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Determinants of Clinical Privileged Implementation and Nurse Performance at Dr. Zainul Abidin Regional General Hospital in Banda Aceh

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Abstract

*Clinical privilege*is the process of granting credentials to individuals within an institution to provide specific patient care services. This study aims to analyze the factors that influence the implementation of clinical privileges on nurse performance at Dr. Zainoel Abidin Regional General Hospital, Banda Aceh. The study design used a quantitative approach with a cross-sectional method with 122 nurse respondents. The independent variables included education level, length of service, management support, credentialing system, and job satisfaction, while the dependent variable was nurse performance. Data were collected using a structured questionnaire, then analyzed using bivariate tests (Chi-square) and multivariate logistic regression to determine the dominant factors. The results showed that most nurses had good performance (77.0%). Bivariate analysis showed that management support (p=0.005), credentialing system (p=0.002), and job satisfaction (p=0.012) were significantly related to nurse performance, while education (p=0.053) and length of service (p=0.660) did not show a significant relationship. In multivariate analysis, management support was the most dominant factor influencing nurse performance, with an odds ratio (OR) of 2.286, meaning nurses with good management support were 2.3 times more likely to demonstrate good performance than nurses with poor management support. The conclusion of this study confirms that the effective implementation of clinical privileges is strongly influenced by organizational factors, especially management support. Therefore, improving the quality of nursing management, strengthening the credentialing system, and increasing job satisfaction need to be prioritized in developing hospital policies to improve the quality of nursing services and patient safety.

Keywords: *Clinical Privilege*, Performance, Nurse

1. Introduction

A nurse has special authorization, known as clinical privilege, granted by a healthcare facility, which allows them to perform certain clinical activities or procedures and provide specific patient care within that facility. This clinical privilege is based on the nurse's education, training, experience, and competence. Clinical privilege typically refers to unearned advantages and benefits enjoyed by certain individuals or groups in society. These advantages are often associated with social status, wealth, race, gender, education, or other social statuses [1].

Increased public awareness of safe, efficient, and affordable medical care as a result of the use of the internet, newspapers, and other media to facilitate public access to safe, efficient, and affordable medical information. The increasing number of complaints and lawsuits against medical institutions demonstrates this truth [1].

Clinical privilege granting is the process of credentialing individuals within an institution to provide specific patient care services. Credentialing can be defined as the recognition of professional and technical competence and a well-defined, criteria-based mechanism for verifying information and evaluating applicants for clinical privileges. Core clinical privileges define the scope of procedures and activities within a specialty that each practitioner has the education, experience, and current competency to perform [2].

The credentialing and granting of clinical privileges process must provide an objective mechanism for initial application and renewal of clinical privileges based on education, experience, legal qualifications, and an assessment of the individual practitioner's competence and ability to provide quality care [3] That's why hospitals need a system to verify that their doctors

and nurses are prepared for each operation they perform. Therefore, clinical privilege delineation has emerged as a critical activity for hospitals and medical organizations. This process, a key component of any credentialing system, has also become a useful element of a hospital's risk management program [4].

Qualitative research conducted byMother, Hariyati [5] The results showed that four themes emerged: new nurses lacked understanding of clinical privilege; new nurses provided nursing care based on senior orders; new nurses desired recognition, appreciation, and the granting of clinical privilege; and hospitals needed to facilitate the adaptation process for new nurses. This study showed that new nurses performed nursing care with the expectation of recognition and skill development. Nurse managers are expected to provide appropriate orientation programs.

Research byHerawati, Yuswardi [6] A study on the clinical authority of nurses at Banda Aceh Regional General Hospital also found that 47.4 percent of patients at Meuraxa Regional General Hospital had positive experiences with their nurses' clinical authority. According to the research assessment results,Mother, Hariyati [7] The suboptimal nurse-to-patient ratio results in clinical authority not being fully implemented. As many as 28% of nursing actions are performed under the clinical authority of clinical nurses (PK).

In Indonesia, clinical privileges for nurses are still developing, with policies regulating the limits of nurses' authority, such as those stipulated in the Minister of Health Regulation. Granting clinical privileges to nurses often faces debates related to legal aspects, patient safety, and acceptance by medical institutions. To realize an optimal clinical privilege system, clear regulations, competency-based training, and support from various parties within the healthcare ecosystem are needed. Thus, clinical privileges can be a strategic step in improving access to and the quality of healthcare services.

