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Application of Nurses' Clinical Authority at Hospital X Jakarta: A Study of the Implementation of Clinical Assignment Letters

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Clinical nurses ought to exercise their clinical authority in accordance with the provisions outlined in the Clinical Assignment Letter and Details of Clinical Authority, as well as complete the credentialing process. However, this implementation has not been fully utilized or communicated to staff at Hospital. The aim of this research is to identify the mechanism for implementing clinical authority for PK I-III nurses upon receiving SPK in the inpatient room at Hospital X Jakarta. The research design utilizes the qualitative approach of hermeneutic phenomenology, and data collection is carried out through in-depth interviews. A total of 17 participants are involved, including 14 clinical nurses (PK I: 6, PK II: 6, PK III: 2), as well as 3 managerial nurses (2 heads of inpatient units and 1 inpatient coordinator). The thematic data analysis follows the Colaizzi method, and 3 themes emerge from the research findings: the application of clinical authority for PK I-III nurses, the availability of management elements in the application of clinical authority for PK I-III, and the lack of optimal management functions in the application of PK. The application of clinical authority in this research encompasses independent and collaborative actions, and it is essential to strengthen regulations, resocialize, and implement an electronic system to facilitate processes. To ensure that nurses work according to their qualification level, hospitals should reinforce regulations and supervision, provide support and commitment, and resocialize SPO, SPK, and RKK.

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Public Interest Statement

The clinical authority that nurses obtain after credentialing has not been used according to its level in daily implementation; therefore, nurses exercise authority that is not in accordance with their competence. This research was carried out because the implementation of clinical authority and evaluation in inpatient care at Hospital X Jakarta was not yet optimal. It is hoped that the results of this research will add new insights, information, and instruments to improve the quality of nursing services related to the application of nurses' clinical authority (PK I-III).

Introduction

The Nursing Committee is a non-structural hospital institution that has the main task and function of helping the head/director maintain and improve the professionalism of nursing staff with the credential process, maintaining professional quality, and maintaining ethics and professional discipline. Therefore, nursing care services to patients are provided scientifically according to good and correct standards, referring to the professional code of ethics provided by competent nursing personnel with clear authority, as well as providing input for the development of service standards and standards of nursing and midwifery care.

The existence of a nursing committee is one of the requirements of accreditation assessment. In SNARS edition 1.1 of 2019 on the aims and objectives of KKS 13 it is stated that the hospital ensures that every competent nurse has been credentialed by the nursing committee of the credentialing subcommittee to provide nursing care, both independent, collaborative, delegated, and mandated to patients safely and effectively (Hariyati et al., 2018). Sugito et

al., (2023) in his research entitled phenomenological study of experience the nursing committee in implementing nursing credentials at the Tugurejo Regional Hospital Semarang found that the career level had not been used as a standard for determining services. The results of credentialing activities have not been felt by nurses, so they have not been motivated to apply for the next credential process.

The results of the study by Pertiwi et al. (2018) showed that 72% of PK I nurses exercised authority over the interventions carried out by PK I to PK IV. However, some actions are still carried out outside of their clinical assignments: 7% are the clinical authority of PK II, namely the provision of analgesics and antipyretics; 20% are clinical assignments for PK III, such as giving mask oxygen and NGT installation; and 1% is the clinical authority of PK IV. Similarly, PK II still performed several nursing interventions for PK III by as much as 13%. Moreover, PK III Nurses also performed PK IV intervention actions as much as 4%. However, there are currently no PK IV nurses available in this room. From the results obtained, it can be seen that the number of nursing interventions carried out by PK III was less than that of PK I, because PK III carried out more indirect care activities than PK I.

The results of Saputro and Ardani's research (2018) on ER clinical nurses at a hospital in Central Java, as many as 100% of clinical authority carried out by nurses, were not in accordance with the RKK given by the hospital leadership. The practice of independent nursing care and collaboration carried out by nurses are not in accordance with their clinical authority.

