IMPLEMENTATION OF PROCEDURE MANAGEMENT OF SETS OF INSTRUMENTS BY OPERATING ROOM NURSES AT THE ISLAMIC HOSPITAL SURABAYA

MOCH FATKAN
NAHDLATUL ULAMA UNIVERSITY OF SURABAYA
Email: fatkanmoch@gmail.com

ABSTRACT
The Most Problem of the implementation of the medical instrumen set mangemen faced by nurses in the operating room are lac of thoroughnes, discipline an responsibility. Consequently, this problem causes the maintenece of instrument is not done well. The reseach was purposed to identify the implementation of the medical instrumen set mangemen faced by nurses in the operating room of surabaya Islamic General Hospital. The desight of this reseach is descriptive. The population in the reseach involved 23 people. The sample are nurse 20 responden where chosen by using simple random sampling technique. The variable is implementation of medical instrumen set mangemen faced by nurses befor operation, during operation and after operation in the operating room of surabaya Islamic General Hospital. The information by observation technique. The analisis by descriptif statistic. The Result evaluation of test in the relation of medical instrumen set show that 70% also did it well after operation, 65% set it up well during operation and 75% also did it well after operation. The evaluation this reserch in the relation with the managemen of the medical instrument by nurses in the operation room of surabaya Islamic General hospital. The respondens set instrumen well befor operation, during operation, and also did it well after operation. The opinion of surabaya islamic Hospital make standart operational prosedur, responsibiliti of job, and education of medical instrumen set menegement.

Key words: The menegement of the medical instrument set

INTRODUCTION
Implementation of instrument management procedures in the operating room set is an activity undertaken in carrying out duties and responsibilities.

Answer as operating room nurses to patients, environment and equipment and surgical standards before, during or after surgery. The equipment in question is a loom, medical device, medical device used for certain surgical procedures (health team RI, 2000).

According to Puruhito and Rubingah (1995), in the management of a nurse's instrument set must be thorough in some respects such as before the operation must calculate the number and match the type of operation and then notify all the equipments to the circulation personnel, during the operation, re-check and arrange the order On the mayo table, delivering it in order and correctly to the operator, doing the cleaning tool from the blood, fat or bone fragments and then put on the mayo table. After the operation notify the completeness of the instruments to all the operating teams and calculate the number of instruments to be between before and after operation. It says discipline if before the operation always check the mark.

By seeing the sign on the indicator. Wash hands with fuebinger and dry with sterile washcloth then wear a surgical dress and sterile handscoen to arrange the required instrument on the mayo shirt. During operation. It is said to be responsible if always perform procedurally procedural treatment that is the stage of dismenting and densing stage (densinfecting), cleaning stage, drying stage of lubricating stage of reassembling instrument (reasembling) when instrument can be removed (A. Murphy, 2000)

Based on data from the inventory instrument instrument of Surabaya Islamic General Hospital in 2009, there were several broken instruments, 2 big cheer clamps, 2 small peanut clamps, 2 cores, 3 clamps and 1 chrome clamp, the corrosion was a surgical operation, 1 scissors for stitching, 2 anatomical tweezers and 1 cirurgi pingset, 2 hand vat mess. This may be due to the lack of accuracy.
and discipline of operating room nurses in using the instruments
In one of surgery and lack of sense in performing instrument maintenance procedures. Another possibility could be the loss of a linen sharing device.

Unintentional cleaning time. The solution of the problem is that the operating room is always required to use the instrument in accordance with their needs, also always perform the set of instrument set according to the prevailing stages so that equipment damage can be minimized.

From the above study, it is known that there are several factors from the performance of the operating room nurses that influence the management of the instrument set, but whether these factors can be said to be so influential that it is necessary to identify the lasngsung field to prove the truth. Several factors that influence the implementation of the instrument set management procedures by operating room nurses are:

1. Internal factors include: a) thoroughness, b) discipline c) responsibility, d) motivation e) age f) education g) work experience
2. External factors include: a) arrangements b) environment c) job description d) means e) incentives f) workload.
3. The management of the set of surgical instruments includes: a) before surgery b) during operation c) after surgery

Other internal factors such as motivation, age, work experience and education can also affect a person's performance in action, motivation is what drives a person or directs behavior, if the motivation is good then well its performance and vice versa, age is a measure of maturity level of a person, Only from the environment, knowledge but from their experience in facing the reality of life that is full of mind maturation, Age and experience of someone old and old have more value than the young and educational factors also play a role in one's performance because education makes the process of growth, Development and change towards a more mature, better and mature in a person, so hopefully someone with a higher education performance can be

Modeled by those with basic education. External factors, in the presence of regulations will limit a person to commit a violation or do deviate from the rules that have been applied, so that someone will work more in accordance with the job description it when influenced atmosphere or a conducive working environment and the availability of adequate facilities will obtain maximum results. Especially with adequate rewards or intensive will motivate employees and will impact on job performance.