Patient safety, quality of care, and authorization arrangements for nurses to perform certain medical operations are all aspects of the issue of clinical nursing privilege. Clinical nurses (PK) from the PK1, PK2, and PK3 professional pathways all perform the same duties at Dr. Zainoel Abidin Regional Hospital, Banda Aceh.

There is a division of duties, but due to a shortage of staff, all nurses are helping each other beyond their clinical areas. This indicates a lack of*clinical privilege*to the nurses at the hospital. That clinical authority is supported at every level. Considering the above, the author wants to conduct further research on the determinants of the implementation of clinical privileges with nurse performance at the Dr. Zainoel Abidin Regional General Hospital (RSUD) Banda Aceh.

2. Methods

This observational study examines population data at a single point in time using quantitative methods such as correlational designs and cross-sectional approaches. The prevalence of health outcomes, determinants of health, and demographic characteristics can all be better understood with the help of this type of research. To obtain the sample size, we applied Slovin's suggested formula [8] This formula is used because the population size is known with certainty from valid data. Here is the sample size formula: The sample size calculation resulted in 122 nurses. To obtain a sample that represents each inpatient room, the researcher also used a proportional sampling strategy, which involves dividing a small population into several subpopulations. The following instruments were used in this study: Nurse characteristics, Universal role behaviors of nurse managers from Schmalenberg and Kramer [9], Nursing Workplace Satisfaction Questionnaire (NWSQ and, Six-D Scale of Nursing Performance.

3. Results

Table 1: Respondent Characteristics

No	Characteristics	f	%	Mean	Elementary	Min	Max
	Age			36.27	6,580	24	52
1	Education						
2	S2 Kep	2	1.6	-	-	-	-
	Nurses	42	34.4	-	-	-	-
	S1 Kep	11	9	-	-	-	-
	D.IV Kep	6	4.9	-	-	-	-
	D.III Kep	61	51.0	-	-	-	-
3	**Marital status**						
	Single	7	7.0	-	-	-	-
	Marry	113	93.0	-	-	-	-
	Widower	1	0.8	-	-	-	-
	Widow	1	0.5	-	-	-	-
4	**Employee Status**						
	civil servant	80	65.6	-	-	-	-
	First Aid Kit	42	34.4	-	-	-	-
5	**Working Period**						
	≥ 5 Years	115	94.3	-	-	-	-
	< 5 Years	7	5.7	-	-	-	-

Data from the respondent characteristics table reveals that the average age of respondents was 36.27 years, with a standard deviation of 6,580. This indicates that most respondents fall into the productive adult age group, with relatively small age differences.

Regarding educational background, 61 out of 100 respondents (50.0%) hold a Diploma III in Nursing (D.III Kep). Married status, with 113 respondents (or 93.0% of the total) falling into this category. From what we can see, 65.6% of respondents are Civil Servants (PNS). Among those who have worked for five years or more, 115 (or 94.3% of the total) fall into this category.

According to the data in the respondent characteristics table, the average age of participants was 36.27 years, and the standard deviation was 6.580. This indicates that there was no significant age gap among respondents, with most falling within the productive adult age group.

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Based on the results of a study of 122 respondents, we obtained an overview of management support, the credentialing system, job satisfaction, and nurse performance. Regarding management support, the majority of respondents (72 respondents, 59.0%) rated management support as inadequate. This indicates that the management support perceived by nurses is still suboptimal.

When asked to rate the credentialing system, 98 respondents (or 80.3% of the total) gave a favorable rating. This finding indicates that, in the opinion of the majority of respondents,

the implementation of the credentialing system in the hospital has been successful.

Table 2: Frequency Distribution of Research Variables

No	Variables	f	%
	Management Support		
1	Good	50	41.0
2	Not enough	72	59.0
	Credential System		
1	Good	98	80.3
2	Not enough	24	19.7
	Job satisfaction		
1	Satisfied	105	86.1
2	Not satisfied	17	13.9
	Nurse performance		
1	Good	94	77.0
2	Bad	28	23.0

Furthermore, regarding the job satisfaction variable, the majority of respondents, 105 people (86.1%), were satisfied with their jobs. According to statistics, nurses reported high levels of job satisfaction.

