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CREDENTIAL METHOD AS A MEASUREMENT TOOL FOR NURSES' PROFESSIONALISM IN A HOSPITAL

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ABSTRACT
Credentials as an effort to maintain nurse competency and become the basis for granting clinical authority to nurses have not been implemented well. Implementation of processes for achieving goals varies across institutions. This research aims to identify the relationship between credentialing methods and the outcomes of the Ongoing Professional Practice Evaluation (OPPE) by investigating differences in OPPE scores based on years of experience. This is a quantitative research study with a descriptive correlational and comparative approach, involving 66 respondents who meet the criteria: Nurse PK I; less than 5 years of experience. Data analysis was conducted using Rank Spearman correlation and Kruskal-Wallis tests. The credentialing test method used a portfolio, interview, written test, and practical examination. The research results indicate that 48.48% of credentialing is done using these four methods. The majority of OPPE scores are rated as Good, accounting for 66.67%. The longer a nurse works, the better their performance rating. The Spearman rank test obtained a correlation coefficient of 0.353 with p= 0.004 ($p<0.05$), and the Kruskal-Wallis test obtained a Kruskal-Wallis value of 41.289 with p=0.000 ($p<0.05$). Conclusion: There is a relationship between credentialing methods and OPPE scores. The more credentialing methods used, the better the OPPE scores.

Keywords: credentialing methods; nursing profession; ongoing professional practice evaluation

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INTRODUCTION

Nurse professionalism is an important key in optimising health services in hospitals. Professional nursing services place patient satisfaction as one indicator of the quality of service provided by professional nurses (Sesrianty et al., 2019). To realise quality services and protect the community as users of health services, especially nursing, it is necessary to develop a system that can ensure that nurses provide professional care, namely using a credentialing system (Fatikhah, 2019). The credentialing system should be the main process to improve the quality of nursing services.

The credentialing process can minimise errors in performing actions so that it will reduce the risk of adverse events (Komsiyah & Indarti, 2019), however, its implementation in hospitals still varies depending on the policies set by each institution (Markus & Landowero, 2020). The credentialing method is carried out by looking at portfolios, conducting competency assessments by giving standardised tests to the subject concerned with interviews and written tests, or if needed, practical tests. The application of the credentialing method can help

improve a person's ability in real terms, and can be a measure to ensure that a person meets the specified requirements to receive certification or licence. Therefore, the application of the credentialing method must be carried out with good and correct planning so that its implementation can be more optimal (Agusnita et al., 2022). The credentialing process is carried out with the existence of an organisation that protects the nursing committee, organisational structure, decision letter on organisational structure, leadership policy, guidelines for implementing credentials, competency test assessment instruments, standard operating procedures and details of clinical authority (Fatikhah, 2019).

In a study conducted at an RSUD in Sukabumi, it was stated that there was an influence of credentials on nurse performance in the Growth perspective, Customer focus perspective, Business Process perspective, Learning and Growth perspective, additional activity perspective (Setiawan et al., 2021). However, in a private hospital in Bojonegoro, it was found that 17.58% of nurses have not performed their roles and functions as professional nursing personnel even though nursing credentials have been carried out (Agung, 2020). In a preliminary study at a private hospital in Surakarta, it was found that there were still nurses who did not understand using existing equipment, were confused in providing care to patients so that senior nurses still had to be assisted in carrying out nursing actions, even though they had been credentialed.

Performance assessment using OPPE shows that in the 2022 – 2023 period there are 2.3% whose scores must continue to be improved and require guidance in carrying out nursing actions. Nurses with poor OPPE scores, when credentialing was only carried out using the portfolio and interview method or with interviews and written tests without practical exams. This has an impact on the level of professionalism of nurses. Interviews with the nursing committee concluded that credentialing methods do vary according to the completeness of the competency certificate portfolio and the number of credential participants in the hospital. Therefore, this research can explore the credentials and professionalism of nurses. The aim of this research was to determine the relationship between credentialing methods and OPPE scores and to determine differences in nurse professionalism in three groups of years of service.

