JOURNAL OF ACCOUNTING RESEARCH, UTILITY FINANCE AND DIGITAL ASSETS (JARUDA) | 2962-973X
Website : https://jaruda.org/index_php/go/index | Volumes 4 No. 4 (2026)

NURSES' EXPERIENCES IN ESTABLISHING INDEPENDENT NURSING PRACTICE BUSINESSES IN SINGKAWANG, WEST KALIMANTAN, IN 2023

Christian Alvyanto[1]
Bethesda Serukam Nursing Academy, Bengkayang, West Kalimantan
E-mail: christiana81018@gmail.com

Received: 01/04/2026 | **Revised:** 04/04/2026 | **Accepted:** 15/04/2026 | **Published:** 30/04/2026

Abstract

This study aims to explore nurses' experiences in establishing independent nursing practice businesses in Singkawang, West Kalimantan, in 2023. The study used a qualitative approach with a phenomenological design. The participants were two nurses who had established and operated independent nursing practice/home care services. Data were collected through in-depth interviews, field notes, and supporting documents, and were analyzed inductively using Colaizzi's stages. The findings revealed seven main themes: fulfillment of administrative and legal requirements, possession of competency certificates and work experience, financial readiness, communication with clients, adequate facilities and infrastructure, standardized medical equipment and reserve stock, and relationships with patients and work partners. The study concludes that the successful establishment of independent nursing practice is determined not only by clinical competence, but also by regulatory compliance, managerial ability, capital readiness, therapeutic communication, and community trust.

Keywords: Independent Nursing Practice; Nurse Entrepreneurship; Nurses' Experiences; Phenomenology; Singkawang.

INTRODUCTION

Health is an important indicator of community welfare. Quality, affordable, and equitable health services are basic needs that protect the public from various disease risks. In the context of health development, public access to quality health services is a major concern, including through the strengthening of health workers at the community level. Nurses hold a strategic position because they work closely with patients, families, and communities in care, education, prevention, treatment, and rehabilitation.

The development of health service needs has created opportunities for nurses to expand their professional roles. One form of this role expansion is independent nursing practice. Independent nursing practice is a professional service provided by nurses independently and collaboratively in accordance with their authority. The services may include home care, wound care, health education, consultation, basic nursing care, and collaboration with other health professionals. In practice, these services require nurses to have clinical competence, legal status, communication skills, and managerial readiness.

The legal basis for independent nursing practice in Indonesia includes Law Number 38 of 2014 concerning Nursing and its implementing regulation, Minister of Health Regulation Number 26 of 2019. These regulations affirm that nurses may carry out nursing practice, both in individual and community health services, as long as they meet the requirements for competence, licensing, and service standards. Therefore, independent nursing practice is not merely an entrepreneurial activity, but also a form of health service that must operate within ethical, legal, and professional boundaries.

Although independent nursing practice has obtained legal recognition, its implementation still faces several challenges. Common problems include licensing procedures, facility readiness, limited human resources, limited capital, public understanding, and professional collaboration networks. On the other hand, the welfare of nurses and the need for community-based services encourage some nurses to develop entrepreneurial initiatives. Independent practice becomes a relevant alternative because it can improve service access, expand the contribution of the nursing profession, and provide added value to the community.

The preliminary study documented that several nurses in Singkawang had established independent nursing practices, although the number was still limited and their experiences had not been widely explored. Nurses who establish independent practices need the courage to take risks, discipline, communication skills, and the ability to build cooperation with relevant parties such as the Health Office, the Indonesian National Nurses Association (PPNI), physicians, pharmacists, and fellow nurses. Based on this background, this study focuses on nurses' experiences in establishing independent nursing practice businesses in Singkawang, West Kalimantan, in 2023.