Of the nurses surveyed, 94 individuals (or 77.0% of the total) rated their performance as good. After careful consideration, it was evident that the majority of nurses demonstrated strong performance in providing lifesaving services.

Table 3: Relationship between Education, Length of Service, Management Support, Credentialing System, and Job Satisfaction with Nurse Performance at Dr. Zainoel Abidin Regional General Hospital, Banda Aceh (n = 122)

Variables	Good		Not enough		Total		P Value
	f	%	f	%	f	%	
Education							
Master of Nursing	47	85.5	8	28.6	55	45.1	0.053
Bachelor of Nursing	47	70.14	20	29.9	67	55.9	
Years of service							
≥ 5 Years	5	71.4	2	28.6	7	5.74	0.660
< 5 Years	89	77.4	26	22.6	115	94.26	
Management Support							
Good	45	90.0	5	10.0	52	42.62	0.005
Not enough	49	68.1	23	31.9	72	57.38	
Credential System							
Good	70	71.4	28	28.6	98	80.33	0.002
Not enough	24	100.0	0	0.0	24	19.67	
Job satisfaction							
Satisfied	77	73.3	28	26.7	105	86.07	0.012
Not satisfied	17	100.0	0	0.0	17	13.93	

Of the 55 respondents with a Master's, Bachelor's, or Bachelor's degree in Nursing, 47 (85.5%) performed well, while 8 (28.5%) performed poorly, according to the study table. Meanwhile, of the 67 respondents with a Diploma IV or Diploma III, 70.1% performed well and 29.9% performed poorly. A p-value of 0.053 indicates that the statistical test found no significant relationship between nurses' educational attainment and their workplace performance.

Of the seven respondents with five or more years of service, five (71.4%) showed good performance and two (28.5%) showed poor performance. Meanwhile, of the 115 respondents with less than five years of service, 89 (or 77.4%) had good performance and 26 (or 22.6%) had poor performance. Statistical research revealed no significant relationship between nurses' performance and the number of hours they worked, with a p-value of 0.660.

Of the 52 respondents, 45 (90.0%) performed well and 5 (10.0%) performed poorly in terms of management support. While 72 respondents had inadequate support from upper management, 49 respondents performed well and 23 respondents did not. A p-value of 0.005 indicates a statistically significant relationship between management support and nurse performance, according to the test results. The credentialing system was used to select 98 respondents; of these, 70 (71.4%) had good performance and 28 (28.6%) had poor performance. There were no respondents with poor performance among the twenty-four respondents who did not have a credentialing system; all had high performance, or 100%. With a p-value of 0.002 from the statistical test, it can be said that the credentialing system is significantly related to nurse performance.

There were 105 respondents who were satisfied on the job satisfaction scale; 73.3% of them performed well, while 26.7% did not. At the same time, 17 respondents (100% of the total) were not fully satisfied. A p-value of 0.012 indicates a statistically significant correlation between nurses' job satisfaction levels and their productivity in the workplace.

In a survey of 122 participants, 94 nurses (or 77.0%) had good performance and 28 nurses (or 23.0%) had poor performance overall.

Table 4: Results of Logistic Regression Analysis of Nurse Performance Predictors at Dr. Zainoel Abidin Regional Hospital, Banda Aceh (n = 122)

Predictor	B	OR	P-Value	95% CI	
Education	.827	1,251	.085	.893	5,853
Management Support	1,381	2,286	.011	.087	.725
Constantine	-2,935		.025		

The results of the logistic variable regression study that predicts nurse performance at Dr. Zainoel Abidin Banda Aceh Regional Hospital (n = 122) can be seen in the following table:

There is a p-value of 0.085 (p > 0.05), an OR value of 1.251, and a B value of 0.827 for the education variable. This proves that nurse training does not improve their efficiency. Although the OR value > 1 indicates a tendency that higher education can increase the chance of good performance, but because it is not statistically significant and the 95% CI range (0.893–5.853) exceeds the number 1, this effect cannot be conclusively proven.

With a B value of 1.381, an OR of 2.286, and a p-value of 0.011 (p < 0.05), the management support variable was found to have a significant effect on nurse performance. This indicates that the likelihood of good performance is approximately 2.3 times higher for nurses who receive strong support from management compared to those who receive less support.

4. Discussion

a. The relationship between education and nurse performance

Overall, 94 respondents (or 77.0%) performed well, while 28 respondents (or 23.0%) performed poorly, according to the analysis. This indicates that most nurses participating in this study successfully met the anticipated service standards in their work.

