NURSES' PERCEPTIONS AND SATISFACTION TOWARDS THE COMPETENCIES ASSESSMENT PROCESS

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ABSTRACT

Kompetensi profesional adalah isu yang sering dibahas dalam pelayanan dan praktik, khususnya pada disiplin profesional kesehatan. Kompetensi keperawatan adalahan kemampuan untuk menampilakan pengetahuan, ketrampilan, sikap profesional dan kemampuan mengambil keputusan. Tujuan dari studi adalah untuk mengetahui persepsi perawat terkait asesmen kompetensi dan kepuassaan terhadap implementasi asesmen kompetensi di Indonesia. Desain riset menggunakan pendekatan potong lintang dan data dikumpulkan menggunakan kuesioner yang dikembangkan oleh peneliti. Realibiltas kuesioner dengan Cronbach's Alpha 0.89. Instrumen persepsi meliputi pernyataan terkait implementasi asesmen kompetensi perawat dan validitas kuesioner antara 0.3 sd 0.65. Sampel riset diambil secara proposional random sampling dengan jumlah 410 perawat pelaksana di dua rumah sakit tipe A di Jakarta. Analisis riset menggunakan metode statistik mean, median dan standar deviasi. 63.38% perawat setuju jika impmentasi dari asesmen kompetensi berjalan dengan baik, namun sebagian perawat merasa tidak puas dengan pelaksanaan ujian kompetensi di rumah sakit (rat-rata 49.07, SD 4.7. CI: 47.6-48.52, total value: 96). Kesimpulan riset menyampaikan perawat merasan tidak nyaman dengan ujian dan pendekatan asesmen sumatif pada perawat. Disarankan manajemen untuk mengevaluasi proses dan meningkatkan metode asesmen. Penilaian profesional berkesinambungan dapat dikembangkan untuk meningkatkan evaluasi kompetensi.

Kata Kunci: Kompetensi, Profesional, Pengetahuan, Ketrampilan, Pengambilan Keputusan

ABSTRAK

Professional Competency is a topic of great issue in both care and practice, particularly health care disciplines. Nursing competence is the ability to demonstrate knowledge, skills, professional attitude and the ability to make decisions. The purpose of the study is to explore nurses' perception of competencies assessment and satisfaction towards the competencies assessment process. Design of research was cross-sectional and data were collected using a questionnaire that was developed by researcher. This instrument demonstrated sufficient internal consistency reliability with Cronbach's Alpha of 0.89. Instruments of perception regarding nurse competencies assessment have 13 items and satisfactions have 24 items with a 4 scale. The validity of the question was around 0.3 to 0.65. The sample involved a proportional random sample of 410 nurse practitioners in two hospital type A, Jakarta. They were analyzed using descriptive statistical methods: mean, median and standard deviation. 63.38% of the nurses agreed if the implementation of competencies assessment was running well, and nurses were not satisfied to take a competencies assessment (mean: 48.07, SD 4.7, CI 47.6-48.52; total value: 96). Conclusion of research stated that many nurses felt dissatisfied about using the examination and the summative assessment approach and that it was better for management to evaluate process and improve the assessment competency process. Ongoing professional performance evaluation (OPPE) can be developed to improve the competency evaluation.

Keyword: Competency, Professionals, Knowledge, Skills, Clinical decisions

INTRODUCTION

Nurses are one of the professional health care providers who have a central role in ensuring patient safety. Patient safety is crucial because the impact of patient insecurity results in patients being injured, patients falling, the wrong medication being distributed, lengthening the period of care or disability and ultimately the death of the patient. The nurses are crucial in ensuring patient safety because for 24 hours the nurse is near to the patient. Nurses provide bio, psycho, social, cultural and spiritual care, and the nurse will monitor the progress of the patient's condition and ensure patient safety.

The competencies of the nurse to provide professional care can guarantee patient safety. A previous study indicated advance competencies clinical performance correlated with strengthening the quality of nursing practice and excellent in-patient care (Sastre-Fullana, De Pedro-Gómez, Bennasar-Veny, Serrano-Gallardo, & Morales-Asencio, 2014) and another study also said that the benefit of the nurse competencies is making good collaboration and communication with the health provider, decreased length of stay, and reduced cost of care. The level of nursing competence directly affects the quality of care. Nurses' competencies also contribute to increasing professionalism (Paplanus, Bartley-Daniele, & Mitra, 2014), increasing satisfaction and also reducing staff turnover (Hariyati & Safril, 2017; Rizany, Hariyati, & Handayani, 2018).

