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LAMPIRAN

Lampiran 1. Tabel Hasil Perhitungan Asli *JBICritical Appraisal*

No	Penulis & Tahun	Desain Studi	Instrumen JBI yang Digunakan	skor JBI	Hasil
1.	Idhan et al. (2022)	<i>Integrative Review</i>	<i>JBIChecklist for Systematic Reviews and Research Syntheses</i>	81% (9/11)	Lolos
2.	Novita et al. (2024)	<i>Cross sectional</i>	<i>JBIChecklist for Analytical Cross Sectional Studies</i>	87,5% (7/8)	Lolos
3.	Saputri & Nasus (2024)	<i>Mix Method</i>	- <i>JBIChecklist for Analytical Cross Sectional Studies</i> - <i>JBIChecklist for Qualitative Research</i>	75% (6/8) 80% (8/10)	Lolos
4.	Weu et al. (2025)	Deskriptif (Kuantitatif)	<i>JBIChecklist for Analytical Cross Sectional Studies</i>	87,5% (7/8)	Lolos
5.	Azhari et al. (2024)	Kualitatif (Fenomenologi)	<i>JBIChecklist for Qualitative Research</i>	90% (9/10)	Lolos
6.	Chan et al. (2023)	<i>Discussion Paper</i> / Kebijakan	<i>JBIChecklist for Text and Opinion</i>	83% (5/6)	Lolos
7.	McMullen & Howie (2020)	<i>Literature Review</i> / Hukum	<i>JBIChecklist for Text and Opinion</i>	83% (5/6)	Lolos

Lampiran 2. Kuesioner JBI (*Joanna Briggs Institute*)

JBI Checklist for Systematic Reviews and Research Syntheses



JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses

Reviewer _____ Date _____

Author _____ Year _____ Record Number _____

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	☐	☐	☐	☐
2. Were the inclusion criteria appropriate for the review question?	☐	☐	☐	☐
3. Was the search strategy appropriate?	☐	☐	☐	☐
4. Were the sources and resources used to search for studies adequate?	☐	☐	☐	☐
5. Were the criteria for appraising studies appropriate?	☐	☐	☐	☐
6. Was critical appraisal conducted by two or more reviewers independently?	☐	☐	☐	☐
7. Were there methods to minimize errors in data extraction?	☐	☐	☐	☐
8. Were the methods used to combine studies appropriate?	☐	☐	☐	☐
9. Was the likelihood of publication bias assessed?	☐	☐	☐	☐
10. Were recommendations for policy and/or practice supported by the reported data?	☐	☐	☐	☐
11. Were the specific directives for new research appropriate?	☐	☐	☐	☐

Overall appraisal: Include ☐ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

*JBIChecklist for Analytical Cross Sectional Studies***JBICRITICAL APPRAISAL CHECKLIST FOR
ANALYTICAL CROSS SECTIONAL STUDIES**

Reviewer _____ Date _____

Author _____ Year _____ Record Number _____

	Yes	No	Unclear	Not applicable
1. Were the criteria for inclusion in the sample clearly defined?	☐	☐	☐	☐
2. Were the study subjects and the setting described in detail?	☐	☐	☐	☐
3. Was the exposure measured in a valid and reliable way?	☐	☐	☐	☐
4. Were objective, standard criteria used for measurement of the condition?	☐	☐	☐	☐
5. Were confounding factors identified?	☐	☐	☐	☐
6. Were strategies to deal with confounding factors stated?	☐	☐	☐	☐
7. Were the outcomes measured in a valid and reliable way?	☐	☐	☐	☐
8. Was appropriate statistical analysis used?	☐	☐	☐	☐

Overall appraisal: Include ☐ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

