

The Relationship of Motivation with The Level of Nurses' Compliance in Performing Hand Hygiene in The Surgical and Internal Partition Areas of Raden Mattaher Hospital Jambi

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ABSTRACT

Hand hygiene is a program carried out by WHO to overcome HAIs. The implementation of this program is influenced by various things such as nurse motivation and compliance. Efforts to prevent HAIs that health workers can take are to increase their ability and motivation by implementing standard precautions, namely practicing hand hygiene. Motivation is needed by nurses to comply with the implementation of hand hygiene. This study aims to determine whether there is a relationship between motivation and nurses' compliance in carrying out hand hygiene. The design of this research is descriptive correlative with a cross sectional approach. The sample in this study was taken using a total sampling technique, namely 71 nurses. The variables studied were motivation and compliance in carrying out hand hygiene. Data collection was carried out by distributing questionnaires and observation sheets. Data were analyzed using Spearman Rank Correlation with significance $\alpha \leq 0.05$. The research results showed that of the 71 respondents who had good motivation, 44 (83.0%) respondents complied with hand hygiene and 9 (17.0%) respondents did not comply with hand hygiene. Respondents with moderate motivation were 18 (100.0%) respondents who did not comply with hand hygiene. Meanwhile, there were no nurses found with less motivation. The results of the analysis of the relationship between motivation and the level of nurse compliance in carrying out hand hygiene showed that the p-value was 0.01. There is a relationship between motivation and nurse compliance in carrying out hand hygiene. Most nurses have good motivation and are obedient in carrying out hand hygiene. However, there are still nurses who have moderate motivation and are not compliant in carrying out hand hygiene. Therefore, further efforts need to be made to increase nurses' motivation and compliance in carrying out hand hygiene.

Keywords: *Hand Hygiene, Motivation, Nurses, Obedience*

1. INTRODUCTION

Hand hygiene is a simple measure that can be used to prevent the spread of nosocomial infections in hospitals [1]. The efforts of healthcare workers to prevent nosocomial infections must increase their ability and motivation to implement standard precautions, namely the practice of hand hygiene [2].

Factors affecting implementation of hand hygiene include: Organizational and managerial factors, functional factors and personal factors including personal factors including ability, motivation and personal interests. Personal factors are one of the factors to consider because these personal factors depend on each person. These personal factors include motivation and interests as well as individual skills. Motivational factors must be measured to clarify whether motivation is one of the factors related to the implementation of hand hygiene by nurses in hospitals. Motivation itself is the internal and external motivation of a person, which is expressed in the desire and interest to do activities with hopes and dreams, in self-esteem and respect, in a good environment and in interesting activities [3].

Adherence to hand hygiene among healthcare workers is extremely important, as noncompliance can have the following consequences: increased patient diagnoses, longer hospital stays and even death; for visitors, it can infect other people after leaving the hospital; for nurses and other health workers, it becomes a barrier (carrier of bacteria) that infects other patients and themselves; for hospitals, reducing the quality of hospital services and even canceling the operating licenses of hospitals [2].

Hand hygiene of Five Moments is a program implemented by the WHO for the treatment of nosocomial infections. Hand hygiene or hand washing is one way to prevent hospital acquired infections, or HAIs (Healthcare Associated Infections). The World Health Organization (WHO) announced the Patient Health Safety Program by launching the Global Patient Safety Challenge "Clean Care is Safe Care" and launched the Save Lives: Clean Your Hands My Five Moments for Hand Hygiene strategy. before contact with patients, before performing aseptic procedures, the patient after contact with body fluids, after contact with the patient's environment" [1]. The aim of the study is to identify the relationships between motivation and nurses adherence to hand hygiene.

