

Implications Of The Implementation Of Clinical Authority On Improving The Quality Of Nursing Services

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ARTICLE INFO	ABSTRACT
<p>Keywords: individual characteristics, clinical authority, situational leadership, performance, mixed-methode.</p>	<p>Literature studies indicate that implementing clinical authority can enhance the quality of nursing care. However, many hospitals still have not fully applied clinical authority aligned with nurses' career paths. This research explores the impact of clinical authority on nurses' performance, both directly and indirectly, through situational leadership in Hospital X. Using a mixed-method approach with a parallel concurrent triangulation model, the study collected quantitative data via questionnaires from 300 nurses using total sampling. Descriptive crosstab analysis revealed no significant differences in perceptions of clinical authority, performance, and situational leadership based on individual characteristics. Structural Equation Modeling showed that clinical authority positively and significantly affects nurse performance. Qualitative data were gathered through focus group discussions with 13 nurses and semi-structured interviews with senior nursing managers. Thematic analysis identified six key themes: positive impacts on performance, the role of situational leadership styles, strategies to optimize nursing services, encountered obstacles, competitive challenges, and motivation to enhance care. The qualitative findings indicated that clinical authority fosters nurses' responsibility, adherence to standards, mutual trust, teamwork, and improved communication and caring attitudes. The corroboration of quantitative and qualitative analyses demonstrated alignment, confirming that clinical authority significantly influences nurse performance. To improve nursing care quality, hospitals are encouraged to implement structured career paths for nurses, ensuring that clinical authority is supported at every level.</p>

INTRODUCTION

Clinical privilege is a description of actions that can be taken by nurses according to their level or practice area. Hospital leaders give clinical authority to nurses in the form of a Clinical Assignment Letter (*Clinical Appointment*) (PMK 40 Th 2017). The implementation of clinical authority is very important to ensure the competence and accountability of nurses in providing effective care and protecting patients and hospitals. Several studies explain that the implementation of clinical authority in the career path system is very important for nurses, and the career path system should be well organized and implemented to ensure that nursing care is provided by competent personnel so as to produce safe and quality care (Nurlina et al., 2021).

Clinical authority is very important to be applied in nursing services, although until now clinical authority has not been implemented optimally in many hospitals, both in government and private hospitals (Nurlina et al., 2021). Research conducted by (Pertiwi, 2020) obtained data that hospitals have not implemented clinical authority optimally where PK I nurses exercise clinical authority according to the level as much as 72%, while 28% carry out nursing actions not in accordance with their clinical level.

Although the implementation of clinical authority in the career path of nurses in Indonesia has not been implemented optimally, several studies show that the implementation of clinical level has a significant impact or influence on reducing work stress. Nurses with good career development will have a lower level of work stress

(RANGKUTI, 2021), the implementation of clinical authority and awards from management through remuneration has an effective impact on improving nurse performance (Roza & Supriyati, 2022), increasing job satisfaction so that nurses can provide optimal and professional performance (Sawitri, 2017) and has been proven to have an effect on patient satisfaction, increasing professionalism, and making nurses independent in carrying out nursing care, providing motivation and satisfaction to nurses in carrying out nursing care (Wianti et al., 2021) murmur. Therefore, to improve performance and maintain the quality of nursing services, it is necessary to implement the clinical level so that professional nursing personnel are created to increase patient satisfaction and trust in hospitals, especially nursing services (Mariyanti et al., 2022).

In the implementation of clinical authority at Hospital X, there is a gap between the concept and the implementation of clinical authority where credentials have not been implemented optimally, clinical authority is still determined based on the length of service so that there is less attention to the element of competence, there is still non-compliance in carrying out action procedures, patient complaints about communication, lack of caring attitude, lack of motivation in work and lack of enthusiasm for develop themselves in the nursing profession. Therefore, the researcher wants to explore the application of clinical authority, see how the effect of the implementation of clinical authority on nurses' performance both directly and indirectly through situational leadership in nursing. The formulation of the research problem is: "How can the implementation of the clinical authority of nurses at Hospital X Pontianak improve the performance of nurses both directly and indirectly through situational leadership in nursing?".