JBI Checklist for Qualitative Research



THE JOANNA BRIGGS INSTITUTE

JBI Critical Appraisal Checklist for Qualitative Research

Reviewer _____ Date _____

Author _____ Year _____ Record Number _____

	Yes	No	Unclear	Not applicable
1. Is there congruity between the stated philosophical perspective and the research methodology?	☐	☐	☐	☐
2. Is there congruity between the research methodology and the research question or objectives?	☐	☐	☐	☐
3. Is there congruity between the research methodology and the methods used to collect data?	☐	☐	☐	☐
4. Is there congruity between the research methodology and the representation and analysis of data?	☐	☐	☐	☐
5. Is there congruity between the research methodology and the interpretation of results?	☐	☐	☐	☐
6. Is there a statement locating the researcher culturally or theoretically?	☐	☐	☐	☐
7. Is the influence of the researcher on the research, and vice- versa, addressed?	☐	☐	☐	☐
8. Are participants, and their voices, adequately represented?	☐	☐	☐	☐
9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?	☐	☐	☐	☐
10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?	☐	☐	☐	☐

Overall appraisal: Include ☐ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

JBI Checklist for Text and Opinion

**JBI CRITICAL APPRAISAL CHECKLIST FOR
TEXT AND OPINION PAPERS**

Reviewer _____ Date _____

Author _____ Year _____ Record Number _____

	Yes	No	Unclear	Not applicable
1. Is the source of the opinion clearly identified?	☐	☐	☐	☐
2. Does the source of opinion have standing in the field of expertise?	☐	☐	☐	☐
3. Are the interests of the relevant population the central focus of the opinion?	☐	☐	☐	☐
4. Is the stated position the result of an analytical process, and is there logic in the opinion expressed?	☐	☐	☐	☐
5. Is there reference to the extant literature?	☐	☐	☐	☐
6. Is any incongruence with the literature/sources logically defended?	☐	☐	☐	☐

Overall appraisal: Include ☐ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Lampiran 3. Jurnal yang digunakan



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KREDENSIAL TERHADAP PENINGKATAN MUTU LAYANAN KEPERAWATAN: AN INTEGRATIVE REVIEW

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ABSTRAK

Kredensial merupakan ceminan terhadap penetapan persyaratan dan evaluasi dari individu maupun organisasi atas perkembangan profesionalitas, pelatihan dan kompetensi yang dibutuhkan dalam bentuk sertifikat. Untuk mengetahui kredensial dalam peningkatan mutu layanan keperawatan. Pendekatan integrative review. Data base yang digunakan dalam pencarian literatur berasal dari publikasi ilmiah yang dilakukan penelusuran pada 4 database yaitu *PubMed*, *ScineDirect*, *Proquest* dan *Google Scholar* dengan rentang tahun 2011-2021. Berdasarkan hasil pencarian di *PubMed* berjumlah 1 artikel, *Science Direct* 1 artikel, *Proquest* 1 artikel, dan *Google Scoolar* 2 artikel sehingga jumlah artikel yang memenuhi syarat dalam penulisan integrative review totalnya adalah 5. Perspektif tentang evaluasi kredensial tentang tren masa depan peraturan implikasi yaitu komponen evaluasi yang perlu dipersiapkan meliputi pendidikan keperawatan, akreditasi, bukti registrasi praktik, dan kemahiran berbahasa Inggris. Adapun pemetaan karir perawat tentang studi kasus kualitatif dari rumah sakit menghasilkan 7 tema yang secara bersama-sama menggambarkan keseluruhan proses pemetaan karir. Kemudian terdapat pengaruh pelatihan kredensial perawat terhadap peningkatan pengetahuan, sikap perilaku dan deskripsikan partisipan terindikasi empat tema yaitu: 1) penetapan penatalaksanaan proses kredensial keperawatan secara manual, 2) penetapan menggunakan teknologi informasi berbasis web dalam pelaksanaan kredensial keperawatan, 3) harapan penggunaan teknologi informasi berbasis web dalam pelaksanaan proses kredensial keperawatan, dan 4) penerapan kewenangan klinis belum sesuai dengan SPKK dan SKKK.