The general objective of this study was to identify nurses' experiences in establishing independent nursing practice businesses in Singkawang. Specifically, this study aimed to explore nurses' experiences during the preparation stage of practice establishment and to examine their performance in planning, implementing, and controlling the management of independent nursing practice. The findings are expected to contribute to nursing science, educational institutions, professional organizations, and nurses who intend to develop independent practice professionally.

LITERATURE REVIEW

Nurses' Experiences

Experience refers to what a person has undergone, lived through, felt, or endured. In nursing, experience is an essential component that shapes nurses' ability to make decisions, understand clinical situations, and respond appropriately to patient needs. Nurses do not work solely based on theoretical knowledge; they also develop through reflection on their encounters with patients, families, environments, and the dynamics of health services.

Potter and Perry (2005) explain that nurses obtain information about clients' health through observation, feeling, communication, and active reflection on personal experience. Benner (1984) emphasizes that clinical competence develops through experience, enabling nurses to recognize cues, understand context, and interpret situations accurately. Therefore, nurses' experiences in establishing independent practice should not be understood only as administrative activities, but as a professional process involving learning, adaptation, and decision-making.

Independent Nursing Practice

A nurse is a professional health worker who has the ability, responsibility, and authority to provide nursing services or nursing care at various levels of health care. Law Number 38 of 2014 defines a nurse as a person who has graduated from a higher education program in nursing, either in Indonesia or abroad, and whose qualification is recognized by the government in accordance with applicable laws and regulations. In practice, nurses may provide nursing care to individuals, families, groups, and communities in both healthy and ill conditions.

Independent nursing practice is an autonomous action carried out by professional nurses or nurse practitioners through collaborative cooperation with clients and other health workers in providing holistic nursing care according to their authority and responsibility. This service includes comprehensive bio-psycho-social-spiritual care across the human life span. In independent practice, nurses may conduct assessments, establish nursing diagnoses, plan and implement interventions, evaluate outcomes, provide referrals, deliver health education, offer consultation, and perform actions in accordance with competence and regulations.

The scope of independent nursing practice includes promotive, preventive, curative, rehabilitative, and complementary efforts in line with nursing authority. In promotive efforts, nurses may provide education, counseling, community empowerment, and reinforcement of clean and healthy living behavior. In preventive efforts, nurses may conduct early detection, identify health-vulnerable families, and recognize risk factors. Meanwhile, in home care and wound care services, nurses are required to have equipment, consumable materials, sterilization standards, documentation, and the ability to educate families.

Nurse Entrepreneurship and Practice Management

Nurse entrepreneurship refers to the activities of nurses as business owners as well as providers of health services. These activities may include direct nursing care, consultation, health education, service administration, research, or health service development. Nurse entrepreneurship differs from ordinary business activities because it is closely linked to ethical responsibilities, patient safety, professional standards, and health regulations. The development of independent nursing practice requires a combination of entrepreneurial principles and nursing principles. From the entrepreneurial perspective, nurses must understand market opportunities, capital needs, value-added services, business sustainability, and risk management. From the nursing perspective, nurses must maintain quality of care, patient safety, confidentiality, documentation, therapeutic communication, and interprofessional collaboration. The integration of these principles forms an independent practice that is legal, high

quality, and trusted by the community. The management functions relevant to independent practice include planning, organizing, staffing, implementation, leadership, and control. In practice, these functions are reflected in the selection of location or home care model, preparation of equipment standards, budget planning, scheduling, service promotion, communication with clients, collaboration with partners, and service evaluation. Thus, nurses' experiences in establishing independent practice can be understood as both clinical and managerial experiences.

Research Conceptual Framework

The conceptual framework of this study views the establishment of independent nursing practice as a process influenced by the principles of independent practice, nurses' duties and authority, legal aspects, scope of services, practice requirements, management functions, and health service strategies. These aspects lead to nurses' performance in establishing and developing independent nursing practice. The study focuses on nurses' experiences, the preparation stage of establishment, and planning, implementation, and control strategies in independent practice management.

