
Development Of Functions And Role Of House Head In Infection Prevention And Control In Porsea Hospital

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Abstract

Head nurse should know all the implementation activities of prevention and control of infection in the ward, but in fact the head nurse still performs the function and role in PPI. This article aims to determine the function and role of head nurse in the prevention and control of infections in Porsea Hospital. The method used was a case study and literature study. The results of the assessment and analysis using SWOT analysis known that PPI team, role in the implementation of the PPI. The function and role head nurse less needed in the implementation of PPI. Head nurse is less involved and considered less influential and was not part in the implementation of PPI. Results of literature studies demonstrate the role of the nurse as chief of staff rooms in the ward who do nursing care to patients are very likely to increase the success of infection control. There has been no direct reference that explains the function and role head nurse in the PPI. Recommendations to the hospital nursing manager in order to increase the head nurse function as a leading manager in the ward through policy support and facilities to support such efforts.

Keywords : The Functions And Role, Head Nurse, The Implementation of PPI

INTRODUCTION

Hospitals are providers of quality healthcare according to predetermined standards one of which is by undertaking infection prevention and control (IPC) efforts. Every day it is estimated that 1 of 25 hospital patients suffered from at least 1 type of HAIs (CDC, 2016). Results of studies in Poland according to Deptula 2015 found that central venous catheterization infection 30.2 % intubation 41.6% and urinary catheterization. Prevalensi tertinggi HAIs diamati antara pasien di unit perawatan intensif 39,8% orang dewasa, pediatri 30,8%. n Indonesia itself, based on the results of a prevalence survey point from 11 hospitals in DKI Jakarta conducted by Perdalina Jaya and Prof. Infectious Diseases Hospital. Dr. Sulianti Saroso Jakarta in 2003 found the rate of nosocomial infection for surgical wound infection (ILO) 18.9%, primary bloodstream infection (IADP) 26.4%, pneumonia 4.5% and other tract infections 15.1% and other infections 32.1 % (Department, 2013). Infection prevention and control efforts by breaking the chain of infection transmission are the easiest way to prevent the transmission of infectious diseases, but the results depend on the obedience of officers in carrying out the established procedures. (Ministry of Health, 2011), (KARS, 2012). The implementation of the function and role of the head of the ward manager has a great influence on the quality improvement of the ward. This is supported by the results of the study (Parmin, 2010) which showed that there is a meaningful relationship between the management function of the head of the ward towards the improvement of service quality in the hospital. According to (Robbins, 2013), manager functions consist of planning, organizing, leading and controlling. The role of the room head consists of interpersonal, informational and Decisional roles. In this case the manager in the infirmary is the head of the ward. he IPCN is the person charged in the implementation of PPI in the Hospital. But from the line of command and the role of the head of the room in particular as a negotiator is closer in contributed in the ward as the lead manager in the intensive care unit in the implementation of PPI. The contribution of the head of the ward can be seen in his influential functions and roles in the implementation of the PPI. It is supported in the study (Rotti & Sjattar, 2014) that there is a relationship between the management function of the ward head and the implementation of infection prevention and control in the intensive care unit of

Prof R.D Kandou Hospital Manado. The study (Sofia, Saragih, Rahayu, & Alvionia, 2014) explained that the supervisory function of the head of the ward has not been effective on the compliance of nurses in the application of nosocomial infection control in Santo Yusup Hospital Bandung. Case studies conducted at Porsea Hospital found infection rates for Plebitis 24.6%, ILO 0%, ISK 1.1%. The implementation of infection prevention and control at Porsea Hospital is carried out by the PPIRS TEAM and is still not optimal. Porsea Hospital is still less supportive of the implementation of PPIRS. The head of the ward as a manager on the infirmary had not considered PPI on the ward was part of his role and function on the ward. Karu is only as supporting and there is no written description of whatever the head of the ward does in relation to his functions and role in infection prevention and control. Not available in the room specific documents functions and roles karu in PPI. It is above that prompted the authors to want to apply the concepts and theories of function and role of karu in PPI.

