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AVAILABILITY OF EXISTING PERSONAL CAPACITY AS PERCEIVED BY PRACTICING NURSES IN INDONESIA

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Continuing competence for practicing nurses is recognized as being of great importance in maintaining up-to-date knowledge and skills which is influenced by the availability of existing personal capacity. In Indonesia, nurses are required to renew their licenses every five years after initial licensing and they must have attended for 25 credits of continuing competence program throughout the time. This study; therefore, aimed at exploring the availability of existing personal capacity as perceived by Indonesian practicing nurses. This was a focused ethnography study and the qualitative data were gathered from semi-structured in-depth interviews and a focus group discussion given by 25 practicing nurses in one hospital setting. Five key emerging themes were identified, thus offering a basis for developing a greater principal of the availability of existing personal capacity. The five key emerging themes identified are the following: Theme 1:"Being endorsed from policy maker",Theme2:"Joining the up-grading capacity program", Theme 3: "Selecting prospective program", Theme 4: "Sharing group experiences" and Theme 5: "Being curiosity". The findings suggest that participants perceive differences in the availability of existing personal capacity. The strategies of programs are in-house training, ex-house training, on-the-job training, group sharing experiences, continous supervision and collaborative learning. Their purpose most likely to improve capavity of nursing care and to "keeping up to date" or used more broadly, including "expansion of skills and knowledge". It is important to include local higher education and health care provider collaboration as an approriate step forward to achieve this.

Keywords: Existing Personal Capacity, Practicing Nurses

1. INTRODUCTION

The high demand of health services and complex health care system encourage nurses as one of health care provider to update their competence. Better performance is one of the factors contribute to meet the need of costumers with regard to quality health care services, especially in nursing services. Changes in the health care system as well as changes in the nursing workforce have immediate renewed efforts to determine hospitalized patients obtain quality nursing care. With regards to response the science advance in ensuring the provision of responsible, safe, and accountable care, and new competencies must be integrated into nursing practice, (Garside & Nhemachena 2011). Another factor is that because nurses develop a wide variety of competencies after initial licensure, at a variety of levels, including advanced practice, the criteria and standards for continuing competency are more varied and more complex than they are for those at the entry licensure level. Continuing competency dwells essentially the responsibility of the individual nurse.

Some nurses 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.

Maintaining nursing competency is significantly needed in order to improve quality of care. As the key component, nursing competence is contributing to safe patient care and is a significant focus of regulatory boards. Maintaining and developing nursing competence at present are needed due to the changes in health care services and health care system in the world which can be done through academic, continuing education, and staff development venues (Dickerson 2010). Currently in Indonesia, a nurse is determined to be competent when initially licensed and thereafter unless proven otherwise, hence it is mandatory to have 25 credits of CC for every five years. Yet many believe this is not enough and are exploring other approaches to assure continuing competence in today's environment where technology and practice are continually changing, new health care systems are evolving and consumers are pressing for providers who are competent. According to Huston (2014), passing a licensing exam does not assure competence throughout a career. Particularly practicing nurse who worked in the hospital setting found difficulty to up-date their existing capacity owing to the fact that CC programs offered are few and mostly organized in large urban cities so that practicing nurses in rural settings and small towns have to travel distantly to attend them. It is being a problem when related with the expenses, because they have to shell out for program fee, transportation and accommodation for the activity of the programs.

Since the announcement of Indonesia nursing Acts on September 2014, Indonesia Nurses Association (INA) in collaboration with Association of Indonesia Nursing Education (AINEC) try to implement a draft of career development for practicing nurse aside from a regulation for only new graduates to do national examination of nursing competence regardless of their educational level. Build upon nursing acts, Indonesia acknowledges two level of nursing education which are vocational for nurses who have Diploma in Nursing program (three years program) and professional who graduated from Bachelor in Nursing program (five years program).). However, there is no mandate to continue their competence, because the process of renewing their license is without any examination and counted based on their own daily experiences and how they interact with patients and society (Indonesia Qualification Framework/IQF). When practicing nurses want to continue their license every 5 (five) years, they can show their 25 credits hours of training which is not always significantly related with their present competence needed. This process amid every single interaction involves their thoughts, understanding, attitudes, and what the concept of competence in the course of health care means to them. It also means that every practicing nurse may have different perceptions, values, and meanings of competence which can impact on their quality of care provided.

