



THE RELATIONSHIP OF MOBILIZATION WITH THE EVENT OF DECUBITUS IN THE INTENSIVE CARE UNIT (ICU) ROOM PATIENTS OF THE LINGGAJATI REGIONAL GENERAL HOSPITAL KUNINGAN REGENCY IN 2015

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ABSTRACT	Keywords
Decubitus is defined as an injury due to the patient's position which has not changed for more than 6 hours. Decubitus is a localized tissue that tends to occur when soft tissue is compressed between the bony prominence and the external surface for a long period of time. This study aims to identify the relationship between mobilization and the incidence of pressure sores in the ICU room at Linggajati Regional General Hospital. The design of this study used a descriptive analytic study with an accidental sampling technique of 11 patients. The instruments used are in the form of questionnaires and checklists with univariate and bivariate analysis with chi-square. The chi-square analysis test obtained a p-value of 0.01 ($\alpha : 0.05$), $P < \alpha$ so that H_0 was rejected and H_a was accepted, which means that there is a relationship between mobilization and the incidence of pressure sores at Linggajati Regional General Hospital Kuningan Regency. In 11 respondents studied, there were 5 people (45.4%) who had less mobilization, 4 people (36.4%) had sufficient mobilization and 2 people (18.2%) had good mobilization. Then the results of the respondent's decubitus assessment there were 5 people (45.4%) who had pressure sores and 6 people (54.5%) did not. There is a relationship between mobilization and the incidence of pressure sores in patients in the Intensive Care Unit (ICU) Linggajati Regional General Hospital, Kuningan Regency. Suggestions for nursing staff to set standard operating procedures for treating patients in the ICU, especially patients with severe disease and limited mobility. It is recommended to conduct further research related to all the factors that influence the occurrence of pressure sores in ICU patients, especially implementing nursing care and setting standard operating procedures.	Decubitus, incidence mobilization, Intensive Care Unit (ICU)

INTRODUCTION

One of the main aspects in providing nursing care to patients is maintaining skin integrity. This can be achieved by providing planned and consistent skin care. Skin care that is not planned and consistent can result

in impaired skin integrity. Impaired skin integrity can be caused by prolonged pressure, skin irritation or immobilization and ultimately results in pressure sores (Potter & Perry, 2016).

Decubitus is damage or death of the

skin to the tissue under the skin, even penetrating the muscles to the bones, causing local blood circulation disorders. Decubitus or pressure sores are localized tissue damage caused by compression of the soft tissue over bony prominence and prolonged external pressure. Tissue compression will cause interference with the blood supply to the stressed area. If this persists for a long time, it can lead to insufficiency of blood flow, tissue anoxia or ischemia and ultimately cell death. Decubitus is a problem faced by patients with chronic diseases, patients who are very weak, and patients who are paralyzed for a long time, even now it is a secondary suffering experienced by many hospitalized patients (Morison, 2003).

According to Mukti (1997) quoted from previous research, the incidence and prevalence of pressure sores in America is still quite high and needs attention from health workers, especially nurses. The results show that the incidence of pressure sores varies, but in general it is reported that 5-11% occurs in acute care settings, 15-25% in long-term care settings and 7-12% in home care settings (Mukti, 1997).

Suheri's research (2009) on bed rest patients stated that out of 45 bed rest patients treated at Haji Adam Malik General Hospital Medan, 88.8% had grade I pressure sores on the fifth day of treatment with the most diagnoses being patients stroke as much as 33.3%, head injury 11.1%, fracture 15.6%, the rest are bed rest who require old care (Suheri, 2009).

Setiyaji (2001) also conducted a similar study on bed rest patients at Moewardi Hospital Surakarta, where the incidence of pressure sores was 38.2%. From these studies, it can be assumed that the quality of nursing services provided in hospitals is not good and nurses have not placed pressure sores prevention as a high priority in nursing services (Setiyaji, 2001).

Decubitus is a serious problem because it can result in increased costs, length of hospital stay and delays in the rehabilitation program for sufferers. In addition, pressure sores can also cause prolonged pain, discomfort and can cause severe complications, namely sepsis,

chronic infection, cellulitis, osteomyelitis, and increase the prevalence of mortality in elderly clients (Sari, 2007).

Prevention of pressure sores is a priority in client care and is not limited to clients who have limited mobility. Impaired skin integrity may not be a problem for immobilized and healthy individuals, but it can be a serious and potentially damaging problem in sick or disabled clients. Almost 95% of pressure sores can be prevented through nursing actions, the remaining approximately 5% of immobilized patients will still experience pressure sores (AHCPR, 1994).

Efforts to prevent pressure sores need to pay attention to the knowledge of nurses. The success rate in prevention efforts depends on this, but various studies indicate that nurses do not have sufficient information and knowledge in understanding the contents of guidelines for handling and preventing pressure sores (Buss et al., 2004).

There are three main areas of nursing intervention to prevent pressure sores, namely: skin care which includes hygiene and topical skin care, mechanical prevention and support for surfaces which include positioning and using therapeutic beds and mattresses, and education that affects nurses' knowledge of prevention. occurrence of decubitus (Potter & Perry, 2016).