RESEARCH METHODS

MethodsThis case study was conducted at Porsea Hospital. The study was conducted from November 10 to December 30, 2024 by using a case study method from the study to evaluation, and using a literature study. The study was conducted in the intensive care unit, polyclinic, inpatient. **Methodology** The study was conducted by means of interview, observation and administration of questionnaire. Interviews were conducted with the head of nursing and 4 ward heads. The questionnaire was administered to 20 implementing nurses according to the number of nurses present at the time of sampling in the administration of the questionnaire at Porsea Hospital. Observations were made by looking at documents related to the roles and functions of the ward heads within the PPI. The results of the study were then analyzed by using SWOT analysis to establish the problems in Porsea Hospital. Subsequently the problem was solved by creating a manual of karu functions and roles in infection prevention and control. The guidebook and related documents were socialized and used to consult PPI experts and education experts at FIK UI

RESULTS AND DISCUSSION

The results of the study found that the problem in Porsea Hospital is the lack of optimal function and the role of karu in the prevention and control of infection. This was obtained from the results of interviews, observations and questionnaires. The results of the questionnaire showed that 50% of nurses said karu never performs planning function, 40% never performs organizing function, 43% sometimes performs staffing function, 37% often performs directing function, 39% sometimes performs controlling function, 40% does not ever performed interpersonal roles, 45% sometimes performed their roles as informational, 51% never performed their role as decisional in the implementation of PPI in the ward. The highest infection from the results of the study in Porsea Hospital is phlebitis 24.6%. This infection is now the concern of the hospital especially the PPI committee. The PPI Committee made a more focused effort in observation and prevention and control efforts of phlebitis infections. In this case the joint PPI Committee of IPCN and IPCLN is supported by the head nurse or head of the ward in the implementation of infection prevention and control although the fact in the field the head of the ward shows less function in the prevention and control of infection. The results of the interview with the head of nursing stated that the head of the ward did not perform or relate to the implementation of infection prevention and control. The function and role of the head of the room is only as supporting in PPI. The focus of the ward head's work on nursing care activities in the intensive care unit. Infection prevention and control is the duty of the IPCN. So the head of the ward does not have a direct function in the prevention and control of

infection. The interview with the head of the ward said that the head of the ward was underperforming functions and roles in infection prevention and control. Karu has no specific descriptions or activities in the implementation of such PPI. Infection prevention and control is carried out by the PPI TEAM along with its teams, IPCN and IPCLN. The head of the ward plays an indirect role in supervising the performance of nurses in the implementation of nursing care such as the presence of cases of patients with phlebitis infection, Surgical Wound Infection (IWO), Docubitus, pneumonia, Urinary Tract Infection (UTI), as well as bloodstream infection (IAD). The results of the observation of nursing care documents in the intensive care unit were still less supportive of PPI implementation. The PPI document available in the ward is the PPIRS TEAM document by IPCN. The PPI documents are all located on the IPCLN. And those undertaking its record-keeping and reporting efforts are in the coordination of the IPCN, which is sometimes delegated to Karu. Documents on the implementation of the functions and roles of Karu in the implementation of PPI are still lacking, more towards the delegation of IPCN documents.

