

Phenomenology Study of Standard Precautions Implementation as Healthcare Associated Infections's Anticipation by Nurses in X Public Hospital

Firdasari¹, Hafni Bachtiar², Rika Fatmadona³

¹Students of Nursing Master Study Program Specialty in Leadership and Management, Faculty of Nursing, Andalas University

^{2,3}Lecturer in Nursing Master Study Program, Andalas University, Padang

Abstract:- Standard precaution as the main precaution is applied routinely in hospital care. So it is important to know how the application of standard precautions carried out by nurses as health workers who spend more time interacting with patients during service and have a large influence on the high incidence of HAIs. This study uses phenomenological design with the aim of obtaining an overview of nurses' experience in applying standard precautions in anticipation of HAIs. The Participants consist of ten participants. Data was collected through the Focus Group Discussion method and in-depth interview. Data analyzed by the Collaizi method. The results of this study found 7 themes : 1) Nurses know the concept of standard precautions in anticipation of HAIs; 2) The nurse's hand hygiene behavior is still not consistent in every action; 3) Negligence of nurses in the use of PPE; 4) Management's efforts to respond problems in implementing standard precautions have not been optimal; 5) Motivation of nurses in applying standard precautions; 6) Constraints of perception and facilities in the application of standard precautions; 7) Nurses' expectations in applying standard precautions. It is expected that the hospital management can facilitate nurses in infection prevention and control equipments and improve nurse quality with equitable basic prevention and control training.

Keywords:- HAIs, Standard precautions, Nurses.

I. INTRODUCTION

HAIs are hospital-acquired infectious diseases, some time ago called nosocomial infections (Hospital Acquired Infection). According to Centers for Disease Control and Prevention (CDC) (2013), HAIs are a complication of health care and are associated with high morbidity and mortality. A prevalence survey conducted under the auspices of the WHO in 55 hospitals from 14 countries representing four WHO regions (Southeast Asia, Europe, the Eastern Mediterranean and the Western Pacific) revealed that an average of 8.7% of hospital patients had HAIs. In developed countries (America and Europe), around 5–10% of patients undergoing treatment because of acute illnesses infected with infections that do not appear or incubate at the time of hospital admission, that number can be doubled in developing countries like Indonesia. In Brazil as well as Indonesia > 50% of neonates treated in neonatal units suffer from HAIs, with mortality rates ranging from

12% to 52% (Ahmed, 2012). Research conducted by the Indonesian Ministry of Health in 2007 found data on the proportion of HAIs in government hospitals with 1,527 patients out of a total risk of 160,417 (55.1%), while for private hospitals with 991 patients from 130,047 patients. (35.7%). For ABRI hospitals with 254 patients, the number of patients is at 1,672 (9.1%). The high incidence of HAIs indicates the low quality of health services. The incidence of HAIs has been used as a benchmark for the quality of Indonesian hospital services.

According to the Hospital Accreditation Committee (2012) Hospital permits can be revoked if the incidence of infection is high. Infection in hospitals and other health care facilities can be suppressed by the application of Infection Prevention and Control (IPC), that is activities that include planning, implementation, guidance, education and training, as well as monitoring and evaluation (Ministry of Health, 2009).

According to Regulation of the Minister of Health No. 27 of 2017, Infection Prevention and Control is an effort to prevent and minimize the occurrence of infections in patients, officers, and the community around health care facilities, infection prevention and control in question is carried out through the application of standard precautions and based on transmission. Several studies conducted to find out the application of standard precautions in hospitals and other health facilities state that the problem of nosocomial infections is becoming increasingly clear, new policies are needed to reduce them, one of which is the application of standard precautions.

II. METHODS

This study is a qualitative descriptive phenomenological approach to describe the application of standard precautions in anticipation of HAIs by nurses in hospitals. The participants in this study amounted to ten people. The criteria for participants in this study are: (1) Nurses who can communicate well and have experience in applying standard precautions. (2) Willing to be a participant and willing to take time for research to be proven by signing a research approval statement, (3) Under optimal health conditions.