The implementation of a clinical career ladder system in Indonesia began in 2006 (Hariyati & Safril, 2018). Implementation of the ladder system happened more quickly after having a regulation from the Minister of Health No. 40, 2017 about Career Ladder for Nurse Practitioner. The implementation of a career ladder for Nurse Practitioners have proven ability to improve nursing competency because part of a career ladder is continuous professional development (CPD). Hariyati and Satina described a positive correlation between CPD and nurse satisfaction (Hariyati & Safril, 2017) so that in order to improve competencies there needs to be a process of CPD and a guaranteed effort towards the maintenance of competencies. The findings of the study enabled healthcare organizations to take proactive approaches in order to enhance nurses' competency (Takase, 2013).

Nursing competency consists of four domains, namely skills, knowledge, attitudes, and the ability to think critically (Hariyati, Sutoto, & Irawaty, 2017). The previous study identified six factors that affected the development of nursing competence. The six-factors were work experience, type of nursing environment, the educational level achieved, adherence to professionalism, critical thinking, and personal factors. Work experience and educational level were shown to significantly influence the development of the competency of nurses (Rizany, Hariyati & Handiyani, 2018).

The credential and competency assessment is a necessary activity to maintain competence (Hariyati, 2014; Hariyati, Sutoto, & Irawaty, 2017). Credentials are proven to be able to improve competency, increase learning desires, and continuously improve staff behavior to ensure patient safety (Glenn & Smith, 1995). Competency assessment is complex, sometimes leading to inappropriate evaluation (Franklin, Melville, & Dip, 2015). Competency assessments are often more centered on assessors without regard to actual processes rather than those carried out by nurses and also the outcome of patient satisfaction and patient safety (Franklin, Melville, & Dip, 2015).

In Indonesia, the assessment of nurse competencies takes place before the credentials have been carried out in several hospitals. The career Ladder system is regulated by the regulation of the Minister of Health No. 40, 2017 and credential by regulation the Minister of Health No 49, 2013. The regulation does not regulate the methods and methods of assessing but many hospitals were giving written examinations like students and for skills evaluated through the examination

process by the assessor. Summative methods are often one-time evaluations, and the assessment tends to evaluate the skills that have been implemented every day. Another method of mapping competencies is using the self-evaluation approach. The benefit of self-evaluation is nurse participation in contributing to the decided level of competencies, but the barrier of the model of self-evaluation cannot be valid because of subjective nursing perceptions (Sandehang & Hariyati, 2017)

A previous study carried out stated that nurses have a lack of knowledge towards career ladder implementation, besides the reward calculation system is not optimal based on the career ladder. There are many problems related to nurses' competency assessment, which is interesting for researchers interested in exploring further the perception of nurses in the implementation of the competency assessment. The purpose of the study is to get an overview of satisfaction and perception in the implementation of competency assessment.

METHOD

Design of research using a cross-sectional and a purposive sample selected in two hospitals in Jakarta with type A. We explored the nurses' perception of competencies assessment and satisfaction towards the competencies assessment process using questionnaires. The sample size was 410 nurses. The consecutive sampling based on inclusion criteria was a nurse with a minimum of one-year's experience in the hospital and with experience in the competencies assessment. The questionnaire developed by the researcher was used in the study. This instrument demonstrated sufficient internal consistency reliability with Cronbach's Alpha of 0.89. Instruments of perception regarding nurse competencies assessment have 13 items with four (4) Likert scale and satisfactions have 24 items with four (4) Likert. The validity of the question around 0.3 to 0.65. The questionnaire was completed by nurses within 15 minutes and returned to the researcher. A self-administered

questionnaire with embedded psychometric scales to identify:
Characteristic of nurse practitioner
Nurses' perception of a competencies assessment system
Nurses' perception of a document for competencies assessment
Nurses' satisfaction of assessment competencies implementation
Competencies assessment satisfaction on differences in nurse education background.
Competencies assessment satisfaction on differences of level nursing career

The survey protocol has been approved by the Ethics Committee, Faculty of Nursing, Universitas Indonesia. Full disclosure of information to respondents was done (No.0421/UN2.F12.D/HKP.02.04/2016. Respondent's anonymity was ensured as no identifying names were used on the questionnaires. Respondents had all signed all on-form consents. Data were analyzed using a cross-sectional approach to describe the percentage, mean, median, and deviation standard (SD) of the perception and satisfaction regarding the competencies assessment.