Kata kunci: kredensial; perawat; rumah sakit

CREDENTIALS TO IMPROVING THE QUALITY OF NURSING SERVICES: AN INTEGRATIVE REVIEW

ABSTRACT

Credentials are a reflection of the determination of requirements and evaluations from individuals and organizations of professional development, training and competencies needed in the form of certificates. To find out the credentials in improving the quality of nursing services. Integrative review approach. The data base used in the literature search comes from scientific publications that are searched on 4 databases, namely *PubMed*, *ScineDirect*, *Proquest* and *Google Scholar* with a range of 2011-2021. Based on the search on *PubMed* totaling 1 article, *Science Direct* 1 article, *Proquest* 1 article, and *Google Scoolar* 2 articles so that the number of articles that qualify in integrative review writing totals 5. Perspectives on credential evaluation on future regulatory trends are implications that the evaluation components that need to be prepared include nursing education, accreditation, proof of practice registration, and English language proficiency. The nurse's career mapping of qualitative case studies from hospitals resulted in 7 themes that together describe the entire career mapping process. Then there is the influence of nurse credential training on increasing knowledge, behavioral attitudes and participant descriptions indicated four themes, namely: 1) determination of manual management of the nursing credential process, 2) determination of using web-based information technology in the implementation of nursing credentials, 3) expectations of the use of web-based information technology in the implementation of the nursing credential process, and 4) the application of clinical authority is not in accordance with the SPKK and SKKK.



HUBUNGAN ANTARA PERSEPSI PERAWAT DENGAN PENGEMBANGAN JENJANG KARIR DI RUMAH SAKIT ARUN KOTA LHOXSUMAWE

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Nurses' Perception, Career Path, Career Development, Hospital, Job Satisfaction

ABSTRAK

Perawat merupakan tenaga kesehatan yang memegang peranan penting dalam keberhasilan pelayanan kesehatan di rumah sakit. Pengembangan jenjang karir menjadi salah satu upaya strategis untuk meningkatkan profesionalisme dan kepuasan kerja perawat. Penelitian ini bertujuan untuk mengetahui hubungan antara persepsi perawat terhadap sistem pengembangan jenjang karir di Rumah Sakit Arun Kota Lhokseumawe. Penelitian ini menggunakan pendekatan deskriptif korelasi dengan desain cross sectional. Sampel berjumlah 51 perawat yang ditentukan menggunakan rumus Slovin. Data dikumpulkan melalui kuesioner dan dianalisis menggunakan uji chi-square. Hasil penelitian menunjukkan bahwa mayoritas perawat memiliki persepsi

baik terhadap sistem jenjang karir (94,1%) dan menilai pengembangan jenjang karir berada pada tingkat tinggi (88,2%). Uji statistik menunjukkan adanya hubungan yang signifikan antara persepsi perawat dan pengembangan jenjang karir dengan nilai p-value sebesar 0,033 ($p < 0,05$). Temuan ini menunjukkan bahwa persepsi positif terhadap sistem jenjang karir berkorelasi erat dengan implementasi pengembangan karir yang efektif. Oleh karena itu, penting bagi manajemen rumah sakit untuk meningkatkan komunikasi, transparansi, dan pemerataan akses terhadap program pengembangan karir bagi seluruh perawat.

ABSTRACT

Nurses play a crucial role in ensuring the success of healthcare services in hospitals. Career ladder development is a strategic effort to enhance professionalism and job satisfaction among nurses. This study aims to determine the relationship between nurses' perceptions and the development of career ladders at Arun Hospital in Lhokseumawe City. This research employed a descriptive correlational design with a cross-sectional approach. A total of 51 nurses were selected as respondents using the Slovin formula. Data were collected through questionnaires and analyzed using the chi-square test. The results showed that the majority of nurses had a positive perception of the career ladder system (94.1%) and assessed the development of career ladders as high (88.2%). Statistical analysis revealed a significant relationship between nurses' perceptions and career ladder development with a p-value of 0.033 ($p < 0.05$). These findings indicate that a positive perception of the career ladder system is closely correlated with the effective implementation of career development. Therefore, hospital management should improve communication, transparency, and equal access to career development programs for all nurses.