Data is collected through FGD (Focus Group Discussion) with the help of recorders and field notes. FGD was conducted for 60-minute by using FGD guidelines.

Data obtained from FGDs, recordings and field notes were made verbatim transcripts and then analyzed using the Collaizi step.

III. RESULTS

We identified seven themes: (1) Nurses know the concept of standard precautions in anticipation of HAIs; (2) Nurses' hand hygiene behavior is still not consistent in every action; (3) Negligence of nurses in the use of PPE; (4) Management's efforts to respond problems in implementing standard precautions have not been optimal; (5) Motivation of nurses in applying standard precautions; (6) Constraints of perception and facilities in the application of standard precautions; (7) Nurses' expectations in applying standard precautions.

A. Theme 1: Nurses know the concept of standard precautions in anticipation of HAIs

There are three sub-themes, namely Standard Alertness is an effort to anticipate HAIs, nurses already understand about hand washing, and nurses already understand about PPE.

The first sub-theme "Standard precautions is an effort to anticipate HAIs" obtained from each participant's expression which is divided into two categories: Standard precautions are the main precautions and standard precautions as an effort to prevent HAIs. This is illustrated by the statement from the participants as follows:

"The standard precautions are always to be remembered or alert to do it ..." (P1)

"The standard precautions that we must be aware of first ... there are 11 components ..." (P2)

"Standard precautions are the main precautions ... because it's important to control infections in hospitals ..." (P3)

The second sub-theme, "nurses already understand about handwashing", is divided into three categories, that is hand washing according to the procedure is to use soap or handrub with a 6-step movement, hand washing to eliminate the number of microorganisms in the hand, and hand washing in 5 moments. This is illustrated by the statement from the participants as follows:

"... hand hygiene is about 5 cc of hand washing with soap, done in 6 steps," (P6)

"The goal is to wash your hands so that the germs in your hands are gone, your hands are free from bacteria that cause infection" (P4)

"By default, there are 5 moments, starting from before we touch the patient, after touching the patient" (P7)

The third sub-theme is "nurses already understand about PPE. Divided into five categories: PPE consists of several types, PPE to protect themselves, PPE is used in each action, PPE is disposed of in place, and PPE is used completely and precisely in certain cases. Like the statement as follows:

"PPE has handscoen, masks, dresses, glasses, shoes ..." (P1, P2, P3, P4, P5, P6, P7, P8, P9, P10)

"To protect yourself ..." (P1, P6)

"... PPE is the most frequent and almost always used every action is handscoen and mask ..." (P2, P5)

"... after the action, each of our actions has a trolley, so release all the PPE there." (P2, P3, P5)

"...other PPE such as dresses, glasses, etc., we use it if there is chemo action" (P8)

B. Theme 2: Nurses' hand hygiene behavior is still not consistent in every action

Consisting of two sub-themes, the nurse's hand washing habits did not meet the SPO and neglect in hand washing. The first sub-theme "handwashing habits have not met SPO" consists of four categories, that are hand washing habits not according to the rules, knowing the steps to wash hands but not done, hand washing is not always done, and hand hygiene benchmarks based on nurses' feelings. This is illustrated by the statement from the participants as follows:

".... five moments and those 6 steps are still being done, but sometimes ..." (P3)

"... 6 steps and 5 moments, that's theoretically, but the implementation is sometimes still not perfect, sometimes forgetting too ..." (P4)

"... 6 steps, 5 moments, but not always we can according to the procedure ..." (P5)

"..... maybe because I feel it's clean, so just use soap and just rub it and finish ..." (P3, P6, P7)

The second sub-theme "neglect in hand washing" consists of one category, that hand washing is not in accordance with the procedure because it forgets and an urgent condition. Like the following statement:

"... if you are in a bustle, there is a call ... so it often doesn't meet the standards ..." (P9)

"... which is dirty or contaminated must remember to wash your hands, but if the usual post-op wounds are often overlooked ..." (P1)

C. Theme 3: Negligence of nurses in the use of PPE

It consists of two sub themes, that are : The use of PPE has not become a habit for every action and the release of PPE is not a priority after action.

