Fanny Tavakolinia Hansen

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Supervisor: Lars Andersson

Examiner: Gunilla Johansson

THE IMPORTANCE OF HYGIENE ROUTINES AND PRACTICES.

AN INTERVIEW STUDY WITH NURSES IN BALI, INDONESIA.

BETYDELSEN AV HYGIENRUTINER OCH DESS UTÖVANDE.

EN INTERVJUSTUDIE MED SJUKSKÖTERSKOR PÅ BALI, INDONESIEN.

ERSTA SKÖNDAL BRÄCKE HÖGSKOLA

Abstract

Background: Hygiene routines and practices is an important part of healthcare. Without hygiene routines there might not be a functional health care system nor would the hospitals be a safe environment. Patient safety is one of our most important tasks as nurses and in order to achieve that, we need good education. Of the actively working nurses in Indonesia 29% have a diploma, 1% has a higher degree and the remaining 60% only obtains a high school level of knowledge and education. Although the country is in development there are currently still problems in the education of nursing.

Aim: The aim was to describe nurses' experiences of hygiene routines and practices in hospitals in Bali, Indonesia.

Method: A qualitative interview study with semi structured interviews was carried out at hospitals in Bali, Indonesia. A qualitative content analysis was used to transcribe and analyze data from four interviews with different educated nurses.

Results: The result shows four themes and ten subthemes. In addition to hygiene and education, teamwork was also frequently mentioned. To make sure the patient was happy was also an answer given many times during the interviews.

Discussion: Some participators had a hard time explaining their experiences of hygiene routines and practices, which made it seem like they were lacking in knowledge due to shortage of context in education.

Keywords: Nurse, education, Indonesia, hygiene, routines, practices.

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Sammanfattning

Bakgrund: Hygienrutiner och dess utövande är en viktig hörnsten i hälso- och sjukvården. Utan det hade vi inte haft ett fungerande hälso- och sjukvårdssystem och sjukhusen hade inte heller varit en säker miljö att vistas i. Patientsäkerheten är en av våra viktigaste begrepp uppgifter och för att uppnå det så behövs en bra utbildning. Av de aktivt arbetande sjuksköterskorna i Indonesien har 29 % tagit en treårig examen, 1 % med högre utbildning och de resterande 60 % erhåller endast en gymnasienivå av kunskap och utbildning. Trots att landet är under utveckling finns det fortfarande problem i vårdutbildningen.

Syfte: Syftet var att beskriva sjuksköterskornas erfarenheter av hygienrutiner och dess utförande på ett/flera sjukhus på Bali, Indonesien.

Metod: En kvalitativ intervjustudie med halvstrukturerade intervjuer genomfördes på ett/flera sjukhus på Bali, Indonesien. En kvalitativ innehållsanalys användes för att transkribera och analysera data från fyra intervjuer med olikt utbildade sjuksköterskor.

Resultat: Resultatet visar fyra huvudteman och tio subteman. Förutom hygien och utbildning nämndes även teamwork ofta. Att se till att patienten är glad och nöjd var ett frekvent svar i intervjuerna.

Diskussion: Vissa deltagare hade svårt att förklara sina erfarenheter av hygienrutiner och dess utövande. Vilket fick det att se ut som att de saknade kunskap. Kunskapsbristen skulle kunna vara på grund av att utbildningen saknar innehåll om hygienrutiner.

Nyckelord: Sjuksköterska, utbildning, Indonesien, hygien, rutiner, utövande.

Abbreviations

HCAI – Healthcare associated infections

HRP – Hygiene routines and practices

ICN – International Council of Nurses

MFS – Minor Field Studies

SIDA – Swedish International Development Cooperation Agency

WHO - World Health Organization.

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Finally, I want to thank evacuation camp in Manggis, Bali for spreading your happiness throughout the difficult times during Gunung Agungs eruption. During my time on Bali, 12 September 2017 – 7 November 2017 the biggest volcano on the island was on the verge of erupting. Hundreds of thousands of people had to leave their homes, temples, farms and animals to stay safe from the risk of eruption. Me, alongside many other voluntaries, collected money to be able to buy food, medicine, toothbrushes, soap etc for the camps surrounding the volcano. A tourist guide gladly volunteered to drive me all the way up to the affected areas so that we could drop of the 200+ kg food, diapers, shampoos, toys etc that I was able to buy thanks to all my friends and family in Sweden donating money. The camp volunteers had happy spirits and welcomed us with open arms. Kids were running around trying to get a glimpse of what we had brought. We stayed to help cook and prepare food for the camp residents. My thoughts go out to all the refugees, I hope they will stay safe and that their homes not will be destroyed. Suksma Bali!