PERSEPSI PERAWAT TENTANG JENJANG KARIR: STUDI MIX METHOD
NURSES' PERCEPTIONS ABOUT CAREER LADDER: A MIX METHOD STUDY

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ABSTRAK

Latar belakang: Program jenjang karir perawat mendorong dan memelihara pengembangan serta praktik profesional perawat. Pelaksanaan jenjang karir telah dilaksanakan pula oleh salah satu rumah sakit negeri yang berada di Provinsi Sulawesi Tenggara. Mayoritas perawat di rumah sakit tersebut telah memiliki karir sebagai perawat klinik (PK) dengan level karir berbeda-beda serta berstatus sebagai Aparatur Sipil Negara (ASN). Pengembangan karir perawat hanya berdasarkan kenaikan golongan/pangkat sesuai dengan status perawat sebagai ASN serta peningkatan kompetensi hanya sesuai dengan kebutuhan dan perawat melanjutkan pendidikan formal untuk meningkatkan golongan/pangkat.

Tujuan: Untuk menganalisis persepsi perawat tentang jenjang karir dengan pendekatan studi *mix method*

Metode: Penelitian *mix method* dengan pendekatan model *sequential explanatory* yang mengkombinasikan penelitian kuantitatif dengan analisis deskriptif dan kualitatif dengan wawancara mendalam (*indepth interview*). Jumlah sampel sebanyak 90 orang dengan menggunakan teknik *purposive sampling* dengan kriteria inklusi bersedia menjadi responden dan tidak dalam keadaan cuti dan 7 orang responden untuk wawancara mendalam. Analisis data dengan uji univariate dan transkrip wawancara dengan menentukan tema.

Hasil: Perawat mempersepsikan jenjang karir baik sebesar 44,4 % dan kurang baik sebesar 55,6%. Jenjang karir telah dilaksanakan melalui uji kredensial setiap tahun. Sistem promosi masih berdasarkan kepangkatan pegawai. Perawat telah memperoleh surat penugasan klinis namun belum melaksanakan sesuai level klinisnya. Penghargaan dalam bentuk insentif dirasakan baik oleh perawat dan berbeda diterima tergantung tingkat pendidikan.

Implikasi: Jenjang karir perawat dapat meningkatkan kompetensi perawat melalui kenaikan level karir.

Kata Kunci: Persepsi; Jenjang karir; Perawat

ABSTRACT

Background: A nurse career ladder program encourages and nurtures the development and professional practice of nurses. The implementation of career ladder has also been implemented by one of the state hospitals in Southeast Sulawesi Province. The majority of nurses in the hospital have had careers as clinical nurses (CN) with different career levels and status as State Civil Apparatus or ASN. Career development of nurses is only based on class/rank increases by the status of nurses as ASN and competency improvement only according to needs and nurses continue formal education to increase class/rank.

Objective: To analyze nurses' perceptions of the career ladder with a mixed-method study approach.

Methods: Mixed method research with a sequential explanatory model approach that combines quantitative research with descriptive analysis and qualitative with in-depth interviews. The sample size was 90 people using a purposive sampling technique with inclusion criteria willing to be respondents and not on leave and 7 respondents for in-depth interviews. Data analysis with univariate tests and interview transcripts by determining themes.

Results: Nurses perceived a good career ladder by 44.4% and unfavorable by 55.6%. Career ladders have been implemented through credentialing tests every year. The promotion system is still based on employee rank. Nurses have obtained clinical assignment letters but have not carried them according to their clinical level. Rewards in the form of incentives are perceived well by nurses and are received differently depending on the level of education.

Implication: Nurses' career ladder can improve nurses' competence through career level increases.

Keywords: Perception, career ladder, nurses.



