

## RELATIONSHIP OF FAMILY KNOWLEDGE ABOUT PREVENTION OF DECUBITUS WITH THE EVENT OF DECUBITUS IN PATIENTS TOTAL CARE IN THE NEUROLOGY ROOM OF PARIAMAN HOSPITAL RSUD

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### Abstract

Based on a report from Cipto Jakarta Hospital stated that 15.8% of bed rest patients treated at Cipto Jakarta Hospital had pressure sores. This problem is a serious problem because it increases the cost of treatment and slows down the rehabilitation program for sufferers. The number of patients receiving total care at Dr M Jamil Hospital every year continues to increase. Total care patients have a high risk of developing pressure sores. Prevention of pressure sores can also be done by increasing family knowledge about how to prevent pressure sores. The purpose of this study was to examine the relationship between family knowledge about pressure sores and the incidence of pressure sores in total care patients in the Neurology Room of Pariaman Hospital. Decubitus ulcers are skin damage or death that occurs due to impaired blood flow and irritation that covers the protruding bone. This study used a cross sectional study design with a descriptive survey type of research. The population in the study amounted to 32 people. The sampling technique was accidental sampling, obtained as many as 32 samples. Data were collected using questionnaires and observation. Data processing was carried out univariate and bivariate. The results showed that 53.1% had low knowledge, 53.1% did not experience pressure sores. There is a relationship between family knowledge about prevention of pressure sores and the incidence of pressure sores in total care patients in the Neurology Room of Pariaman Hospital, with p value 0.001 <0.05. The incidence of pressure sores is caused by a lack of family knowledge about how to prevent pressure sores. Make changes to the body position of the family being treated by first consulting the health worker on how to make changes to the body position of the family being treated.

**Keywords-** *Total Care, Pencegahan, Keluarga, Decubitus*

### INTRODUCTION

For more than three decades, Indonesia has carried out various efforts in order to improve the health and welfare of the community. The Ministry of Health has implemented a series of reforms in the health sector to improve health services and make them more efficient, effective and affordable to the public. Entering the third millennium, programs to improve public health status continue to be pursued through various implementation of short-term or long-term program targets (Depkes RI, 2009).

The millennium development goals (MDGs) set by the United Nations and the Indonesian government are to improve public health status and prevent various infectious diseases, communicable diseases, through strengthening the health system and increasing prevention efforts against various diseases. (Wikipedia, 2012).

Physiologically, every day, we can lose about one gram of skin cells due to daily activities involving friction on the skin and hygiene activities that involve the skin, such as bathing. The pressures acting on the skin are still within normal limits and periodically so that the loss of skin is still within physiological limits. However, if the working pressure is more than normal and the pressure continuously acts on an area, skin damage will occur (Infokes.com, 2011).

Skin damage caused by impaired vascularization and irritation of the skin covering the protruding bone, where the skin will be under high pressure continuously is

referred to as a pressure ulcer. Damage to the integrity of the skin can come from wounds due to trauma and surgery, but can also be caused by pressure skin for a long time which causes irritation and will develop into pressure sores or pressure sores (Mukti, 2009).

Prevention of pressure sores can also be done by increasing family knowledge about how to prevent pressure sores. One of the factors to prevent pressure sores is knowledge. A person's knowledge is closely related to the behavior he will take, because with that knowledge he has a reason to make a choice. Lack of knowledge about the disease suffered will result in uncontrolled disease development processes, including early detection of disease complications (Feigin, 2006).

Decubitus is also at high risk in people who are unable to feel pain, because pain is a sign that normally prompts a person to move. Nerve damage (eg from injury, stroke, diabetes) and coma. Diabetes mellitus is a chronic disease caused by reduced insulin production by the pancreas, either inherited or acquired, or by ineffective insulin production. This deficiency increases the concentration of glucose in the blood, where it can harm the body's systems, especially blood vessels and nerves, causing a reduced ability to feel pain so that it is one of the risks of developing pressure sores (WHO, 2005).

The incidence of pressure sores in America is still quite high and needs attention from health workers. The results showed that the incidence of pressure sores varied, but in general it was reported that 5-11% occurred in the acute care setting, 15-25% in the long-term care setting, and 7-12% in the home care setting (Mukti, 2009).