Nurses' competence is the foundation of their professionalism. The competence of clinical nurses according to career path according to PMK RI No. 40 of 2017 and the Nursing Professional Standards in the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/425/ 2020 includes competency standards and codes of ethics set by professional organizations, both of which are intended to provide guarantees to the public in obtaining services in the form of care. Competent nursing, so that a nurse must develop intellectual competence and technical nursing skills to help the sick and healthy overcome the health needs expressed by nursing experts Patricia Banner and Faye Glenn Abdellah.

Patricia Banner (1984) developed a model for the five stages of competence and development of the nursing profession which is the most useful framework for assessing the needs of nurses at different stages of clinical professional growth. This theory emphasizes the importance of competency development and continuing education for nurses. Banner's philosophy distinguishes the stages of development of nurse competence, from novices to experts, including practical knowledge and theory. To build knowledge in nursing disciplines through practice disciplines by expanding knowledge in nursing practice developed through clinical experience and theory-based scientific inquiry.

This theory is also supported by Faye Glenn Abdellah's nursing theory, which states that the basis of nursing is the art and science that shapes the attitudes, intellectual competence, and technical skills of nurses to help the sick and healthy, and can overcome health needs disorders (Abdellah, 1970). Abdellah identified a framework for nursing problems based on the idea that nursing is oriented towards meeting the overall health of an individual who is not only good, caring, but also intelligent, competent, and technically ready to provide services (Abdellah, 1970).

Hospital X Jakarta is a type B hospital with complete KARS accreditation in 2018. Capacity 114 beds, BOR in 2021 by 52.5% (60-85%), ALOS 6 days (6-9 days), and TOI 17 days (1-3 days). days), and BTO 22 times (40-50 times), the level of dependence of patients in the inpatient unit was as follows: self-care, 21%; intermediate care, 56%; and total care, 23%.

The number of nursing staff is 118 people with a D III education of 82% (97 people), 18% of S1 Nurses (22 people), and one person is currently pursuing a master's degree in nursing education. Qualification data based on career path consisted of PK I 37% (39 people), PK II 42% (44 people), PK III 5% (4 people), and PK II 14% (15 people), who were placed in several units. Managerial Nurses (PM) consisted of PM I by 14% (2 people), PM II 42% (6 people), PM III 21% (3 people), and PM IV 21% (3 people). Managerial nurses are nurses who provide nursing services from the head of the room to the nursing manager.

The nurse turnover for the period from January to October 2021, which has been credentialed, is 38 people (32%) with details of PK I: 13 people, PK II: 2 people, PM I: 1 person, PM IV: 1 person, and orientation: 21 people. Currently, PM credentials are carried out by internal review partners. Some of the reasons given by the nurses during the exit interview were family reasons (going home, joining husband), working to want to be close to home, being accepted by civil servants, moving to another hospital because of a better salary, and wanting to continue studying.

The Nursing Committee of X Hospital Jakarta was formed with a CEO Decree in 2014 with regulations such as Nursing Committee Guidelines, Nursing Staff by Laws, Credential Guidelines, SPO Credentials and Recredentials,

White Papers, Logbooks, and Training records. The credential implementation tools refer to the Guidelines for Professional Career Development for Nurses, Directorate of Nursing Services, Directorate General of Medical Services, Ministry of Health, Republic of Indonesia in 2006, Guidelines for the Implementation of Nursing Career Paths in Hospitals, Professional Standards and Indonesian Nurses' Code of Ethics, PPNI 2010, and Indonesian Nurse Competency Standards, PPNI 2011.

The results of the researcher's observations for six years serving on the nursing committee in implementing the clinical authority of nurses in inpatient rooms showed that nurses work not according to clinical qualifications and authority based on their career paths, and there is no optimal supervision in monitoring the use of RKK. The application of clinical authority has not been based on an integrated system; what is done is monitoring the logbook collected at a certain time from the head of the room or the inpatient coordinator of the nursing service section.