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Persepsi Jenjang Karir Keperawatan Klinik di Rumah Sakit

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ABSTRAK

Salah satu upaya untuk meningkatkan kinerja dan profesionalisme perawat sesuai dengan bidang tugasnya melalui peningkatan kompetensi individu perawat adalah dengan ditetapkannya sistem jenjang karir profesional perawat. Penelitian ini bertujuan untuk mengetahui Gambaran persepsi jenjang karir keperawatan klinik. Penelitian ini menggunakan desain penelitian *descriptive*. Pengambilan sampel sebanyak 64 orang perawat dengan menggunakan *simple random sampling* dengan instrumen kuesioner persepsi tentang jenjang karir perawat. Teknik analisa data yang di gunakan adalah analisa *univariate* dengan hasil gambaran atau deskripsi dari distribusi frekuensi dan presentase setiap variabel yang di teliti. Hasil Penelitian ini menunjukkan bahwa gambaran persepsi perawat terhadap jenjang karir pada beberapa indikator yaitu promosi di peroleh lebih dari separuh perawat memiliki persepsi baik sebanyak 49 orang (76,6%), kemudian penghargaan diperoleh lebih dari separuh perawat memiliki persepsi baik sebanyak 47 orang (73,4%), kemudian pengakuan diperoleh lebih dari separuh perawat memiliki persepsi baik sebanyak 45 orang (70,3%), kemudian diperoleh pengembangan karir 39 orang (60,9%), dan indikator dengan persepsi baik frekuensi dan persentase terendah adalah tantangan karir diperoleh lebih dari separuh perawat memiliki persepsi baik sebanyak 36 Orang (56,3%). Persepsi jenjang karir perawat di Rumah Sakit Pendidikan Utama Ibnu Sina UMI diperoleh hasil perawat lebih banyak memilih pernyataan yang bersifat positif, sehingga dapat disimpulkan persepsi jenjang karir perawat terbanyak berada pada kategori baik. Saran diharapkan hasil penelitian ini bisa digunakan sebagai bahan referensi yang mau melakukan penelitian selanjutnya.

Kata kunci : persepsi; jenjang karir; perawat

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TANTANGAN PERAWAT DALAM PELAKSANAAN KREDENSIAL UNTUK PENINGKATAN JENJANG KARIR DI RS ISLAM BANJARMASIN

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Abstract

Introduction: Professional nurses according to the book National Accreditation National Standard edition 1.1 are as one of the one Professional Care Provider (PPA). As a PPA who provides care for 24 hours in hospital, it demands that nurses as care professionals must have competence. According to SNARS edition 1.1 hospitals are required to have nursing credential regulations includes evaluation and verification of education, registration, permits, authority, training and experience, Hospitals must also plan for nursing human resources by having qualification standards and Staff Authority (KKS). **Purpose:** This study aims to explore in depth the challenges of implementation credentials according to the National Hospital Accreditation Standards. **Method:** The research design used in this research is a qualitative research design with a phenomenological approach. Data were obtained through in-depth interviews with 6 participants and document studies in Islamic Hospital of Banjarmasin. **Results:** As a result, there are themes of The Challenges of Credentials Implementation with sub-themes of The ideal number between assessors and nurses whose competencies assessed, overlapping task an function of credential team, the incentive salary for Assessors, and The Payment for Nursing Service in accordance with clinical authority. **Conclusion:** Credentials can improve quality, protect patient safety, maintain standards of nursing care services and provide protection to nurses if the implementation of credentials is carried out with the correct process such as adequacy of the number of assessors, salary incentives for assessors, clarity of roles and functions of the credential team and also provision of appropriate salaries/bonus with the burden of action that is the responsibility of the nurse

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An overview and policy implications of national nurse identifier systems: A call for unity and integration

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ABSTRACT

There is a clear and growing need to be able record and track the contributions of individual registered nurses (RNs) to patient care and patient care outcomes in the US and also understand the state of the nursing workforce. The National Academies of Sciences, Engineering, and Medicine report, *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity* (2021), identified the need to track nurses' collective and individual contributions to patient care outcomes. This capability depends upon the adoption of a unique nurse identifier and its implementation within electronic health records. Additionally, there is a need to understand the nature and characteristics of the overall nursing workforce including supply and demand, turnover, attrition, credentialing, and geographic areas of practice. This need for data to support workforce studies and planning is dependent upon comprehensive databases describing the nursing workforce, with unique nurse identification to support linkage across data sources. There are two existing national nurse identifiers— the National Provider Identifier and the National Council of State Boards of Nursing Identifier. This article provides an overview of these two national nurse identifiers; reviews three databases that are not nurse specific to understand lessons learned in the development of those databases; and discusses the ethical, legal, social, diversity, equity, and inclusion implications of a unique nurse identifier.