METHOD

This study uses *the Mixed-Methods model parallel concurrent triangulation convergent*. The research was carried out after receiving approval from the STIK Sint Carolus Health Research and Development Ethics Commission with the number 050/KEPPKSTIKSC/V/2023. The questionnaire used in this study consisted of 18 indicators, namely indicators of clinical authority: nurses carrying out the nursing process according to the scope of clinical authority (KK1), therapeutic communication in nursing care (KK2), implementing caring (KK3), cooperation in a team (KK4), conducting nursing interventions according to standards (KK5), carry out nursing care with a sense of responsibility (KK6). Nurse performance indicators: *Reliability* (KP7,8), *Empathy* (KP9), *Tangibles* (KP10), *Assurance* (KP11), *Responsiveness* (KP12). Situational leadership indicators: The nursing leader encourages to provide care according to standards (KS13), the nursing director gives instructions through the head of the field (KS14), the head of the nursing field conducts care monitoring in all nursing units (KS15), the head of the room gives directions to pay attention to patient safety (KS16), the head of the room delegates tasks to the team leader (KS17), the team leader gives direction and guidance to team members (KS18).

The validity test of the questionnaire was carried out at Y Singkawang Hospital by taking 100 nurse respondents. Questionnaire test results: *Principal Component Analysis factor analysis* with the results of *Kaiser Meyer Olkin* variables clinical authority (0.840), performance (0.890), situational leadership (0.837). Bartlett's test for each variable is (0.000). Inter Item Correlation clinical authority (0.441-0.844), performance (0.460-0.870), situational leadership (0.473-0.781). Inter Total Correlation of clinical authority (0.770-0.862), performance (0.750-0.870), situational leadership (0.768-0.851) showed that the data were valid and eligible for factor analysis. Furthermore, reliability testing was carried out, namely *Confirmatori Factor Analysis* with the results of Clinical Authority Loading Factor (0.740-0.860), Nurse Performance (0.743-0.878), Situational Leadership (0.753-0.858). Alpha Cronbach results Clinical authority (0.918), Nurse Performance (0.919), situational leadership (0.920). In addition to reliability testing with alpha cronbach, in this study, item reliability was tested with *Composite Reliability* (CR) and *Average Variance Extracted* (AVE) for the purpose of *Structural Equation Modeling* analysis with values for each variable, namely: AVE Clinical Authority: 0.682, CR: 0.927, Nurse Performance with AVE value: 0.689, CR: 0.929, Situational Leadership with AVE value: 0.683, CR: 0.928. Overall, the AVE and CR scores obtained from 18 questionnaires were AVE: 0.684 and CR: 0.974. This result shows excellent reliability.

The population in this study is all inpatient and outpatient nurses at Hospital X Pontianak with a total sampling technique of 300 inpatient and outpatient nurses. The research was conducted from May 24 to June 30, 2023, after obtaining approval from the management of Hospital X and the participants. Quantitative data collection was conducted by distributing a questionnaire containing 18 research indicators. Qualitative data collection with *Focus Group Discussion* on 13 nurses, as well as semi-structured interviews with the director of nursing. The processing of quantitative data research results used SPSS 26 with chi-square test, AMOS 24 for

modeling and analysis of *Structural Equation Modeling*. Qualitative data processing uses NVivo 12 Plus for thematic analysis and *Cross-Case Analysis*.

RESULTS AND DISCUSSION

Results of Quantitative Analysis

Table 1: Frequency distribution of respondent characteristics with cross-tabs

Characteristics	Frequency	Percentage (%)
Sex		
Male	42	13,67%
Female	259	86,33%
Age (years)		
26-35 years	120	40,00%
35-45 years	144	48,00%
>45 years	33	5,67%
Education Level		
Diploma 3 of Nursing	282	94,00%
Bachelor of Nursing	18	5,67%
Length of Working		
1-5 years	24	8,00%
6-16 years	141	47,00%
17-32 years	128	42,67%
>33 years	7	2,33%
Level of Clinic		
PK I	30	10,00%
PK II	75	25,00%
PK III	138	46,00%
Do not know	56	18,33%

Most of the respondents were female (86.33%), age 26-45 years (88.00%), Diploma 3 Nursing Education level (94.00%), working period 6-32 years (89.67%) and Clinical Level PK III (46.00%).