METHOD

This study used a qualitative approach with a phenomenological design. This approach was selected because the study sought to understand nurses' subjective experiences in establishing and operating independent nursing practice businesses. Phenomenology allows the researcher to explore the meaning of experiences, perceptions, values, and strategies used by participants in facing the process of practice establishment, service management, and relationship development with patients and work partners.

The study was conducted in Singkawang City, West Kalimantan, from January to June 2023. The participants were nurses who operated independent nursing practice/home care services in Singkawang. Participants were selected using purposive sampling with the following criteria: nurses who had operated an independent nursing practice business, had a valid Nursing Practice License, were physically and mentally healthy, were cooperative during interviews, and were willing to share their experiences. The number of participants in this study was two.

The main instrument of the study was the researcher as a human instrument. The researcher prepared an in-depth interview guide based on the research objectives and the focus on experiences in establishing independent practice. Supporting tools included the interview guide, a recording device using a mobile phone, a notebook, and writing instruments. The interviews explored the preparation stage, human resource needs, budgeting, management control methods, facilities, equipment standards, stock availability, patient relationships, and opportunities for practice development.

Ethical considerations included informed consent, establishing good relationships with participants, the use of initials or codes, confidentiality of data, and the absence of coercion. Participants' identities were not written directly in the report but were replaced with the codes P1 and P2. This procedure was carried out so that participants felt safe in sharing their experiences, challenges, and views openly.

Data were analyzed qualitatively using an inductive approach based on Colaizzi's stages. The analysis process included reading all interview transcripts, identifying significant statements, formulating meanings, grouping meanings into categories and themes, integrating findings into a complete description, formulating the essence of the phenomenon, and conducting final validation with participants. Data trustworthiness was strengthened through credibility, transferability, dependability, and confirmability by reviewing transcripts, field notes, and the validation process with individuals familiar with qualitative analysis.

The research stages included preparation, obtaining permissions, developing instruments, collecting data, analyzing and discussing findings, preparing the report, presenting the results, and publishing. The planned outputs of this research were an article in a nationally accredited SINTA 4-5 journal, an ISBN-based teaching book on nursing entrepreneurship, and intellectual property rights as a form of research dissemination.

RESULTS AND DISCUSSION

General Description of Participants

The study involved two participants who were nurses and operated independent nursing practice businesses in Singkawang, West Kalimantan. Both participants lived in Singkawang and worked full time at Vincentius Private Hospital in Singkawang. P1 had established and operated an independent practice for approximately eleven years since 2012, while P2 had operated a practice for approximately six years since 2017. Participant characteristics are presented in Table 1.

Table 1. Participant Characteristics

Code	Sex	Age	Education	Independent Practice	Description
P1	Male	49 years	Bachelor of Nursing, CWCS	Wound care/home care nurse	Practicing since 2012; working full time at Vincentius Private Hospital, Singkawang.
P2	Male	34 years	Bachelor of Nursing	Pharmacy/general nursing service	Practicing since 2017; working full time at Vincentius Private Hospital, Singkawang.

Research Themes

The analysis of interview transcripts generated seven main themes. These themes show that establishing independent nursing practice requires not only clinical skills, but also legal status, capital, facilities, communication, equipment availability, and social-professional networks. A summary of the themes is presented in Table 2.

Table 2. Research Themes

No.	Theme	Meaning of the Findings
1	Administrative completeness according to regulatory standards	Practice establishment requires a Registration Certificate, Nursing Practice License, PPNI recommendation, workplace recommendation, service-type form, and verification or audit by the Health Office.
2	Competency certificates and work experience	Nurses need specific competencies, training, and proof of work experience to build trust and meet practice requirements.
3	Adequate financial readiness	Capital is needed for medical equipment, consumable materials, sterilizers, display cabinets, practice rooms, permitted generic medicines, and home care transportation.
4	Good communication with clients/patients	Initial communication by phone or WhatsApp helps nurses understand patient conditions, prepare equipment, explain costs, and build trust.
5	Complete facilities and infrastructure	Practice requires a home care kit, dressing set, examination table, examination room, oxygenation equipment, nebulizer, and other supporting tools.
6	Standard medical equipment and reserve stock	Modern wound care tools, dressings, topical products, absorbers, sterilization facilities, and reserve stock are important for service readiness.
7	Relationships with patients and work partners	Trust, documentation of patient progress, cooperation with physicians and pharmacists, and social networks support practice sustainability.

