



Research Article

Increasing Nurse Professionalism During The COVID-19 Pandemic in Hospital Province Central Sulawesi

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Abstract

Hospitals need comprehensive strategies and efforts in handling covid-19, one of the strategies is the management of Human Resources (HR) 2000. This study aims to analyze efforts to increase the professionalism of nurses during the covid-19 pandemic. This type of qualitative research with a case study approach. The study was conducted for 3 months in a hospital in Central Sulawesi Province. The number of informants consisted of: 11 implementing nurses, 3 team leaders and 3 committee heads (1 informant as team leader, also as chairman of the 2000 committee), 1 Covid team coordinator, 1 Head of Section 2000, 2 Heads of 2000 and 1 Director of the hospital and 1 secretary of PPNI Central Sulawesi Province. The analytical method refers to the theory of Miles, Huberman and Saldana (2014), namely the Interactive Analysis Model, using the Nvivo 12 Plus application technique for windows. The results of the research have 3 main themes: theme 1: Recruitment of covid nurses, theme 2: clinical authority of nurses, theme 3: delegation of authority. B The conclusion of this research is the discovery of 3 main themes, namely covid nurses, clinical nurse authority and authorized delegation. The recruitment of nurses through a credentialing process, clinical obligations and authorized delegation procedures is an effort to improve the professionalism of nurses. It is hoped that hospital management can improve the professionalism of nurses by optimizing the committee's duties, especially in the sub-field of credentials, providing support and recognition and equal attention to committees and medical committees.

Introduction

Covid -19 was declared a *Global Pandemic* by the *World Health Organization* (WHO) on March 11, 2020, while in Indonesia it was declared a national disaster on April 13, 2020 (Presidential Decree of the Republic of Indonesia, 2020), almost all sectors were affected by the pandemic. (Diana and Mukhtadi, 2020). Based on data from three

covid referral hospitals in Central Sulawesi province, from March 2020 to October 2021, Madani Hospital is the hospital that treats the most COVID-19 patients, with 2,262 patients (53.61%), the Anutapura General Hospital, Palu. as many as 1.106 patients (26.21%), while Undata Hospital as many as 851 patients (20.17%) To optimize the health service system so that it can mobilize all available resources

including health workers in a directed, integrated and effective manner, the central government and regions have synergized in efforts to deal with covid-19 (Kepmenkes, 2020). Hospitals need strategies and efforts that are comprehensive in accelerating the handling of covid-19 (Kepmenkes, 2020). One of the strategies for hospitals in Indonesia during the COVID-19 pandemic is the management of nursing Human Resources (HR) (Satinah, 2020). Fifty percent of health human resources in hospitals are nurses (Kemenkes, 2020) and most often carry out direct interactions with COVID -19 patients (Diana and Mukhtadi, 2020; Khamdiyah and Setiyabudi, 2021).

Guidelines and procedures for treating COVID-19 patients change from time to time. This is a big challenge for nurses because nurses must be able to adapt to these conditions (Chau et al., 2021). Creating an ethical environment in organizational clinical settings in hospitals can improve the quality of care during the covid-19 pandemic (Jiang et al., 2021) so that the patient's length of stay is reduced, the cost of the health care system decreases and the patient's working time increases, which in turn will affect the economic aspect (Miskir and Emishaw, 2018).

Hospital ethical climate refers to individual perceptions of the organization that influences attitudes and behavior, as well as being a reference for employee behavior, including nurse relationships with peers, patients, managers, doctors, and hospitals (Jiang et al., 2021; Olson, 1998). During the covid-19 pandemic, some doctors expect nurses to assume some doctor responsibilities, such as checking the patient's condition with lung auscultation and blood gas analysis at the bedside, asking nurses to view patient monitoring parameters via video instead of entering the patient's room. This makes nurses feel unequal in status and roles as nurses are not respected (Jia et al., 2021), 50% of nurses have poor communication with managers and co-workers such as doctors and nurses (Raeissi et al., 2019). Nurses expect doctors to be capable and responsible, and to support and respect nurses and their work (Jia et al., 2021). The nurse-doctor relationship includes mutual trust, mutual respect, and nurse autonomy in clinical decision-making. When nurses are satisfied with their relationship with doctors, nurses feel that their work is getting professional recognition (Jiang et al., 2021). There is a strong statistically significant relationship between perceptions of total ethical climate, ethical behavior, and professional values (Elewa, 2020).