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1 Introduction

Hygiene routines and practices is an important part of healthcare. Without hygiene routines there might not be a functional health care system nor would the hospitals be a safe environment. Patient safety is our most important task and it starts with a good education. Although Indonesia is in development there are still problems in the education of nursing. How can we provide safe care to patients when we lack education and knowledge?

2 Background

2.1 Indonesia – a developing country

Indonesia is moving towards becoming a middle-income status country due to their economic growth (Regional Office for South-East Asia & World Health Organization. 2017). The government is now looking to invest more money into health care. One of the ways to achieve healthcare improvement is by financing and the government of Indonesia has spoken out about the importance of improving the Indonesian healthcare.

There has been a slow improvement of the health of the Indonesian people the last two decades with factors like cultural differences, low income, infrastructure and low education (Thabrany, 2008). Still 11% of the Indonesian people are poor and without a special insurance, the hospitals will not fully treat these patients. Although the overall health has been going in the right direction with fewer deaths within births, infant mortality has decreased by almost 50 percent and life expectancy has been rising from 63 years in 1990 to 71 years in 2012 (Regional Office for South-East Asia & World Health Organization. 2017).

Indonesia is the fourth most populated country in the world with approximately 258 million people and the world's largest archipelago with around 18 000 islands (Landguiden, 2017). The location of the country causes it to always be at risk for natural disasters such as earthquakes, tsunamis, floods, landslides and volcano eruptions (Swedenabroad, 2017). Sometimes hundreds of thousands of people get affected by these disasters and a lot of them will then need healthcare. With around the clock exposure, the hospitals need to be

specialized for these kinds of catastrophes and stand prepared with guidelines and functional routines.

2.2 Healthcare associated infections

Alongside natural disasters, healthcare associated infections (HCAI) can be found all over the world. This serious issue can be explained as an association between poor cleaning of shared items and hospital environment and the transmission of microorganisms to patients. (Garner & Favero, 1986; Dancer, 1999). It is an infection that was not present in the time of admission but is transferred by the hospital staff or items from one patient to another (WHO, 2017). This is a sign of bad hygiene routines and practices which leads to spreading of microorganisms which then leads to patients, multi unwell, caused by the hospital. According to WHO (2017), hundreds of thousands of patients are affected by HCAI each year and is more common in low- and middle-income countries. Clean Care is Safer Care is a method of work where HCAI in one of the key burdens (Allegranzi, Bagheri
Nejad, Combescure, Graafmans, Attar, Donaldson & Pittet, 2010). HCAI results in an increased resistance of microorganisms to antimicrobials, long-term disability, prolonged hospital stays, additional costs for patients and healthcare systems and unnecessary deaths.

WHO has developed a list of solutions to solve HCAI, but most importantly we need behavioral change and staff accountability.

- Identifying local determinants of the HCAI burden.
- Improving reporting and surveillance systems at the national level.
- Ensuring minimum requirements in terms of facilities and dedicated resources available for HCAI surveillance at the institutional level, including microbiology laboratories' capacity.
- Ensuring that core components for infection control are in place at the national and health-care setting levels.
- Implementing standard precautions, particularly best hand hygiene practices at the bedside.

- Improving staff education and accountability.
- Conducting research to adapt and validate surveillance protocols based on the reality of developing countries.
- Conducting research on the potential involvement of patients and their families in HCAI reporting and control (WHO, 2017).

2.3 The Indonesian health systems

There are several components that make up the Indonesian healthcare system. As well as many other countries in the world, Indonesia has both public and private health care (Regional Office for South-East Asia & World Health Organization. 2017). The hospitals and primary health care clinics are funded by the state and the private hospitals and clinics are funded by private companies and sometimes Islamic or Christian organizations (Setyowati, 2015). Religion-profiled hospitals are not unusual in Indonesia, here are patients recommended to choose hospital by their religion (Milton da Silva, 2009). Some state funded hospitals leave a part of their hospital for private health care practice to be able to generate money for the public facilities who deliver health care to the poor (Setyowati, 2015).
The Indonesian government strives for a better healthcare system and a more healthy population. In 2004 the social healthcare was founded and by 2006 only 20 % of the people's healthcare costs were supported (Milton da Silva, 2009). The rest of the population has to seek support from aid organizations, special tax funding or private insurances. A patient in need will always get treated but the insurance company decides on what level he/she will get treated and what hospital care they will get.

2.4 Indonesian nursing education

The main topic in nursing education is just that, nursing, and nurses are supposed to be experts in this topic after graduating. Hygiene plays a big part in nursing care and without it there would be hard to reach good health. Therefore, it is important to raise awareness about the education to understand that the working nurses only have knowledge about what the education educated them in.