When viewed based on education level, there is a difference in the proportion of performance between the higher

education and lower education groups. Of the nurses in the higher education group, which includes nurses with bachelor's degrees, master's degrees, and other nurses, 47 (or 85.5% of the total) performed admirably. Meanwhile, only a small proportion, namely 8 people, performed poorly. On the other hand, in the lower education groups such as D.IV Nursing and D.III Nursing, the number of nurses with good performance is also quite large, namely 47 people (70.1%), but the proportion of nurses with poor performance is higher than the higher education group, namely 20 people (29.9%). Based on the data presented, it appears that higher levels of education are often associated with better performance. Education is a key component in enhancing individual competency, as outlined in human resource theory, which encompasses knowledge, skills, and professional attitudes. There is a correlation between a nurse's educational level and their capacity for critical thinking, proficiency in clinical practice, and understanding of protection theory. The ability to adapt to new scientific and technological developments in the healthcare sector, communicate effectively with patients and the healthcare team, and make sound clinical judgments are other strengths (10).

However, the p-value was 0.053, which is higher than the 0.05 threshold for statistical significance, according to the test findings. Therefore, it is statistically possible to conclude that the nurses' educational attainment in this study did not significantly impact their performance. While there was a general trend toward such an imbalance, the data did not support the conclusion that there was a significant relationship.

Furthermore, the hospital management system and organizational culture also play a significant role in influencing nurse performance. A conducive work environment, good supervision, and a fair reward and incentive system can improve nurses' overall performance, regardless of their educational background. Education is a key component, but not the sole, factor in determining success in this key performance determinant (11).

Despite the lack of a statistically significant correlation between nurses' educational level and their performance, it is clear from the observations that those with more formal training tend to perform better. This suggests that education is still important, but far from the sole determinant of success. A more holistic and comprehensive approach is needed to improve nurse performance, taking into account the various interacting individual and organizational factors.

b. The relationship between length of service and nurse performance

This study paints a compelling picture when discussing the correlation between nurses' work hours and their performance, particularly when examining the findings of the descriptive and statistical analyses side by side. Based on the data obtained, the majority of nurses generally performed well, representing 94 (77.0%) of the 122 respondents. Conversely, 28 (23.0%) performed poorly. The results indicate that the nurses in this study generally performed well and achieved the desired outcomes in providing maintenance care.

Looking at the length of service, two main categories emerged: nurses who had been in the field for five or more years, and nurses who had been in the field for less than five years. Five individuals (71.4%) of the group of nurses with five or more years of experience performed well, while two individuals (28.6%) performed poorly. Conversely, of the group of nurses with less than five years of service, 89 individuals (77.4%) performed well, while 26 individuals (22.6%) performed poorly.

These data suggest, descriptively, that nurses who work shorter shifts actually have a slightly higher percentage of good performance than nurses who work longer shifts. This research appears to contradict the conventional wisdom that a person's competence and output increase with experience. In human resource management theory, tenure is often associated with work experience, which is supposed to contribute to increased competence, efficiency, and ability to complete job tasks (12).

However, statistical tests revealed a p-value of 0.660, significantly higher than the 0.05 significance threshold. Consequently, the study findings indicate that work time had no effect on nurse performance in this study. Statistical evidence does not indicate that nurse performance is affected by the amount of time they work. According to these results, the amount of time nurses spend on work is not a primary factor in determining how well they perform their jobs.

There may be several explanations for why this study did not find a significant relationship between tenure and performance. The disproportionately low response rates in both categories are notable. There were 115 individuals in the <5 years tenure group, compared with only 7 individuals in the group of nurses with ≥5 years tenure. This imbalance may affect the power of the statistical analysis, as the very small sample size in one of the groups could result in less representative results and less sensitivity in detecting true differences (13).

Furthermore, long tenure doesn't always guarantee improved performance. In practice, work experience can improve technical skills and task understanding, but this also depends heavily on how that experience is utilized (14).

This finding is consistent with other research showing no correlation between healthcare workers' work hours and productivity. Several studies have found that while work experience is important, without continuous learning and high motivation, it does not automatically improve performance. This reinforces the view that performance is a multidimensional phenomenon influenced by various aspects (15).