The results of interviews with several nurses and the medical team are still being found there are complaints of nurses who are less competent at work when asked about the patient's condition, patient development or patient activity plans, some nurses say they don't know. Oriented nurses did not understand the patients. If you want to take action, sometimes you do not ask first, you feel you understand, but the results are not according to standards or SOPs. Nurses work routinely, and some only perform certain jobs. When asked what basis they worked on, they were unable to answer.

The results of the researchers' observations showed that nurses did not understand how to work, and some were indifferent to patients. Nurses perform more collaborative actions, such as administering drugs, installing infusions to patients, and performing independent nursing actions. Nurses lack interaction with patients, such as meeting patients and asking about their condition outside the actions taken.

The 2021 patient satisfaction survey report measuring the friendliness and skills of nurses obtained good results of 90% and 10% less good, but there were some patients who responded to dissatisfaction with nurse services, among others; the presence of repeated information with the same thing, nurses are less familiar with the concept of disease and patient needs and the quality of nurses is decreasing.

Patient Safety Incident Data in 2021 included 14 incidents including KTD 9 incidents, KTC 3 incidents, and KNC 2 incidents with incidents in SKP 1 (accuracy of patient identification) 5 incidents, SKP 2 (improved effective communication) 3 incidents, SKP 3 (increased security drugs that need to be watched out for), and SKP 6 (reduction of the patient's risk of falling) 3 incidents occurred. These incidents are also caused by the competence of a nurse who is not yet appropriate at the level of qualification

The composition of nurse qualifications based on career path consisted of PK I (37%, 39 people), PK II (42%, 44 people), PK III (5%, 4 people), and Orientia (14%, 15 people). The team leader and nurses were given a workload that was not in accordance with their level, as well as the team assignment method carried out outside of the room head's working hours, returning to the functional method so that the implementation of clinical authority could not be fully implemented by nurses.

The limits of the actions that nurses must take are not clearly known by nurses in implementing nursing, in accordance with the existing RKK. The nurse said that the socialization of clinical authority was lacking. Monitoring in the room has not been carried out optimally, the head of the room feels that his work is too much and is often also the executor, and there is no monitoring mechanism for the evaluation of clinical authority in nurses according to their level. Logbook monitoring was carried out once a week by the inpatient coordinator of the nursing service section and the head of the ward.

Materials and Methods

This study uses a qualitative research design with a hermeneutic phenomenological approach because researchers want to understand and interpret not just a description of human experience but also find understanding by entering into the world of participants. The purpose of phenomenological research is to seek or find meaning in things that are essential or fundamental to life experiences.

The researcher acts as a human instrument or main instrument assisted by a research assistant. The data collection method used was in-depth interviews one-by-one with offline participants from April 13 to June 6, 2022, previously contracting time and place.

The number of participants in qualitative research depends on the scope of the research problem being studied (Agustinus, 2019; Hasan Wahid et al., 2023). The technique of taking participants using purposive sampling. The selected sample served to obtain maximum information according to the scope of the phenomenon to be studied (Agustinus, 2019; Hasan Wahid et al., 2023).

The participants of this study were inpatient nurses and nursing services in RS X Jakarta. The number of participants was 17, with details of 14 clinical nurses including PK I: six people, PK II: six people, PK III: two people, and three managerial nurses including two room heads and one inpatient coordinator, taking into account the inclusion criteria and data saturation. If the participant agreed, they were asked to sign an informed consent form.

Data collection tools used xiaomi cellphones, field notes, stationery to record important things, key words, and important events so that researchers could obtain maximum data in accordance with data collection rules. The data source used was primary data, namely, data from the participants themselves obtained from interviews (Agustinus 2019; Hasan Wahid et al. 2023).

The data collection procedure begins with the preparation, implementation, and termination stages. The data analysis of this research used the Collaizzi method, with the stages carried out including verbatim transcription, keyword analysis, categorical analysis, and thematic analysis. The purpose of this study was to explore the governance/mechanism of the application of clinical authority by PK I-III nurses after receiving SPK in the inpatient room of Hospital X Jakarta.