Discussion

One of the major challenges to hospitals today is the risk of occurrence of nosocomial infection (Hospital acquired infection) which is now replaced by a new term i.e. "Healthcare-associated infections" (HAIs) with a broader notion not only in hospitals but also in facilities other health services. Nor is it limited to infections in patients alone, but also infections in healthcare workers acquired while performing acts of patient care. Specifically for infections occurring or acquired in hospitals, hereafter referred to as hospital infection (Hospital infection) (Ministry of Health of the Republic of Indonesia, 2012). Efforts to minimize the risk of infection occurring in hospitals and other healthcare facilities it is necessary to apply infection prevention and control (IPC), which are activities that include planning, implementation, coaching, education and training, as well as monitoring and evaluation. The prevention and control of infections in hospitals (PPIRS) is of great importance as it describes the quality of hospital services (Ministry of Health, 2011). Infection control programs through staff education on measures to reduce the risk of contamination, especially handwashing, proper disposal of infectious waste, and strict asepsis during procedures, as well as judicious use of antibiotics were shown to substantially reduce the incidence of septicemia and mortality in infants in Bangladesh (Darmstadt et al., 2005). In (Pegram A, 2015) it is also explained that infection prevention is a key role for all healthcare professionals, including nurses. Infection prevention should be supported by an understanding of how infections can spread and by adhering to strategies that promote infection control. Infection prevention efforts by breaking the chain of infection transmission are the easiest way to prevent the transmission of infectious diseases, but the results depend on the obedience of officers in carrying out the prescribed procedures. Hand hygiene is a way which is easiest and more efficient and at the most cost effective to prevent infection in hospitals (Avşar, 2015). A study in China said screening of multi-drug-resistant bacteria (MDRB) in ICU wards is highly effective in the prevention and control of potential infections caused by the use of drugs such as antibiotics (Ren, Ma, Peng, Ren, & Zhang, 2014). The execution of the functions and roles of the head of the ward manager are highly influential on the quality improvement of the intensive care unit particularly in infection prevention and control efforts. This is supported by the results of the study (Parmin, 2010) which showed that there is a meaningful relationship between the management function of the head of the ward towards the improvement of service quality in the hospital. Infection prevention and control efforts greatly affect the performance of nurses in providing nursing care to patients. This is in line with (Anderson et al., 2014) said the role of the nurse is decisive in the successful implementation of PPI. Planning or planning is a basic function of nursing management. PPI planning in the intensive care unit was under the head of the ward. This planning begins with formulating objectives and plans of action to be implemented, determining the personnel, designing the process and its outcomes, providing feedback to the personnel and modifying the plan as necessary (Swansburg, 2000). The hierarchy in planning consists of formulation, mission, philosophy, goals, objectives, regulations, policies and procedures