Practically, hospital administration benefits greatly from the research findings. Management cannot rely on length of service as the sole indicator in assessing or improving nurse performance. Instead, a broader perspective is needed to incorporate the many other factors that influence performance. All nurses, whether new or long-term employees, should participate in competency development programs and undergo ongoing training to ensure they have the skills necessary to perform their jobs effectively (16).

Furthermore, it's crucial to maintain nurses' work motivation through awards, incentives, and creating a conducive work environment. Efforts to prevent burnout in long-serving nurses also require attention, for example through balanced workload management, task rotation, and psychosocial support. This way, nurses' performance can be continuously improved without relying solely on length of service (17).

It is clear from the data that there was no statistically significant correlation between nurses' tenure and their performance in this study ($p = 0.660$). This suggests that the amount of time spent working is not the primary factor

influencing nurse effectiveness. A more comprehensive strategy is needed to improve standards of care, as nurse performance is still influenced by several other factors, many of which interact with each other. It is stated that nurse performance can be improved to provide the best healthcare services to the community if these different areas are carefully considered.

c. The relationship between management support and nurse performance

The results of research on the relationship between management support and nurse performance indicate a strong and statistically significant association between the two variables. This finding suggests that the role of management in a healthcare organization, particularly a hospital, plays a significant role in determining the quality of nursing staff performance. In this setting, management support encompasses more than just written policies; it also encompasses leadership, communication, work facilities, rewards, and a supportive work environment.

According to the results, 45 of the 52 nurses (or 90.0% of the total) who reported receiving positive management support also reported doing well. Meanwhile, only 5 (10.0%) reported poor performance. This proportion indicates that when management is able to provide optimal support, most nurses are competent enough to carry out their duties properly. This indicates that management support acts as an enabling factor that can increase nurses' motivation, work enthusiasm, and professional responsibility (18).

The p-value of 0.005 indicated by the statistical test is lower than the chosen significance level ($\alpha = 0.05$). Therefore, it is safe to say that having support from top management has a significant impact on nurse productivity. The data shows that nurse performance is significantly influenced by management support. These results lend credence to the idea that management and other organizational elements play a significant role in influencing the performance of healthcare professionals (19).

Upon closer analysis, management support can influence nurse performance through several mechanisms. First, support in the form of clear policies and regulations will provide nurses with a clear direction for their work. Well-developed and effectively disseminated standard operating procedures (SOPs) will assist nurses in carrying out their duties systematically and according to standards. Second, support in the form of ongoing supervision and monitoring will increase nurses' work accountability. When nurses feel that their work is being noticed and evaluated, they tend to perform more optimally (20).

Third, management support in the form of adequate facilities and infrastructure also significantly impacts performance. Nurses who work with complete facilities and a safe work environment will find it easier to provide quality care. Conversely, limited tools and materials can hinder work processes and reduce service quality. Fourth, support in the form of awards and incentives is also a crucial factor. Recognition for good performance, both financial and non-financial, can increase nurses' work motivation and job satisfaction (21).

Furthermore, communication is also a crucial aspect of management support. Open, two-way communication between management and nurses will foster a harmonious working relationship. Nurses will feel valued and heard, thus being more motivated to deliver their best performance. Conversely, poor communication can lead to misunderstandings, conflict, and decreased morale (22).

The difference in performance proportions between groups with good and poor management support can also be explained through work motivation theory. Management support can fulfill nurses' psychological needs, such as the need for appreciation, recognition, and security. When these needs are met, nurses are highly motivated to perform well on an intrinsic level. Low motivation and performance are caused by a lack of support (23).

It should be noted that nurse performance is not influenced by a single factor, although data shows a strong relationship. Education, work experience, workload, work environment, and personal qualities such as attitude and personality are some other factors that can influence performance. Therefore, management support should be viewed as a crucial factor that must be combined with other factors in efforts to improve nurse performance (24).

On the other hand, it's also important to regularly evaluate the level of management support and nurse performance. This way, management can determine the extent to which implemented policies and programs are impacting performance. Healthcare organizations can use these assessments as a springboard for new ideas and improved human resource management practices (25).

