursing clinical authority with the nursing logbook provided [9].

The intervention strategy plans for optimizing the implementation of nursing credentials include the formation (clarity of the role and function) of an ad hoc committee, proposed training for the ad hoc committee, discussion of determining methods and preparation of assessment tools, budget proposals for practicum laboratory facilities and infrastructure as well as policy-making related to the implementation of the credentialing process [15] [19]. Another thing that can be done is that the credentials subcommittee must approach management to equalize perceptions regarding the implementation of credentials. Socialization to nurses and management regarding credential procedures and the implementation of Nursing Credentials and Recredentials itself needs to be carried out periodically [22]. The guidelines used by the committee in implementing credentials need

to be updated to adapt to new government regulations [14].

The application of competencies that do not follow clinical authority is caused by many factors, including every nursing action is not always carried out by nurses with the appropriate level of clinical nurse [12], and the uneven distribution of clinical nurses in services [13]. This can be overcome by reviewing the human resources of nurses with a career path so that each ward has a good distribution of career paths.

CONCLUSION

Creating quality nursing care to meet patient safety standards requires nurses to be competent in carrying out nursing services. The credentialing process is needed to verify the skills and competence of nurses so that nurses gain clinical authority in implementing nursing care. If the credentialing process is carried out correctly and optimally under existing laws and regulations, it will benefit nurses and hospitals significantly. These benefits include, among others, the fact that nurses can optimize the nursing care provided and provide legal protection because nurses have carried out competencies following their authority. Meanwhile, hospitals can improve the quality of service, maintain patient safety, and increase patient and family satisfaction. The credentialing process is often carried out less than optimally. Therefore, further efforts must be made to optimize credentialing so all parties can feel the benefits and guarantee service quality.

LIMITATION OF STUDY

More overseas research on nursing credentials is needed to meet the aims of this review. It is hoped that future researchers can search using search engines and other relevant keywords.

IMPLICATION OF STUDY

This review presents several studies on how nursing credentials are implemented, the obstacles and challenges faced, the efforts made to overcome them, and the solutions offered in implementing them in the future. The results of this study will help readers, especially credential practitioners, create further policies to improve the credentialing process and future researchers of nursing credentials.

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