Table 2 Clinical Authority Variables: Respondents' opinions based on age about nurses carrying out the nursing process in accordance with the scope of their clinical authority.

Age	Respondent's Response				Significance of Pearson Chi-Square
	Strongly disagree	Disagree	Agree	Strongly Agree	
17-25 Years	0,00%	0,00%	66,70%	33,30%	0,351
26-35 Years	1,70%	2,50%	55,00%	40,80%	
36-45 Years	2,10%	1,40%	68,10%	28,50%	
>45 Years	3,00%	3,00%	42,40%	51,50%	

The results of the data analysis in Table 2 show that there is no statistically significant difference of opinion based on the age of the nurse regarding the statement that the nurse performs the nursing process in accordance with the scope of her clinical authority (Pearson Chisq is not significant, above 0.05 = 0.351).

Table 3 Pearson Chi-Square Significance Values Respondents' Opinions on Clinical Authority Indicators Based on Individual Characteristics

Clinical Authority Variable (KK)						
Indicator	Pearson Chi-Square Significance Value					Level PK
	Age	Gender	Education	Length of Service		
KK1	0,351	0,003*	0,395	0,301		0,968
KK2	0,536	0,244	0,035*	0,680		0,799
KK3	0,542	0,027*	0,170	0,364		0,969
KK4	0,302	0,090	0,769	0,993		0,923
KK5	0,405	0,162	0,831	0,861		0,996
KK6	0,644	0,452	0,136	0,691		0,762

The Pearson Chi-Square Significance value of clinical authority and overall individual characteristics in Table 3 proves that there is no statistically significant difference of opinion (Pearson Chisq is not significant, above 0.05) on clinical authority based on individual characteristics except only on gender (KK1, KK3) and education level (KK2).

Table 4 Performance variables: Respondents' opinions based on education level regarding nurses responding quickly to every patient's call.

Education Level	Respondent's Response				Significance Pearson Chi-Square
	Strongly disagree	Disagree	Agree	Strongly Agree	
Diploma 3 of Nursing	1,10%	0,70%	55,30%	42,90%	0,851
Bachelor of Nursing	0,00%	0,00%	41,20%	58,80%	

The results of the data analysis in Table 4 show that there is no statistically significant difference of opinion based on the level of nurse education regarding the implementation of providing a quick response to every patient's call in providing nursing care (Pearson Chisq is not significant, above 0.05=0.851).

Table 5 Pearson Chi-Square Significance Values Respondents' Opinions on Nurse Performance Indicators Based on Individual Characteristics

Nurse Performance Variables (KP)						
Indicator	Pearson Chi-Square Significance Value					Level PK
	Age	Gender	Education	Length of Service		
KP7	0,366	0,479	0,851	0,978		0,990
KP8	0,523	0,194	0,478	0,839		0,812
KP9	0,778	0,100	0,063	0,618		0,680
KP10	0,910	0,724	0,439	0,937		0,981
KP11	0,843	0,110	0,425	0,765		0,949

KP12	0,839	0,210	0,929	0,800	0,991
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The Pearson Chi-Square Significance value of nurse performance and overall individual characteristics in Table 5 proves that there is no statistically significant difference of opinion (Pearson Chisq is not significant, above 0.05) on clinical authority based on individual characteristics

Table 6 Situational Leadership Variables Respondents' Opinions Based on Clinical Level Regarding Encouragement from Nursing Leaders to Nurses to Provide Care According to Standards.

Level of Clinic	Respondent's Response				Significance of Pearson Chi-Square
	Strongly disagree	Disagree	Agree	Strongly Agree	
PK I	0,00%	0,00%	60,00%	40,00%	0,997
PK II	1,30%	1,30%	62,70%	34,70%	
PK III	1,40%	1,40%	63,00%	34,10%	
Don't know/forget	0,00%	0,00%	67,30%	32,70%	

The results of the data analysis in Table 6 show that there is no statistically significant difference of opinion based on the clinical level of nurses regarding the implementation of encouragement from nursing leaders to nurses to provide care according to standards in providing nursing care (Pearson Chisq is not significant, above 0.05 = 0.997).