As for other effects if the instrument set management is less meet the standard then it can be possible tool will be more quickly damaged. If less precise in the calculation at the time of the operation of the material or the tool can be left behind in the patient's body is emulated or depress come along with linen cleaning.

The solution we need to expect to complete the prevention of this problem is expected to manage the set of instruments aimed at employees need to get education instrument first, so that

Ideals and goals and the same perception no difference in the management of instrument tools.

METHODS
The type of research used is descriptive that allows maximizing the control of several factors that can affect the accuracy of the results based on the purpose of the research used is to observe or measure the variable at the moment. (Nursalam and pariani, 2000).

Population Research
The population is every subject of research that meets the established criteria (Nursalam, 2002). In this study the population is a nurse working in the central operation room, OK out patient (One Day Care). And Ok UGD Islamic Hospital Surabaya amounted to 23 population.

Sample, Large Sample
The sample is part of an affordable population that is used as a research subject by sampling representing the existing population (Nursalam, 2002).

The samples taken are as a nurse in the hospital room of Ahmad yani Surabaya Islamic Hospital they are 20 responden.
RESULT
Operating room nurses who qualify as a research sample of 20 people. Exposure is good OK large, small OK and OK for emergent exposure of study respondents outlined gender, age and work experience.

1. Sex

Table 1 distribution frequency of respondents based on gender at the Islamic Hospital operating room Surabaya 2016

<table>
<thead>
<tr>
<th>No</th>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>male</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>2</td>
<td>women</td>
<td>13</td>
<td>65%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

Based on table 1 shows that most (65%) of female sex respondents

2. Age

Table 2 frequency distribution of respondents based on age at the Islamic Hospital operating room Surabaya 2016

<table>
<thead>
<tr>
<th>No</th>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20-35 year</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>2</td>
<td>36-45 year</td>
<td>11</td>
<td>55%</td>
</tr>
<tr>
<td>3</td>
<td>46-55 year</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

Based on table 2 it is seen that most (55%) are 36-45 years old

3. Work experience

Table 3 frequency distribution of respondents based on work experience at the Islamic Hospital operating room Surabaya 2016

<table>
<thead>
<tr>
<th>No</th>
<th>work</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&gt;10 year</td>
<td>17</td>
<td>80%</td>
</tr>
<tr>
<td>2</td>
<td>&lt;10 year</td>
<td>3</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

Based on Tael 3 it is seen that most (80%) of respondent’s working life is > 10 Years.

4. Education

Table 4 frequency distribution of respondents by education at the Islamic Hospital operating room Surabaya 2016

<table>
<thead>
<tr>
<th>No</th>
<th>education</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>S1</td>
<td>16</td>
<td>15%</td>
</tr>
<tr>
<td>2</td>
<td>Akper</td>
<td>14</td>
<td>70%</td>
</tr>
<tr>
<td>3</td>
<td>SPK</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

Based on table 4 it is seen that most (70%) have Akper education.

Special Data

5. Implementation of instrument management procedures set by nurse before operation at Surabaya Islamic Hospital

Table 5 frequency Distributions of respondents based on the implementation procedure of the management of sets of instruments by nurses before the operation the Islamic Hospital Surabaya 2016

<table>
<thead>
<tr>
<th>No</th>
<th>Implementation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Good</td>
<td>14</td>
<td>70%</td>
</tr>
<tr>
<td>2</td>
<td>Enaught</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>Less</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

Based on table 5 above shows that most (70%) both on the implementation of procedures set of management of instrument by the nurse before surgery at Surabaya Islamic Hospital in 2016.

6. Implementation of procedures for managing instrument sets by nurses during operations at Surabaya Islamic Hospital in 2016.
Table 6 frequency Distributions of the respondents on the implementation procedure of the management of sets of instruments by nurses during operations at the Islamic Hospital Surabaya 2016

<table>
<thead>
<tr>
<th>No</th>
<th>Implementation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Good</td>
<td>13</td>
<td>65%</td>
</tr>
<tr>
<td>2</td>
<td>Enough</td>
<td>5</td>
<td>25%</td>
</tr>
<tr>
<td>3</td>
<td>Less</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

Based on table 6 above shows that most (65%) both on the implementation of instrument management procedures set by nurses during surgery at Surabaya Islamic Hospital in 2016.