The first sub-theme "The use of PPE has not become a habit of every action" comes from the category of negligence in the use of PPE because of urgent actions. As illustrated in the following statement:

"..... if the action is urgent, or is asked for help from friends during the action ... maybe there are those who often do not have time to use handscoen ..." (P1)

The second sub theme "release of PPE has not been a priority" comes from the category of negligence in the release of PPE due to forgetfulness. As illustrated in the following statement:

"..... moving to another patient just push the trolley ... can't remember removing the handsoen in the hand ..." (P10)
 "... the mask that often forgets to be released after from the patient's room, is taken to sit at the nurse's counter ..." (P9)

D. Theme 4: Management efforts to respond problems in implementing standard precautions have not been optimal

It consists of three sub-themes, that are : Punishment from management is still light, monitoring and evaluating routine standard alertness by IPC management, and management's inability to support standard alert facilities. The first sub-theme namely Punishment from management is still light. Derived from the direct reprimand and anticipatory warning categories. Described in the following statement:

"... so far the direct reprimand, through verbal ..." (P2, P3)
 "... the problem of hand washing and PPE, only to be reminded during preconference ..." (P5)

The second sub-theme is monitoring and evaluating routine standard vigilance by PPI management. Derived from three categories: there were negative findings in monitoring and evaluation by management, there were positive findings in monitoring and evaluation by management, and there were scheduled supervision efforts. This is illustrated in the following statement:

"...if IPCN come, they must admonish, handwashing problems, use of PPE, medical waste ..." (P1)
 "... often we in the room get reprimanded if someone uses a ring or watch when hand washing is immediately reprimanded orally by IPCN ..." (P2, P8)
 "... if we have something good in general and overall praise, then we are asked to improve our performance ..." (P1)
 "... I was given enthusiasm, if the washing of hands is good, so that it can be improved again ..." (P6)
 "... supervision from the nursing management is also scheduled every month ... IPCN is active every day ... rebuking if there is something wrong with the action ..." (P1, P2, P3)

The third sub theme "inability of management to support standard awareness facilities" comes from the category of nurses' aspirations for lack of facilities that have not yet been addressed. As illustrated in the statement:

"..... but the problem of washing hands like our handsoap is lacking that hasn't been responded to" (P2, P9)
 "... lack of soap and tissue too, we continue to say but what is given is still lacking ..." (P5)

E. Theme 5: Motivation of nurses in applying standard precautions

This theme consists of two sub themes namely intrinsic motivation and extrinsic motivation. First sub-theme: Intrinsic motivation consists of three categories, that are self-security needs, standard awareness is as protection

in service, and awareness that standard awareness is the responsibility of nurses. This is illustrated in the following statement:

"... but because it really is a necessity ..." (P1, P7, P8)
 "... for self-protection, keep on reducing the nosocomial infection ..." (P2, P4)
 "... on the one hand it has become our duty and responsibility as nurses ..." (P5, P6)

The second sub-theme: Extrinsic motivation consists of two categories, that are aim of nurses and management in line with the application of standard precautions and the Leader has an effort to improve the safety and security of staff work. As illustrated in the statement:

"Prevent nosocomial infections ... "(P6, P9, P10)
"... the head nurse often reminds us to maintain our security ..." (P2)

F. Theme 6: Constraints of nurses' perceptions and facilities in applying standard precautions

This theme consists of three sub-themes, that are: Nurses' perceptions of hand washing, constraints on facility limitations, and constraints on facility access.