(Marquis & Huston, 2012). Organizing or organizing is a consciously coordinated social unit or unit consisting of two or more people who function on a relatively continuous basis to achieve a common goal or group of goals (Robbins, 2013). At the stage of organizing in the infirmary the head of the ward as a manager in the infirmary unit strives so that all the elements can cooperate effectively to achieve the set goals. At this stage work is established, divided and coordinated to achieve the goals of the infirmary within the PPI. In (Pramann, 2010) it is said that PPI organization is the most instrumental person in PPI, assisted with IPCN and IPCLN directly in nursing ward units who directly perform nursing care to patients. Staffing includes recruiting, interviewing, hiring and orienting staff, organizing staff schedules, staff development, occupational socialization and team building (Marquis & Huston, 2012). The nursing staff in the intensive care unit are nurses including the head of the ward. The nursing staff in the intensive care unit are nurses including the head of the ward. The head of the ward is responsible for managing the nursing system as a whole. The leadership of a nurse (head of ward) reflects the care provided and supports a form of service quality assessment. The great commitment and responsibility of nurses is closely related to PPI (Dutra et al., 2015). Nurses should be facilitated in developing themselves to increase up- to- date knowledge in improving the quality of care (Crotty & Doody, 2015). Coordinating or directing is a very important function in PPI. Directing is a stage requires human resource responsibilities such as motivation, managing conflict, delegation, communication and facilitating collaboration (Marquis & Huston, 2012). The head of the room should have the ability to direct the function. In (Garrett, 2015) it is stated that there is a need for at least one person who is responsible for overseeing or directing the implementation of PPI in collaboration with multidisciplinary and such a person should attend initial training and regular refresher training thereafter. Activity supervisor at ward is a head of the ward who is directly related to the nurse who performs the nursing care. Controlling or controlling or often called supervisory function is the last component needed in the implementation of the function of the head of the room especially in the implementation of PPI. All the foregoing functions would be ineffective without the supervisory function. In the supervision stage the head of the ward assesses the standards of PPI implementation, measures the results of implementation, and corrective actions against the results of implementation based on the standards set by the hospital. Fayol (1925) in (Parmin, 2010) defined control as a check regarding whether things are happening according to agreed plans, instructions issued and principles defined aimed at pointing out deficiencies and errors so that they can be rectified and not recur. Interpersonal roles The ward head is required to carry out tasks that are symbolic in nature, have a leadership role, and act as a liaison in the implementation of PPI. In interpersonal roles there are three leader roles that emerge directly from formal authority possessed by leaders and encompasses basic interpersonal relationships, namely: the role of elder (Figurehead Role), the role of leader (Leader Role), and the role of liaison (Liaison Role) (Robbins, 2013). In the United States, a leadership role is urgently needed in the implementation of infection prevention and control particularly in hemodialysis wards. Nurse leaders should monitor the work of nurses while performing hemodialysis in order to comply with protocols or references in the hemodialysis unit so as to lower nephrology infections (Kear, 2015). The informational roles of the ward head in PPI implementation are to collect PPI information in the wards and institutions outside the Hospital, act as a disseminator of information to nurses and be a spokesperson when they represent nurses facing parties outside the wards regarding PPI implementation. The following three leader roles describe the informational aspects, namely the role as monitor (Monitor Role), role as disseminator (Disseminator role), and role as Spokesman (Spokesman Role) (Robbins, 2013). In (Tinoco et al., 2011) it is explained that effects and information sources are indispensable in obtaining information about PPI corresponding to an adverse event. Nurses desperately need knowledge or information about PPIs in performing care to patients to minimize the occurrence of infection transmission (Bai, 2015). The decisional roles of the head of the room are able to make a development and make a choice or decision in PPI. Decision roles are identified in four roles required to make choices, namely: performing the role of entrepreneur (entrepreneur), handling

disruption, (handler disturbance), provider of resources (allocator resources), and as negotiator (Robbins, 2013). The decisional role of a leader in the provision of resources can be done by providing opportunities for nurses to attend PPI training. This is supported in (Moureau & Flynn, 2015) explaining that nurses need to be facilitated with the provision of training on proper disinfection in nursing procedures so as to reduce the occurrence of infection.

CONCLUSION

One of the major challenges facing hospitals today is the risk of occurrence of “Healthcare-associated infections” (HAIs). HAIs are infections that are found in both hospitals and other health care facilities. HAIs are not limited to infections in patients alone, but also infections in healthcare workers acquired while performing acts of patient care. The implementation of PPI in the Hospital badly needs the function and role of the head of the ward even though coordinatively or the line of command does not exist within the structure of the Hospital. PPI implementation rests within the PPI, IPCN and IPCLN committees in the intensive care unit. However it is seen from the findings of the study that nurses are very influential people in the implementation of PPI. Where the nurse who performs directly care to the patient, so that the nurse who is directly in contact and related to see the condition of the patient directly. Nurses are under supervision and are the staff of the head of the ward so the role and function of the head of the ward is indispensable in the implementation of PPI in the wards. The optimization of the implementation of the functions and roles of karu in the PPI was done by involving the management of the Hospital as the driving motor. Recommendations are expected for the nursing manager of Porsea hospital to improve the function and role of karu as a leading manager in the intensive care unit through the support of policies and facilities that support such efforts, for example: Managing director authorizes the manual functions and roles of head of ward in PPI in Porsea Hospital in order to be applied head of ward, The director establishes the organizational structure of PPI in the structure of the hospital, Head of nursing monitors and evaluates the implementation of Functions and Role of head of ward in PPI in the infirmary, Head of nursing reports periodically to the implementing director of the Functions and Roles of ward heads in PPI in the intensive care unit, The hospital leader/director receives periodic reports related to the implementation of functions and the role of the head of the ward in PPI in the intensive care unit.

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