Today there are different levels of nursing education in Indonesia such as SPK nurses, D3 nurses, Bachelor nurses and master degree nurses (Setyowati, 2015).

2.3.1 SPK nurse

Goes to nursing school which is a high school level education and they are the biggest group with senior nurses. They have a lot of experience but lack theoretical knowledge. Because of this, the SPK nurses are unaware of the limits of their profession.

2.3.2 D3 nurse

These nurses go to school for three years and their theoretical lessons go hand in hand with their practical training. They are skilled, experienced and theoretical specialized in the 'how' of action and intervention.

2.3.3 Bachelor nurse

The bachelor nursing education are divided into two groups, the A program and B program. The A program goes to school for five years which four are theoretical and one is practical. In program A the theoretical part concentrate on the critical thinking, the 'why' of action, intervention and also looks into management. The nurses in program B are D3 nurses who would like to continue their education to bachelor. Already skilled in the practical area, program B adds additional theory to make them qualified professional nurses.

2.3.4 Master degree nurse

These nurses mostly work as educators or are in some kind of management at hospitals. Their education is founded in the bachelor level but obtained master degree.

According to Setyowati (2015) there are still some major problems with the Indonesian nurse profession and education. Approximately 60% of nurses working in Indonesia are SPK educated and therefore only has the knowledge of high school level. There are 29% of the

working nurses who has a diploma and 1% hold degrees. Since 1982 many schools has converted their courses into diploma programs to avoid people from choosing the high school level program. The Indonesian government is working hard to improve the level and standard of the nursing education.

2.4 The history of hygiene

Florence Nightingale is known for her nursing work and accomplishments. In 1854 she joined the Crimean War and served as a nurse along with 37 other nurses (Fee & Garofalo, 2010). She saw the approximately 18,000 wounded or dying soldiers lying in the rooms and on the floors of the demolished hospital she was working at. Nightingale also noticed the deplorable environmental conditions they were surrounded by and their lacking of food and thought that this might be why the soldiers continued to die. The soldiers were not taken care of and no one cleaned their wounds. The hospital had the highest death rate in the region, men were lying on top of each other with wounds that were covered with dirty and bloody rags and soon lice, cholera and typhoid had started to spread. They had no clean linen, towels or soap and were eating almost nothing with nutrition. Nightingale had come to conclusion that their biggest problems were the diet, the dirt and the drains and by improving the hygienic conditions of the hospital she could decrease mortality. Therefore she started buying supplies for the hospital. She bought towels, linen, soap, clothes, plates, cutlery and drinking glasses, she sent for food from England, cleaned the kitchens, the hospital rooms and floors and established a laundry to always have clean linen and towels. Even a sanitary commission from the British government came to fix the drains and ventilation. When Nightingale was done with the improvements she had decreased the death rate within the hospitals with 2/3.

Ignaz Semmelweis was also known for his accomplishments and was described as the ‘savior of mothers’ (WHO, 2009). His research and observations started taking place 1844, when he received his doctor’s degree, at his assistant job in one of the two obstetric clinics in Vienna. He studied the puerperal fever, also known as childbed, and saw that the death rates were higher in the clinic he was working at, 16 %, compared to the other clinic that had 7 %. While

observing the doctors and medical students who were going directly from the autopsies to the delivery rooms, he noticed that doctors and students had a disagreeable odor on their hands despite washing with water and soap in between departments. Semmelweis thought that the particles from the cadavers transmitted via the hands of the personnel to the mothers in the delivery and that this caused the puerperal fever. He then suggested that all hands should be scrubbed with chlorinated lime solution in between every patient contact and especially after visiting the autopsy. Semmelweis's observations and intervention caused the death rate to drop from 16 % to 3 % and continued to decline.

Nurses play a big part of keeping the hygienic conditions of the environment in check and the public trusts us to provide safe care (Hughes, 2008). Nursing has repeatedly been found to be one of the most trusted professions, according to national surveys and in order to keep that trust we also need to follow certain principles:

1. to not work while having an infectious illness
2. to be knowledgeable about the methods to protect our patients from transmission of disease
3. to perform aseptic practice and monitor patient infections
4. to participate in quality improvement initiatives to reduce infections
5. to provide care even if it means self-risk from infection (Hughes, 2008)

2.5 Definition of hygiene routines and practices

According to WHO (2017) the definition of hygiene is to help maintain health and prevent spread of diseases by practices. When talking about medical hygiene it includes all of the listed points here beneath, as for example environmental cleaning, hand washing and sterilization of equipment.