This problem is a serious problem in both developed and developing countries, because it results in increased treatment costs and delays rehabilitation programs for sufferers. Based on a report from Cipto Jakarta Hospital, 15.8% of 76 bed rest patients treated at Cipto Jakarta Hospital had pressure sores (Infokes.com, 2011).

Based on the report, it can be assumed that the quality of nursing services provided by the hospital is said to be not good and the prevention of pressure sores has not become a high priority in nursing care services. This makes the prevention of pressure sores the main thing because the treatment of pressure sores takes a lot of time and money. Preventive measures can be taken by massaging the patient's skin, maintaining the patient's general condition and hygiene, or by special measures such as reducing excessive external pressure in certain areas by changing body position every 2 hours in bed for 24 hours (Feigin, 2006).

Family knowledge in preventing the occurrence of pressure sores is very important, because the family has a duty to maintain the health of its members, as well as the physical maintenance of its members, the maintenance of existing resources in the family. High risk of pressure sores occurs in patients who are unable to feel pain and patients with nerve damage such as in patients with diabetes mellitus, so families need to know how to prevent pressure sores so that family tasks can be fulfilled (Mubarak, 2005).

The results of interviews conducted by researchers with 10 families of total care patients, it was found that 6 families did not understand about pressure sores, both signs and symptoms and causes, 6 families also did not know that if the patient was on long bed rest it would cause pressure sores The body must be turned as tilted to the left and right every 2 hours. 2 family members understand about pressure sores, but do not know well the causes of pressure sores, such as how many hours the patient has to change his sleeping position. Meanwhile, 2 of the patient's families already know how

to maintain personal hygiene, patient nutrition and have changed the patient's sleeping position every 2 hours.

Based on the description above, it encourages researchers to find out more about the problems above and researchers are interested in conducting research on the relationship between family knowledge about prevention of pressure sores and the incidence of pressure sores in total care patients in the Neurology Room of Pariaman Hospital.

## RESEARCH METHOD

This research is a type of descriptive analytic survey research, namely a survey or research that tries to explore how and why health phenomena occur. Then analyze the dynamics of the correlation between phenomena, risk factors and effects ((Notoadmodjo, 2005). The population is a family whose family members are in total care treatment. The sample of this study was taken using the Accidental Sampling technique, which is a sampling technique carried out at the time of researchers conduct research.

## FINDINGS

### 1. The respondent's level of knowledge.

Table 1  
Frequency Distribution of Respondents Based on Knowledge Level  
in the Neurology Room of Pariaman Hospital

Knowledge	Frequency	%
Low	17	53.1
High	15	46.9
amount	32	100

Table 1. Shows that more than half of the respondents (53.1%) have low knowledge. From the results of research on respondents' knowledge of decubitus, it is shown that most of the respondents' knowledge is still low, namely 17 people (53.1%) and respondents who have high knowledge are 15 people (46.9%).

Knowledge is the result of knowing and this happens after people sense a certain object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. (Notoatmojo 2003).

The results of this study are also the same as the research conducted by Irma Suryani (2001). In his research on the relationship between knowledge and family attitudes with the incidence of pressure sores in patients in the Lubuk Basung Hospital inpatient room, it was also found that more than some had low knowledge.

Based on the analysis of the answers given, it can be seen that many respondents' understandings are still wrong on the question of the cause of pressure sores, here found many respondents who think that pressure sores are caused by ulcers. In addition, many respondents' understanding of the prevention of pressure sores is also low, such as many who think that bed rest patients should not change their body position (Asman, et al 2020). In line with the statement put forward by Notoatmodjo that one of the factors that influence a person's knowledge is the level of education. A person's level of education will help that person to more easily capture and understand

information. The higher a person's education, the level of understanding also increases and is appropriate in taking attitudes (Notoatmodjo, 2007).

Judging from the cause of the number of respondents who have low knowledge, it seems that they are influenced by the educational background of many respondents who are also low. From the results of the analysis, it can be seen that most of the respondents (57.4%) who have low knowledge also have a low educational background, namely elementary and junior high school education.