Theme 1: Administrative Completeness and Practice Legality

The first finding shows that administrative completeness is the main prerequisite before nurses establish independent practice. Participants mentioned important documents such as the Registration Certificate, Nursing Practice License, recommendation from PPNI, a statement or recommendation from the director of the workplace, and forms describing the place and type of service. These documents were submitted to the Singkawang City Health Office as part of the licensing process.

P1 explained that home care services required the processing of a Nursing Practice License and a recommendation from the professional organization. P2 explained that the Health Office conducted an audit or field survey to observe equipment readiness and check document completeness before the license was issued. This finding indicates that legality is the first gateway to establishing practice. Without legality, independent practice risks lacking legal protection, facing difficulty in building patient trust, and failing to meet professional standards.

Conceptually, this theme is consistent with the principle that independent practice must operate within regulatory boundaries. Nurses do not merely open a service business; they exercise professional authority attached to competency standards and state regulations. Therefore, prospective independent practitioners must understand the licensing flow from the beginning, prepare documents completely, and maintain communication with professional organizations and the Health Office.

Theme 2: Competency Certificates and Work Experience

The second theme emphasizes the importance of competency certificates and work experience. P1 attended a one-month wound care course as the basis for opening wound care practice. P1 also prepared a cadre of nurses who had wound care certificates so that services could continue when he was unavailable. P2 explained that the practice was carried out personally, but proof of work experience was one of the additional requirements in the establishment process.

This experience shows that clinical competence is a decisive professional asset. Independent nursing practice cannot be operated merely because there is a market opportunity; it must be supported by technical ability and professional confidence. Certification, training, and work experience provide evidence that nurses have adequate knowledge and skills to perform interventions according to their authority.

From the perspective of human resource management, this finding also shows the challenges of workforce organization. Nurses who still work in hospitals must adjust independent practice schedules to their hospital duties. Collaboration with fellow nurses can make services more sustainable, but it requires similar competence, time availability, and clear division of responsibilities.

Theme 3: Adequate Financial Readiness

The third theme relates to budget readiness. P1 explained that wound care practice required approximately IDR 10,000,000 to IDR 15,000,000 for instruments, wound care kits, and sterilizers. In addition, transportation costs for home care could reach approximately IDR 1,000,000 per month. P2 mentioned that the initial capital was around IDR 3,000,000 to IDR 5,000,000 for medical equipment, a display cabinet, permitted generic medicines, and the use of his own house as a practice location.

The difference in capital amounts indicates that financial needs depend on the type of service. Wound care practice with a home care approach requires more specific equipment, consumable materials, and mobility. Meanwhile, a practice located at home can reduce building rental costs. P2 explained that capital could be recovered in the following months, especially when there were no similar competitors around the practice location and patient relationships had begun to form.

From an entrepreneurial perspective, financial readiness is part of business planning. Nurses need to calculate initial capital, operational costs, service fees, consumable materials, transportation, pricing strategies, and patients' economic capacity. In wound care services, P1 used classifications of intervention, maintenance, and remodeling phases to explain differences in costs. Discussing costs from the beginning helps families understand the service flow and prevents misunderstanding.

Theme 4: Good Communication with Clients/Patients

The fourth theme shows that communication is key to service control. P1 received initial information from patients or families by phone and WhatsApp, including photos of wound conditions. This information helped the nurse understand the patient's situation before the visit, estimate the equipment that needed to be brought, and prepare the first intervention. P2 also operated the practice flexibly according to his hospital duty schedule, with service hours from approximately 3 p.m. to 9 p.m.