WHO (2017) put together an essential list of the standard precautions to be used in the care of all patients:

A. *Hand washing* – Wash hands after touching blood, secretions, excretions and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts. Use a plain soap for routine hand washing. Use an antimicrobial agent for specific circumstances.
B. *Gloves* – Wear gloves when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin.
C. *Mask, eye protection, face shield* – Wear a mask and eye protection or a face shield during procedures and patientcare activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
D. *Gown* – Wear a gown during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
E. *Patient-care equipment* – Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately.
F. *Environmental control* – Ensure that the hospital has adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces.
G. *Linen* – Handle used linen, soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, and that avoids transfer of microorganisms to other patients and environments.
H. *Occupational health and bloodborne pathogens* – Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices. Use ventilation devices as an alternative to mouth-to-mouth resuscitation methods.
I. *Place of care of the patient* – Place a patient who contaminates the environment or who does not assist in maintaining appropriate hygiene in an isolated (or separate) room.

2.6 International council of nurses

The ethical code works as a guiding tool and brings nurses together to one common approach (WHO, 2017). The international council of nurses is available to all nurses worldwide. ICN

has a clear standpoint for human rights, is dedicated to strengthening the nursing workforce and to continue to develop and spread comprehensive information, standards and tools.

The ICN describes a nurses' professional liability. The code contains four main headlines: Nurses and people, nurses and practice, nurses and the profession and nurses and co-workers. Here are some sockets, focused on HRP, quoted by the four main headlines:

- The nurse assumes the major role in determining and implementing acceptable standards of clinical nursing practice, management, research and education.
- The nurse carries personal responsibility and accountability for nursing practice, and for maintaining competence by continual learning.
- The nurse uses judgement regarding individual competence when accepting and delegating responsibility.
- The nurse at all times maintains standards of personal conduct which reflect well on the profession and enhance public confidence.
- The nurse ensures that the individual receives sufficient information on which to base consent for care and related treatment.
- The nurse also shares responsibility to sustain and protect the natural environment from depletion, pollution, degradation and destruction. (ICN, 2012)

The ethical code is created to maintain the nurses' work ethic and to keep the profession updated with current information, but it will always be the nurses' own responsibility to do so.

3 The problem statement

It is the nurse's responsibility to ensure hygiene routines, reduce the risk of HCAI, create patient safety and reduce patient suffering. Nurses in Indonesia are employed to do the same job but basically have different education programs. Some of these programs need further development to provide the nursing students with a good foundation.

4 Aim

The aim of this study was to describe nurses' experiences of hygiene routines and practices in hospitals in Bali, Indonesia.

5 Theoretical framework

The theoretical framework is the structure of the research study that introduces supports and describes why the research problem exists (Swanson, 2013). Theories are created to predict, explain and understand phenomenon's that are being studied. To be able to challenge and extend the existing knowledge and get the most out of the collected data it is important to choose the right theoretical framework.

Florence Nightingale's environment theory is one of the theories chosen for this bachelor thesis. Florence placed the bar a long time ago about the importance of environmental hygiene and since then, governments and institutions all over the world have continued to develop their educations and hospitals because of her observations in the Civil war 1854. Her theory contains ten major concepts that concern the overall environment: ventilation and warming, light and noise, cleanliness of the area, health of houses, bed and bedding, personal cleanliness, variety, offering hope and advice, food and observation (Nightingale, 1980). From her observations she learned that it is primarily an unsanitary environment that leads to illness and death but of course there is more needed to be able to achieve an overall good health. Therefore, Nightingale's ten different environment concepts were developed.

Later, Myra Estrin Levines developed her own nursing theory that has been compared to Nightingales theory many times. Her theory consists of four conservation principals and will also be used throughout this research (Levine, 1973). The words conservation or 'conservatio' originates from the Latin language and means "to keep together". Levines four conservation principles are: Conservation of energy, conservation of structural integrity, conservation of personal integrity and conservation of social integrity. The conservation of energy is

performed by balancing the production and the consumption of one's energy. The nurse should strive for balance within the ill patients' conditions to avoid excessive fatigue. The conservation of structural integrity involves preserving, preventing and restoring one's body. The nurse is in charge of preserving the patient's assets, prevent patients from HCAI and restore them back to normal if possible. To achieve this, the nurses need to know the importance of hygiene routines and practices. Levine stresses the importance of nurses being able to acknowledge when the immune system is down and what consequences it follows when not handling hygiene correctly. The conservation of personal integrity is described as the nurse recognizing the patients need for personal space. It's about strengthening the patients' self-perception and autonomy in a positive direction and it's the nurse's job to involve the patient in his or her own care and keep them informed to the extent of the patient being able to make own decisions about his/her care. It may also mean the patient wanting to keep his/her personal hygiene just like the patient is used to. Here is where the nurse comes in and provides guidance, information and a helping hand in the needed extent. The conservation of social integrity consists of the patient being recognized for their social needs. The nurse supports and promotes social interactions with family, friends, religion, politics etc. and with nursing actions making it easier for the patient to keep his/her social relationships and habits. Contact with loved ones fosters the patient's health making the recovery quicker.
All though this research study is not focusing on the patient itself, both Nightingale and Levine's theories have important components about hygiene that supports this thesis. The result will be linked to the theories but also to emphasize the importance of hygiene routines and practices.