Another problem that occurs to nurses when caring for COVID-19 patients in hospitals is the lack of knowledge and skills nurses because they need to adapt to the new work environment and work responsibilities and complete changing roles on time. (Jia et al., 2021). Nurses must have competencies that can be used and demonstrated by applying effective knowledge, skills, and considerations in

providing care and nursing services for COVID-19 patients (Jiang et al., 2020). When caring for COVID-19 patients, nurses must balance professional duties and competencies with urgent ethical choices and decisions when performing nursing services. Complex problems can occur when working pressure is high and team meetings for ethical decision-making are time-limited or non-existent (Turale et al., 2020). Patient safety needs to be protected by ensuring that nurses who provide nursing services have clear clinical competence and authority (Kemenkes RI 2013).

Clinical authority is a description of nursing interventions carried out by nurses based on their practice areas and must go through a credentialing process. The scope of clinical authority, including temporary clinical authority (*temporary clinical privilege*), clinical authority in an emergency (*emergency clinical privilege*), conditional clinical authority (*emergency clinical privilege*), and the authority of nurses to take medical action is an act of delegation. The scope of the nurse's clinical authority must be guided by a *white paper*, which was prepared together with Bestari partners (Kemenkes RI 2013).

To maintain and improve the professionalism of nurses, the hospital has formed a non-structural forum, namely the nursing committee. Permenkes no.49 of 2013, states that the important components of the nursing committee consist of three parts, namely: the credentials subcommittee, the professional quality subcommittee, and the professional ethics and discipline subcommittee (Kemenkes RI 2013). The committee has the task of monitoring and evaluating its members through periodic credentialing, increasing professionalism, and coaching ethics and discipline, but currently the committees in hospitals sometimes only serve as mouthpieces for the aspirations of their members. (Usman, Tjajja, and Sabir 2020). Credentialing is not a procedure to ensure the professionalism of nurses but plays a role as part of the hospital employee selection process (Asnawi et al. 2021).

This pandemic has triggered new nursing management challenges and opportunities that deserve attention (Lucchini, Stefano, and Pasquale 2020). Relevant ethical frameworks need to be revised or developed and widely adopted in nursing practice, with support and input from national nursing organizations, nurse educators, and nurse leaders to guide future practice and education (Turale et al., 2020).

Empowerment of nurses is a key strategy to increase professional engagement and role development in hospital settings (Nursalam et al. 2018). The government should involve nurses as the most professional health workers, in making decisions regarding the management of COVID patient care to reduce the workload of nurses during the pandemic (Chau et al. 2021).

This is a dilemmatic condition, where the Regulation of the Minister of Health of the Republic of Indonesia Number 49 of 2013 concerning the Hospital Nursing Committee states that in an emergency the hospital director can provide a clinical assignment letter directly without a recommendation. Nursing Committee.

The purpose of this study was to analyze efforts to improve the professionalism of nurses during the COVID-19 pandemic in Central Sulawesi provincial hospitals.

Research Methods

Types of Research

Qualitative research with a case study approach. Qualitative research is an approach to exploring and understanding the meaning given by individuals or groups to social or human problems. While the case study is one of the qualitative research designs that develop an in-depth analysis of a case (program, event, activity, process), collecting detailed information using various data collection procedures over a certain period (Creswell and Clark 2018). This type of case study research *design is useful for research in developing theories, evaluating programs, and developing interventions because of its flexibility and thoroughness* (Baxter and Jack 2008). The research topic is new and has never been discussed with a specific sample or group of people (Morse, 1991) (Creswell and Clark 2018).

Research Setting and Time

This research was conducted for 3 (three) months in government hospitals in Central Sulawesi Province, namely Undata Palu Hospital, Madani Hospital Palu, and Anutapura Hospital Palu.

Research Subject

The determination of informants in this study uses *purposive sampling* that is, the researcher deliberately selects (or recruits) informants who have experienced a central phenomenon or key concept being explored in the research (Creswell, Clark, 2018). Researchers chose informants according to predetermined criteria, namely: willing to be an informant by filling out the *informed consent* provided by the researcher and having experience as a Covid nurse for more than 6 months. The informants in this study amounted to 20 informants, namely State Civil Apparatus (ASN) who work at a referral hospital for COVID-19 patients in the province of Central Sulawesi h. The main informants are nurses who directly treat COVID-19 patients in hospital inpatient rooms, as many as 13 nurses. While the supporting informants are the hospital management and related officials, namely: 1 Director of the hospital, 2 Heads of Nursing, 1 Head of the Nursing Section, 3 Chair of the Nursing Committee, and 1 Secretary of the Central Sulawesi PPNI.