Table 7 Pearson Chi-Square Significance Values Respondents' Opinions on Situational Leadership Indicators Based on Individual Characteristics

Indicator	Situational Leadership Variables (KS)					of Level PK
	Pearson Chi-Square Significance Value					
	Age	Gender	Education	Length Service		
KS13	0,531	0,054	0,012*	0,022*		0,997
KS14	0,655	0,148	0,505	0,591		0,917
KS15	0,370	0,181	0,357	0,233		0,985
KS16	0,900	0,414	0,182	0,516		0,987
KS17	0,913	0,157	0,299	0,884		0,420
KS18	0,897	0,068	0,002*	0,250		0,240

The Pearson Chi-Square Significance value of situational leadership and overall individual characteristics in Table 7 proves that there is no statistically significant difference of opinion (Pearson Chisq is not significant, above 0.05) except only in education (KS13, KS18) and education level (KS13).

Hasil Pengujian Structural Equation Modeling (SEM)

Structural analysis was carried out to test the direct influence of clinical authority on nurse performance and indirect effect testing through situational leadership. The results of *the Standardized Regression Weight analysis* presented that the direct influence of Clinical Authority on Nurse Performance was greater (coefficient value of 0.65), compared to the indirect influence of Clinical Authority on Nurse Performance through Situational Leadership to Nurse Performance was only 0.25. This means that the six indicators of Clinical Authority have a greater influence on Nurse Performance. The results of *the Maximum Likelihood Estimation* showed that Clinical Authority had a positive direct effect of 0.618 and was significant (*p* value less than 0.05 = 0.000) on Nurse

Performance. The results of the indirect influence test presented that Clinical Authority had an indirect and insignificant influence on Nurse Performance through Situational Leadership (p value $>0.05=0.253$).

Thematic Analysis

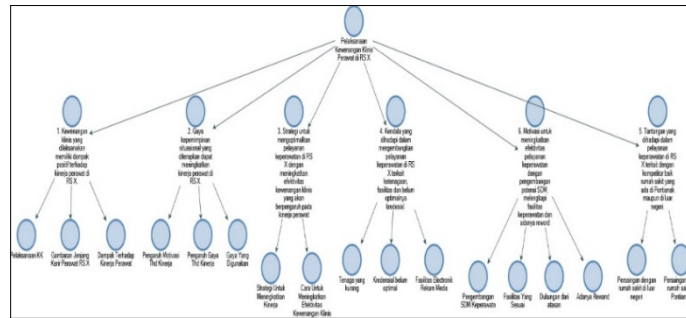


Diagram 1. Six main themes of the results of the thematic analysis of the implementation of authority clinical nurse at Hospital X Pontianak

The results of the thematic analysis using NVivo 12 Plus are shown in Diagram 1 showing that there are six themes related to the implementation of clinical authority of nurses at Hospital X Pontianak.

Theme 1: Clinical authority implemented has a positive impact on nurse performance

The implementation of clinical authority has an impact on the performance of nurses, namely increasing the sense of responsibility, compliance with standard procedures, mutual trust between nurses and patients, motivation and expectations, patient safety, non-discrimination in providing services, teamwork and mutual respect, caring attitude, nurse communication and improving the quality of nursing services. This was expressed by the following participant: *"Applying caring by responding quickly, applying patient safety principles to reduce patient safety incidents in nursing care, we can work together in a team, trust each other, then treat patients without differentiating ethnicity, race, between groups"* (P5).

The results of the cross-case analysis with NVivo showed that all participants confirmed the impact of the application of clinical authority shown in Diagram 2.