Results and Discussion

Criteria for the Application of Clinical Authority in Phases PK I-III

Criteria for the application of clinical authority in PK I-III, namely 14 of 17 participants, stated that clinical authority is details, references, limitations, achievements, guidelines, guidelines, instructions, may and may not and protect in work.

Table 1. Theme coding of criteria for achieving clinical authority in PK I-III.

No	Results of Depth Interviews	Keywords	Category	Theme
1	P1-PK I (SPR) Usually, when you bathe, give oral hygiene, feed, change linen, you actually feel like you're independent. Q: So, what kind of PK I is mastery of the patient's needs? P1: Yes, the most basic	Basic needs, accepting new patients, nursing process, PK I self-care, partial care, PK II: total care, partial care, accompanying, teaching. PK III helps with mobilization, guiding, total care, partial care.	Authority clinically competent independently.	Criteria for achieving clinical authority in PK I-III.
2	P2-PK I (EPK) Being competent, like measuring TTV, is very competent in my opinion. Continuing to help with basic human needs, the patient was urinating and defecating, accompanying the doctor on a visit, what is it like, that's identifying the patient. Is giving oxygen a basic human need or not? Q: Basic human needs. Are basic needs included in PK I level or not?			

As shown in Table 1, with six outcome criteria, namely competent independent clinical authority and collaboration with competent clinical authorities, it can be stated that independent clinical authority is not yet competent, and collaborative clinical authority is not yet competent. Furthermore, the independent clinical authority with supervision and collaborative clinical authority with supervision details are as follows:

1. Competent independent clinical authority is supported by several key words, namely: PK I: basic needs, acceptance of new patients, self-care, partial care; PK II: total care, partial care, accompanying, teaching; PK III: assisting mobilization, mentoring, total care, and partial care.
2. The clinical authority of competent collaboration is supported by several keywords, namely PK I: infusion, catheter insertion, NGT, GV, drug administration, and ECG.

3. An independent clinical authority that is not yet competent is supported by several key words, namely PK II: treatment of critical conditions, accompanying doctor visits, ICU/HCU transfers, and machines in ICU/HD. PK III: accompanying CVP installation, making the RCA.
4. The clinical authority of the collaboration is not yet competent, supported by several key words expressed by the participants, namely PK I: attaching the NGT and infusion pump. PK II: assistance with intubation, no CPR, ECG recording and analysis, and ER.
5. The independent clinical authority with supervision is supported by several keywords, namely PK I: wound care, allergy identification, GV, preoperative preparation, and GCS level assessment. PK II: General nursing care, suction, and CPR.
6. Clinical authority in collaboration with supervision is supported by several keywords, namely PK I: ECG, echo preparation, catheter insertion, infusion, NGT insertion, NGT removal, catheter release, and infusion release. PK II: risky drug administration

From the results of Table 1, in terms of conducting independent and collaborative interventions, there is a need for assistance from the above PKs. There is no clinical authority under the supervision of PK III.

This is in line with the research of Keliobas et al. (2021), which states that nurses in providing nursing care should have clinical competence and authority according to their level, and in carrying out nursing practice have job descriptions in accordance with their clinical authority.

Pertiwi et al. (2018) stated that the implementation of clinical authority has not been fully implemented because the nurse-patient ratio is not yet ideal. As many as 28% of the nursing actions carried out by PK I are above the clinical authority. This study concluded that the practice of nursing care that is carried out both independently and collaboratively is not in accordance with its clinical authority. This is also in line with Marwiati's (2018) finding that efforts have been made to minimize the impact of the implementation of nurse competencies by arranging the composition in each shift and ensuring that they work in accordance with the existing SOPs.

The suitability of the work area with the competence and clinical authority of nurses can have a positive impact on the provision of nursing care; otherwise, it can result in complaints from patients and unexpected events.

Clinical authority exercised by PK I-III at RS X Jakarta in accordance with the RKK and the white book, there were no nurses who performed competencies outside their authority.

Nurses need to improve their competence, one of which is by following the credential mechanism every three years. Nurses can apply this clinical authority because of their inner motivation and support from the management.