Data Collection Techniques

Collection techniques in this study, are:

1. *Interview*: The type of interview in this research is an in-depth and structured interview. The initial stage is to go to the Hospital Training and Education section to arrange a research permit, followed by conducting interviews with informants according to their time availability. Before the interview, the informant filled out an informed consent form *voluntarily* without coercion to become an informant. The interview aids used were notebooks, recording devices, and a camera.
2. *Document study*: The document study in this research is in the form of regulations and policies regarding the care of Covid patients in hospitals.
3. *Audio visual*: The results of the recorded interviews are the main data source needed, while the photos of the activities obtained can be evidence that strengthens the authenticity of this research.

Data Validity

The validity of the data in this study refers to the concept of Sugiyono (2018), which includes:

1. Test *credibility* (credibility)

Test *credibility* (credibility) in this study is 1) Triangulation. Researchers have checked data from different informants with in-depth interview techniques and conducted it at different times. 2) Conduct *member checks*. Researchers have confirmed again after conducting the first interview, to ensure that the information provided is correct.

2. Transferability test (switchability)

The *transferability test* that has been carried out in this study is that the researcher provides a detailed, clear, systematic, and reliable description. The findings of this study are expected to be implemented in other hospitals, especially hospitals that have the same type as the Central Sulawesi provincial hospital.

3. Test *dependability* (consistency)

The *dependability test* (consistency) that has been carried out in this study is that the researcher conducts research carefully and thoroughly, since determining the problem and data source, conducting data analysis and validity testing to make conclusions, where the data is obtained directly from the field.

Analysis Method

The analytical method in this study refers to the theory of Miles, Huberman, and Saldana (2014), carried out continuously, continuously during the research process (Ahmadi 2018; Putra 2013). Data analysis techniques using Nvivo 12 Plus app *for window s* This is done through logical and systematic data management (Ahmadi 2018). Nvivo 12 Plus application program *for windows s* can help analyze non-numeric data such as interview transcripts,

images, audio and video, web pages, social media posts, emails, and data sets. This program makes qualitative research more efficient, systematic, scientifically rigorous, and easy to navigate and analyze (Rahadi 2020). Miles, Huberman, and Saldana (2014), state that the stages of qualitative research data analysis are called *data analysis Interactive Models*, including *data condensation*, *data display*, and *conclusion drawing/ verification*. The stages in the data analysis process can be shown in Fig.1.

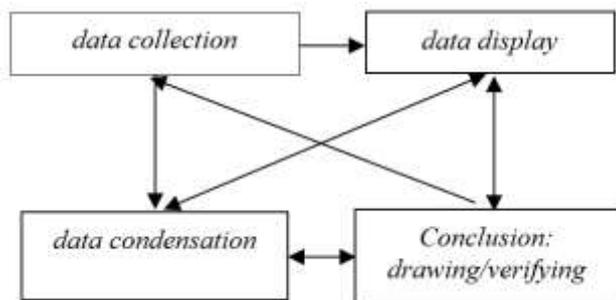


Fig. 1: Stages of qualitative data analysis

1. Data collection

Data was collected after each interview and made in the form of a data transcript (Miles, Huberman, and Saldana 2014). The collection of interview data is stored in the Nvivo file or data management (Bandur 2019).

2. Data condensation

Selecting data, focusing, simplifying, and abstracting all data from interviews, observations, and document analysis (Miles, Huberman, and Saldana 2014), conducts exploratory analysis by exploring each data to get an overview through *skimming techniques* (knowing ideas and facts that appear in various existing data)

3. Data on display

Interpreting the meaning contained in the data transcript, categorizing the data according to the research objectives in tabular form. The themes that emerged in the categorization of the data were the main findings in this study and these themes were analyzed for each case (Miles, Huberman, and Saldana 2014). In this study, researchers did several things including:

- a. System node is creating concept categories and concept sub-categories based on the information contained in the data. Researchers do open coding, namely code words or phrases that are considered to represent an important concept in data (Rahadi 2020), to form a theme.
- b. Coding. Using thematic coding, namely labeling the text based on the topics studied in the study.
- c. Construction of the main theme. Finding the main themes based on coding and bringing together the main findings from the data analysis. Filling *nodes* with information related to the

categories of concepts (codes) that have been formed in the system *node*.

- d. Word frequency Query, aims to find out which words or concepts are often spoken in interviews with resource persons so that no important issues are overlooked in the analysis and reporting process.

4. Conclusion: drawing/ verifying:

The analysis activities at this stage are drawing conclusions and verification. Researchers find themes based on the results of previous *display* data that are considered credible (Miles, Huberman, and Saldana 2014). At this stage, the researcher uses a *mind map* as a visualization tool that is used to explore ideas and display connections between data with one, so that the flow of thoughts can be well structured.

