

Research Article

The Role of Organizational Culture in the Implementation of Personal Hygiene

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ORCIDRohni Taufika Sari: <https://orcid.org/0000-0003-1778-9899>**Abstract.**

Organisational culture is a system that continues to process in an organizational environment. The culture inherent in the organizational environment requires a long stage to become a thing that binds all elements in the organization. In nursing, organizational culture plays a vital role as a device that regulates the behaviors of nurses in carrying out their responsibilities. One of the most fundamental responsibilities is fulfilling the personal hygiene needs of inpatient clients. The pandemic to post-pandemic conditions emphasized the need for personal hygiene as one of the essential items for the entire community and inpatient clients in hospitals. Implementing a right on target, effective and efficient personal hygiene is indispensable for a hospital to maintain service quality and increase client satisfaction. The extent to which organisational culture contributes to improving the quality of nursing services in carrying out actions to fulfil personal hygiene needs for clients needs to be investigated further. The results of this study can be a positive input for elements of hospital management to determine the direction of policies related to the implementation of nursing actions to meet the personal hygiene needs of clients. This study uses a qualitative method with a phenomenological approach. Determination of participants using purposive sampling, the number of participants is seven people, and data collection using in-depth interviews. Three themes were identified in this research, namely (1) Support System; (2) Teamwork; (3) Motivation. The effectiveness of the implementation of PH for clients must be distinct from the individual elements of the nurses themselves and the most excellent support from hospital management, both in appealing to and providing the facilities needed to improve service quality.

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1. INTRODUCTION

Health service arrangements, such as hospitals, are organisational systems that must be integrated with an organisational culture that can influence most service activities. Organizational culture is a basic mindset that is taught to all new personnel to think, the way how to feel things and act properly every day. Another understanding of organizational culture proposed is that organizational culture refers to a system of shared meanings held by members that distinguishes the organization from other organizations

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(4). Based on various understandings of organizational culture, it can be concluded that organizational culture is a procedure or norm or rule that applies in an organization and will be taught continuously to all new personnel who enter the organization. Organizational culture will be able to direct one's opinions and perceptions to be able to behave as expected by the organization. The development of an organizational culture that is embedded in a system, will affect the success of achieving organizational goals (5).

When talking about nursing services which is one of the important indicators in the quality of service in a hospital, it is impossible to be separated from an organizational culture that exists in the hospital (6). When the hospital has cultivated a culture of improving service quality, this will also have an impact on all nursing service activities. Nursing service activities start from the most basic things to more intensive nursing actions. Organizational culture in the nursing environment will embed value in order service Nursing is deemed necessary because this is where positive habits will be born that will be followed by all members of the organization (7). The implementation of actions to fulfill basic needs in this outpatient unit cannot be separated from the role of the hospital organization to manage available resources in terms of implementing quality services. The most basic nursing action, which must be met for all inpatient clients, one of which is the act of fulfilling personal hygiene needs. Indeed, this action is not seen as important directly, because it does not affect the client's recovery directly.

However, when something is a basic human need, in any condition the individual, whether healthy or sick, physically or mentally, these basic needs must be met (8). In practice, the fulfillment of basic personal hygiene needs is carried out by nurses by classifying the level of client dependence starting from total care, partial care and minimal care. This classification helps the nurse in meeting the personal hygiene needs of the client based on the client's ability and gradually independent of the client. Increasing demands service Quality nursing for all circles requires the active role of nurses to always be sensitive to the needs of clients in the field (9). In inpatient installations with a high number of clients and varying levels of client dependence, sometimes a perception arises from the client and the client's family that the act of fulfilling personal needs is often ignored or even not carried out by nurses.

Most of the clients and their families do not understand much about the classification of client dependencies, causing a misperception of why there are clients who are fully assisted by nurses in fulfilling personal hygiene and there are clients who are only partially assisted by nurses. Family participation has also become a polemic because of some assumptions that when someone is treated in a hospital, the client's needs

must be carried out by the room nurse (10). Nurses are required to be able to provide an understanding of the classification of client dependence on clients and families. Various demands for quality services and the high number of hospitalizations, especially in government hospitals, are one of the factors that increase the workload of nurses in hospitals which can have an impact on services that are less than optimal for actions that are considered not to have a significant impact. direction the recovery of clients such as the fulfillment of basic personal hygiene needs.