In conclusion, the research findings reinforce the importance of management support in improving nurse performance. Nurses are more likely to perform well if they have adequate support. Therefore, strengthening management support for nursing staff is crucial if we are to see improvements in the overall quality of healthcare. With optimal support, it is hoped that nurses can work professionally, provide quality care, and ultimately improve patient satisfaction and safety (26).

d. The relationship between the credential system and nurse performance

The results of this study on the relationship between the credentialing system and nurse performance reveal interesting findings that require further analysis. Overall, statistical tests indicate a significant relationship between the credentialing system and nurse performance, with a p-value of 0.002 ($p < 0.05$). This demonstrates, at least statistically, that the two variables are related. However, when examined descriptively, the pattern of the relationship that emerged does not fully align with existing theory, requiring a more critical and comprehensive interpretation. Data from the study showed that of the 98 respondents, 70 (71.4%) nurses performed well in the group with a strong credentialing system, while 28 (28.5%) performed poorly. This finding is generally consistent with the existing concept that a good credentialing system should be able to guarantee the competence of nursing staff through verification, validation, and recognition of professional abilities. An optimally functioning credentialing system typically includes competency assessment, granting clinical privileges, and regular evaluation of health care worker performance. Better performance is anticipated from nurses using this system if they are able to operate according to established competency criteria (27).

Furthermore, a strong work culture within a unit or ward can also be a determining factor. If the group fosters a disciplined, supportive work culture, and informal supervision from direct superiors, nurse performance can be

maintained. In this regard, the ward head or supervisor plays a crucial role in directing and motivating nurses to perform optimally, even if formal systems like credentialing are not yet fully operational (11).

Theoretically, a credentialing system plays a key role in ensuring the quality of healthcare services by controlling the competency of healthcare workers. Hospitals can ensure that all nurses meet specific competency criteria by requiring credentials. Furthermore, a credentialing system serves to protect patients from the risk of medical errors and provides legal protection for healthcare workers. Therefore, a robust credentialing system should positively correlate with nurse performance (28).

Furthermore, these results may also reflect the fact that improving nurse performance does not solely rely on formal systems like credentialing but requires a more holistic approach. Factors such as ongoing training, a conducive work environment, management support, and employee well-being also play a crucial role in improving performance. Therefore, efforts to improve the quality of healthcare must be comprehensive and consider these diverse factors (29).

The implications of this research for hospital management include the need to evaluate the existing credentialing system. Management needs to ensure that the credentialing system not only functions administratively but also truly serves as a tool to improve nurse competence and performance. Furthermore, integration of the credentialing system with the performance assessment system is necessary so that credentialing results can serve as a basis for career development, awards, and training (28).

e. The relationship between job satisfaction and nurse performance

An interesting and elusive research conclusion regarding the relationship between nurses' job satisfaction and their performance in the workplace is the result of the study. The test results showed a statistically significant correlation between nurses' performance and job satisfaction, with a p-value of 0.012 ($p < 0.05$). This indicates that, in general, nurses' job satisfaction levels decrease with their success in the workplace. However, when reviewed descriptively, a pattern was found that does not fully align with existing theories, thus requiring a more critical and comprehensive interpretation.

Table 4.9 shows that of the 105 total respondents, 77 (or 73.3%) were nurses who reported high levels of job satisfaction and also demonstrated strong performance. Meanwhile, 28 (26.7%) in this group reported poor performance. These data lend credence to the notion that satisfaction with one's work environment is positively correlated with productivity (30).

However, different results were seen in the group of nurses dissatisfied with their jobs. In this group, all 100% of the 17 respondents performed well, and none performed poorly. Traditional human resource management wisdom suggests that job dissatisfaction negatively impacts productivity. However, our results suggest otherwise. Theoretically, individuals dissatisfied with their jobs will experience decreased motivation, reduced engagement, and potentially suboptimal performance. Consequently, further research on this phenomenon is needed to identify variables that may influence outcomes (31).

One possible explanation for this phenomenon is the presence of strong external motivational factors in the dissatisfied nurse group. A nurse's professional responsibility includes meeting established service standards, even if they have subjectively negative feelings about their work. The nursing profession has a strong code of ethics and a strong moral responsibility for patient safety and well-being. Even if they are dissatisfied with their current working conditions, this may motivate nurses to continue performing well. In other words, good performance in this group may be driven more by a sense of professional responsibility than by job satisfaction itself (11).

Furthermore, work culture factors can also influence research results. In some cultural contexts, including healthcare workplaces, values emphasize responsibility, discipline, and dedication to work. These values can motivate individuals to continue performing well regardless of perceived levels of satisfaction. Therefore, the relationship between job satisfaction and performance is not always linear but can be influenced by various contextual factors (32).