## 2. Decubitus incident

**Table 2**  
**Frequency Distribution of Respondents Based on Decubitus Incidence**  
**at the Neurology Room of Pariaman Hospital**

Action	Frequency	%
Occur	15	46.9
Not occur	17	53.1
amount	32	100

Table 2 shows that more than half of the respondents (53.1%) did not experience decubitus events. The results showed that in the incidence of pressure sores in the families of respondents who were treated, it was found that more than half (53.1%) did not have pressure sores. Meanwhile, almost half (46.9%) had pressure sores.

Decubitus ulcers, also called pressure sores or bed sores, are red areas, sores, or ulcers on the skin over bony prominences. Decubitus ulcers or pressure sores occur due to the same pressure on a part of the body that interferes with circulation. First, reddened skin tissue (Asman, et al, 2021). If the cells die (necrosis) due to lack of nutrition the skin is damaged and ulcer formation. As a result bedsores become larger and deeper (Morison, 2003).

The results of this study are also the same as the research conducted by Irma Suryani (2001). In his research on the relationship between knowledge and family attitudes with the incidence of pressure sores in patients in the Lubuk Basung Hospital inpatient room, it was also found that almost half of the respondent's families experienced pressure sores.

Based on the observations made by the researchers, it was found that almost half of the respondents (46.9%) experienced decubitus events. This shows that the respondent lacks good actions in an effort to prevent the occurrence of pressure sores in their families, even though pressure sores can be prevented if preventive measures can be taken by the family.

According to the researcher's assumption, there are still many incidences of pressure sores in treated patients due to the lack of active action from the family in an effort to prevent pressure sores in patients.

## 3. The relationship between knowledge and the incidence of pressure sores in the Neurology Room of Pariaman Hospital.

**Table 3**  
**Relationship of knowledge with the incidence of decubitus**  
**in the Neurology Room of Pariaman Hospital**

No	Knowledge	Decubitus incident		Amount	P
		Occur	Not Occur		

		F	%	F	%		N	%	value
1	High	2	13,3	13	86,7		15	100	0,001
2	Low	13	76,5	4	23,5		17	100	
	amount	13	40,6	19	59,4		32	100	

Based on table 3, it can be seen that of the 15 respondents who have high knowledge, as many as 86.7% do not experience pressure sores. Meanwhile, of the 17 respondents who had low knowledge, most (76.5%) experienced decubitus events.

Chi square statistical test obtained p value 0.001 < 0.05, meaning that there is a relationship between knowledge and the incidence of pressure sores in the Neurology Room of Pariaman Hospital. The results of a bivariate study conducted on the relationship between knowledge and the incidence of pressure sores showed that out of 15 respondents who had high knowledge, 86.7% did not experience pressure sores. Meanwhile, of the 17 respondents who had low knowledge, most (76.5%) experienced pressure sores.

Chi square statistical test obtained p value 0.001 < 0.5. This means that there is a relationship between knowledge and the incidence of pressure sores in the Neurology Room of Pariaman Hospital. This shows that the number of patients found to have pressure sores is due to the low family understanding of this disease (Asman, et al, 2021).

In line with research conducted by Irma Suryani (2001). In his research on the relationship between knowledge and family attitudes with the incidence of decubitus In patients in the Lubuk Basung Hospital inpatient room, it was also found that there was a relationship between family knowledge and the incidence of pressure sores in patients.

Behavior is an action or activity of the human himself which has a very wide range, including: walking, talking, crying, laughing, working, studying, writing, reading, and so on (Asman, et al, 2020). From this description it can be concluded that what is meant by human behavior is all human activities or activities, both those that are directly observed, and those that cannot be observed by outsiders (Notoatmodjo, 2003).

A person's behavior towards an object is influenced by three factors, namely; predisposing factors manifested in knowledge and attitudes. The supporting factors (enabling factors) that are manifested in health facilities or facilities and the driving factors (reinforcing factors) that are manifested in the support of families and health workers (Asman, et al, 2020).

As a result of the respondent's lack of understanding about pressure sores, preventive measures against this disease are not considered properly, this can be seen from the respondent's assumption that bed rest patients should not be moved, so that most of the respondents do not take preventive measures, such as changing the sleeping position of his family (Asman, et al, 2021). Lack of preventive measures turns out to result in patients experiencing pressure sores

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