Performance assessment using OPPE shows that in the period 2022 - 2023 there are 2.3% whose scores must continue to be improved and need guidance in carrying out nursing actions. Nurses with poor OPPE scores, when credentialing is only carried out by the portofolio method with interviews only or by interview and written tests without practical exams. This has an impact on the level of professionalism of nurses. Interviews with the nursing committee concluded that credentialing methods do differ according to the completeness of the competency certificate portfolio of participants and the number of credential participants in the hospital.Therefore, this research can explore credentials and nurse professionalism. The aim of this study was to determine the relationship between credentialing methods and OPPE scores and determine differences in nurse professionalism in three groups of years of service.

METHOD

This research is a quantitative study with a descriptive correlative and descriptive comparative design, with a sampling technique using purposive sampling. The research, which was conducted in one of the private hospitals in the Surakarta area, used nurses as samples with a total of 66 respondents. Researchers determined the sample criteria, namely: PK level I nurses, less than 5 years of service, already credentialed, not a structural official nurse, not a

Nursing committee member and not on leave or outside the hospital. Then collect data based on credential records and OPPE assessment of nurses based on these criteria. The credentialing methods used are portfolio, interview, written test and practice. Method 1 used portfolio and interview, method 2 used portfolio, interview and written test, while method 3 used portfolio, interview, written test and practice. The OPPE assessment was conducted annually using the OPPE form created by the hospital where the study was conducted, which had previously been tested for validity and reliability. The results of the validity test of the OPPE assessment instrument showed that the correlation between each question item score (item 1 - item 27) to the total score of the question items showed rcount results between 0.448 - 0, 581 while the rtabel at N - 2 = 18 is 0.444. This means that all rcount> rtable, so it can be concluded that each question item for the OPPE assessment variable is declared valid. The reliability test results obtained the Cronbach Alpha value for the OPPE assessment variable of 0.911 this figure is greater than 0.81 (Mc Dowel, 1996) cited by (Sugiyono, 2018), so it is concluded that the reliability of the OPPE assessment variable is almost perfectly consistent. The researcher compared the value of professionalism practice evaluation (OPPE) in three groups of respondents based on the length of service consisting of groups of respondents with 1 year of service, 2 years of service and 3 years of service. The researcher used the Spearman Rank Correlation Test to determine the relationship between credentialing methods and continuous professional nurse practice evaluation (OPPE). Meanwhile, the Kruskal-Wallis test was conducted to determine the difference in OPPE scores in each assessment period.

RESULTS

The results of this research obtained the characteristics of the respondents which included age, gender, highest level of education and years of work completed by the respondents, in full as described in Table 1.

Table 1.
Respondent characteristics (n= 66)

Respondent Characteristics	f	%
Age		
21 – 25 years	14	21.21
26 – 30 years	37	56.06
31 – 35 years	15	22.73
Gender		
Male	22	33.33
Female	44	66.67
Education		
Diploma 3 in Nursing	42	63.64
Bachelor of Nursing	4	6.06
Nurse	20	30.30
Work of Periode		
1-2 years	22	33.33
>2 - 3 years	22	33.33
>3 - 4 years	22	33.33

Respondents with the highest age were 26 - 30 years, namely 56.06%, 31 - 35 were 22.73% and those aged 21 - 25 were 21.21%. Respondents were 66.67% female and 33.33% male. The highest education level of respondents was D3 Nursing 66.67%, Nursing 27.27% and Bachelor of Nursing 6.06%. Meanwhile, respondents with a work period of 1 - 2 years were 22.33%, a work period of <2 - 3 years was 22.33%, and a work period of >3 - 4 years was 22.33%.

Complete results regarding the credential method used are as in table 2 below:

Tabel 2.
Credentialing Methods

Variabel	f	%
Portofolio and Interview	10	15.15
Portofolio, Interview and Written Test	24	36.36
Portofolio, Interview, Witten Test and Practice	32	48.48

Respondents who were credentialed using the Portfolio and Interview method were 15.15%, the Portfolio, Interview and Written Test method were 36.36% and the Portfolio, Interview, Written Test and Practice method were 48.48%. Meanwhile, the complete OPPE score results for respondents are as shown in table 3 below:

Tabel 3.
OPPE scores

	1-year OPPE		2-year OPPE		3-year OPPE	
	f	%	f	%	f	%
Poor	1	1.52	0	0.00	0	0.00
Moderate	16	24.24	4	6.06	1	1.52
Good	5	7.58	18	27.27	21	31.82
TOTAL	22	33.33	22	33.33	22	33.33

The 1-year OPPE score for respondents in the poor category was 1.52%. 24.24% in the fair category. and 7.58% in the good category. Whereas in the 2-year assessment. respondents with OPPE scores in the moderate category were 6.06% and 27.27% in the good category. And at the 3-year assessment. respondents with OPPE scores in the moderate category were 1.52% and 31.82% in the good category.