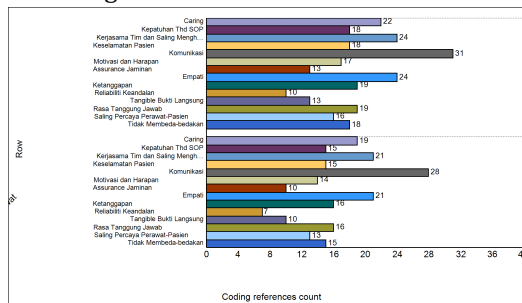


Diagram 2. Positive impact of the implementation of clinical authority on the performance of nurses at Hospital X.

Theme 2: Situational leadership styles can improve nurse performance

The implementation of clinical authority can improve nurse performance, namely increasing nurses' work motivation with direction, monitoring and evaluation from superiors in accordance with the flow, namely from the director of nursing to the head of the field and then to the head of the room. The head of the room will give a briefing to the staff in his room so that all services are well coordinated. This was expressed by the participants as follows: *"The director of nursing gives more directions that are conveyed to the head of the nursing field and from the nursing field will convey it to the head of the room who will then translate it in their respective units by giving directions to the staff in the room for the implementation of care in accordance with that direction."* (P10).

The results of the cross-case analysis with NVivo showed that all participants confirmed that situational leadership styles in nursing can improve the performance of nurses shown in Figure 3.

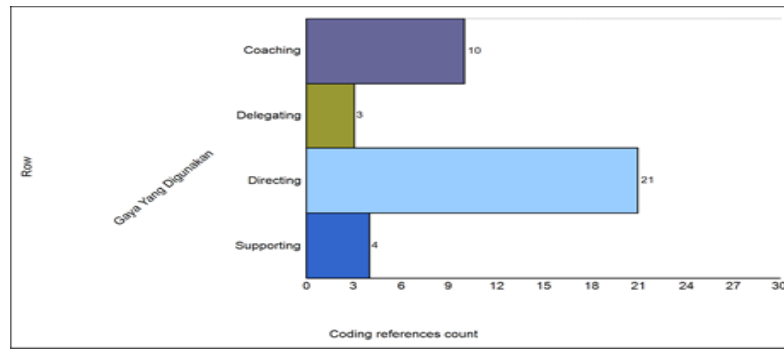


Diagram 3. Applied situational leadership style can improve nurse performance

Theme 3: Strategies to optimize nursing services

Strategies to improve the performance and effectiveness of clinical authority are clear job descriptions, improvement of human resources through formal training and education, continuous supervision and evaluation, optimization of the application of team methods, implementation of credentials and career paths, communication and cooperation, facilities according to standards, the existence of rewards, appropriate regulations, periodic monitoring and evaluation, the number of personnel in accordance with standards expressed by participants in the following quotes:

"Factors that can increase the effectiveness of the implementation of clinical authority to optimize the performance of nurses such as the number and ability of their human resources" (P2). "Must be able to work in a team" (P4). "Rewards are also important, so if people feel appreciated, it will spur them to develop their abilities more" (P9). "If the implementation of clinical authority is in accordance with what should be done, it will improve the performance of nurses and the quality of service in the hospital" (P10). "Revise regulations in accordance with the development and needs of services" (P9).

The results of the cross-case analysis with NVivo showed that all participants confirmed that situational leadership styles in nursing could improve the performance of nurses shown in Figure 5.

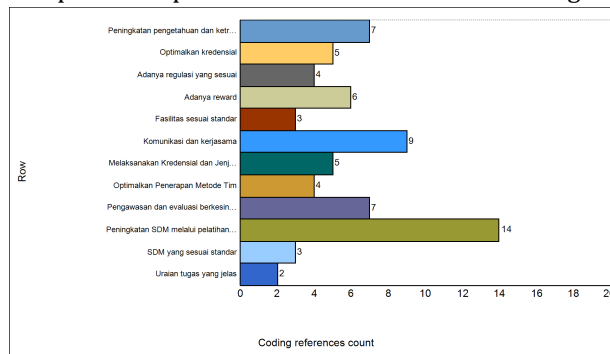


Diagram 4. Strategies to optimize nursing services at Hospital X by increasing the effectiveness of clinical authority have an effect on nurse performance.