Research Ethics

Ethics in research is one of the important things in researching because qualitative research is directly related to humans. Research ethics must be considered because humans have human rights that must be respected in research activities. Research ethics that must be considered include:

1. Informant Application Letter:

The researcher made a statement letter containing an explanation of the research topic, research objectives, and provisions for becoming an informant in the study.

2. Consent Sheet (Informed Consent):

Informed consent was given before the research was carried out by providing the consent sheet to determine the subject's willingness to become an informant in the study. If the subjects agreed, then they had to sign the consent form. If the respondent is not willing, the researcher must respect it.

3. Nameless (Anonymity):

Provide guarantees to informants by not giving or including the name of the informant on the measuring instrument sheet and only writing the code on the data collection sheet or research results presented.

4. Confidentiality (Confidentiality):

Guarantee the confidentiality of research results, both information, and other issues. All information that has been collected will be kept confidential by the researcher (Miles, Huberman, and Saldana 2014).

Result and Discussion

The main informants in this study were 13 covid nurses (9 implementing nurses, 3 team leaders, and 1 covid team coordinator). Meanwhile, the supporting informants who were deemed appropriate for this study were 3 chairmen of the nursing committee, 2 heads of nursing divisions, 1 head of the nursing department, 1 secretary of PPNI Central Sulawesi province, and 1 director of the hospital. In the age

Based on several statements from informants, it can be concluded that the process of recruiting COVID nurses at the beginning of the pandemic was a direct appointment by the Director, provided that they had experience treating infected patients before, for example, has treated patients with cases of bird flu. Another requirement is that nurses who are involved in the PPI (Infection Control Prevention) team are appointed to the covid team. When the number of Covid patients increased, the hospital management recruited COVID-19 nurse volunteers from the inpatient room. Nurses who are willing must attach approval from the family to join the covid team. In addition, nurses must have an emergency training certificate. However, the process of recruiting and moving rooms did not involve the nursing committee.

Clinical Authority

The clinical authority of nurses is not yet clear, for example, taking patient blood samples for laboratory examination. The results of the study found that blood sampling should be the clinical authority of the nurse or analyst. Nurses feel confused by the lack of clarity of the clinical authority. The nurse has asked the hospital management regarding this, but there is no clarity. The following is a summary of some of the informants' statements:

When it comes to taking blood samples, so far it is nurses who take blood samples from patients and sometimes take them directly to the laboratory, unless a swab examination is carried out by an analyst. The nurse has conveyed the problem to the hospital management, but because there has been no response, the nurse continues to take this action, because she pays more attention to the patient's condition (Informants 1,2,7,8,9,11)

Another statement was also conveyed by the informant that there were also nurses who took blood samples only at a certain time. The following is a summary of some of the informants' statements:

Every day, the analyst comes to the room 2-3 times to collect blood samples depending on the request for examination. Nurses take action to take samples, only when there is a sudden request for examination (cito)(Informants 10,11,12).

One of the obstacles experienced is the lack of analysts, so nurses have to do analyst work. Here's a quote from the head of nursing:

Only yesterday, there were HR constraints, how many were there, the nurse had to take. I just want to warn you, be careful if it's still running smoothly, it means we are safe. Once upon a time, if there is an error, we do not have a handle for, we violate it (Informant 15)

The nurse's clinical authority is determined based on a white book, which is a book that contains the conditions that nurses must meet to determine their clinical authority. The results of the study found that the white paper was available but was not by the current nursing professional standards. The following is a summary of the statements of several informants:

The white paper is available but has not been revised. The nursing committee has created a nursing functional group, but the credentialing process has not run optimally because various factors become obstacles, including overlapping job descriptions between the nursing committee and the nursing field, coordination and support systems, and recognition of hospital management not optimal. (Informants 12, 18, 19)

In compiling the white paper, it should involve peer review partners from outside the hospital, namely educational institutions, nurse partners from other hospitals, and the PPNI nursing professional organization, to examine all matters related to nurses. But until now the Bestari partners still come from colleagues at the hospital. There is a plan to revise the Bestari partner to comply with Permenkes no. 49 of 2013, but the hospital's internal coordination system needs to be improved first. The following is a summary of the informants' statements:

Bestari partners still come from internal hospitals, namely senior nurses at the hospital. Bestari partners have not involved those from external hospitals, such as professional organizations, educational institutions, or nursing colleagues from other hospitals. This has not been done because the nursing committee is still fixing the internal coordination system in the hospital first. If the system of coordination and cooperation in the internal environment is already running, the Bestari partners are planned to come from external to the hospital (Informants 12, 18, 19).

