

# The Relationship Of Family Knowledge With Preventing Decubitus Ulcers In Total Bedrest Patients In The Icu H. Sahudin Kutacane Hospital

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## ARTICLE INFO

## ABSTRACT

### Keywords:

Family Knowledge, Pressure  
Ulcers, Total Bedrest Patients

Decubitus is a problem faced by patients with chronic diseases, patients who are very weak and paralyzed for a long time, and is currently even experienced by many patients who are treated in hospitals, especially in ICU rooms. Comatose patients who undergo treatment in total bedrest for too long can cause tenderness and are at high risk of developing decubitus ulcers. This is due to the patient's inability to care for themselves or at least try to change their sleeping position, resulting in pressure on the same area for a long period of time. Efforts to prevent pressure ulcers should be carried out as early as possible since the patient is identified as being at risk of developing pressure ulcers. Therefore, the family plays a role in preventing the occurrence of decubitus ulcers in patients who experience total bed rest or patients who are in a coma in the ICU. The aim of this study was to determine the relationship between family knowledge and efforts to prevent decubitus ulcers in total bed rest patients in the ICU at H. Sahudin Kutacane Hospital. This research design is a correlative study. The population is the families of patients who experienced total bed rest in the ICU with a sample size of 40 people in October-November 2023. The research results found that the majority of families' knowledge was good, namely (72.5%). The risk of developing decubitus ulcers in the family is low, namely (45%). There were efforts to prevent decubitus ulcers in the families of total bed rest patients with a p value ( $p=0.002$ ). Therefore, it is recommended that the patient's family should know and understand correctly about decubitus ulcers so that they can carry out treatment and prevention methods for decubitus ulcers in order to provide good care to patients on total bed rest in the ICU who are at risk of decubitus ulcers.

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## 1. INTRODUCTION

Prolonged pressure is the main cause of decubitus ulcers because pressure can cause soft tissue ischemia. Many other factors also play a role in the occurrence of decubitus ulcers such as shear, friction, excessive moisture, and possibly infection. (Amirsyah et al., 2020). Pressure ulcers are a very serious problem for patients who have to be treated for a long time in hospital with limited activities. Total bedrest patients are usually treated for several days or weeks. The length of treatment days and the condition of the disease will threaten the occurrence of decubitus. The importance of the role of the family in treating decubitus ulcers, because the family has a duty to maintain the health of family members (Mughni, 2018).

Suheri's research results (2019), shows that the length of hospital stay in the occurrence of decubitus wounds in patients (88,8%) decubitus wounds appeared with an average length of stay on the fifth day of treatment. Cutaneous tissue becomes damaged or destroyed, leading to progressive destruction and necrosis of the underlying soft tissue.

Family means that each member of the family can function well according to their position or status, the individual's position in society, the individual within society, for example status as wife/husband or child (Nikmatur & Saiful, 2018). The role of the family includes, among others, as a motivator, the family as a driver of behavior or support towards a goal based on the needs of a sick family member who really needs support from the family. The family as an educator is the family's effort to provide education to sick family members (Apparelyzed, 2015).

The family as a facilitator is the means needed by a sick family to fulfill their needs to achieve successful implementation of care for family members. The patient's family does not know how to treat decubitus prevention in total bedrest patients, including hygiene and skin care, positioning used to reduce pressure and friction on the skin, so in families who have total bedrest patients, knowledge is needed about preventing decubitus ulcers. (Fernandes, 2017). The client's position is changed according to his or her activity level, perceptual abilities and daily routine and the base supports comfort, posture control and pressure management. Decubitus ulcers also cause extreme pain and discomfort for patients. Therefore, the family as the closest person who cares for patients with decubitus ulcers needs to know everything related to decubitus ulcers so that the family itself can prevent the occurrence of decubitus ulcers.(Amirsyah, 2020).

Previous research examining the relationship between the role of the family and the prevention of pressure ulcers in total bed rest patients found that there was a significant relationship between the role of the family and the prevention of pressure ulcers. The family can demonstrate its role well if the family has sufficient or even good knowledge of preventing pressure ulcers. (Asmadi,2016). Based on the phenomenon of family knowledge, it is something that the family knows about how to treat, prevent decubitus ulcers in patients on total bed rest for a long time, including hygiene and skin care, positioning used to reduce pressure and friction on the skin. (Carville, 2015). So the description above encourages researchers to be able to make efforts to prevent decubitus ulcers in total bed rest patients in the ICU room at H. Sahudin Kutacane Hospital.