The government regulations related to the number of inpatient clients in inpatient installations refer to the regional regulation of South Kalimantan Province number 5 of 2012 concerning the pattern of tariffs for health services at dr. H. Moch Ansari Saleh Banjarmasin, the division of treatment classes available is standard class (following local government regulations for the provisions of JKN users based on class 1, 2 and 3), Main class and VIP class. The number of beds for the standard class refers to the South Kalimantan Provincial Regulation number 3 of 2011 concerning the Tariff Pattern for Health Services at the Ulin Hospital Banjarmasin, in chapter VI regarding the treatment class at the Regional Hospital, namely: class III wards with 5-8 beds and bathrooms, class II room with 2 beds and bathroom, then for class I 1 bedroom, bathroom & fan, TV. Based on the above regulations, for each inpatient installation at the regional hospital, the minimum number of beds is between 8-11 for the standard class with the number of classes 1, 2 and 3 only 1 room. For some inpatient installations, the number of classes 1, 2 and 3 ranges from 2-3 rooms.

2. MATERIALS AND METHODS

This study uses a qualitative method with a phenomenological approach. Determination of participants using purposive sampling and the number of participants is seven people, data collection uses in-depth interview techniques with interview guides semi structured and field notes. Inclusion criteria in this study were primary nurse and nurse practitioners with a minimum working period of 5 years. The exclusion criteria were nurses who were sick and on leave. The ethical element in qualitative research is made to ensure the protection of human dignity and safety as research subjects and the feasibility of the research carried out. Researchers maintain confidentiality (anonymity and confidentiality), in the form of interview recordings, transcripts, and data from participants collected in one file in a single file. Computer and only researchers who gain access to anonymity is maintained.

The data analysis process is carried out simultaneously with the data collection process, due to qualitative research that becomes the instrument. The main thing is the researcher himself so that the analysis is subjective (11).

The process of analyzing phenomenological data using Colaizzi's strategy (12):

1. Making verbatim transcripts;
2. Read verbatim transcripts repeatedly;
3. Identify keywords;
4. Categorize the statements on these keywords;
5. The same category will be grouped into one related category. The categories that have been obtained from the participants will be made into sub-themes or themes

3. RESULTS

Characteristics of participants, in this study the age of participants ranged from 30 years to 39 years, with a length of work starting from 5 years and a maximum of 14 years, consisting of three primary nurse and four implementing nurses. The last education consisted of two D3 Nursing and five Nurses. There are 3 (three) themes identified from the analysis of qualitative data collected through in-depth interviews with 7 participants. The main theme that describes Culture Organization in the implementation of Personal Hygiene actions on clients in the Inpatient Installation at the Banjarmasin Hospital, are: (1) Support Systems; (2) Teamwork; (3) Motivation.

4. DISCUSSION

4.1. Support Systems

The theme of this study describes the experience of nurses on the implementation of Personal Hygiene in inpatient installations with the main support system from the client side namely the family and the client himself. The factors that influence individuals in meeting basic needs, namely the existence of someone who has a meaningful relationship in this case is the family. Family is a support system that can increase motivation, especially for individuals who are sick in life activity fulfillment of basic needs. As in this study, participants conveyed about family involvement that can improve hygiene practices for clients, where family support plays an important role in optimizing

meaningful feelings for clients so that it will indirectly trigger hope for recovery for their condition. The results of Rahmatika's research state that family support is very influential on personal hygiene in stroke patients, where this family support can be influenced by various internal and external factors. A high level of education in the family will affect family support in the process of implementing personal hygiene in patients. Family support and the level of understanding of inpatient clients on personal hygiene needs are things that must be managed by hospital management. Sustainable management with the right policy direction will instill values that will become a positive culture in the hospital organization (13). This is expected to maximize the success of implementing personal hygiene measures.