Another statement was also conveyed by the PPNI secretary that the boundaries of the work of nurses and other professions are not yet clear. Nurses need to be given clear authority and responsibility and not depend on the doctor's decision. When just following the instructions, then the problem will appear continuously. However, when nurses dare to make a decision, it must be accompanied by knowledge and skills. This issue needs to be discussed further by the relevant parties. Here's his statement:

Nurses are a big profession, so they need to be empowered because they are closer to patients, but nurses must also be equipped with knowledge and skills and broader authority so that nursing care for patients is even better. So far, nurses are more

dependent on doctors' decisions. Nurses also have the autonomy to make decisions according to their authority, but must be accompanied by knowledge and skills and their authority must be clarified. When only following instructions, problems will continue to exist, because nurses are confused, want to do independent nursing work or do other professional work (Informant 17)

Nurses hope for clarity in clinical authority so that the workload of nurses is not too heavy and nurses can do their main tasks. Here is an excerpt from his statement:

Nurses hope that their clinical authority will be clarified so that nurses can focus on doing work that is by their authority and reduce the workload of nurses (Informants 9 and 10).

Delegation of Authority

Based on the results of interviews nurses do more medical actions and other professional actions, such as taking patient blood samples, but the delegation of authority documents are not yet available, sometimes the delegation of authority is only verbal. Here is an excerpt from his statement:

So far, nurses have done more delegating actions than nurses' independent actions. There are no written documents yet, only verbally (Informants 2, 6, 7, 8, 9, 11, and 12)

Another statement was conveyed by several informants that the delegation of authority document is very important as a legal aspect and legal force for nurses and the community is currently increasingly critical in terms of health services. Nurses hope that delegation documents can be provided so that there is legal protection for nurses. The following is an excerpt from the informant's statement:

Currently, society is increasingly critical in terms of hospital services. Nurses who do work outside their clinical authority without a written delegation of authority document, then the nurse does not have legality so it will be detrimental to the nurse. In addition, nurses can work comfortably because of legal protection (Informants 8, 9, and 15).

A different statement was conveyed by the informant as the team leader, that the delegation document had been provided in the patient's status. However, the document only functions as a legal force, it has not had an impact on nurses, especially regarding the delegation of authority services. Here's his statement:

There is a form for delegation in status. Every time there is a delegation action, it is filled in before we do it, while we confirm again with the doctor. This document has not yet had an impact in the form of compensation for services to nurses, only as a legal force (Informant 12)

The problem of delegation of authority is addressed by the nursing field. The Head of Nursing stated that this issue was also discussed during accreditation and all documents had been prepared but the implementation was not yet clear. The Head of Nursing stated that the medical committee and the nursing committee need to discuss and discuss together independent actions that must be carried out by nurses and the delegation of authority for medical actions to nurses. In addition, it is also necessary to discuss the impact of the delegation of authority to nurses in terms of services. Here's his statement:

The medical committee and the nursing committee need to sit together to discuss the independent actions of nurses and the medical actions delegated to nurses. There needs to be clarity regarding delegation actions, especially in terms of service fees. The format for delegation of authority is already available at the time of accreditation, but its implementation is not optimal (Informant 15)

A statement was conveyed by the head of the nursing committee that the agreement between the medical committee and the nursing committee to discuss the act of delegation of authority has been carried out, but until now there has been no opportunity to discuss it officially. Here's his statement:

Actually, at that time we had already discussed with the professional concerned. We ask that if it is a delegation, we ask for it in writing. But until now, we have never met. I have met the chairman of the medical committee, the doctor. They agreed but hadn't sat down together, so it wasn't in writing yet. So far, these actions have not been written for delegation (Informant 18)

The same statement was also conveyed by the PPNI secretary, that the medical committee and the nursing committee need to discuss together regarding clinical authority. If you still maintain the old culture, the hospital will not experience an increase in service quality. Here's his statement:

So far, we only provide informed consent between doctors and patients or nurses and patients. But we never had informed consent between nurses and doctors, which is the real limit of our work. This should be discussed between the committee, both nurses and doctors. But it must be discussed openly, if, for example, we maintain the old culture, that's fine. Just like that later the hospital (Informant 17)

Based on the results of interviews with the Director that the nursing committee is directly responsible to the Director. To optimize the role of the nursing committee, it is necessary to periodically evaluate nurses in hospitals to improve the quality of nursing services. Here's his statement:

The nursing committee reports directly to the Director. There are three functions of the committee, be it a medical or nursing committee. The first is related to credentials, the second is quality improvement and professional ethics. The role of the committee assists the Director to improve the quality of nursing services. The committee should periodically evaluate the quality of nursing services. The results of this study will be used as material for coordinating with friends in nursing to improve the quality of nursing services (Informant 21).