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Continuing Education

Credentialing and Privileging: A Primer for Nurse Practitioners

Patricia C. McMullen, PhD, JD, WHNP-BC, William O. Howie, DNP, CRNA



A B S T R A C T

Keywords:
credentialing
fitness for practice
privileging
professional practice

To understand credentialing and privileging, it is helpful to first look at the genesis of such requirements and examine how laws, regulations, agency policies, and common law affect whether or not a nurse practitioner is able to practice in a specific setting and under what conditions. This article provides a brief overview of federal, state, and local laws that impact nurse practitioner credentialing and privileging as well as a glossary of important terms. The process of obtaining credentials and privileges is then addressed. Finally, case examples centering on credentialing and privileging are considered.

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This activity is designed to familiarize nurse practitioners (NPs) with laws, regulations, agency policies, and common law holdings that affect whether or not an NP is able to practice in a specific setting and under what conditions. Achievement is measured by a score of 70% of on the CE evaluation quiz.

At the conclusion of this activity, the participant will be able to:

- Describe how laws, regulations, agency policies, and common law affect whether or not an NP is able to practice in a specific setting and under what conditions
- Explain areas of credentialing and privileging where an employer or NP could be held legally liable
- Identify materials that an NP is typically required to produce when seeking privileges and credentials

The authors, reviewers, editors, and nurse planners all report no financial relationships that would pose a conflict of interest.

The authors do not present any off-label or non-FDA-approved recommendations for treatment.

This activity has been awarded 1 Contact Hour of which 0 credits are in the area of Pharmacology. The activity is valid for CE credit until Mar 1, 2022.

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Introduction

To understand credentialing and privileging, it is helpful to first look at the genesis of such requirements and examine how laws, regulations, agency policies, and common law affect whether or not a nurse practitioner (NP) is able to practice in a specific setting and under what conditions (Fig. 1). This article provides a brief

overview of federal, state, and local laws that impact NP credentialing and privileging as well as a glossary of important terms (Box 1). The process of obtaining credentials and privileges is then addressed. Finally, case examples centering on credentialing and privileging are considered.

Credentialing is a formalized process that incorporates established guidelines to confirm that a health care provider possesses sufficient qualifications, licensure, training, and abilities to practice at a nationally approved standard of care. Privileging is a process that authorizes a provider to perform a specific set of care services that the agency determines the provider is qualified to perform.¹

An Overview of Federal, State, and Local Laws, Regulatory Agencies, and Practice Setting Requirements

The United States Constitution and State Constitutions

The United States Constitution does not contain any specific provisions guaranteeing citizens the right to health care. However, although US Constitution and US Supreme Court interpretations do not identify a constitutional right to health care at the government's expense, Congress has enacted numerous statutes that establish and define statutory rights of individuals to receive medical services from the government. In addition, other statutes, such as Title VI of the Civil Rights Act of 1964, which prohibits discrimination under federally funded programs, affect the delivery of services under federal grants.² Congress' authority to enact health care legislation derives from the enumerated powers set forth in Article I, Section 8 of the Constitution. Congressional ability to tax and spend for the general welfare and its power to regulate interstate commerce have been the genesis of much constitutional authority in terms of health care legislation.³

More specifically, the most frequently used grant of power in the US Constitution for the enactment of health care legislation is found in

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2.	04/05/2026	Pengajuan judul dan Abstrak	Mendapatkan masukan terkait judul dan isi dari latar belakang.	
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2. Lembar Konsultasi dengan CI

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