Good communication is not only technical but also builds trust. Patients and families need explanations about wound conditions, care plans, costs, progress, and possible referrals. In independent practice, nurses are present as service providers as well as family companions. The ability to explain information in language that is easy to understand is part of service quality.

This finding shows that simple communication technology such as WhatsApp plays a role in practice management. Wound photos, short messages, and phone calls allow preliminary assessment, scheduling, and monitoring of patient progress. However, the use of digital communication must still maintain patient confidentiality, professional ethics, and information accuracy.

Theme 5: Complete Facilities and Infrastructure

The fifth theme shows that facilities and infrastructure are important elements of practice readiness. P1 prepared wound care kits, instruments, sterilizers, and modern wound care products. P2 prepared an examination table, chairs, a display cabinet, consumable materials, an examination room, dressing sets, oxygenation tools, nebulizers, and first-aid equipment in accordance with the standards submitted in the regulatory process.

Complete facilities and infrastructure are directly related to service quality and patient safety. Independent nursing practice must have tools that match the type of service provided. Home care services require equipment that is portable, sterile, safe, and sufficient for interventions in patients' homes. Meanwhile, practice with a service room requires a clean, comfortable environment that supports patient privacy.

Complete facilities also become an indicator of readiness when the Health Office conducts inspection or audit. In establishing a practice business, nurses need to prepare a list of needs based on service type, equipment priority, sterilization standards, and gradual procurement plans. Limited capital can be managed by focusing on essential tools, but safety standards must not be reduced.

Theme 6: Standard Medical Equipment and Reserve Stock

The sixth theme is related to medical equipment standards and reserve stock. P1 emphasized the importance of wound care sets, modern wound care products, dressings, topical products, absorbers for exudate, and tools adjusted to the patient's wound condition. P1 also mentioned large reserve stock that could be used when daily supplies were insufficient. P2 prepared first-aid tools, oxygenation equipment, nebulizers, and basic consumable materials. Stock availability is part of service quality control. Nurses should not visit patients' homes without adequate equipment readiness. Reserve stock helps maintain service continuity, especially when patient needs change or interventions require additional materials. In chronic wound care, variations in wound conditions require nurses to understand types of dressings, levels of exudate, and sterilization procedures.

Medical equipment standards are also related to the professional image of independent practice. Patients and families assess trust not only from care outcomes, but also from equipment readiness, cleanliness, documentation, and the nurse's explanation of equipment use. Therefore, stock control must be viewed as part of service management, not merely as a logistical matter.

Theme 7: Relationships with Patients and Work Partners

The seventh theme shows that relationships are the basis of independent practice sustainability. P1 served patients from various economic groups. For patients from lower economic groups, P1 mentioned support or subsidies from those who were financially able so that services could still be provided. P1 had also collaborated with a surgeon, particularly in wound care. P2 built cooperation with pharmacists to obtain medicines or service needs at more affordable prices.

Trust was a recurring keyword. P2 explained that when patients and families trusted the service, recommendations could spread to family members and neighbors. In the Singkawang context, patients' social networks became an important channel for service promotion. Good communication, visible care outcomes, and documentation of progress strengthened trust. Documentation also has educational and protective functions. P1 provided documentation of wound development from the beginning to the end of treatment so that families could objectively observe changes in the patient's condition. Documentation can be used to explain clinical decisions, facilitate referrals, and serve as evidence when questions arise from other health facilities. Thus, good relationships must be supported by orderly and professional service evidence.

Discussion

The findings of this study show that nurses' experiences in establishing independent nursing practice are complex. There is an integration of clinical experience, legal fulfillment, business management, and social relationships. Nurses must be able to position themselves as health professionals authorized to provide care while also acting as business practitioners who understand market needs, operational costs, and service sustainability. From the regulatory perspective, the Registration Certificate, Nursing Practice License, professional organization recommendation, and Health Office verification serve as the main foundation. This strengthens the position of independent nursing practice as a legal and accountable service. In practice, the licensing process also becomes an entry point for nurses to understand equipment standards, types of services, and the limits of professional authority.