Another informant stated that it is hoped that in the future the nursing committee will understand its duties and functions so that it can facilitate nurses in hospitals, maximize the coordination system with the nursing field, support and acknowledge hospital management and support from all nurses so that the professionalism of nurses and the quality of nursing services can be improved. The following is an excerpt from the informant's statement:

The nursing committee should be able to protect nurses because the nursing committee is a forum that facilitates increasing the professionalism of nurses and the quality of nursing services in hospitals. Nurses at the hospital always provide support for every program from the nursing committee. In addition, if coordination with the nursing field can be maximized, the nursing committee program can be carried out properly to increase the professionalism of nurses (Informants 13, 18, and 20).

Another informant's statement also conveyed that in addition to coordination with the nursing field, support and room facilities from hospital management were also very important, so that the role of the nursing committee could be carried out properly (Informant 19).

Discussion

The discussion based on the results of research that has been carried out can be explained as follows:

Nurse Recruitment

The results of the study showed that at the beginning of the covid pandemic, the process of recruiting Covid nurses was by direct appointment, with several requirements, including having experience caring for infectious and infectious disease patients, nurses who served as hospital PPIs, had emergency training experience, physically and mentally healthy and get permission from the family. Researchers interpret that the process of recruiting Covid nurses does require special requirements. This is because Covid is an infectious disease that transmits very quickly and can lead to death, so it requires nurses who have qualified competence, work experience, and special care skills.

This is supported by the statement that hospitals recruit COVID nurses either by direct or voluntary appointment with varying work experience, skills, and competencies (Gao et al. 2020), has experience treating patients with previous infectious infections, such as SARS, H5N1, Diphtheria (Marwiati et al., 2021), has experience working in infection control teams (Chau et al., 2021). M manager nursing should assign nurses to consider their area of expertise to ensure effective nursing work (Gao et al. 2020).

In addition to competence and skills, nurses must also be physically and mentally healthy. This is by the statement that one of the hospital's policies when recruiting Covid nurses was not to have comorbid diseases, not to be pregnant, and breastfeeding (Wihardja et al., 2021). The management must improve the physical, mental, and spiritual health of nurses so that the caring spirit of nurses is maintained in nurses so that they can provide professional nursing services. (Yustisia et al., 2020).

As the number of patients increases, the hospital management recruits volunteer nurses with various requirements. The researcher interprets that the recruitment of nurse volunteers needs to be done as long as the nurse has qualified competence, because if the nurse's competence is not appropriate, the nurses in the hospital will be stressed, thereby reducing motivation and job satisfaction. This statement is in line with the results of the study that nurses lack knowledge and skills because they need to adapt to the new work environment and job responsibilities and complete changing roles on time. (Jia et al. 2021) . The implementing nurse with a new team but not by the competencies, makes the implementing nurse frustrated so that motivation decreases and job satisfaction decreases. Nurse with no experience in intensive care said that they were concerned about detecting changes in the patient's condition in time and using medical equipment (e.g. ventilators and high-flow oxygen therapy devices) correctly in the intensive care isolation unit (Gao et al., 2020).

The results of the study showed that the process of recruiting COVID nurses did not involve a nursing committee. The researcher interprets that in an emergency the clinical assignment letter is not based on the recommendation of the nursing committee. This is by the statement in Permenkes no. 49 of 2013, that in an emergency the hospital director can give a clinical assignment letter directly not based on the recommendation of the nursing committee.

This is different from the conditions at the Friendship Hospital, where the nursing committee is involved in the covid-19 command team, which was formed to deal with the emergency of the disease outbreak caused by Covid-19 (Widjanantie et al., 2020). With the increasing number of Covid patients who need treatment, the hospital by

involving the nursing committee recruits volunteers to prevent the risk of *burnout* in nurses, even though they still do not meet the competencies by service needs (Jayanti et al., 2021). Nurses need to be involved in policies to receive ethics and risk management education during emergencies and disasters because nurses will continue to need courage and strong moral resilience to work during the covid-19 pandemic in hospitals (Turale et al., 2020).

The management is required to guide new staff who have never previously worked at the hospital, thereby reducing the workload of implementing nurses (Hariyati et al., 2021). Lack of understanding that the credential process to obtain clinical authority as the nurse's authorization to provide clinical services to clients has resulted in the hospital not yet implementing it by the regulation of the Minister of Health No. 49 of 2013, but even though this system is not functioning yet, the positive thing that can be taken is to keep trying and build this system so that it can run by applicable regulations (Sundari, 2017). Currently, the committee in the hospital sometimes only serves as a mouthpiece for the aspirations of its members. Each committee member should understand their duties, not just be an advocacy and aspiration agency (Usman et al., 2020).