6 Method

6.1 Preparation

A temporary draft of questions was made that later would be formulated and designed to fit the participants. It was important to localize and get to know the environment of where the thesis would take place (Bryman & Bell, 2011). To be able to get the authenticity of the

interviews it was also important to get to know the culture, people and environment before designing the questions (Schatzman & Strauss, 1973). It is important to ask the right questions in any type of interview in order to signify respect for the participants' reality and situation. Participants may be uncomfortable in this type of situation and that could result in less authentic answers.

6.2 Design

To get the data needed for the aim of the study it was decided to choose a qualitative design with semi structured interviews. Semi structured interviews gave the freedom to ask questions off script (Kvale & Brinkmann, 2009). An interview guide was made (Appendix 1) and used to make sure all questions were asked during the interview.

6.3 Participators

Four interviews were held with four different nurses. The author decided not to look into any other areas (age, gender etc.) of the participators than their education. All participators were qualified nurses but with an education of different amount of years. One of the nurses was a bachelor nurse and studied five years and the other three nurses studied three years to become D3 nurses.

6.4 Data collection

An introduction letter of the study was sent out to all hospitals in Bali with the information for further cooperation. Some hospitals responded back, more information about the study was sent to the contacts and times for the interviews were set. Four interviews were held with nurses from different hospitals in Bali. The interviews were held at the hospital where each nurse worked and lasted for approximately 30 minutes. The interviews were recorded for later transcription and analyze. With the semi structured interview, the interviewer could go out of script and let the conversation flow which was important to get the most out of the interviews. Also, the designed interview guide was used during the interviews to make sure every question was asked (Appendix 1).

6.5 Data analysis

The data from the interviews were transcribed and then analyzed using a qualitative content analysis. The qualitative content analysis is a descriptive method that describes the data from the transcriptions (Danielson, 2012). This method of choice identifies themes and subthemes in the transcriptions and is often used in nursing to analyze multifaceted phenomena's (Elo & Kyngäs, 2007). The interviews were transcribed and printed out. The author read the interviews many times and analyzed before starting cutting out small sentences and making piles of themes and subthemes. The aim of the study was to describe the nurses' experiences of HRP and the chosen method enabled this.

7 Etihcal considerations

All participants received both written and verbal information about the study and all the above in advance and again before the interviews. The participators were freely volunteering and could at anytime decline from the study. All collected data was confidentially handled, and all participants was unidentified. Any quotes used in the study will not be connected to a specific person. All recordings and transcriptions were saved on a memory card, put into a safe box with password and later destroyed to protect the identities of the participants.

As the author of the study it was important to have a pre-understanding to understand that it might be misunderstandings during the interviews. Since English is none of our mother tongue there was a risk the participants might have felt uncomfortable with some of the questions or how the material would be handled. It was important to pay regard to eventual problems when it came to understand their language and culture. In that way there would be a permissive and non-judgmental response when talking about how the hygiene routines and practices should and not should be practiced.

8 Result

The following chapter will present the results of the interviews. The results will be presented in themes and subthemes with verbatim sections to deepen the understanding and creditability.

Themes	Subthemes
Hygiene	Definition
	Actions
	Situations
	Motivation
Delegation	Tasks
	Nursing team
Local Guidelines	Local guidelines
	Self-taught education
Improvement work	Feedback
	Hospital education

Table 1.

8.1 Hygiene

8.1.1 Definition

The nurses described hygiene as cleanliness. Wanting to have everything clean. Two of the nurses (bachelor and D3 nurse) explained hygiene as something important and being a role model for other nurses and nursing assistants on how to perform HRP.