Table 7 distribution of frequency of respondents on the implementation of the management procedures set by instrument nurse playing the role of hospital operations at Islam Surabaya 2016

<table>
<thead>
<tr>
<th>No</th>
<th>Implementation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Good</td>
<td>15</td>
<td>75%</td>
</tr>
<tr>
<td>2</td>
<td>Enough</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>3</td>
<td>Less</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

Based on table 7 above shows that most (75%) both on the implementation of instrument management procedures set by nurses after surgery at Surabaya Islamic Hospital in 2016.

DISCUSSION

1. Implementation of instrument management procedures set by nurse before operation at Surabaya Islamic Hospital.

Based on table 5 shows that some bear (70%) both on the implementation of the instrument management procedures set by the nurse before the operation at Surabaya Islamic Hospital.

Good category because the average tells the completeness of the tool to be done to the circulair nurses, using the appropriate instruments with the type of operation to be performed, matching the kind of tools to be performed with etiquette, respondents have had work experience > 10 years.

One appearance of operating room nursing before surgery is to prepare the instrument set and other needs in accordance with the action of the operation to be performed, then check the equipment sterilisation and completeness of the instrument set if there is shortage immediately provide information and recorded in the notebook here nurses must plan their duties Before the operation begins or before the patient is in the operating room if it has longer work experience then the nurse is more fluent and more focused on the preparation level of the operation.

As it is known that work experience is the best teacher when having long working experience is closely related to the age factor because it will affect the level of maturity someone and think and act (Nursalam and pariani, 2000).

2. Implementation of instrument management procedures set by nurses during operation at Surabaya Islamic Hospital.

Based on Table 6 shows that most (65%) both on the implementation of the instrument management procedures set by the nurses during the operation at the Islamic Hospital Surabaya.

A good criterion on checking the device during operation, checking if it happens on sterile. Suffice it to say that the arrangement of the tools may not fit the sequence of conveying tools in order to check the tools and materials during operation, less on the dimmer set of dimmer instruments in sequence during operation.

Calculation of tools and materials during operation, mode of delivery of equipment to the operator less in accordance with the order.

The instrument nurse during the operation conveys the instrument during operation, calculates the instrument to be used and maintains the cleanliness of the blood. Or bone fragments by using sterile gauze and more importantly should know the usefulness of each of these tools have to do with the education of operating room nurses because the average graduate of the academy.
During the operation the instrument nurse performs the instrument calculation to be used and
keep the hygiene of blood, fat or bone fragments by using sterile gauze and more importantly must
know the usefulness of each tool (Texhammar C Colton 2001).

3. Implementation of instrument management procedures by nurses after surgery at Surabaya Islamic Hospital
Based on the results of table 7 shows that most (75%) both on the implementation of the instrument set management by nurses after surgery at Surabaya Islamic Hospital. Implementation after the operation is said to be a good criterion if the respondent checks the newly completed equipment. The respondent calculated the newly completed tool is said to be sufficient when performing drying in the instrument maintenance procedure, documenting the number of instruments used after the operation is said to be lacking if not performing the disassembly in the instrument maintenance procedure, in the care of the instrument.

From the theories of several experts who influence the management of the instrument set in the Operations Chamber and lead to discipline, thoroughness and sense of responsibility towards the management of sets of surgical instruments (Arief Mutakin and Kumala Sari, 2009).

B. Limitations of Research
1. Measuring Tool
The collection of data by observation has an answer that is more influenced by the subjective attitude and expectations of the researcher subjective.

2. Time
Time is so limited that the results are less representative or less than perfect.

CONCLUSION
Based on data analysis and discussion result can be formulated the following conclusion:
1. Implementation of instrument management procedures by nursing instruments before operation in the Islamic Hospital Operating Room is mostly good.
2. Implementation of instrument management procedures set by the nurses during operation in Operation Room of Surabaya Islamic Hospital is mostly good.
3. Implementation of instrument management procedures by nurses after surgery in Operation Room of Surabaya Islamic Hospital is mostly good.

SUGGESTIONS
1. For Surabaya Islamic Hospital
   a. An operational standard (SOP) for the management of surgical instrument sets should be established prior to surgery during postoperative surgery in the Operating Room thoroughly.
   b. There is the appointment of a nurse in charge of the management of the instrument and the existence of strict regulations which require a nurse to indemnify if in the management of damaged or lost instruments
   c. Provide the opportunity to pursue higher education and engage in specialized training on the management of surgical instrument sets in the Operations Room.

2. For Respondents
   To further add insight, knowledge and information by reading more books on surgical instruments management in the Operation Room and more experienced nurses are expected to provide direction and guidance to the younger ones.

3. For Researchers
   It is expected to conduct further research with larger samples to get more representative and quality results.

REFERENCE
Puruhito. Nursing Planning operative. Surabaya, EGC.