2. METHODS

In this the study uses a quantitative correlational method The study was conducted by Raden in the surgical and internal departments of MattaHer Hospital in 2024. The study included all nurses who worked in the surgical and internal departments of Raden MattaHer Hospital, i.e. 35 nurses in the operating room and 36 nurses in the inner room. The sampling method used in this study was total sampling, ie. all surgical and in-house nurses at Raden MattaHer Hospital Jambi who met the inclusion and exclusion criteria, viz. 71 nurses. The instrument used in this study is a questionnaire that contains questions about the independent variable, ie. the motivation of the nurse (X) and the dependent variable, i.e. the nurse's performance in performing five-minute hand hygiene (Y). The motivation questionnaire is based on the implementation of the five moments of hand hygiene by WHO (2009) and also on the motivation theory presented by Herzberg, consisting of 20 questions that the researchers adopted from a previous study conducted by Emanuela Elvania Sego Soy in 2009. 2019. This survey uses a Likert scale. At the same time, the researchers used the WHO 2009 five-moment hand hygiene, which consists of five five-moment hand hygiene, in the executive questionnaire of the nurse. Data analysis was performed using univariate analysis to describe the characteristics of each variable studied and bivariate analysis to determine the type of test used. Data were then tabulated and analyzed using Spearman's rank correlation with a 5% margin of error ($\alpha = 0.05$).

3. RESULTS AND DISCUSSION

Univariate Analysis: The results of self-identification from the questionnaires filled out by respondents obtained several characteristics that explain the description of the subjects of this study, such as the respondent's initials, age, gender, length of service, education, work unit, hand hygiene training and position in the room.

Table 1. Frequency Distribution of Respondents Based on Age, Gender, Length of Work, Education, Work Unit, Hand Hygiene Training, and Position in the Room

No	Characteristics	Frequency (f)	Percentage (%)
1	Age		
	≤ 30 year	33	46,5
	31-40 year	30	42,3

	>40 year	8	11,2
2	Gender		
	Laki-laki	17	23,9
	Perempuan	54	76,1
3	Length of working		
	<5 year	33	46,5
	6-10 year	21	29,6
	11-20 year	14	19,7
	>21 year	3	4,2
4	Last Education		
	D3	40	56,3
	S1	31	43,7
5	Work Unit		
	Surgery	35	49,3
	Interne	36	50,7
6.	Hand Hygiene Training		
	Ever	49	69,0
	Never	22	31,0
7	Position In The Room		
	Team Leader	10	14,1
	Associate Nurse	61	85,9

Source: Processed Primary Data (2024)

Based on Table 1, it turns out that out of 71 respondents, the characteristics of the respondents are the largest in terms of age, i.e. ≤30 years, 33 people (46.5%), the largest sex, i.e. women, 54 people (76.1). . %), the longest number of years of work, namely.

Table 2. Frequency Distribution of Respondents Based on Motivation and Compliance in Doing Hands

No	Category	Frequency (f)	Percentage (%)
1	Motivation		
	Good	53	74,6
	Middle Lack	18	25,4
		0	0
2	Obedience		
	Obidient	44	62,0
	Not Obidient	27	38,0

Source: Processed Primary Data (2024)

Table 2 shows that most of the 71 respondents have a good motivation to do hand hygiene, ie. 53 people (74.6%) and most of the respondents are obedient when performing hand hygiene, ie. 44 people (62%). Bivariate analysis: Research findings on the relationship between motivation and nurse compliance in surgical and indoor hand hygiene at Raden Mattaher Hospital Jambi are as follows:

Table 3. Cross Tabulation of the Relationship between Motivation and Nurse Compliance in Performing Hand Hygiene at Raden Mattaher Regional Hospital, Jambi in 2024

Obidience Nurses In Hand Hygiene Doing

Nurse Motivation	Obidient		Not Obidient		Total	
	f	%	f	%	F	%
Good	44	83,0	9	17,0	53	100
Middle	0	0,0	18	100,0	18	100
Total	44	62,0	27	38,0	71	100
<i>Spearman Rho Correlation $\alpha = 0,798$, P-value= 0,01</i>						

Source: Processed Primary Data (2024)

Based on Table 3, it can be seen that the results of the data analysis using the Spearman Rho test reached a significance of 0.01. Based on these results, the value is $0.01 < 0.05$. Thus, H_0 is rejected and H_a is accepted, which means that there is a very significant relationship between motivation and instructions of nurses on performing hand hygiene in the surgical and indoor areas of Raden Mattaher Hospital, Jambi 2024. The Spearman Rho result test gave a coefficient of 0.798. This means that the relationship between two categorical variables is very strong with a positive coefficient.