"/…/*I want to be good example of how you work with hygiene so other nurses can see me and do the same/…/" (Bachelor nurse)*

8.1.2 Actions

All four nurses were washing their hands with soap, massaging their hands sanitizer and using gloves in certain situations during their day of work. Other HRP actions mentioned by one or more of the interviewed nurses:

- Washing hands with soap
- Using hand sanitizer
- Using environmental sanitizer
- Cleaning workplace areas (with alcohol)
- Cleaning instruments and tools (with alcohol)
- Swabbing injection area
- Putting used needles in container
- Wearing protective clothes (including gloves, masks, hairnet, mouth protection)
- Giving patients' in need a single room

One D3 nurse described organizing before the patient arrived at the unit to prevent having to go in and out of the room. The same D3 nurse and the Bachelor nurse spoke about the instruments or gadgets going in to the patient's room should be well cleaned after being used.

"/.../We prepare the room with cleaning and put all the things we need to have in the room. /.../If we will need to take something in the room but we need to take it out. We have to clean this really good/.../" (D3 nurse)

8.1.3 Situations

Hygiene was mostly thought of when the nurses were interacting with the patients. The nurses were thinking about hygiene:

- When their hands were dirty – washing their hands with soap and water whenever their hands were visibly dirty.
- When a patient was coming or leaving - when a patient is going home, the nurses, but mostly the nurse assistants, clean the patients' room with environmental sanitizer. They clean everything the patient has touched and change the bedding.

- When taking blood samples – the nurse cleans the place of penetration with needle with alcohol and throws the needle in a safe container.
- Going in and out of the patient's rooms – thinking about using hand sanitizer whenever going in and out of patients' room to not transfer bacteria.
- When giving medicine – making sure guidelines are followed when giving drip or any other medication.
- Giving a patient in need a single room - wearing protective clothes when entering the patient's room (gloves, plastic gown, mouth protection).

"/…/*I wash my hands, hand sanitizer, I wear different type of clothing to protect me and patient, mouth protection, I clean the instruments I use, I clean my working place, the rooms, change bed/.../" (Bachelor nurse)*

8.1.4 Motivation

Florence Nightingale was brought up in one of the interviews and was described by the nurse as an important woman for the history of hygiene. The same nurse also believed that nurses not focusing on HRP should not work at a hospital and that the HRP is to protect the patient from getting HCAI. The nurses protect their patients by applying hygienic practices in their every routine so that no transmission of bacteria progresses.

"/…/*when I do the blood sample I have the plastic dress on so I don't give my bacteria to the patient and the patient bacteria don't touch me/.../" (D3 nurse)*

To some of the nurses the patient happiness was more important than performing HRP. They thought that the amount of time spent with the patient, fulfilling their every need was more valuable to the patient than taking time to do hygienic tasks. The reason to that was, they did not want to upset the patient.

8.2 Delegation

8.2.1 Tasks

The nurses delegated tasks such as taking vital signs, bringing the patient food, cleaning, and overall making sure that every patient had everything they needed. Two of the nurses assessed whether to give a task to a nursing assistant or not depending on how good he or she was. Although the nurses did not trust all nursing assistants to do a good job, which resulted in them feeling controlling and wanting to do everything by themselves. When a nurse felt uncertain about a nursing assistant he or she only delegated simple tasks that did not put the patient at risk.

"/…/*I will not give them a job they cannot do/.../" (D3 nurse)*

8.2.2 Nursing team

The team effort was brought up a couple of times during the interviews. It was important to have a good relationship within their teams. Working together meant having a good team. This way, when the nurses had a lot to do, they could lean against their team and trust them to support and help them.

"/.../We make work together so it is easier. This is good team./.../" (D3 nurse)

One nurse described the nurse and nursing assistant relationship as an extended arm. When the nurses had a lot of work to do during parts of the day, they would sit in front of the computer, be at meetings, talk on the phone or parcel medication and not be able to be with their patients. The assistant nurses would then be out on the floor with the patients to make sure they are doing well and rapport back to the nurse.

"/.../I see them as my hand. I see them as my longer hand, they can be with the patients when I am not there, so they can tell me everything. /.../" (Bachelor nurse)

8.3 Local guidelines

8.3.1 Local guidelines

Only the Bachelor nurse knew about their hospital's/unit's local guidelines. The D3 nurses did not know if they had any local guidelines or they had just started their employment and had not received any information about it. According to one of the nurses they had a standard routine for specific situations or they would ask a colleague for help.

The Bachelor nurse describes where and why they have their guidelines and shares if he/she believes they are achievable or not. One finds the local guidelines in the unit office and exists to help the nurses with answers concerning nursing facts, treatments and/or rules. The nurse believes the local guidelines are achievable depending on which team he or she is working with. The nurse then motivates the linkage between "team effort" and having good hygiene and patient safety.