RESULT

The results were described in the following tables and figures.

Table 1. Educational and Level Career Background of Nurses (N=410)

Characteristic	Frequency	%
Education		
Nursing Diploma	298	72.7
Bachelor Nurse	109	26.6
Nursing Specialist	3	0.7
Level Career		
N-I	116	28.2
N-II	183	44.6
N-III	109	26.6
N-IV	2	0.5

Table 1 shows that the majority of nurses are vocational/diploma level; 298 (72.2%). Only 106 (26 percent) of them are the Bachelor Nursing (BN) or professional in Indonesia Called "Ners", and the specialists have a very low percentage (0.7%). Dominant career level nurses are nursing level II (N-

II)(183/44.6%), N-I (116/28%) and N-III (109/26.6%).

Table 2. Perception of Assessments Competencies Implementation (N=410)

Sub Variable	Agree	%	Does Not Agree	%
Related with Clinical appointment	225	54.9	185	45.2
Support to CPD	193	47.1	217	52.9
Support to quality	294	71.7	116	28.4
Assessor more dominant than on going evaluation	299	73	111	27
Valid to competencies measure	226	55.1	174	44.9
Not related with professional nurse roles	227	55.4	183	43.6
Not related with nurse performance	281	68.6	129	31.5
Almost subjective	283	69.1	127	31
Mean	63.38		38.06	

Table 2 shows that the majority of nurses agree that the competencies assessment will support quality (294/71.7%), and related to a clinical appointment (225/54.9%), on other hand the majority of nurses also have a perception if assessment not related to professional roles (55.4%), not related with a nurse performance (227/68.6%) and almost subjective (283/69.1%). Only 63.38% nurses agree if implementation of competencies assessment was running well.

Table 3. Perception of Document for Assessments Competencies in Nursing (N=410)

Sub Variable	Agree	%	Does Not Agree	%
Log book support to record competencies	104	25.4	306	74.7
Need more time for record on log book	273	66.6	137	33.4
Redundancies log book with nursing documentation	117	28.6	293	71.5
Good security	312	76	98	24
Difficulty for competencies analysis	252	61.4	158	38.5

Table 3 describes the fact that the majority of nurses did not agree with the logbook documentation support report of competencies (104/74.7%), and negative comment if logbook not efficient/needed more time (273/66.6%), difficult to analysis (312/61.4%) and not redundancies (117/28.6%). Perception positive stated logbook has good security (312/76%).

Table 4. Perception of Assessments Competencies Satisfactions (N=410)

Variable	Mean/Total	SD	Min-Max	CI:95%
Satisfaction	48.1/96	4.72	30.49-69.51	47.60-48.18

Table 4 states that the mean of satisfaction regarding competencies assessment was 48.1 or 50% from 96 grading, and distribute around 47.60 to 48.18. The lowest of satisfaction is 30.49 (31.7%) and the highest is 69.51 (72.41%).

Table 5. Diferencess of Satisfaction on Competencies Assessment (N=410)

| Variable	N	Mean/Total	SD	P
Education				
Nurse Diploma	290	48.35/96	4.2	0.18*
BN	109	47.1/96	5.8	
Level Career				
NI	116	47.52/96	5.13	0.80
NII	183	47.88/96	4.63	
NIII	109	48.74/96	4.33	

Variable	N	Mean/Total	SD	P
NIV	2	52.74/96	1.29	

*) significant p<0.05

Table 5 shows the differences in nurse satisfaction. Nurse diploma background (48.35) has satisfaction higher than BN (47.10) and significantly different (p=0.18). Besides that level, career correlated not significant (0.80) with nurse satisfaction on assessment competencies. Highest Level career has the highest satisfaction and the lowest career also has the lowest satisfaction (Diagram 1).