Theme 4 Challenges faced in nursing services

The challenge faced in developing nursing services at Hospital X Pontianak is the competition both between hospitals in Pontianak City and with hospitals abroad. This was expressed by the following participant: *"Now that the pandemic is over, the route for people to seek treatment to Kuching, Selangor, Kuala Lumpur and even to Singapore has been opened because many Pontianak people are seeking treatment abroad.... So we must indeed improve our abilities in various fields of service. This is a tough challenge for us together" (P10). "In addition, with the increasing number of hospitals both in Pontianak and in Malaysia and Kuching and neighboring countries, we have to improve a lot so that services, especially nursing services, are getting better" (P13).*

The results of the cross-case analysis with NVivo shown in Diagram 5 show that three out of thirteen participants confirmed the challenges faced in developing nursing services at Hospital X.

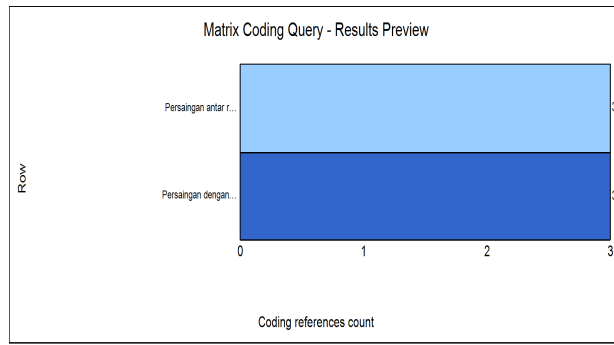


Diagram 5. Challenges in Developing Nursing Services at Hospital X Pontianak

Theme 6: Motivation to improve the effectiveness of nursing services

Motivation to increase the effectiveness of nursing services can be done by developing human resources both through formal and non-formal studies, completing nursing facilities, coordination and cooperation between departments, management support, awards and rewards. This was expressed by the following participant: *"To increase work motivation we need facilities and infrastructure, support from management to motivate all departments to work in accordance with applicable standards and regulations so that nurses increasingly feel support in the development and improvement of the quality of nursing services, as well as with rewards" (P12). "There needs to be coordination between sections or fields so that services can run smoothly" (P11). "We need to be open and continue to learn from other hospitals" (P12).*

The results of the cross-case analysis with NVivo shown in Figure 6 show that all participants confirmed the expected motivation to develop nursing services at Hospital X.

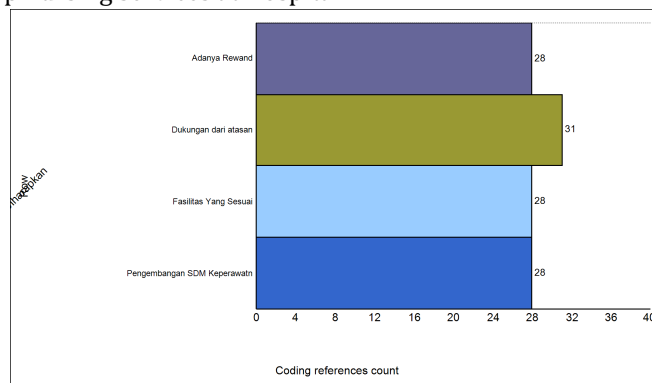


Diagram 6. Motivation to Improve the Effectiveness of Nursing Services at Hospital X.

The results of the age-related analysis showed that most nurses were of productive age (26-45 years). Increasing age will increase a person's ability and maturity. Age can affect individual behavior at work because as individuals get older, they will have more skills in doing the work they are engaged in (Donsu, 2017). The majority of respondents and participants in this study were female. (Robbins et al., 2019) suggests that there is no consistent difference between men and women in problem-solving skills, analytical skills, competitive drive, motivation, social skills or learning skills. According to (Bass, 2015) gender has no effect on a person's performance. This is because each individual has a different desire to improve their performance.

The researcher argues that based on the results of the analysis of individual characteristics in this study, in terms of the age of employees, it is still possible to improve human resources considering that the most employees are 26-45 years old. Therefore, a continuous development program is needed to improve the professionalism of nurses. When viewed from the working period, nurses already have good skills, but in terms of conceptuality, they still need to be improved through education and training. When viewed from the perspective of education, the D3 level is a vocational level that is not yet strong conceptually and analytically, so to drive nursing services through the implementation of nursing care is very suitable for applying situational leadership by providing more direction and coaching.

