

# Model Pengembangan Karier dan Kompetensi Infection Prevention Control Nurse (IPCN) di Indonesia = Career Development Model and Competence of Infection Prevention Control Nurse (IPCN) in Indonesia

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## Abstrak

Latar Belakang: Kompetensi IPCN berpengaruh terhadap keselamatan pasien dan kualitas pelayanan. Kondisi di pelayanan, belum ada standar kompetensi sebagai dasar pengembangan karier IPCN. Tujuan: Terbentuk model pengembangan karier IPCN untuk menggambarkan jenjang kompetensi IPCN di Indonesia. Metode: Mix Method melalui tiga tahap penelitian yaitu Descriptive Explorative untuk mengidentifikasi masalah, penyusunan model pengembangan karier IPCN, serta Descriptive Crosssectional untuk mengetahui jenjang kompetensi serta korelasi masa kerja, pendidikan, dan CPD dengan kompetensi IPCN. FGD melibatkan 30 IPCN, dan In Depth Interview melibatkan 16 manajer rumah sakit. Proses Delphi dilakukan tiga putaran dan konsultasi pakar untuk merumuskan Model Pengembangan Karier dan Kompetensi serta Evaluasi Diri IPCN valid dan reliable. Kuesioner diterapkan pada 384 IPCN pada 24 wilayah Indonesia. Hasil: Teridentifikasi lima tema yaitu peran dan tanggungjawab IPCN, kendala yang dihadapi, upaya yang dilakukan, penerapan jenjang karier Perawat Klinis, dan harapan tersusun model pengembangan karier IPCN. Gambaran jenjang karier IPCN di Indonesia adalah IPCN Muda 24,2%; IPCN Madya 68,8%; dan IPCN Ahli 7%. Terdapat korelasi hubungan signifikan antara masa kerja, pendidikan, dan Continuing Professional Development dengan kompetensi. Kesimpulan: Model Pengembangan Karier dan Kompetensi IPCN dapat memberikan gambaran jenjang karier IPCN di Indonesia, sebagai acuan rekrutmen, pengembangan profesional berkelanjutan, dan evaluasi kinerja IPCN secara periodik

.....Background: IPCN competency affects patient safety and service quality. Conditions in the service, there is no competency standard as a basis for IPCN career development. Objective: An IPCN career development model was formed to describe the IPCN competency level in Indonesia. Method: Mix Method through three stages of research, namely Descriptive Explorative to identify problems, preparation of IPCN career development model, and Descriptive Crosssectional to determine the competency level and correlation of work period, education, and CPD with IPCN competency. FGD involved 30 IPCN, and In Depth Interview involved 16 hospital managers. The Delphi process was carried out in three rounds and expert consultation to formulate a valid and reliable IPCN Career and Competency Development Model and Self-Evaluation. The questionnaire was applied to 384 IPCN in 24 regions of Indonesia. Results: Five themes were identified, namely the role and responsibilities of IPCN, obstacles faced, efforts made, implementation of Clinical Nurse career levels, and expectations of the IPCN career development model. The description of IPCN career levels in Indonesia is Young IPCN 24.2%; IPCN Madya 68.8%; and IPCN Ahli 7%. There is a significant correlation between length of service, education, and Continuing Professional Development with competence. Conclusion: The IPCN Career Development and Competence Model can provide an overview of IPCN career levels in Indonesia, as a reference for recruitment, continuous professional development, and periodic IPCN performance evaluation.