Diagram 1. Differences of Satisfaction Regarding Competencies Assessment Process
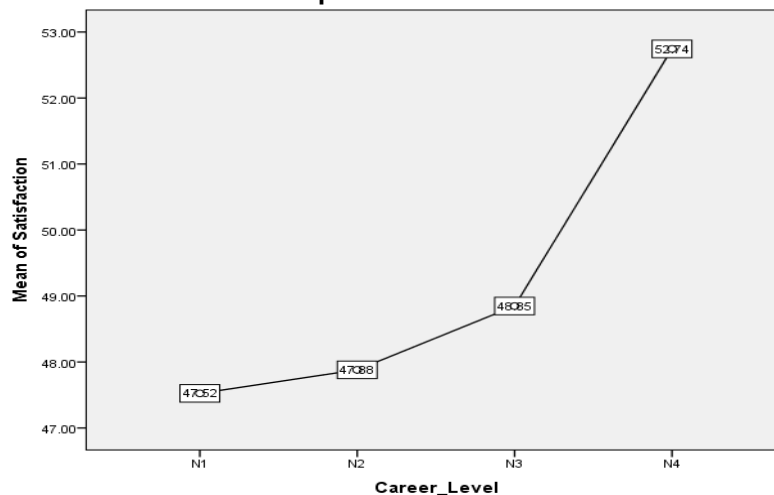
DISCUSSION

This study is original research with a primary result from the answered questionnaires of nurses. The result described nurses' perception of competencies assessment and satisfaction towards the competencies assessment process. Professional Competency is a topic of great issue in Indonesia, where nurses must demonstrate knowledge, skills, attitude and ability to take a clinical decision practice. A result of the study shows that the majority of nurses are vocational/diploma. Only 26 percent of them are the Bachelor Nursing (BN) or professional level and nurse specialists also have a very low percentage. This condition is similar to previous research that described only 20 percent of 1487 nurses, which was conducted on career ladder research in Indonesia, which have BN background (Hariyati, et.al., 2017). Nurse diploma background has satisfaction higher(48.35) than BN (47.10) and significantly different (p=0.18), this condition his condition may be caused by BN graduates knowing better assessment processes, they are familiar with the process of on-going evaluation compared to summative assessment.

Besides, the BN background is more emphasized on professionalism, which emphasizes knowledge, attitude, and ability to decide based on critical thinking. When the assessment is focused on skills that have been implemented every day, the satisfaction will decrease and will have an impact on demotivation. Hariyati & Safril (2018) also mentioned that when expectations did not match with reality, satisfaction will decrease while, Afriani, Hariyati, and Gayatri (2017) also showed that the role of expectations would influence the process of implementing career paths (Afriani, Hariyati & Gayatri, 2017).

The dominant career level of nurses are N-II (44.6%), N-I (28%), N-III (26.6%), and N-IV very limited. Implementation of the career ladder was rapidly progressing after Indonesia followed regulation PMK 40 about the career ladder for nurse practitioner in the

year 2017 (Pertiwi, Hariyati, & Anisah, 2018). The career ladder has an impact positive to promote career (Hariyati, et.al, 2017) and improve nurse professionalism also improved nurse satisfaction (Hariyati & Safril, 2017; Sandehang & Hariyati, 2017).

Nurses competency consists of four domains, namely skills, knowledge, attitudes, and ability to think critically that complement of four domains need to be quality and patient safety (Hariyati, Sutoto, Irawaty, 2017). Competencies can be maintained using continuous professional development (Browder & Mosier, 2015), and every day guaranteed using ongoing professional performance evaluation (Rizany, Hariyati & Handiyani, 2018).

A result shows the majority of nurses agree that if competencies assessment will support quality (71.7%), and related to the clinical appointment (54.9%). The resulting support to previous research that stated ladder improved quality, and recognition (Browder & Mosier, 2015), in other hand the majority of nurses also have the perception if assessment not related with professional roles (55.4%), not related with nurse performance (68.6%). This statement contradicts previous research which stated that the competency assessment process can improve professional growth (Ko, Kim,Yoon, & Sook, 2015).

A result of research stated that nurses felt that competency assessment was a subjective evaluation, not based on on-going professionalism. The nurse feels that the assessment is less objective because the assessor assessed it. An assessor is someone who has received training on how to assess nurses. The disadvantages of assessors are people who often do not work in the same environment with the nurses assessed. Assessors do not understand the daily abilities of nurses and how professional work is performed. Assessors often pay little attention to the nurse competencies that already completed in carrying out the task. The professionalism of nurses also cannot increase if the assessment only focuses on skills but the professional assessment was completed not only on

skills, but also knowledge, attitude and critical thinking. Skills that have been carried out daily should be evaluated on progress and not like a student's exam.