2. RESEARCH METHODOLOGY

This research taken from June to December 2015 used focused Ethnographic study and the data were gathered from in-depth interviews and focus group discussions. There were 25 practicing nurses (nurses who were currently working at the hospital services) in one big private hospital in Lamongan province, east Java, Indonesia who have been selected according to purposive and maximum variation sampling principles. To be included practicing nurses had to be working in direct patient care with minimal 2 year experience in either an Emergency department (ER), Intensive Care Unit (ICU), Hemodialysis center (HD), Operating room (OR), paediatric ward, maternity ward, adult ward and outpatient department (OPD). We undertook for variation by selecting nurses from different areas of practice, and assumed that the variation of these background would give variety of perceive in the availability of existing personal capacity. This

variety of thinking might involve the approach of them in giving nursing services. Nevertheless, the goal is to meet the need of patient based on their experiences.

Participant-observation has been used along the process of data gathering from all informants. Thus, using semi-structured interview as a basic guidance which contained questions about the availability of existing personal capacity. The interview were done followed by focused group discussion or vice versa. Using stratified purposive sampling (Burns and Grove, 2007), interview informants were selected according to work experience in exploring a more in-depth understanding of the emergent themes from previous interviews and participant-observation. Focus groups were divided into 3 groups to get solid information from each group to confirm or compare for similarities and differences. The interaction among participants gave different ideas so that multiple truths and and realities were gained (Lambert and Loiselle, 2008; Stewart et al., 2007; Patton, 2002).

3. RESULT AND DISCUSSION

Five key emerging themes were identified, thus offering a basis for developing a greater principal of the availability of existing personal capacity. The five key emerging themes identified are the following: Theme 1:"Being endorsed from policy maker", Theme 2:"Joining the up-grading capacity program", Theme 3: "Selecting prospective program", Theme 4: "Sharing group experiences" and Theme 5: "Being curiosity". In 5 themes there were implied a significant way of thinking from informants which are internal and external encouragement to maintain and improve their existing personal capacity.

3.1. "Being endorsed from policy maker"

This hospital has an annual development programs from every departments including nursing services. It is important to improve the quality of hospital services and especially nursing services. Every practicing nurse has the same opportunity to improve their existing personal capacity through these planned programs including in-house training and ex-house training. In-house training has specific characteristic which are to update general nursing knowledge and skills, using internal expertise managed by the hospital, being scheduled every Wednesday, based on the need of competencies and participants come from any departments in the hospital. Meanwhile ex-house training conducted and organized by another Institution, usually the contents were specific so that the hospital can select participants who are practicing nurses will joint. Both programs were supported by the policy makers of the hospital including financial endorsement and leaving from work.

Focus group participants made comments such as mandatory to 'have development planning programs (FG1)', 'empowering internal expert (FG3)' and 'evolve in providing quality care (FG3)'. One documented comment from FG3 was,'empowering internal expert was one way to improve the existing personal capacity of practicing nurses', which illustrates individuals' proudness affecting the motivation to develop and update knowledge and skills so that they can provide the best quality of nursing services. Otherwise, some participants perceived existing personal capacity as separate to the workplace environment as articulated in Roy's comment below

"We need to manage practicing nurse attendant while the development programs conducted in the same time, because that will involve the quality of nursing services especially related with ratio between nurse and patient or where tasks and patient care needs to be done within a timeframe."

The hospital needs to provide study leave and well documented resource involves managers in the nursing services (Gould et al., 2004). The hospital has had formal up-grading capacity program such as continuing level of formal education from diploma in nursing to bachelor degree. As stated by one of top manager of the hospital (Mom's) that:

"This hospital tried to support all of nurses who have capacity to develop their competencies through formal education in Indonesia. We sent ten nurses to take bachelor program last 2012 so that they might improve their personal capacity and involve the quality of nursing services."