Human, Material, and Methodological Aspects

The availability of management elements in the application of clinical authority of PK I-III is supported by three categories: man elements, material elements, and method elements.

1. Man element

This category was supported by several keywords: peer team, number of patients, division of tasks, patient's family, helping, confident, responsible, head of the room and nursing division monitoring with assessment 1x/week, cooperative patient, willingness, communication, compact, often read the RKK, cannot just work, supervise the head of the unit, write actions, team credentials, evaluate the application of clinical authority with notes, and cooperation.

2. Material element

The category of material elements was supported by several keywords: according to SPO/not, supportive room/environment, facilities/facilities, locked SPK RKK file, logbook stored in one place in the room, easy viewing access, and noisy voices.

3. Method element

The category of method elements is supported by several keywords: team method, division of tasks based on patient classification and PK level, PK I-II carrying out appropriate work, logbook documentation, PK suitability, SPK RKK is explained when given, and team ka. For PK II, ADL is filled with independent actions or mentoring, and there are achievement targets, credentials, re-socialization of competencies, applications, and supervision by seniors.

Table 2. Theme coding for PK I clinical competency.

No	Results of Depth Interviews	Keywords	Category	Theme
1	P1: In supervision, what is it called ma'am? I'm confused, it seems like every action I take must be supervised. Q: Does that mean no one is competent yet? P1: Ohh, someone is competent. I'm also not yet fluent in suction, ma'am. Because now it's rare, I really still really need to learn it, so if there is one, I really want to learn ma'am. Q: How about suction for patients who are dependent? P1: Like partial total and above ma'am. Q: At what level does PK have competence? P1: I think it's there in PK I, I just saw it in LB, it's the same, ma'am. But I haven't found it yet, I found it when I first came in, I've studied it once but it's still rare now. Q: Orientation time? P1: No, that was training before Covid ma'am. I really want to learn suction, ma'am.	Supervision, Nursing care.	Independent clinical authority: with supervision.	PK I clinical competency.

Table 2 illustrates that the management elements of RS X Jakarta support the application of the nurses' clinical authority. According to Ulfa (2018), good management is carried out through the use of human resources and other resources, including Man (humans) who have a very important role in activities because humans carry out all activities. Materials (materials) as materials or data and information needed to achieve goals and are used as implementers of management functions and in making decisions by leadership.

Methods are defined as the means or management tools. When carrying out the management process, certain steps are required, which are called methods. Methods are how a process is carried out and the specific requirements for doing so, such as policies, procedures, rules, regulations, and laws (Vasylenko et al., 2022).

A good and appropriate method must be a very important management element so that at every step, it runs effectively and efficiently (Dayan et al., 2017).

Nursing heads/managers are important for implementing nursing management roles and functions. Nurses' competence plays an important role in improving the quality of nursing care developed through clinical governance. Nurse manager competency, alongside practice environment, significantly predicts the quality of nursing care and the amount of missed nursing care. Experience and advanced education are key drivers of nurse manager competency, which fosters better practice environments and nursing care (Warshawsky et al., 2022).

The manager/head of the room ensures that nurses apply clinical authority in accordance with their competence at the level of their career path (Hancock & Meadows, 2020). Credentials are used every three years or at any time when needed. The team nursing care method was led by a team leader at PK II and III levels. In the credential process, related tools are needed, such as logbooks, whitepapers, and support forms. The control of existing materials or materials is required in the management process. Individuals must be able to utilize the existing materials for the best possible use.

The qualification and understanding of nurses involved in the process of applying clinical authority is an important part that cannot be avoided. The people applying clinical authority in this study were the team/colleagues, patients/patient families, the head of the room, and the nursing division.

Nurses' knowledge contributes to things that support the application of clinical authority. Nurses must have self-development as independent practitioners, possess independent skills, the ability to accept responsibility discriminatory and consider practice through established and fundamental knowledge, possess the interpersonal skills necessary for the nurse/patient relationship, and an understanding of nursing practice. Nurses play an extraordinary role in the management of nursing services.