First sub-theme: Nurse's perception of hand washing comes from the time-consuming presumption regarding hand washing category. As illustrated by the following statement:

"... because it takes long time, so it can't always be done, but 5 moments are still done ..." (P3, P5)

Second sub-theme: Constraints of limited facilities comes from the category of supporting facilities for hand washing are lacking. This is illustrated by the statement:

"... the problem is that handsoap and tissue are often lacking ..." (P2, P6, P8)

Third sub-theme: Constraints in accessing facilities originating from the facility's location are not strategic category. Like the following statement:

"... the sink is only one in the nurse's room ... if you want to wash your hands, you have to go back first ..." (P3, P6, P7)

G. Theme 7: Nurses' expectations in applying standard precautions

This theme consists of four sub-themes, that are: Availability of adequate hand washing and PPE facilities, education and training in standard awareness for nurses, giving rewards to improve nurse performance, and the role of IPC's management is more optimal.

First sub-theme: Availability of hand washing facilities and adequate PPE comes from two categories, that are no shortage of hand washing facilities and PPE, and no shortages of special PPE. Like the following statement:

"... the PPE continues ... complete, don't limit it ..." (P1, P6, P8)

"... Availability ... if there is an isolated patient, the N95 mask is difficult, so we have to use a double mask ..." (P3)

"... Yes ... Sometimes in our room there are B20 patients, so for the next to be equipped ..." (P5)

The second sub-theme: education and standard awareness training for nurses who came from the category : increasing nurse knowledge about standard precautions. As illustrated in the statement :

"..... if possible, we will be included with seminars on hand washing and PPE training is better ..." (P4, P8, P9)

The third sub-theme: giving rewards to improve nurse performance comes from the Reward for good nurses in applying standard precautions category. This is illustrated in the statement :

"...a good reward for increasing the spirit of nurses to wash their hands, so that the working atmosphere is comfortable..right?" (P2)

The fourth sub-theme: the role of IPC's management is more optimal derived from the category of Management Concern for nurse complaints. As illustrated in the statement:

"... to pay more attention to nurse complaints, such as facilities" (P6)

"... hope that managers may be more sensitive and fight for the needs of the room in terms of facilities ..." (P9)

IV. DISCUSSION

A. The Nurse Knows the Concept of Standard Precautions in Anticipation of HAIs

The nurse's understanding of standard precautions is the ability of the nurse to interpret, interpret and translate information or new knowledge about standard precautions that she receives in her own way.

This study revealed that nurses' understanding of the prevention of HAIs was good because nurses knew about hand hygiene conceptually well. From the results of the FGD with participants it was known that nurses' knowledge regarding hand hygiene and PPE was good because of the sources of related information obtained by nurses from educational backgrounds or other sources such as seminars and socialization on the concept. This is similar to several studies by Sharif, et al (2016) and Ekwere & Okafor (2013) which concluded that the good knowledge of nurses regarding hand hygiene was influenced by educational background and information obtained. Based on research, researchers have the view that people who have understood the object or material must be able to explain, mentioning examples of concluding, predicting, and so on the object being studied.

B. Nurses' Hand Hygiene Behavior is Still not Consistent in every Action

In accordance with the indications according to Minister of Health Regulation No. 27 of 2017, hand hygiene is carried out before the patient's contact, before aseptic action, after contact with blood and body fluids, after contact the patient and after contact with the environment around the patient. Hand hygiene according to Susiati (2008), is done to lift the microorganisms in hand, to make the condition of the hands sterile so that cross infection can be prevented. Officer nails must always be clean and cut short, without fake nails, without wearing ring jewelry. The results of the study indicate that the behavior of nurses' hand hygiene is still not consistent even though the nurse's understanding is good. This is shown in the statement of each participant, that hand hygiene behavior is not always carried out in accordance with the established standard operating procedures.

The existence of inconsistent behavior in the behavior of nurses' hand hygiene shows that the act of washing hands includes guided actions, that is the first level of a person's level of behavior. According to Kartono in Hayati (2007) Guided behavior means that someone who takes action is still dependent on guidance or using guidelines rather than mechanism actions or actions taken automatically. In line with the research of Bilski & Kosinki (2007) which states that the most common reason for nurses to ignore hand hygiene is a lack of hand washing, lazy habits, lack of awareness among nurses.