From the competence perspective, the participants' experiences show that service specialization such as wound care requires training and certification. This competence not only improves technical ability but also

strengthens patient education, referral ability, and public trust. This is consistent with the idea that clinical experience shapes nurses' ability to recognize patient contexts and make relevant decisions. From the management perspective, the establishment of independent practice needs to be designed through capital planning, facilities, human resources, equipment standards, communication flow, and partner networks. Differences in initial capital between participants show that independent practice can be developed at various scales according to the type of service. However, planning remains essential so that practice does not stop at establishment but develops into a sustainable service.

From the social perspective, patient trust is a primary asset. Communication, documentation, cost transparency, and observable service outcomes shape the reputation of independent practice. Relationships with physicians, pharmacists, professional organizations, and patients' families also help the practice operate more effectively. Therefore, independent nursing practice in Singkawang has significant potential, particularly when the need for community and home care services continues to increase while the number of independent practitioners remains limited.

CONCLUSION

This study concludes that nurses' experiences in establishing independent nursing practice businesses in Singkawang, West Kalimantan, in 2023 were formed through seven main aspects: administrative completeness and legality, competency certificates and work experience, financial readiness, communication with clients, complete facilities and infrastructure, standard medical equipment and reserve stock, and relationships with patients and work partners. These seven aspects are interrelated and determine the success of independent practice as a professional health service.

Establishing independent nursing practice cannot be understood merely as opening a business, but as a professional process that must fulfill regulatory standards, competency standards, ethical standards, and patient safety standards. Nurses who wish to develop independent practice need to prepare legal documents, improve competence, plan capital, maintain equipment availability, build good communication, and expand cooperation networks.

The implication of this study is the need for support from nursing education institutions, professional organizations, and the Health Office in providing education, mentoring, and practical guidance for nurses who intend to establish independent practice. This study may also serve as a basis for developing teaching materials on nursing entrepreneurship, preparing intellectual property rights, and publishing scientific work on independent nursing practice. Further research is recommended to involve more participants, broader regions, and various types of independent practice services so that the understanding of independent nursing practice development models becomes more comprehensive.

REFERENCES

Afiyanti, Y., & Rachmawati, I. N. (2014). Qualitative research methodology in nursing research. Jakarta: Rajawali Pers.

Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park, CA: Addison-Wesley.

Blacius, D. (2021). Qualitative research methodology in nursing. Jakarta: Trans Info Media.

Ministry of Health of the Republic of Indonesia. (2006). Decree of the Minister of Health of the Republic of Indonesia Number 279/MENKES/SK/IV/2006 concerning guidelines for the implementation of community health nursing efforts. Jakarta: Ministry of Health of the Republic of Indonesia.

Ministry of Health of the Republic of Indonesia. (2019). Regulation of the Minister of Health of the Republic of Indonesia Number 26 of 2019 concerning the implementing regulation of Law Number 38 of 2014 concerning Nursing. Jakarta: Ministry of Health of the Republic of Indonesia.

Polit, D. F., & Beck, C. T. (2021). Nursing research: Generating and assessing evidence for nursing practice. Philadelphia: Wolters Kluwer.

Potter, P. A., & Perry, A. G. (2005). Fundamentals of nursing. St. Louis: Elsevier Mosby.

Republic of Indonesia. (2009). Law Number 36 of 2009 concerning Health. Jakarta: State Secretariat.

Republic of Indonesia. (2014). Law Number 38 of 2014 concerning Nursing. Jakarta: State Secretariat.

Triwibowo, C., & Pusphandani, M. E. (2012). Nursing law. Yogyakarta: Nuha Medika.