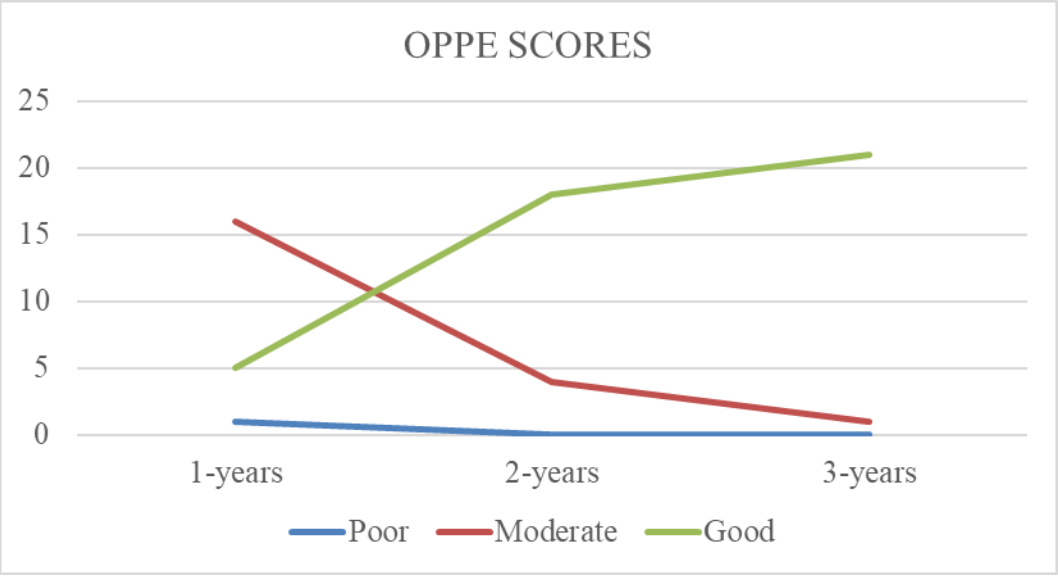

Figure1. OPPE scores by assessment year

OPPE scores by assessment year as shown in Figure 1 show that OPPE scores in the Good category increased in the second and third years of assessment. To determine the relationship between the credentialing method and OPPE, the Spearman rank correlation test was conducted with the following results:

Table 4.
Spearman rank correlation

			Credentialing Methode	OPPE
Spearman's rho	Credentialing Methode	Correlation Coefficient	1.000	0.353**
		Sig. (2-tailed)	.	0.004
		N	66	66

In the correlation test with the Spearman Rho method, the correlation coefficient value is 0.353 with a significance value of 0.004. It can be stated that there is a correlation between credentialing methods and OPPE scores. The credentialing method and OPPE assessment have a sufficient relationship with a positive direction, meaning that the more credentialing methods used have better OPPE scores. Furthermore, the Kruskal-Wallis test was conducted to compare each OPPE assessment period and determine the difference in OPPE scores in each assessment period, with the following results:

Table 4.
Kruskal-Wallis test results

OPPE PERIODE	N	Mean Rank
1-years	22	15.14
2-years	22	33.11
3-years	22	52.25
	Kruskal-Wallis H	41.298
	Asymp. Sig.	0.000

Data testing using the kruskal-wallis test obtained the mean rank value or average rank in the 1-year assessment period has a value of 15.14, the 2-year assessment period has a value of 33.11 and the 3-year assessment period has a value of 52.25. The kruskal-wallis statistical test obtained a value of 41.289 with p = 0.000, meaning that there is a difference in the value of OPPE 1 year, OPPE 2 years and OPPE 3 years.