3.2. "Joining the up-grading capacity program"

All of practicing nurses in the hospital have been attending the up-grading capacity program as planned by the hospital since the first attendance. The development program for new practicing nurses was on the job training which has a package of teaching materials including therapeutic communication and basic life support. The importance of this program was acknowledged by Nina that:

"After participation to the up-grading capacity program, we feel more confident to do our work and belief that the competencies got from the program were met with the update competency, so we are ready to meet the patient need."

There were statements of not being able to manage continuing competence through lack of nurses to fill the gap in the workforce; program cancellation by the providers due to lack of uptake by other practitioners (Gould, 2006)

3.3. "Selecting prospective program"

Some nursing department in the hospital might have specific competencies which needed to be up-date such as Intensive Care Unit (ICU), Hemodialysis (HD), Emergency Room (ER), Operating Room (OR), Pediatric ward and maternity unit. Since these competencies require a special program, it should be an ex-house training program for about 3 months. It was necessary to select the programs offered that should be suitable with the need of department. Importantly, continuing competence program needs to exist when needed and in a timely manner. Focus group discussion participants stated that the prospective program should be: 'based on the need of department (FG2)' and 'the right person on the right time (FG3)' which influence the responsibility of practicing nurses to participate.

As defined by Santi's one of practicing nurse at HD that:

"I worked at general ward before transfer to HD and there were no available training programs that I need, so I choose to have internship in one of affiliation hospital which has the same service under supervision of senior nurse for 4 months."

There was a dearth of places on courses in high demand, especially in specific areas of nursing practice (Govranos, 2014), as quote by Rini's (practicing nurse at ER):

"It was not easy to select the program which was appropriate with the need of my department because sometimes, the contents were not relevant or too general. We need specific competency but lack of programs offered to us."

In contrast with the statement above, Wahyu's said that:

"We have to select the prospective program not only focused on the c o n t e n t or need, but it is important to consider the event organizer or Institution which will related with the certification later on."

3.4. "Sharing group experiences"

When describing experiences in relation to formal continuing competence, participants commonly emphasised that relevance of content was a key issue.(Buchan et al., 2003) Some participants suggested that nursing has become obsessed with the need to accredit learning and used this to argue the case for more skills-based courses and renewed emphasis on work-based learning. In the real setting it was common to have share group experience to renew competency. There were some practicing nurses who did not get a chance to join development program who could have direct learning from their colleagues who had been trained on specific topic. Ria proposed a way for continuing competence can happen within the ward:

"Because waiting for joining development program is not possible in short time since we have a lot of practicing nurses who also have planned to participated In this case we try to always update our competence through direct experience learning under supervision of my friend who had been trained. It was useful even though we did not get certificate."

It was also clear that for many nurses, work-based learning was still an important way of learning (Gould, 2006) and by engaging in an on-going process of reflection and action (Megginson & Whitaker, 2007)

3.5. "Being curiosity"

Indonesia nursing acts was announced last 2014 and shortly will be implemented, means that nursing as one of health care profession has to be ready in facing the change related with nursing services especially related with up-dating competence. On the other hand there were consequences emerging from the implementation of professional level (Indonesia Qualification Framework/IQF) for practicing nurses. All nurses have commitment to maintain and develop their existing capacity or competency as declared from focus group about the importance of continuing competence: 'as requirement (FG1)', 'improving confidence (FG3)', 'being reguler activity (FG1)' which involve internal value and motivation to provide best nursing services. Wahyu's defined that:

"To give good nursing services, it requires to have good assessment skills, which comes from experience and education both formal or non-formal. The patients are more satisfied to have nurses who are knowledgeable and skillfulin doing their work."

It was supported by the statement of Rini's that:

"Continuing competence for me is vitally needed to maintain my professionalism."

All of participants were concerned about the need of continuing competence to improve retention, especially of experienced nurses. (RCN, 2007, Pool, 2013) stated that it was important to maintain the safety of patients and practicing nurses, as a means of improving service provision and of promoting career and personal progression.

4. CONCLUSION

The findings suggest that participants perceive differences in the availability of existing personal capacity. The strategies of programs are in-house training, ex-house training, on the job training, group sharing experiences, continuous supervision and collaborative learning. Its purpose most likely is to improve capacity of nursing care and to "keeping up to date" or used more broadly including "expansion of skills and knowledge". It is important to include local higher education and health care provider collaboration as an appropriate step forward to achieve this.

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