Based on the research too, negligence in hand washing can be seen from the expressions of nurses who stated that the implementation of hand washing was not carried out according to the procedure because of forgetfulness and urgent conditions. According to Foote A (2014) research said that improper hand hygiene behavior by nurses was caused by busyness, forgetfulness or negligence.

C. Nurse Negligence in the use of PPE

Nurses in each of their work shifts will be faced with various forms of actions taken on patients that make direct and indirect contact between nurses and patients.

Based on research, the use of PPE is still not in accordance with the provisions set by the hospital. This can be seen from participant statement which states that in urgent circumstances PPE often forgets to use. It is said that the behavior of using PPE has not been a priority by nurses because there is still a discrepancy in the implementation of the use of PPE with existing standard procedures. Even though PPE really helps nurses in maintaining work security and safety. According to Sumekar (2015) Work is said to be safe if whatever the worker does, risks that might arise can be avoided.

Based on the research also found negligence in the release of PPE, this illustrates that the release of PPE has not been a priority for nurses to complete their actions. In Kasim, et. al (2017) research also mentioned that in some

actions nurses often forget about the use or release of PPE. Even though the Minister of Health Regulation No. 27 it has been confirmed to immediately release PPE after the procedure because it is likely the patient will be contaminated from the nurse. The proper use of PPE according to important standards in the prevention of nosocomial infections / HAIs.

D. Management's Efforts to Respond Problems in Implementing Standard Precautions have not been Optimal

Nurses in carrying out their duties and functions are inseparable from management supervision, because according to the Ministry of Health of the Republic of Indonesia (2007), prevention and control of nosocomial infections (HAIs) is a program that includes planning, implementation and supervision and guidance in reducing the incidence of nosocomial infections in hospitals and the person responsible for this task is the hospital infection prevention committee / committee formed by the head of the hospital. Based on the research, the efforts of managers to provide direction and warnings regarding the safety and security of nurses' work, direct reprimand and warning of anticipation are punitive actions that do not provide a deterrent effect for nurses, in addition, management and evaluation efforts from management start from the head of the room, the nursing field and the IPC's committee on the implementation of standard precautions by nurses have gone well according to the participant's statement. Some complaints about management, such as the management's slow response to the shortcomings of IPC's supporting facilities, were also complained by nurses.

This phenomenon shows that management's efforts have not been optimal in supporting the application of standard precautions by nurses based on management functions such as planning functions. The planning function in this case relates to the planning of IPC's business equipment facilities that are used in implementing standard precautions. According to Satiti, et al (2017) that there is still a lack of supporting facilities for washing hands such as soap, handrubs and disposable towels, it is necessary to review the process aspects of the system approach where management functions and output aspects are related to the application of the main components of standard precautions.. Rotinsulu, et al (2015) also said that the availability of facilities to support the implementation of standard precautions needs to be equipped and the provision of facilities is always continuous, such as the availability of soap, gloves, and facilities to support the implementation of health services.

E. Motivation of Nurses in Applying Standard Precautions

In applying standard vigilance to everyday life and its duties, motivation plays an important role for nurses because according to Atkinson et al. (2007) motivation refers to factors that move and direct human behavior.

In general, participants' knowledge of the impacts and hazards that will arise in themselves as a result of behaviors that do not apply standard precautions correctly becomes a motivation for participants in applying standard precautions. This phenomenon shows the motivation to apply standard precautions associated with aspects of the need for self-security. According to Tawas, et al. (2014) which states that good motivation from nurses in the application of universal precaution is caused by nurses knowing about the impact if they do not apply universal precaution.