"/.../Sometimes they are achievable and sometimes no. It depends on what team you working with. Maybe sometimes I work really hard because someone is not working good. Then the guidelines are not working. Because it needs to be everyone follows them. If we have a good team and we have very much work, it can be difficult but it is easier to know that everyone is doing what they can to do good hygiene and good safety for the patient. /.../" (Bachelor nurse)

8.3.2 Self-taught education

Some of the participants did not use or know about the local guidelines, instead, using the internet as a tool to get information was a frequent answer. Patient safety was important to the nurses', so they made sure they only read on good websites. Sometimes they also asked friends/colleagues they found knowledgeable for help.

"/.../I will ask my colleges and I will get the answer or maybe we can search for the internet. /.../We go to google, and try find something that is very good. We want the good for the patient/.../" (D3 nurse)

8.4 Improvement work

8.4.1 Feedback

All four nurses participating thought that feedback was a lacking feature with their team leaders and bosses. All of them thought it was important for their professional growth to get feedback from their team leaders but that there was no such thing as observations and improvement work. One of the nurses had been given feedback a couple of times without any suggestions for improvements.

8.4.2 Hospital Education

It was requested to continue to learn more after graduation. One of the D3 nurses suggested that the hospital could have lectures to continue educating the staff. Hygiene was the specific subject brought up in the interviews to continue to educate the nurses in. Some of their colleagues did not care about the HRP or did not have the knowledge to understand its importance.

Since education for nurses differs a lot, the participants pointed out the problem that the nurses then also provide different care. It was described as hard by the participants to work with other nurses with lesser knowledge because they would then have to work more and harder.

"/…/It is very different, and I think they need to do more the same for every school. We work the same job, but we have other education. I don't think this Is the right thing." (D3 nurse)

9 Discussion

In this section the author will discuss the choice of method and the results of the interviews in relation to the theoretical framework.

9.1 Method discussion

The selection process progressed after receiving respond emails from the administrations at the hospitals. Flyers with information about the study were put up in the staff dressing rooms sent by the author to the administration. After a total of four nurses had volunteered, time and date for the interviews were set by the hospitals to fit the nurses' schedules. Waiting for nurses to volunteer took a lot of valuable time and could have been prevented by contacting the hospitals before leaving for Bali, Indonesia. Then time could have been focused on interviewing more nurses instead.

The author decided not to examine any other variables than the nurses educational level due to that it would not add anything of value to the aim of the study nor would it answer the purpose of this thesis. The aim was to gain an insight of the hygiene routines and practices that are exercised by the participating nurses and by knowing their gender, age or any other personal information would not change the outcome of this bachelor thesis.
By having semi structured interviews, it allowed the participants to bring new interesting topics to the data (Kvale & Brinkmann, 2009). The method allowed the author to prepare questions ahead but also to ask questions as the interview proceeded.

Although the author apricated the chosen method and it worked for most of the interview questions, some of the answers were insufficient. There were sometimes difficulties in getting answers in the interviews without leading or manipulating the conversation. Even though three of the nurses had the same type of education (D3), their answers and knowledge sometimes differed greatly. The optimal solution would have been to have an observational study alongside the interview study to be able to compare the answers of the interviews with the observations. This way, the result would be more authentic and lifelike rather than only getting the nurses' experience and point of view of their own work. Also, the participants had a hard time retelling all the HRP they were performing in their day of work. English is neither the participants nor the authors mother tongue, therefore the language barrier could have been a problem concerning the interview questions and answers (Squires, 2008). To express and

represent themselves, the participants use their language but when the interviewer and participant speak different languages, a part of the credibility and integrity in the collected data is lost. According to Squires (2008) it is more suitable to interview the participant in their own language to obtain the understanding of the research topic, especially when conducting health care studies. An option to this could have been to use an interpreter during the interviews. However, this may have taken longer than the time given by the hospital administration which could have resulted in unfinished interviews due to running out of time.

9.2 Result discussion

As the result demonstrates, some participating nurses struggled with defining hygiene and explaining the reason for performing HRP. During the interviews the author used WHO's (2017) template of HRP (read under 'definition of hygiene routines and practices') as a checklist, who proved that not all practices were raised. Nurses with a lower educational level (D3 nurses) were the ones having difficulties answering the questions. Compared to the bachelor nurse, the D3 nurses had a hard time explaining when and why they were performing a certain HRP, which made it seem like they were lacking in knowledge.

All participators were thinking about hygiene while working but some of them only explained what kind of practices they were performing without a specific situation or motivation to why they were executing these practices. Nursing students and completed nurses are trained to have professional standards to understand why they are performing specific nursing actions (Davis, 2014). A nurses' professional standard guarantees he/she stand accountable and understand the reason for the clinical actions and decisions he/she makes. As Levines (1973) conservation theory states, the nurse is in charge of preserving the patient's assets and prevent patients from HCAI. Charlotte Davis (2014) also says that nurses can improve their clinical practice and work areas when exercising his/her professional standards. This will result in an improved workplace and patient safety.