Clinical authority, performance and situational leadership in nursing

The results of the analysis of clinical authority and individual characteristics prove that there is no statistically significant difference of opinion on clinical authority based on individual characteristics. The same thing is shown in the expressions conveyed by the participants in the focused discussion. Calista Roy said that humans have the ability to improve health by maintaining adaptive behavior and changing maladaptive behavior through a continuous learning process both as an individual and as a group (Alligood, 2017). Clinical authority in the career path of nurses is a process of adaptation according to the clinical level. Therefore, credentials are very important to be implemented to ensure the competence and accountability of nurses in providing nursing care (Pertiwi, 2020). The results of this study are in accordance with research conducted by (Rachmah et al., 2022) stating that most respondents agree that their superiors assign tasks to each nurse according to the clinical level. Likewise, research conducted by (Sitio et al., 2022) found that there was no significant relationship between nurses' age, gender, working period, organizational culture, and nurses' health conditions with critical thinking skills. Thus there is no difference in thinking between men and women so that there are no restrictions that require a certain gender to become a nurse.

The researcher argues that in general, nurses at Hospital X already have a sufficient understanding of the importance of exercising clinical authority in providing nursing care. This understanding is revealed in both qualitative and quantitative analysis results. The results of this analysis also show that the results of the quantitative analysis support or confirm the results of the qualitative analysis so that it is clear that the nurse already has a good understanding of clinical authority.

The results of the analysis showed that there was no statistically significant difference of opinion in performance based on individual characteristics. The same thing was also expressed by the participants in the FGD who stated that the five quality dimensions: *Responsiveness, assurance, tangibles, empathy, reliability* are implemented in nursing care. This statement is in accordance with the results of quantitative data analysis of individual characteristics on performance variables which shows that the majority of nurses at Hospital X have a good understanding of the quality dimension. The results of this study are in line with research conducted by Wijayanti, et al (2019) that there is no meaningful relationship between nurse characteristics (gender, education, length of service) and nurse performance because performance is an application of abilities or *skills* that have been learned during the education process so that they can provide nursing care to patients.

The results of this study are supported by research conducted by (Sitio et al., 2022) that there is no significant relationship between the age of nurses, gender, working period, and critical thinking ability because critical thinking skills are possible in each individual. (Robbins et al., 2019) suggested that there was no difference between the male and female sexes in problem-solving skills, analytical skills, competitive drive, motivation, social skills or learning skills. Patricia Benner reflects that situationally clinical practice is an area of inquiry and a source of knowledge development. Knowledge is expressed through practice and learning: investigation, observation, recording and development of clinical knowledge and expertise so that there is a change in performance through the level of skill mastery according to the clinical level.

The researcher's opinion is that there is no significant influence between performance and individual characteristics is because all nurses involved in this study have a good understanding of the quality of nursing services which is reflected in the five quality dimensions in this study. All nurses at Hospital X have the same understanding of quality so that individual characteristics do not affect the nurse's understanding of performance quality. Therefore, both the results of quantitative analysis and qualitative analysis present the same results and support each other in this study.

The results of the analysis showed that there was no statistically significant difference in respondents' opinions on situational leadership variables based on individual characteristics. These results show an overview that most of the respondents felt the direction and support provided by the nursing leaders. This was also expressed by a participant in the FGD who stated that the situational leadership style applied in nursing is more on *directing* and *coaching*. However, in KS 1 and KS 6 items, there are statistically significant differences of opinion based on education and length of service.

The situational leadership model is a model that is based on the readiness of followers or subordinates so that in this style it is based on three factors, namely direction, support, and confidence/competence from followers (Robbins et al., 2019). If the followers do not have the ability and do not have the willingness to do the task, then the leader needs to give specific direction; If the followers do not have the ability but have the willingness, then the leader must provide a high task orientation. If the followers have the ability but lack the willingness, then the

leader needs to provide *support* and actively participate; if the followers have the ability and have the willingness, then they are ready to accept the delegation of tasks (Robbins & Judge, 2019). Research conducted by Anthony & Remiasa, (2019) shows that there is a relationship between education and the level of readiness of respondents to receive assignments.