DISCUSSION

The age of most nurses is 26-30 years old, namely 56.06%. This private hospital in Surakarta was originally a maternity hospital that was developed into a general hospital whose operational license fell in 2018. So that the human resources are still young, including nurses who are more recruited after 2018. The number of new graduate nurses also makes it easier for hospitals to recruit nurses. Young nurses are also expected to develop their competence to be better which will provide support for service quality. According to the Central Bureau of Statistics (BPS) and the Indonesian Ministry of Health, the category of population with productive age is the age of 15 - 64 years (Badan Pusat Statistik, 2022; Kementerian Kesehatan RI, 2022). People with productive age are of working age who can produce goods and services, including in this case nursing services. Mckenzie in Sangryani (2022) stated that in the age range of 15-64 years many people have completed formal education, are looking for work and building a career, to building a new group, namely a family, are actively involved in the community development process and are looking for stability in life.With the number of nurses who are all at productive age, it is an advantage for the hospital to be able to encourage the improvement of the quality of nursing services comprehensively.

The number of nurses who are mostly female is 66.67%. The number of female nurses is more dominant because the number of female nurse applicants is greater than that of men. This is in line with the number of nurses in Indonesia in 2021 who are female as many as 356,889 people and 154,302 men (Kementerian Kesehatan RI, 2022). Central bureau of statistics also states that

the work participation rate (TKK) of the female productive age population is higher than that of men with a difference of 1.08 percent (Badan Pusat Statistik, 2022). The overall population of Indonesia in 2021 consists of 137,871,054 people who are male and 134,811,461 people who are female with a difference of 1.12%. Although male and female gender have many differences, research shows that the gender of nurses has no direct relationship with nurse performance (Soeprodjo et al., 2017). In nursing, in providing services, nurses will work based on professionalism so that it is not based on a particular gender. Other studies show different things where gender has an influence on nurse performance (Walangara et al., 2022). One of the individual factors that affect performance is gender characteristics, this is because female nurses feel more mental decline when they get more demands in providing patient care (Fathonah et al., 2020).

The most common nurse education is D3 Nursing, which is 66.67%. This happens because the most education of nurses in Indonesia as a whole is Diploma 3 Nursing. According to the ministry of health in 2017 the number of nurses with Diploma 3 nursing graduates was 77.56% (Kementerian Kesehatan RI, 2017). One of the factors that influence the performance of nurses is the level of education, where higher education has better performance (Due, 2017). Nurses with higher education have greater autonomy in providing care, because they have better cognitive and critical thinking skills. Nurses with undergraduate and nursing education have more ability to combine basic knowledge with practice in the field while still paying attention to the rationality of action (Walangara et al., 2022). The higher education of a nurse strongly supports caring behavior which shows that performance can be better, thus increasing the value of patient satisfaction.

The length of service of nurses is divided into 3 groups, namely nurses with a work period of 1 - 2 years, a work period of > 2 - 3 years, a work period of > 3 - 4 years each as much as 22.33%. Along with the hospital's journey, recruitment is carried out in stages to meet the needs of service improvement. So that there are nurses with a work period of 1-2 years, >2-3 years and >3-4 years. Length of service can affect nurse performance. According to Meher & Rochadi, (2021) there are things that affect the performance of nurses, namely individual character, namely age and length of service, besides individual character there are also other factors, namely motivation in nurses. Meanwhile, according to Due, (2017) also explained that education, tenure and HR planning can improve the performance of a nurse. Length of service and education level can be used as a plan to develop a nurse's career path. Nurses with a longer length of service can also show loyalty in working at the hospital. Length of service will increase experience and proficiency in providing nursing care services, this is considered to improve the performance of nurses so that the longer a person's tenure. Research by Pratiwi et al., (2023).concluded that length of work affects the level of knowledge and skills of nurses.

Nurses who were credentialed by method 1, namely by portfolio and interview, were 15.15%, carried out by method 2, namely by portfolio, interview and written test, 36.36% and method 3, namely by portfolio, interview, written test and practice, 48.48%. Credentialing is a formal process that uses a set of guidelines to ensure that patients receive the highest level of service from health professionals who have undergone an examination of their abilities in clinical practice (Sugiarta et al., 2022). Credentials are a series of verification of expertise for clinical staff to obtain clinical authority and will be the basis for determining authority, autonomy and independent responsibility for the nursing care provided to patients (Hariyati et al., 2018). Establishing a rigorous credentialing method for nurses demonstrates a commitment to the goal of improving the quality of care (Chappell et al., 2021). Credentialing can also be defined as the recognition of professionalism, competence, and a criteria-based mechanism to verify

information and evaluate nurses. The nurse credentialing method involves the process of verifying and validating the qualifications, education, training, and work experience of nurses. This method aims to ensure that nurses have the competence and expertise necessary to provide safe and effective care to patients. The method used in one of the private hospitals in Surakarta is by conducting portfolio evaluations, interviews written exams and practical exams. Practical exams can improve skills as research (Pratiwi et al., 2022) found that role plau is a practice to improve nurses' knowledge and skills.