The hospital only performs credentials when recruiting new employees, but the old nurse credentials have not been carried out (Sundari, 2017). The same statement was conveyed by Usman and his co-workers (2020) that the recruitment system for honorary employees in hospitals is carried out through administrative tests and credentials are carried out by the nursing committee, but credentials have not been carried out periodically, only carried out during accreditation. The process of credentialing and re-credentialing is implemented in hospitals to improve the competence of nurses by their clinical authority (Kemenkes, 2013).

Efforts that need to be considered by hospital management in terms of building a credential system as a performance motivator for nurses are an appropriate reward and remuneration system, recognition of achievements and career paths according to their level, creating a cooperative work atmosphere for all hospital parties and the existence of nursing committee commitment (Sundari, 2017).

Clinical Authority

The results of the study showed that the clinical authority of COVID nurses was not yet clear. Nurses are still doing other professional work, such as taking blood samples. Researchers interpret that there is no clarity on clinical authority because the credentialing process has not been running optimally. This statement is in line with the results of the study that there are differences in the understanding of the hospital management and the nursing committee, lack of knowledge and nurses' awareness of the credentialing process, lack of management system support due to limited

hospital budgets became an obstacle in the credentialing process (Sundari, 2017).

The management does not understand that assessors to conduct competency tests in the credential system must attend assessor training, the nursing committee has proposed to management to hold *in-house assessor training* so that assessors can develop and the credential system can run, but the problem is that it clashes with the hospital budget (Sundari 2017). The statement in Permenkes no. 49 of 2013, that the nursing committee cooperates and coordinates with the nursing field and provides input to each other about the development of the nursing profession in hospitals. The nursing sector and the nursing committee always support the hospital towards changes for the better and try to implement policies according to applicable standards (Tarigan et al., 2021).

Human resources play an important role in the success of any organization (Kaur, 2016), therefore employees should be treated as a resource that must be developed rather than just used (Nanjundeswaraswamy and Swamy, 2013) to retain existing talent (Kaur, 2016). Empowerment of nurses is a key strategy to increase professional engagement and role development in hospital settings (Nursalam et al., 2018). M manager Nursing should evaluate the professional skills, age, years of service, and competence of nurses to determine scientifically and fairly as Covid nurses and utilize the existing nursing staff efficiently. (Gao et al., 2020).

The statement in Permenkes Number 49 of 2013 that the task of the credentialing subcommittee is to perform credentials for all nurses who will perform nursing services in hospitals. In the nursing profession, there is independent action, namely the main competence of nurses obtained from education and training. This independent action is an inherent authority and is the full responsibility of a nurse.

Empowerment of employees can also improve organizational performance because employees can develop their talents fully so that employees are more enthusiastic, active, and successful. Employees are allowed to see things differently, reflect on what they see, develop new skills (Sedarmayanti, 2011), and are given trust and authority to foster a sense of responsibility (Wibowo, 2016).

Ethical challenges and positive coping styles in treating COVID-19 patients have encouraged nurses' abilities in clinical practice, decision making, independent learning, coordination and cooperation, and psychological resilience. The experience of ethical challenges during the COVID-19 pandemic can assist nurses in developing professional responsibility and dedication, as a basis for the professional development of nurses (Jia et al., 2021).

Delegation of Authority

The results of the study found that nurses who carried out medical actions in the treatment room did not yet have a document for the delegation of authority available. Researchers interpret, that the delegation of authority needs to be provided in written form, this is to provide legal protection for nurses. If the doctor cannot perform the medical action, then the nurse may do it, but there must be a written delegation of authority. This statement is in line with Hasyim's (2014) statement which states that medical action is the action of a doctor, but if the doctor is unable to do so, he may ask the nurse for help to do this action. The condition is that the doctor is obliged to give a clear delegation of authority to the nurse in writing to carry out the medical action (Riasari, 2021).

This study is in line with research that the nurse-doctor relationship includes mutual trust, mutual respect, and nurse autonomy in clinical decision-making. When nurses are satisfied with their relationship with doctors, nurses feel their work is gaining professional recognition (Jiang *et al.*, 2021). Nurses do not feel panic when facing the covid pandemic because of teamwork in interdisciplinary collaboration, mutual respect, and trust in completing tasks (Jónsdóttir *et al.*, 2022).