4.2. Teamwork

The theme of this study describes the participants' experiences of teamwork in nursing organizations on the implementation of Personal Hygiene clients. Participants perceive everyone related to the implementation of hygiene practices and what they do in an organization and how their behavior can affect the organization's performance in implementing hygiene practices in inpatient installations. Optimal staff empowerment in the nursing team must be controlled by the nursing manager in the installation setting of the inpatient room. In the management function, this staff empowerment is commonly known as staffing (14). Staffing is one of the management functions in terms of preparing personnel in an organization from recruiting workers

4.3. Work Motivation

Performance is the result of a person's work and work behavior in a period, usually 1 year (6). Factors that can affect a person's performance according to Sinambela are: Ability and expertise, knowledge, work design, personality, work motivation, leadership, leadership style, organizational culture, job satisfaction, work environment, loyalty, commitment, and work discipline (15). In this study, participants described the non-implementation of Personal Hygiene practice to the maximum due to the high performance of nurses in inpatient installations, especially in class 3 wards, where the number of patients with variations in the level of dependence were still not standardized for categorization. High workload and small number of nurses, especially in shift day and night make practice hygiene client is not executed. The level of individual desire to do something is a general definition of motivation. When individuals have high motivation

for a performance, there will always be an opportunity to carry out the action. However, when individuals have low motivation, there will be various reasons that make individuals not carry out these actions. The nursing profession is a very noble profession, because anyone who has made an oath as a nurse will certainly have a sense of responsibility to provide maximum service to all clients. This responsibility is the biggest thing that provides work motivation for nurses

5. CONCLUSION

The findings of this study are as follows:

1. The results of this study identified three themes, namely: (1) Support System; (2) Teamwork; (3) Motivation; The role of organizational culture in the practice of fulfilling the personal hygiene needs of clients conveyed by participants comes from the work motivation of nurses themselves(16), namely how nurses view the importance of personal hygiene needs for clients but of course this cannot be separated from the participation of clients and families to how hospital management supports in the effectiveness of the implementation of personal hygiene practices. Reflection of the nurse's point of view in fulfilling the client's personal hygiene does not make nurses leave this practice because they are aware of their responsibilities as a nursing profession
2. Moving on from the various experiences of nurses in fulfilling Personal Hygiene to clients, their biggest hope is to increase the hospital's attention in terms of providing facilities and facilities to support Personal Hygiene and optimizing the cooperation of the nursing team to support each other in the implementation of Personal Hygiene compliance needs Personal Hygiene.
3. The final results of how the role of organizational culture in the practice of personal hygiene of clients in this inpatient installation can be concluded as follows:
 - (a) Nurses view Personal Hygiene as a basic need that aims to maintain cleanliness and provide a sense of comfort for clients by applying the principles of Personal Hygiene
 - (b) A caring attitude to meet the client's personal hygiene needs in order to provide a sense of security and comfort and respect the client more humanely is one form of caring for nurses.
 - (c) Nurses must be able to apply and mix and match the body of knowledge, attitude and principles of nursing ethical norms, where this can be stated in a

standard practice implementation procedure, one of which is the SOP for the implementation of the client's personal hygiene fulfillment in inpatient installations based on the client's level of dependence (independent), partial care and total care) making it easier for nurses to implement personal hygiene practices in inpatient installations

- (d) Standards for classification of client dependency levels in inpatient installations

Acknowledgments

For Health Service Managers in Hospitals; Incorporating Personal Hygiene procedural in infection control and prevention program (PPI) and monitoring and evaluation is carried out on an ongoing basis. Management of supporting facilities resources such as minimal toiletries set for inpatient clients, HR management for implementing Personal Hygiene care in the nursing team(17). Enforcement of client dependency classification for inpatient wards with the hope of facilitating nurses in fulfilling Personal Hygiene practices. Increasing the motivation of nurses with an exemplary nurse award program and an appropriate reward system for compliance with the client's. Personal Hygiene implementation so as to make the Personal Hygiene culture a routine in order to improve the quality of hospital services(18).

For Further Researchers; The results of research in the field of nursing is a contribution to the development of science in nursing. The best evidence is information that emerges from well- designed and systematic research. Of course there are certain themes that require further exploration with the observation method, besides that quantitative research methods can be carried out to further measure the competence of nurses tailored to professional nursing services (professional nursing care) and mix methods about meeting basic needs in professional nurse practice.

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