In the application of clinical authority, the material includes the necessary needs such as a supportive room/environment, facilities/facilities, number of actions taken, demands for competence, easy access to obtaining the RKK SPK and the Logbook stored in one place in the room. Stationery and administrative needs, as well as

forms, are also needed to exercise this clinical authority. The results of observations on the materials needed for the implementation of clinical nursing authority in RS X Jakarta are available.

Challenges in Optimizing Management Functions for Clinical Authority

Management functions are not optimal for the application of PK I–III clinical authority. Participants stated that the management arrangements and management in the room were not appropriate and were supported by four categories: planning, organizing, actuating, and controlling.

1. Planning function

The planning function category is supported by keywords, that is, the number of personnel is low.

2. Organizing function

The organization function category was supported by several keywords: orientation, PK III 1 person, PK II has become a team leader, PK I has become a team leader, training, lack of time, classification of many patients in intermediate and total care, division of tasks, situational, other actions, monotonous work, and delegation.

3. Directing function

The directive function category was supported by several keywords, namely, guiding nurses, mentoring, and coaching.

4. Control function

The control function category is supported by several keywords, namely, meaning of SPK RKK, achievement of RKK, according to PK, supervision of RKK must be in accordance with PK, not always reading SPO, from within oneself, supervision of the head of the unit if there is free time, there is no good evaluation system, the filling system and competency monitoring are still manual, evaluation, fear of patient complaints, loss of coaching, no reward, no punishment, no preceptor, and mentorship.

Table 3. Theme coding of the management function.

No	Results of Depth Interviews	Keywords	Category	Theme
1	P1: Actually, it's like us, I'm PK I, right? There are details there about what I can do and what I can't, meaning for example PK I can infuse or whatever, we do it according to the PK, which is the assignment letter. That. So, what do we need to do, for example, there is something done by PK II, we as PK I just study, that means we have to monitor it with our older siblings, we can do it but it has to be monitored, which is more than PK I, like PK II, for example, what do we have to do? No, for example, oh, this is PK II's assignment, for example I want to study, you mean I want to do it, you definitely have to follow PK II, we can't do it alone. Yes, there are limits. PK I usually do this. Actually, if we want to do something else, this isn't for us yet, we still need guidance, we need more guidance from our seniors. If you want to know more, you want to learn, that's fine. But you still have to ask for assistance. PK I was done first.	Mentoring, coaching, supervision, delegation.	Actuating, Controlling	The management function is not yet optimal in the application of clinical authority PK I-III.

From the third theme, as shown in Table 3, it can be concluded that the planning function of the number of personnel is lacking in both composition and qualifications, where there are only two PK III people and more PK II and PK I people.

In the organizing function, PK II has become a team leader and sometimes PK I even become a team leader with the classification of the level of patient dependence on intermediate and total care, the busyness of the unit head with tasks in the field and renovations in one inpatient room so that there is interference with loud voices, noisy, lack of time in carrying out pure nursing actions a lot of non-nursing actions. This indicates that the head of the room

does not play an optimal role. The head of space in organizing activities can group and divide activities that must be carried out and adjusted to their competencies and responsibilities, find a working relationship between health workers to maintain communication, and create conducive assignments (Holm & Severinsson, 2010; Leonard, 2004; Van Diggele et al., 2020).

In the directing function, it was found that there were other/additional work outside of nursing which was carried out simultaneously in the condition of the unit being many patients, who served few so that 1 many nurses do the same actions, it looks like the work is monotonous and the team's nursing method changes to functional and in the control function, various meanings and achievements of the SPK RKK were found by PK I to PK III, nurses were less willing to read SPO, supervision of the head of the unit was not optimal in the application of clinical authority, there was no filling and monitoring system for competence and good evaluation, a list of clinical authorities for PK I-PK III has not been systematically made so that nurses and managers/leaders have difficulty in implementing and monitoring it and there is no reward, preceptor and mentorship.