To improve professionalism, a nurse must understand nursing diagnoses, understand rationally from a nursing interventions perspective and be able to improve clinical decision making. Involvement in multiple nursing activities beyond the basic job requirements and responsibilities. Active and ongoing professional involvement in nursing through evidence-based nursing practice, such as research activities, and writing published nursing article, etc. The ability to evaluate from an assessor point of view will also affect competency validity. Competencies in pedagogical assessment (Franklin et al., 2015) must be possessed by assessors such as respecting unique and different competencies between nurses but must follow professional standards.

Perception of assessment can be to measure competencies on the result has 55.1% .Previous research conveyed the validity and reliability of competency assessment instruments, which must be guaranteed to properly assess competencies (Franklin et al., 2015). Assessment when a snapshot has very high is a bias and more subjective project. Franklin, Melville & Dip (2015) recommended to 'rethink' nursing competency as an assessment process that continues 'over- time', reflective of the knowledge, skills and professional maturity that develops as the nurse progresses along their professional path. They suggested that the OSCE model of competency assessment can be adapted to an 'observed clinical competency assessment' (OCCA) model to a more suitable complement the competency assessment needs of the nurse. This allows for self-reflection, evaluation of longer-term competency and competency development by both nurse and managers, and allows for the determination of whether nurses are ready to move onto the next stage within the novice to the expert continuum (Franklin et.al., 2015).

One of competencies documentation is a log book. Logbook record and report the nurse activity and progress of competencies. Majority of the log books in Indonesia are paper books. This condition is making a bad perception of implementation logbook. The negative comments regarding the logbook are that they are not efficient and they take a long time to record the details in (66.6%), the log book is also difficult to analyse (61.4%). Paper-based documentation has weaknesses that are easily lost, difficult to analyze and often cause data duplication. Electronic documentation systems improve efficiency, quality, and analysis to make decisions (Hariyati, Yani, Eryando, Hasibuan, & Milanti, 2016; Hariyati, Hamid, Eryando, & Hasibuan, 2018). The absence of electronic logbooks in hospitals where research is carried out, has contributed to the factors that make it difficult for nurses to fill out logbooks correctly.

The result stated that the mean of satisfaction on competencies assessment is 48.1 or 50% from 96 items Question, and distribute around 47.60 to 48.18. The lowest level of satisfaction is 30.49 (31.7%) and the highest is 69.51 (72.41%). Satisfaction with the implementation of the competency assessment is still poor because the average value is only 50%. Potential causative factor is a process that is still perceived as subjective, depending on the snapshot evaluation by the assessor and also the logbook documentation, which is still paper-based and not easy to analyze the results of the development of competencies.

On the other hand, the result showed that improving the career level also results in improving career satisfaction. The condition might be due to career advancements accompanied by increased autonomy and income. Career advancement also provides an opportunity to achieve a continuing nurse education (Hariyati & Safril, 2018), the previous research said that retention consistently identifies the lack of development opportunities as one of the key predictors in nurses' intention to stay (Duffield,

Baldwin, Roche, & Wise, 2014).The results of this research are in line with previous research conducted in Indonesia regarding the positive relationship between satisfaction and continuing professional development (Hariyati & Safril, 2018; Hariyati, et.al. 2017).

CONCLUSION

The study explored nurse's perceptions and satisfaction regarding the competencies assessment process. The results of the study stated that nurses felt that the competency assessment was a subjective evaluation, not based on on-going professionalism. The nurses felt that the assessment was less objective because it was assessed by an assessor who was not familiar with competencies and ongoing performances. Assessors often pay little attention to the nursing competencies that already completed in carrying out the task. Increasing the professionalism of nurses also cannot actually be achieved if the assessment only focuses on skills.

The manual logbook still doesn't support effectively and efficiently documenting the progress of competency. Satisfaction on the assessment process is still low and there are satisfaction significant differences from nurses who have the diploma and BN education backgrounds. BN nurses have low satisfaction because a BN background is more emphasized on professionalism that emphasizes knowledge, attitude, and ability to decide based on critical thinking. When the assessment is focused on skills that have been implemented every day, satisfaction will decrease. The result showed improving the career level will also improve the satisfaction, and their condition might be due to career advancements accompanied by increased autonomy as well as the opportunity to receive continuous nursing education.

RECOMMENDATIONS

To improve the competency assessment model not only by one snapshot at a time, but by prioritizing the competency development process. There needs to be an improved evaluation that

focuses on increasing professionalism, which includes improving the critical thinking process and improving the process of increasing sustainable professionalism.

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