## 2. METHOD

This research is quantitative research with a correlational design, namely testing the relationship between two variables, namely the independent variable and the dependent variable. This study examined the relationship between family knowledge and efforts to prevent decubitus ulcers in patients on total bed rest in the ICU. The approach used is cross sectional, namely the measurement of the independent variable and the dependent variable is carried out simultaneously or momentarily (Arikunto, 2017). This research is The population is families who experienced total bed rest in the ICU room at H. Sahudin Kutacane Hospital with a total sample of families of patients with total bed rest in the ICU room totaling 40 people during October- November 2023.

## 3. RESULTS AND DISCUSSION

Univariate and bivariate analysis to describe the presentation of data from several variables in the form of a respondent distribution table including age, gender and family education of total bed rest patients in the ICU. Based on the results of research carried out in the ICU room at H. Sahudin Kutacane Hospital in 2023, the following data was obtained: Distribution of Respondents Based on Age, Gender, and Family Education of Total Bedrest Patients in the ICU Room at H. Sahudin Kutacane Hospital

Characteristic	Frequencies	Mean	SD	Min-Max
Patient Age				
Late teens (17-25 years old)	1	2,5	43,05	(25-54)
Early adulthood (26-35 years old)	4	10		
Late adulthood (36-45 years old)	17	42,5		
Pre elderly (46-55 years old)	18	45		

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Characteristic	Frequencies	Mean	SD Min-Max
Total	40	100	
Gender			
Man	18	45	
Woman	22	55	
Total	40	100	
	Family Education		
elementary school	1	2,5	
JUNIOR HIGH SCHOOL	4	10	
SMA	14	35	
College	21	52,5	
Total	40	100	

Based on the research results obtained, it is known that the average age of respondents is 43 years with the youngest being 25 years and the oldest being 54 years with a standard deviation of 6.81. The gender of the respondents was mostly female (55%) and male (45%). Education: It is known that the majority of research respondents had a tertiary education, namely (52.5%) and the least had an elementary school education (2.5%). Distribution of Respondents Based on Family Relations and Family Experience in Treating Total Bedrest Patients in the ICU Room at H. Sahudin Kutacane Hospital

Characteristic	(f)	(%)
Family relationship		
Husband	13	32,5
Wife	3	7,5
Child	34	60
Total	40	100
Family Experiences in Patient Care		
Yes	37	92,5
No	3	7,5
Total	40	100

Based on the research results, the relationship between the family and the patient is that the majority are children, namely (60%) and the smallest are wives (7.5%). Based on family experience in treating patients with total bed rest, as many as (92.5) have experience in caring for families of patients who have patients on total bed rest. Description of Knowledge of Families with Pressure Ulcers and Experience of Treatment for Total Bed Rest Patients in the ICU Room at H. Sahudin Kutacane Hospital

Knowledge	(f)	(%)
Not enough	0	0
Enough	11	27,5
Good	29	72,5
Total	40	100

Based on the research results obtained, it is known that the majority of respondents' family knowledge is in the good category, namely (72.5%) and in the sufficient category (27.5%). Description of Respondents' Family Knowledge Based on the Risk of Pressure Ulcers in Total Bed Rest Patients in the ICU Room at H. Sahudin Kutacane Hospital

Decubitus	(f)	(%)
Risky	21	52,5
No Risk	19	47,5
Total	40	100

Based on the research results obtained, it is known that most of the categories at risk of decubitus ulcers are 21 people (52.5%) and 19 people are not at risk of decubitus ulcers (47.5%).

Family Knowledge Analysis Test on the Occurrence of Pressure Ulcers in Total Bed Rest Patients in the ICU Room at H.Sahudin Kutacane Hospital

Variable	n	R	pValue
Family Knowledge & Occurrence of Decubitus	40	0,47	0,002

Based on the research results obtained, the correlation results are known. Based on the research results obtained, it is known that the Spearman Rank correlation results obtained a value (p value  $<0.05=0.002$ ) so that  $H_a$  is accepted, which means there is a significant relationship between family knowledge and the risk of pressure ulcers in total bed rest patients in the ICU with a value of ( $r=0.474$ ), the r value can be obtained with a positive correlation, which means that there is a very strong relationship between family knowledge and the risk of decubitus ulcers in total bed rest patients in the ICU. If family knowledge is high then there is no risk of decubitus ulcers occurring in total bed rest patients in the ICU and conversely, if family knowledge is low, there is a risk of decubitus ulcers occurring in patients on total bed rest in the ICU.

### Discussion

Based on the research results, it was found that the average age of family respondents was 43 years with the youngest being 25 years and the oldest being 54 years. This shows that the research respondents are in the adult age range and even the elderly. Based on this age, there is a high risk of decubitus ulcers because it influences care, knowledge about decubitus ulcers and ways to deal with the risk of decubitus ulcers. Based on the research results, it is known that the majority of research respondents were male (45%) and female (55%). This can happen because women are considered more intensive in providing care. Apart from that, in this study there were more female respondents because male family members were mostly the backbone of the family so the intensity of looking after patients was less than female family members.