Based on the research, it also revealed that nurses showed the factors of responsibility in the work that underlie the motivation they have. This is in accordance with the research of Herida & Yusuf (2015) that one of the extrinsic motivation factors that can influence a nurse's performance is responsibility. Responsibility in terms of awareness in nurses as nursing care providers who are responsible for infection prevention and control and the spearhead of hospitals in IPC's programs in hospital settings. In addition to responsibility, leadership factors also influence nurses' motivation, this is mentioned by nurses that there is an attempt by managers to notify and remind about the importance of maintaining work safety. In line with the research of Germain & Cummings (2010) that nursing leadership behavior was found to influence nurse motivation both directly and indirectly through other factors.

F. Constraints of Perception and Facilities in the Application of Standard Precautions

Hand hygiene is one of the effective efforts to overcome or reduce nosocomial infections because the hands are the most common pathogenic transmission media in hospitals, including medical and paramedical hands (Tietjen et al, 2004). But in its implementation there are many phenomena that are considered as obstacles by nurses in carrying out hand hygiene.

Long time for hand washing was revealed by participants as a constraint for nurses in hand washing. The time needed to wash hands set by WHO in the WHO Guidelines on Hand Hygiene in Healthcare (2009) is 40-60 seconds while the handrub takes 20-30 seconds. Basically the duration is not long compared to all nurse activities in caring for patients, but in fact this time is considered an obstacle because it is too long.

As according to Huang, et al (2013) research, many nurses know the correct hand washing procedure according to the reference, but in reality many of them do not follow the reference when doing hand washing so that the number of germs produced is also different or not the same as one another . According to Lucet, et al (2002), factors about the duration or duration of hand washing also affect the number of germs produced. Washing hands according to the duration that has been established and determined by WHO, which is 40 - 60 seconds can reduce the number of germs in the hand.

Based on the results of the study also, some participants from different rooms showed similar obstacles regarding the availability of PPE and handsoap in the room. As stated by the participants that the availability of PPE and handsoap in the room is often not in accordance with the number of needs. Chrysmadani (2011) states that the availability of tools greatly influences nurse compliance in the use of personal protective equipment in the room. This shows an important role for the involvement of the hospital in providing and maintaining the availability of equipment in each nursing room to support work safety and security for nurses.

Another obstacle felt by nurses to perform hand hygiene as the application of standard precautions is the lack of sink facilities and the distance of the sink that is far from access. This often occurs due to the inaccurate plan and design of the room. The results of this study are in accordance with the research of Ananingsih & Rosa (2016) that the low compliance of hand washing in health workers is influenced by access to hand hygiene facilities. Pitted (2011) also stated that one of the obstacles in hand hygiene compliance was the difficulty in accessing the washing place in carrying out hand hygiene.

G. The Expectation of Nurses in Implementing Standard Precautions

Some participants expressed hope that the application of standard precautions regarding management support was inseparable from nurses' hopes that these expectations would be fulfilled. 8 out of 10 participants expressed their hopes regarding the availability of adequate and complete facilities to support patient care activities in order to prevent and reduce nosocomial infections / HAIs. Efstathiou (2011) research reveals that nurses have the most direct and sustainable role in performing procedures and interventions where the risk of infection often occurs, thus making nurses an important component of infection prevention.

The need for knowledge about standard precautions is felt to be lacking and is urgently needed by nurses, given the ever-expanding knowledge, this was revealed by participants that they hoped that training, outreach and various media to increase knowledge about this standard of precautions could be shared equally with implementing nurses and continuously so the knowledge possessed by nurses is always up to date. As according to Green and Kreuter (2000), that behavior is the result of all human experience and interaction with the environment that is manifested in the form of knowledge, attitudes and actions.

The nurse expects a reward to be obtained from their efforts to carry out the task. As expressed by participant, that rewards can provide enthusiasm and motivation for nurses to apply standard precautions, especially hand hygiene and PPE. Rewards can be in the form of material and non-material rewards. Materials can be given by adjusting salary or bonuses to nurses who make the best contribution to the application of standard precautions, such as always washing hands and using PPE that is

appropriate for each action. Then non-material rewards can be given for example through praise and sympathy. Some studies generally show that the reward system can improve nurse performance and motivation. As Gieter, et al. (2006) argues that psychological rewards or non-financial rewards such as praise and feelings of appreciation are highly expected besides monthly salary and other financial rewards.