The researcher argues that with high homogeneity in the level of education, namely the majority of Diploma 3 Nursing, the suitable leadership style is directing and coaching. The existence of differences of opinion is due to different analytical abilities due to differences in education levels. Therefore, support from management such as coordination and cooperation between directorates, facilities to support services, sustainable development, and appreciation for the nursing profession in the form of rewards are needed. Thus, based on the results of quantitative analysis, it supports the results of qualitative analysis and vice versa.

The Direct Influence of Clinical Authority on Nurse Performance and Indirect Influence Through Situational Leadership.

The results of the analysis with structural tests show that clinical authority has a direct positive and significant effect on nurse performance and Clinical Authority has an indirect and insignificant influence on nurse performance through Situational Leadership.

Clinical authority is a description of nursing intervention actions that can be carried out by nursing staff based on their clinical practice area (PMK NO 49, 2013), given within the set authority limit (Rachmah et al., 2022) so that nurses can provide nursing care efficiently (Nurlina et al., 2021) nurses work according to their competencies and are responsible for every aspect of nursing care actions given to patients (Marwiati & Khoiriyah, 2019). Therefore, clinical authority is given to nurses with the aim of protecting patient safety (Marwiati & Khoiriyah, 2019), creating a professional work environment so as to increase patient satisfaction, reduce fatigue and workload of nurses (Pertiwi, 2020).

The results of a study conducted by (Heryyanoor & Febriana, 2023) show that there is a relationship between situational leadership style and nurse performance. This research is supported by research conducted by (Majidah et al., 2020) that situational leadership style affects employee performance because through effective communication and interaction with employees, employees can understand well the decisions and directions from the leadership. Likewise, research conducted by (Wolor et al., 2022) that situational leadership style has a direct influence on teacher performance.

The researcher argues that the implementation of clinical authority in nursing care has a good effect on nurse performance. Clinical authority provides limits to nurses to carry out care according to certain limits at the clinical level. By exercising clinical authority in accordance with the set limits, nurses will be able to provide nursing care services efficiently and safely so that it will improve the performance of professional nurses. Likewise, situational leadership in nursing has an indirect influence on nurse performance. The indirect influence is that the direction and *coaching* carried out by the head of the room to the staff will have an impact on the care can run well, directed and will improve the quality of nursing care so as to cause satisfaction for patients and for nurses as caregivers.

In this study, although situational leadership has an indirect influence on the work performance of nurses, situational leadership does not mediate the work performance of nurses significantly. The researcher argues that the direction given has only reached the stage of mobilizing nurses' involvement in nursing care and has not yet reached the stage of generating work motivation based on the exploration and development of nurses' self-potential so that nurses really feel that working as a nurse is a "calling" and self-actualization professionally. Therefore, the application of clinical authority and situational leadership can contribute to the development of nursing services at Hospital X Pontianak.

The limitation of the research is that it is limited to one private hospital so that the next research can be developed to several hospitals, both private and government hospitals, which have diversity in the application of nurses' career paths. In addition, the quantitative dimension of this study is analyzed with *the first order* SEM (Construct-Indicator), so that further research can be carried out with the second order SEM so that it focuses on relevant and contextual dimensions to be researched.

CONCLUSION

The application of clinical authority has a direct influence on improving nurses' performance so that nurses feel more responsible, comply with standards, increase mutual trust and cooperation in the team, and increase

work motivation. Meanwhile, indirect influence through situational leadership does not mediate the work performance of nurses significantly. This happens because the situational leadership style applied has not yet reached the stage of generating motivation to develop potential and self-actualization and feel that working as a nurse is a "calling" and self-actualization as a professional nurse. Therefore, the implementation of clinical authority in the career path of nurses and transformational leadership is one of the solutions to improve the quality of nursing services at X Pontianak Hospital.

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