The role and function of the head of the room as the first-line manager in the inpatient room generally consists of planning, organizing, managing personnel, directing, monitoring, and quality control, which is a cycle that is interrelated with one another (Marquis & Huston, 2009).

According to Nursalam (2014), the head of a room requires an understanding of managing and leading others to achieve the goals of quality and safe nursing care for the recovery of patients through the provision of nursing care in accordance with consistent, continuous, and quality nursing care standards.

The head of the room determines the needs, resources, and funds of the organization to achieve short- and long-term goals. Planning must consider a balance between the needs of patients, nurses, administrative staff, and doctors with minimal conditions and resources (Huber & Joseph, 2022).

The actuating function is the most important management function, where a manager sets the direction and then influences everyone to follow the direction, including establishing an effective work climate and creating opportunities for motivation, supervision, scheduling, and discipline (Huber & Joseph, 2022).

Directions can be carried out by a room head by providing orientation, namely, by providing clear information so that activities can be carried out properly, giving orders to subordinates for special tasks and general tasks, both oral, written, formal, and informal orders. The role of the head of the room in the directive function was supervision. Supervision is the process of observing the implementation of all organizational activities to ensure that all work being submitted follows a predetermined plan (Nursalam, 2014).

The controlling function is an activity to observe and measure all organizational activities and the achievement of results by comparing the standards seen in the previous plan and ensuring that all activities run according to policy, strategies, plans, and decisions in the work program that have been analyzed, formulated, and determined beforehand.

The higher the control function of the leader/manager/head of the room, the more complete the application of clinical authority by nurses. Therefore, control is a very important managerial function because it is directly related to humans, who are the most important element of all elements of management.

The authors would also like to recommend the following.

1. Nursing Practice: The hospital ensures that nurses work according to their qualifications. The head of the room, nursing department, and nursing committee monitor and evaluate the logbook. There needs to be a preceptor and mentorship in guiding new and old nurses in the room, and the use of a logbook ensures there are competence and clear boundaries of clinical authority so that it can protect patient safety. There were clear differences in rewards according to career level.
2. Policy: It is necessary to strengthen regulations in the form of the resocialization of SPO, credential guidelines, SPK RKK, and logbooks.
3. Education: The results of this research can be used as study material in developing nursing management knowledge related to the application of clinical authority according to the level of nurses' career paths in the clinical setting.
4. Future Research: Researchers can conduct mixed-methods research using statistical tests.

The data on the characteristics of the nurses varied. 1 male and 16 female. The ages of the nurses involved ranged from 23 to 52 years old. There were 13 nursing D3 education people, four nurses, and one person currently taking a

master's degree. Length of work 2-26 years. Seventeen participants were coded P1-P14 as clinical nurse participants and P15-P17 as managerial nurse participants to delve deeper into the data needed and verify the statements of the clinical nurse participants.

Conclusion

Clinical authority includes details, references, limits, achievements, guidelines, guidelines, instructions, can and cannot do something, and protects nurses at work. PK at work must apply SPK and RKK, which contain three assessment criteria: competent, not yet competent, and supervision, including independent and collaborative action. The thing that supports the application of clinical authority at RS X Jakarta is the management elements including man, material and method, while the thing that hinders is the management function that is not yet optimal including planning, organizing, directing and controlling. The limitations of this study are that the elements of money and machine management have not been explored and the extent to which competent competence has been achieved. The function of nursing management is very important in supporting nursing governance and improving performance, which can be achieved by creating a system or strategy that can facilitate nurses to carry out clinical authority and nurse assignments in the work area according to the competency level provided by the hospital in filling, competency monitoring, supervision, and good evaluation.

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Institutional Review Board Statement: This study was conducted in accordance with the ethical standards of the Institutional Review Board (IRB) of STIK Sint Carolus. The IRB approved the study protocol in January 2023. All the procedures were performed in accordance with the ethical standards outlined in the IRB-approved protocol. All participants provided informed consent before their participation in the study.

Informed Consent Statement: Written informed consent was obtained from the patients (s) to publish this paper.

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