Statistical testing revealed a substantial correlation between nurses' job satisfaction levels and their performance in the workplace, even though the descriptive data contained some outliers. In other words, while perhaps not the sole element, job satisfaction does play a role in determining performance. In this regard, job satisfaction can be considered a component of performance; however, it must be considered alongside other components, such as leadership, work environment, incentive systems, and motivation.

f. Determinants of the implementation of clinical privileges with nurse performance

Nurse productivity at Dr. Zainoel Abidin Regional General Hospital in Banda Aceh can be better understood thanks to the findings of the first phase of the multivariate analysis. The purpose of this study was to use logistic regression to determine which variables, particularly those related to education and managerial support, significantly impact nurse performance. This finding is important because it not only examines the relationship partially but also considers the influence of each variable within the same model.

This study yielded a regression coefficient (B) for the education variable of 0.827, an odds ratio (OR) of 1.251, and a p-value of 0.085 ($p > 0.05$). A p-value higher than 0.05 indicates that the education variable in this model does not significantly affect nurse performance. Therefore, an OR value higher than 1 indicates a trend towards better performance by more educated nurses compared to less educated nurses. However, because this result is not statistically significant, this trend cannot be used as strong evidence.

This phenomenon can be explained from several perspectives. First, in nursing practice, performance is not only determined by theoretical knowledge acquired through formal education but is also greatly influenced by work experience, clinical skills, and adaptability to field situations. In the absence of adequate hands-on experience and expertise, a nurse's educational level does not guarantee improved performance. Conversely, nurses with less education but extensive work experience and strong clinical skills can demonstrate optimal performance (33).

Second, having clear SOPs can help hospitals bring nurses from diverse educational backgrounds together to expedite patient care. In a standardized healthcare system, every

nurse is required to follow established procedures, making differences in education level less visible in daily tasks. This can lead to the education variable not showing a significant effect in statistical analyses (34).

In contrast to the education variable, the management support variable showed significant results in influencing nurse performance. Management support significantly influenced nurse performance, as indicated by a regression coefficient (B) of 1.381, an odds ratio (OR) of 2.286, and a p-value of 0.011 ($p < 0.05$). With an odds ratio of 2.286, nurses who received strong support from management were approximately 2.3 times more likely to have high performance compared to nurses who received little support (35).

These results are consistent with several theories of human resource management and organizational behavior that emphasize the importance of organizational support in improving employee performance. Management support encompasses various aspects, such as effective leadership, good communication, adequate work facilities, a reward system, and a conducive work environment. A sense of belonging, increased work motivation, and dedication to providing excellent service are all indicators of managerial support for nurses (36).

A supportive management team can also help make the office a pleasant place to work. Healthcare personnel will be more satisfied with their jobs, experience less stress, and are more likely to collaborate in a supportive work environment. Nurses will be able to function more efficiently and effectively in such an environment. Conversely, problems such as poor motivation, unmanageable workload increases, and the development of team decline may be caused by a lack of support from management (37).

Furthermore, management support also plays a role in developing nurses' competencies. Good management provides training opportunities, supervision, and constructive feedback for nurses. This allows nurses to continuously improve their skills and enhance their performance. In such situations, support from upper management acts as an encouragement and facilitator for nurses' professional growth (37).

The findings of this study also indicate that managerial support has a stronger impact on nurse performance than educational elements. Human resource management in healthcare facilities would benefit greatly from this. Management needs to focus more on improving the quality of support provided to nurses, as this factor has been shown to significantly impact performance (38).

However, it's important to remember that many human and organizational factors interact to determine nurse performance. Although education did not show a significant influence in this analysis, this does not mean it is unimportant. While education remains the most important component in developing nurse competency, other elements, including training, experience, and a supportive work environment, are also necessary (39).

5. Conclusions

In general, this study can conclude that the determining factor between clinical privilege and nurse performance is management support.

The management of Dr. Zainoel Abidin Regional Hospital in Banda Aceh is advised to strengthen support for nurses through improved supervision, effective communication, adequate facilities and infrastructure, and performance rewards. Furthermore, the credentialing and clinical privilege systems need to be consistently evaluated and implemented according to each nurse's competency, career level, and clinical authority to improve the quality of care and patient safety.

6. References

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