Hospital ethical climate refers to individual perceptions of the organization that influences attitudes and behavior, as well as being a reference for employee behavior, including nurse relationships with peers, patients, managers, doctors, and hospitals (W. Jiang *et al.*, 2021; Olson, 1998). There is a strong statistically significant relationship between perceptions of total ethical climate, ethical behavior, and professional values (Elewa, 2020). Creating an ethical environment in organizational clinical settings in hospitals can improve the quality of care during the covid-19 pandemic (Jiang *et al.*, 2021).

Nurses who receive delegations or mandates in carrying out medical actions must be more careful and continue to communicate with doctors who delegate these tasks. It is better to accept the delegation of tasks in the form of written documents, to avoid the occurrence of malpractice. In addition, nurses do not accept demands both from criminal, civil and administrative aspects (Riasari, 2021).

In taking actions outside the nursing profession, most of the written documents for the delegation of authority are not yet available, but some are available but only limited to documents that prove taking action as a form of legal protection for nurses. The impact of the delegation of authority is considered to be still inadequate in terms of the distribution of services.

The statement in Permenkes Number. 49 of 2013 that the nurse's authority to take medical action is an act of

delegation and the delegation of authority must be in the form of a written document.

The results also showed that the support and acknowledgment from hospital management were still not optimal. Researchers interpret, that support and recognition are very important for an organization in carrying out its duties. This statement is in line with the statement that organizations need to give greater attention to their human resources to increase their productivity because one measure of the success of individual performance lies in their productivity. (Wibowo, 2016).

In addition, the results of research related to white papers still use the old standards and have not been revised, the nursing committee has not involved peer reviewers from outside the hospital. This is not by Permenkes Number. 49 of 2013 which states that a white paper needs to be compiled as a document that contains requirements related to the competencies needed to perform each type of nursing service by its competency standards. The preparation of this white book should involve external parties such as competent nurses from other hospitals, elements from nursing education institutions, and the nursing professional organization, namely PPNI. This statement is not by the statement that the implementation of the credential begins with compiling clinical authority based on the career level and a *white paper* as a guide in its implementation. (Fatikhah 2019).

The results of the study also found that supervision and guidance on the performance of the nursing committee had never been carried out. This is not by Permenkes Number 49 of 2013 that guidance and supervision are directed at improving the performance of the nursing committee to ensure the quality of nursing services and patient safety in hospitals. Supervision and guidance are carried out by the Provincial Hospital Supervisory Board, Hospital Supervisory Board, Provincial and City Health Office Heads, and hospital associations by involving professional organizations.

Nurses need strong leadership, clear direction, and ongoing support from nursing organizations to continue to protect communities, save lives and prevent suffering in this pandemic and for other emerging diseases. We should protect and maintain the welfare and competence of nurses so that nurses in turn can carry out their roles and responsibilities in caring for the world's population. (Turale *et al.*, 2020).

Conclusion

Based on the results of the study, found 3 main themes, namely the recruitment of covid nurses, clinical authority of nurses and delegation of authority. The recruitment of nurses through the credential process, clarity of clinical

authority and procedures for delegation of authority are efforts to improve the professionalism of nurses.

Suggestion

Based on the results of the study, efforts that can be made to improve the professionalism of nurses are:

1. The hospital needs to consider the involvement of the nursing committee in a disease outbreak emergency, in terms of recruiting nurses based on the credential process so that the clinical authority of nurses can be determined by their education and competence, to improve the professionalism of nurses, the quality of nursing services and protect patient safety.
2. The job description of the nursing committee and the field of nursing must be clarified and both parties can work well together.
3. There is support and acknowledgment from all parties in the hospital management for the existence of the nursing committee so that the nursing committee can carry out its work program with a full sense of responsibility and confidence.
4. Nursing committees, medical committees, and health professions in hospitals need to discuss together the clinical authority of each profession and the actions of the health professions that are delegated to nurses by providing written documents of delegation of authority and the impact on the service fees received by nurses.
5. Provincial Hospital Supervisory Board, Hospital Supervisory Board, Provincial and City Health Head Offices, hospital associations, and nursing professional organizations need to carry out continuous supervision and guidance to evaluate the performance of the nursing committee to ensure the quality of nursing services and protect patient safety.
6. Socialization related to the credentialing and re-credentialing process needs to be carried out to all nurses in the hospital so that nurses understand the importance of the credentialing process to maintain competence to improve their professionalism of nurses.
7. The nursing committee needs to consider the involvement of Bestari partners in the preparation of *white papers*, which come from outside the hospital (nurse partners from other hospitals, educational institutions, and professional organizations), by the statement in Permenkes Number 49 in 2013.

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