Based on the research, it was obtained data that there was nurse dissatisfaction with the management response related to the IPC's program being implemented. As stated by participants, the nurse's expectation in this case is an increase in a more optimal management role in carrying out their duties and functions in implementing the IPC's program.

Matters relating to management duties and functions that are expected to be related to HR training or development, The existence of nurse motivation in the application of standard precautions consisting of intrinsic motivation and extrinsic motivation. Intrinsic motivation comes from the awareness and self-security needs of nurses, while extrinsic motivation comes from the responsibility of being a nurse and the support of the head of the room in maintaining work safety. rewarding, management support related to the procurement of program support facilities, including monitoring and evaluation so that implementation of standard precautions becomes better.

Fatimah, et al (2016) said that good leadership in a management makes job satisfaction in nurses tend to be higher. Germain & Cummings (2010) also agree that nursing leadership behavior influences nurses' motivation and performance both directly and indirectly through other factors.

V. CONCLUSION AND SUGGESTION

Based on the results of this study, it can be concluded that nurses' understanding of the concept of standard alertness is good, which is seen in the nurses' understanding of good hand hygiene and PPE.

A good understanding of nurses regarding standard alertness does not guarantee nurses' behavior either because nurses' hand hygiene behavior is not consistent in every action. There is negligence in the use of PPE which is in the use and release of PPE which has not been a priority for nurses after the action.

Management's efforts to respond to problems in implementing standard precautions have not been optimal, which can be seen in the still mild punishment given to nurses so that they do not have a deterrent effect for nurses who commit negligence in applying standard precautions. Despite the scheduled supervision efforts but for nurses there is an inability of management to support IPC's facilities.

The existence of nurse motivation in the application of standard precautions consisting of intrinsic motivation and extrinsic motivation. Intrinsic motivation comes from the awareness and self-security needs of nurses, while extrinsic motivation comes from the responsibility of being a nurse and the support of the head nurse in maintaining work safety.

The constraints of nurses in applying standard precautions are perceptual constraints, constraints on facility limitations and constraints on facility access. Perception constraints are perceived by nurses that washing hands according to SPO takes a long time. Constraints on facility limitations are the lack of supporting facilities for standard precautions such as handsoap, tissue and PPE. Constraints in accessing facilities are the location of the sink as a hand washing media that is not strategic so that it is difficult for nurses to access it.

The nurses' expectations in applying standard precautions are the availability of adequate hand washing and PPE facilities, education and training in standard precautions for nurses, the provision of rewards to improve nurse performance, and hopes that the role of IPC's management is more optimal.

This finding is expected to increase IPC's management role in facilitating nurses in IPC business equipment and improving the quality of nurses with equitable IPC's basic training so that the application of standard precautions in anticipation of HAIs by nurses becomes effective and efficient.

REFERENCES

- [1]. Afiyanti, Y & Rachmawati, I, N. (2014). *Metodologi Penelitian Kualitatif Dalam Riset Keperawatan*. Jakarta: Rajawali Pers.
- [2]. Ahmed, M. (2012). Prevalence of Nosocomial Wound infection Among Postoperative Patients and Antibiotics Patterns at Teaching Hospital in Sudan. *Journal of Medical Sciences* , 29-34.
- [3]. Ananingsih, P. D., & Rosa, E. M. (2016). Kepatuhan 5 Momen Hand Hygiene Pada Petugas di Laboratorium Klinik Cito Yogyakarta. *Jurnal Medicoeticolegal dan Manajemen Rumah Sakit* , 16-24.
- [4]. Atkinson, Anthony, A, et al. (2007). *Management Accounting fifth Edition*. Upper Saddle River, N.J. : Pearson/Prentice Hall
- [5]. Arwani dan Supriyatno H. (2006). *Manajemen Bangsal Keperawatan*. Jakarta: Penerbit Buku Kedokteran EGC.