Motivation of caregivers to do hand hygiene. Based on the data obtained, it was revealed that the majority of the measurement results of the motivation questionnaire were 53 (74.6%) respondents with good motivation, while there were 18 (25) respondents with moderate motivation (4%) and none of the respondents had less motivation. The results of this study are consistent with a previous study that out of 62 respondents, 34 (54.8%) were highly motivated, 27 (43.5%) were moderately motivated, and 1 (1.6%) was low motivated [4]. This is also consistent with other studies that the motivation of nurses to practice hand hygiene is in the good category, ie. the maximum is 39 people 97.5%, while the appropriate category is only 1 person (2.5%) [5]. In accordance with other studies, the title is an analysis of factors related to hand hygiene of nurses in the patient room of Manado Advent Hospital in the prevention of nosocomial infections. The results of univariate tests showed that good knowledge was 78.7%, emotionless 88.0% and good motivation 81.3%.

The results of this study show that the lack of motivation of nurses is influenced by three aspects that can be seen from the survey results, namely, seeing colleagues who do not regularly perform hand hygiene, then difficulties in performing hand hygiene, and finally, lack of supervision or supervision by supervisors when performing hand hygiene. Caregivers' motivation to implement 5-minute handwashing is based on their individual needs. A person experiences increased motivation when they feel they are in balance between what they have and what they want. Of course, every nurse has the hope that every patient she cares for will recover from their illness after treatment, but what the nurse has is also limited to the realization of this hope. Many factors make this hope a reality. The need to prevent infection by washing hands is also complicated by internal factors that often forget to wash hands, or external factors that encourage not to do 5 moments of hand washing, such as lack of supervision, seeing colleagues not washing hands, hand washing stations far from each other, etc.

Motivation is influenced by the need for security (psychological), where a person must have more opportunities to develop, but must also be ready to take on more responsibilities. The underlying motivation of a job greatly influences its success [6]. Motivation is a psychological trait that affects a person's level of commitment. It includes factors that cause, direct and maintain human behavior in a certain direction. Motivation is something that motivates someone to do something. Motivation is a feeling or thought that encourages someone to do work or make an effort, especially in behavior [3].

According to the researchers, most of the respondents in the surgery and internal departments of the Regional Hospital Raden Mattaher are well motivated, because the respondents are aware of the neglect of hand hygiene. When filling out the motivation questionnaire, according to the data analysis, the aspect of responsibility has the highest share of 91 percent. Nurses have a high level of awareness and responsibility to prevent infection of themselves, patients, visitors and other healthcare workers. This means that nurses are aware and aware of their responsibilities in

preventing infections and know the consequences of not practicing hand hygiene. This shows that motivation comes from within each nurse because that aspect of responsibility is an internal motivating factor or it comes from within the person. However, the lowest aspect of this motivation survey results is the interpersonal aspect with a percentage of 78%. Human relationships are motivational factors that come from outside the person (external). Because human relationships are not good and united, motivation from outside can decrease. This is because nurses perceive that their coworkers and supervisors practice less hand hygiene. That is why other nurses also do not follow hand hygiene. However, in this study there were several moderately motivated respondents, namely 18 (25.4%) respondents. This is due to a lack of hand hygiene education and oversight by the PPI committee. As many as 22 of the 71 respondents (30.98%) had never attended hand hygiene training. Motivation can be increased with routine hand hygiene training, as this can affect the motivation of caregivers.