Two of the D3 nurses explain in the interviews that they think it's more important to make the patient happy than to waste time doing hygiene measures. According to Levines (1973)

conservation theory, one way of making the patient better is by her conservation of personal integrity. The conservation of personal integrity is where the nurse comes in and provides guidance, information and a helping hand in the needed extent. Its about helping the patient to become an expert in his/her own situation to get better and happier. This goes well with the D3 nurse's idea about making sure the patient is happy. The nurses argue this way due to earlier events with angry patients not being pleased with the hospital care they got.

Stress is common for nurses all over the world as well as for the participators of this study. After analyzing the result, it was clear that the nurses experience of stress was closely linked to teamwork and education/knowledge. According to Welp & Manser (2016), good teamwork is closely linked to wellbeing and patient safety. Both stress and control were brought up during the interviews. The nurses became automatically more controlling when they considered professionals within their team being incompetent. It was important for the nurses to trust their team to feel comfortable with delegate tasks. When the nurses felt they could not rely on their team, they became increasingly controlling and injured in their work, which resulted in them feeling stressed.

Karagozoglu, Yildirim, Ozden & Çınar (2015) have shown results of nurses feeling high moral distress when they were working with professionals they considered as incompetent, having inadequate communication within their team, and futile care. This type of stress contributes to a decrease of the hospitals patient safety. In the long run it causes nurses to reduce the quality of care, to feel anger, frustration and for the nurses to want to quit their job due to burnout and decrease in job satisfaction.

All four nurses participating thought that feedback was a lacking feature with their team leaders and bosses. All of them thought it was important for their professional growth to get feedback from their team leaders but that there was no such thing as observations and improvement work. One of the nurses had been given feedback a couple of times without any suggestions for improvements. Sax, Browne, Mayewski, Panzer, Hittner, Burke & Coletta,

(2009) wrote that it should be avoided to give feedback on poor results without proposing suggestions for improvement actions because it could lead to disclosure among staff.
In order to achieve good compliance with hygiene routines and practices among healthcare professionals it appears practical training, follow-ups, feedback and continuous education are important. It is believed that lack of compliance may be due to wrong attitude, poor access to products required to properly perform hygiene practices and last but not least lack of insufficient knowledge.

10 Implication for further research

This thesis contained, among other profitable interview questions, questions making the nurses self-assess their own performance of HRP. The author believes that the self-assessed compliance with guidelines for the performance of HRP would not be as consistent as if the study also had observation compliance of HRP. The author believes a study with an observational study alongside with the interviews will contribute with more credibility. The time set for this bachelor thesis was too short to be able to interview more nurses. More interviews with nurses would have to be performed for the study to be more lifelike, and that would acquire a longer time period for interviewing. Also, further research could be done on a wider range of nurses with different educational level. Interview findings made it clear that the nurses had different amount of knowledge depending on the different educational level. This makes it interesting to study the subject concerning Indonesia's different nurse educations.

The purpose of this study was not only to describe the degree of compliance concerning HRP but to study and understand the background and core of the case. To fully understand the situation, more studies from different perspectives and sample methods would need to take place.

11 Conclusion

The main purpose of this study was for the nurses to describe their experiences of HRP by investigating what HRP they were performing daily. This provided an insight into the different nursing educations/programs in Indonesia. Some of these programs may need to develop the content within their teaching in order to provide themselves and the patients with the security that all hospitals should have. The result showed that, the care provided by the nurse would be depending on their educational level. With some of the answers that was given in the interviews, showed that the patient safety was at risk due to HCAI. The problem in this matter, is also the solution, which is the education.

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13 Appendix 1

13.1 Interview guide

1. What is hygiene?
2. Do you think about hygiene when you are working? If yes - When?
3. What kind of hygiene practices do you perform and when?
4. Who does the environmental cleaning and how do they perform it?
5. As a nurse, do you delegate tasks to nursing assistant? What kind of tasks are those?
6. How do you act when you have a case of diarrhea or rabies for example? (CASE SCENARIO).
7. Do you have any local guidelines for hygiene routines and practices at the hospital you work at? If yes - are they achievable? Yes/no - Why?
8. What do you think about the nursing education? What is good and what could be better?
9. How do you feel about the nurse profession at your hospital? What is good and what could be better?

13.2 Follow up questions

- When you say… could you explain more about that?
- Can you give me an example of what you mean?
- Can you explain a little bit further?