Ongoing Professional Practice Evaluation or OPPE refers to the process of continuous assessment of an individual's clinical and professional practice performance in the health world. The most OPPE score for nurses is Good, which is 66.67%. OPPE is a continuous evaluation process to monitor competence using objective and subjective data with the aim of assessing the clinical competence and professional behavior of a practitioner (Holley, 2016). OPPE scores in the good category increased in the second and third years, while scores in the fair and poor categories decreased in the second and third years. There is a difference in the value of OPPE 1 year, OPPE 2 years and OPPE 3 years. The 3-year assessment period has a higher value, which indicates that the longer the nurse works, the better the performance value. As the purpose of performance appraisal is to determine the effectiveness and efficiency of an organization's performance, assist in making organizational decisions, individual performance, improve organizational capabilities and encourage employees to be able to work according to procedures and productive so that work results can be optimal (Walangara et al., 2022) the results of this assessment illustrate the level of professionalism of nurses in accordance with the expectations of the points specified in the hospital staffing assessment form, which includes aspects of competence, communication, work attitude and discipline and aspects of complaints.

There is a significant relationship between credentialing methods and OPPE assessment; the more credentialing methods used, the better the OPPE score. This is quite reasonable because nurses who will be credentialed with method 3 always do more in-depth than fewer credentialing methods. The process of credentialing can enhance nurses' performance as it involves evaluating their capacity to provide nursing services. This encourages nurses to actively enhance their educational knowledge and skills relevant to their area of expertise. In research conducted by (Sugiarta et al., 2022) which states that there is an effect of credentialing on nurse performance at PKU Muhammadiyah Kutowinangun General Hospital in the Covid-19 pandemic era. Credentials also have a role in improving nurse performance from several perspectives including growth perspective, customer focus, business process, learning and growth and additional activities such as nurse participation in seminars and training. The clinical performance of nurses can be seen from the increase in score before or after credentialing. However, the score increase after credentialing is higher than before credentialing (Setiawan et al., 2021). Thus credentialing has a vital role in improving nurse performance as measured using OPPE.

Credentialing is a process of evaluating nursing personnel to determine the feasibility of granting clinical authority. Quantitative assessment of nurse performance must be adjusted to the clinical authority contained in the Nurse Clinical Assignment Letter (SPK) given after completing the credentialing process (Supri et al., 2019). Credentialing also provides an opportunity to evaluate the relationship of nursing practice, the nursing care environment, and nursing programs with improved outcomes for safety and quality of care (Chappell et al., 2021). Credentialing is a form of self-governance as a method of patient protection, and as a basic element in evolving forms of healthcare delivery.

Nurse competence has a positive and significant influence on nurse performance at the Bali Provincial Mental Hospital. Clinical competence of nurses has a correlation with critical thinking (Laksana & Mayasari, 2021). The Credentialing process ensures that nursing personnel are competent in providing services in accordance with professional standards which include the stages of review, verification and evaluation of documents related to the performance of nursing personnel (Menteri Kesehatan RI, 2013). Credentialing will encourage the ability to think and create understanding in nursing science and practice as well as experience-based knowledge needed to provide safe and comprehensive nursing care. Thus, credentialing of executive nurses is one way to improve quality and maintain the standard of nursing care services. The continuous evaluation process also provides opportunities for analysis that can be utilized to provide a faster response to improve the quality of nursing service providers. Hospitals are expected to implement credentialing well so that performance scores based on OPPE can be achieved well.

CONCLUSION

This study found that the age of most respondents was 26-30 years old, respondents with female gender were more than men, while D3 Nursing education still dominated the education level of respondents. The most credentialing method used is method 3, namely using portfolios, interviews, written tests and practices, while the value of evaluating the professional practice of sustainable nurses is mostly good, then it is also concluded that the longer the nurse works, the better the performance value. There is a relationship between credentialing methods and OPPE scores and the more credentialing methods used, the better the OPPE score. Evaluating the implementation of credentialing thoroughly by applying good credentialing methods will improve nurse performance.

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