Compliance Of The Nurse To The Requirements When Performing Hand Hygiene

Based on the data obtained, it was revealed that the majority of the respondents, 44 (62%) belonged to the category that fulfilled the requirements and 27 (38 %) to the category that did not meet the requirements. category According to the WHO, five-minute hand hygiene is an indicator of comfort. The indicator of five moments of hand hygiene, which was most often not fulfilled, was before contact with the patient, i.e. 24 (44%) people out of 71 respondents, and the second indicator, ie. before performing aseptic procedures that did not perform hand hygiene. was 21 out of 71 respondents (30%), the results of the third and fourth indicators of hand hygiene showed that all respondents met the requirements when performing hand hygiene, while for the fifth indicator there were about 2 respondents (3%). did not follow hand hygiene. This is consistent with previous studies that nurse negligence is due to nurses not having a theoretical concept and how to properly prevent HAIS (Healthcare Associated Infection) or hand hygiene, resulting in nurses not performing optimal HAIS prevention or hand hygiene. Start working. A factor preventing healthcare workers from performing hand hygiene is a lack of understanding of how to implement hand hygiene. Contributing factors (potential factors), such as the availability of adequate handwashing facilities, may also influence nurses' adherence to hand hygiene. Poster campaigns and 5-fold hand washing instructions should be added to all nursing rooms to increase hand washing, as hand washing supports nurses' safety while working in the hospital [7]. Consistent with other studies, the results showed that one of the reasons that many respondents irregularly perform the six steps of five-moment hand hygiene was the lack of rewards or punishments for obedient nurses of the hospital. for nurses who did not follow hand hygiene [1]. This is also consistent with other studies which found that the majority of 52 nurses out of 26 respondents followed hand hygiene practices (54%) and another 24 nurses can follow hand hygiene practices (48%). Nurses who neglect hand hygiene should be punished and can also be rewarded so that nurses are even more respected when they do hand hygiene.

According to the World Health Organization, wash your hands before touching a patient to protect the patient from pathogenic bacteria on the hands of staff, and clean your hands after touching objects or furniture when you leave the patient, even if you do not . . touch the patient to protect the healthcare worker and the environment from patient-borne pathogens. When caring for the patient, the nurse must pay attention to, for example, hand washing, so that the nurse does not transfer bacteria or pathogens from the nurse's hands to the patient. It is often forgotten because there is a lot of work, many patients, there is no supervision or the hands of the nurse have enough clean contact with the patient or the environment around him. According to the researchers, the surgical and internal nurses of the Raden Mattaheer Jambi Regional Hospital mostly follow hand hygiene because the respondents are well aware of hand washing to avoid cross-infection of the respondents themselves, patients, visitors and other health workers. The reason may be that the nurse wants to protect herself from bacteria or pathogens on the patient or in direct contact with the

patient. The results of this study show that most of the respondents fall into the obedient category. At the same time there is also a small number of respondents in the non-compliant category, namely 25 (35.2%) respondents. This is because the respondents saw some co-workers who also did not practice hand hygiene at the above times. The reason for non-compliant respondents could also be the lack of training of the PPI team, there were even some who never received hand hygiene training.

The relationship between motivation and nurse compliance in hand hygiene Based on the results of the statistical analysis of the relationship between motivation and nurse compliance in hand hygiene, it is revealed that the p-value of the results of this study is 0.01, so based on Spearman's rho test, we get.

CONCLUSION

In 2024, there is a very important relationship between the motivation and occupational hygiene of nurses in the operating and inpatient departments of the Raden Mattaher Jambi Regional Hospital.


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 A portrait of a woman wearing a dark blue hijab and a patterned top, set against a red background.	<p>Indah Mawarti studied Bachelor of Nursing at the Mother's Hope College of Health Sciences (Stikes) and graduated in 2006. Then the author continued her professional education as a nurse at the same place and graduated in 2008. Then in 2014 the author completed her master's degree in nursing at Andalas University.</p> <p>Email: indah_mawarti@unja.ac.id</p>
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