Based on the research results, it is known that the majority of research respondents had a tertiary education, namely (52.5%) and the least had an elementary school education (2.5%). The results of the study found that the number of respondents with elementary, middle and high school education was quite large, this condition could be the cause of respondents' understanding of disease and healthy lifestyles being low, so there was a tendency to ignore health related to efforts to prevent decubitus ulcers in patients on total bed rest in the room ICU. Education is considered to have an impact on a person's health, such as influencing healthier living behavior, better working conditions, and access to better health services.

Based on the family relationship with the patient, the majority were children (60%) and the fewest were wives (7.5%). This relationship with children is the greatest relationship because children are an inseparable relationship, meaning there are no ex-children, so they care for their parents wholeheartedly and with sincerity. The results of the research showed that the majority of family knowledge regarding the prevention of decubitus ulcers was in the good category, namely (72.5%) and in the sufficient category, namely (27.5%). This is supported by the education of the respondents, most of whom are tertiary institutions, where knowledge is one of the factors. High and low levels of family education greatly influence how families absorb and understand the information they obtain. The higher the level of family education, the better their memory and knowledge will be (Dewanto, 2016). So that families are able to think and act more rationally to find out about preventing decubitus ulcers in patients on total bed rest in the ICU if the patient is in a coma and is being treated in the ICU.

The results of the study showed that the majority of respondents' pressure ulcer risk categories were low risk, namely (45%) and the high and medium pressure ulcer risk categories were (27.5%) respectively. The occurrence of decubitus ulcers is directly related to the length of time a comatose patient remains in the ICU. If pressure continues for a long time, small blood vessel thrombosis and tissue necrosis will occur. Decubitus ulcers are often found in people with limited movement because they are unable to change positions to relieve pressure. Critical/coma patients with hemodynamic disturbances within 2-6 hours can show signs of decubitus ulcers. Apart from these factors, there are

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several additional factors that make it easier for decubitus ulcers to occur, for example cleanliness of the bed, medical equipment that causes the patient to fixate in a certain position, poor sleeping position and insufficient position changes. (Fernandes, 2017).

Who researched the description of family caregivers' knowledge and perceptions regarding the prevention of pressure ulcers in family members who are at risk of pressure ulcers and found that there was a relationship between family knowledge and the risk of developing pressure ulcers. Another study conducted by Sinaga (2019), who examined the role of the family in preventing pressure ulcers in stroke patients, found that the role of the family was significantly related to the incidence of pressure ulcers. This shows that family knowledge plays a role in the risk of decubitus ulcers in comatose patients (Purba, 2014).

Positive behavior from the family in efforts to prevent decubitus ulcers plays a very important role in efforts to prevent pressure ulcers in patients on total bed rest in the ICU. Prevention regarding decubitus ulcers influences the family's encouragement to be involved in decubitus ulcer prevention behavior. The results of the Spearman Rank correlation obtained a value of (p.value <0.05=0.002), so that  $H_a$  was accepted, which means there is a significant relationship between family knowledge and efforts to prevent pressure ulcers in total bed rest patients in the ICU with a value of ( $r=0.474$ ). The  $r$  value can be obtained a positive correlation, which means there is a very strong relationship between family knowledge and efforts to prevent decubitus ulcers in total bed rest patients in the ICU room at H. Sahudin Kutacane Hospital, If family knowledge is high then the risk of decubitus ulcers in total bed rest patients in the ICU is high and conversely if family knowledge is low then the risk of decubitus ulcers in total bed rest patients in the ICU is also low.

#### 4. CONCLUSION

After discussing the research, the researcher can provide several conclusions, There is a relationship between family knowledge and efforts to prevent decubitus ulcers in total bed rest patients in the ICU room at H. Sahudin Kutacane Hospital with the value (p.value <0,05=0,002), so that  $H_a$  is accepted, which means there is a significant prevention effort between family knowledge and the risk of decubitus ulcers in total bed rest patients in the ICU with a value ( $r=0,474$ ), The  $r$  value can be obtained a positive correlation, which means that there is a very strong relationship between family knowledge and efforts to prevent pressure ulcers in total bed rest patients in the ICU room at H. Sahudin Kutacane Hospital, if family knowledge is high then there is no risk of pressure ulcers in total bed rest patients in the ICU room and On the other hand, if family knowledge is low, there is a risk of decubitus ulcers in patients on total bed rest in the ICU. It is recommended that the research be qualitative research to obtain broader data. Apart from that, it is also necessary to provide health education to families and training for families of patients who experience total bed rest in the ICU regarding the prevention of decubitus ulcers in patients with total bed rest in the ICU at H. Sahudin Kutacane Hospital.

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