From the initial survey conducted by researchers in the Linggajati Regional General Hospital Kuningan Regency room against nurses, it was found that in the field there are still many nurses who neglect to mobilize patients and focus more on providing nursing actions on the main diagnosis, as a result the decubitus treatment is neglected, so that every week there are always patients who experience pressure sores.

Based on the above background, the authors are interested in examining the relationship between mobilization and the incidence of pressure sores in patients in the Intensive Care Unit (ICU) Linggajati Regional General Hospital Kuningan Regency in 2015.

METHODS

Design

The research design of this study was a descriptive analytic study using a cross sectional study approach. This design measures the variable in one time to assess simultaneously at the same time (Nursalam, 2003).

Sample and sampling technique

The population in this study were patients who were treated in the ICU room at the Linggajati Regional General Hospital Kuningan Regency. The sample was selected by using the accidental sampling technique. The determination of samples that coincidentally/accidentally meet with the researcher can be used as a sample, if it is deemed that the person who happened to be met fits the data source (Erlina et al., 2020; Sugiyono, 2004). The number of samples obtained in this study were 11 respondents from a total of 80 patients who visited each month.

Instruments

In collecting information from respondents, researchers used a data collection tool in the form of a questionnaire. The Observation Sheet contains demographic data and a format sheet for the prevention of pressure sores by nurses.

1. Demographic Data

Questionnaire Demographic data questionnaire includes Respondent Number, age, gender, education, occupation. The demographic data of respondents aims to determine the characteristics of prospective respondents and describe the distribution of the frequency and percentage of demographics in the effort to prevent pressure sores by nurses.

2. Mobilization checklist and the incidence of pressure sores

This checklist aims to identify the mobilization performed on the patient and the incidence of pressure sores in the patient. Validity and reliability tests were not carried out in this study because the checklist was adjusted to the standard procedures that had been set in the hospital.

Data collection process

Primary data was obtained from the results of data collection which was filled in by respondents using a checklist/demographic data questionnaire. Meanwhile, secondary data were obtained from the results of the study which took place in the ICU room of Linggajati Regional General Hospital, Kuningan Regency in 2015. Researchers conducted research by observing the mobilization and decubitus of patients by seeing the presence or absence of pressure sores for 2 consecutive days. The results of these observations are entered into the mobilization checklist sheet and the incidence of pressure sores.

Data Analysis

In this study, the researcher collected data by means of observation, identification, interviews and filling out observation sheets. The data collected were analyzed through the SPSS program and continued with the chi-square analysis test. Chi-square is used to analyze categorized data, namely ordinal but it can also be data with a nominal scale (Kholifah et al., 2019; Sudjana, 2005). The processed data is used as a basis for discussing the problem statement, which is then presented in tabular form so that conclusions can be drawn.

Ethical considerations

In conducting research, it is necessary to obtain recommendations from the institution or other parties by submitting an application for permission to the institution or institution where the research is conducted. After obtaining approval, then conducting research by pressing ethical issues which include: Understanding Basic Human Rights Where humans have the freedom to determine themselves. So that the research to be carried out truly upholds human freedom (Alimul, 2003).

RESULTS

Results The results of this study will describe the description of the characteristics of the respondents and the efforts of nurses to prevent pressure sores in the perception of patients treated in the ICU room at Linggajati Regional General

Hospital Kuningan Regency.

Table 1. Frequency distribution of respondents demographic data

Characteristics	Frequency (n=11)	Percentage (%)
Age		
5-10 years	1	9
11-20 years	3	27.3
21-40 years	7	63.7
Gender		
Male	7	63.7
Female	4	36.4
Education		
No school	-	-
Primary school	1	9
junior high school	3	27.3
senior High School	7	63.7
College	-	-
Total	11	100

Descriptions of the characteristics of the respondents include age and gender. In 11 respondents collected, more than half of the patients were aged between 21-40 years (63.7%), the majority of the patients were male (63.7%) and the majority of respondents have high school education (63.7%).

Table 2. Frequency distribution of mobilization respondent

Mobilization	Frequency (n=11)	Percentage (%)
Good	2	18.2
Enough	4	36.4
Less	5	45.4
Total	11	100

Based on table 1.2, data obtained that from 11 respondents studied there are 5 people (45.4%) who have less mobilization, 4 people (36.4%) have sufficient mobilization and 2 people (18.2%) have good mobilization.

Table 3. Frequency distribution of decubitus incidence

Decubitus	Frequency (n=11)	Percentage (%)
Decubitus	5	45.5
No Decubitus	6	54.5
Total	11	100

Based on table 5.3 data obtained that of the 11 respondents studied there were 5 people (45.4%) who experienced pressure

sores and 6 people (54.5%) did not have pressure sores.

Table 4. Analysis of the relationship between mobilization and decubitus incidence in patients in the ICU room

Mobilization	Decubitus		Not Decubitus		Total	P-value
	F	%	F	%	F	%
Good	0	0	2	100	2	100
Enough	0	0	4	100	4	100
Less	5	100	0	0	5	100
Total	5	100	6	100	11	100

Based on table 1.4 data obtained that of the 11 respondents studied there were 5 people (45.4%) who experienced decubitus who were less mobilized. The results of the chi-square obtained a p-value of 0.04 (α : 0.05), $P < \alpha$ so that H_0 is rejected and H_a is accepted which means that there is a relationship between mobilization and the incidence of pressure sores in Linggajati Regional General Hospital Kuningan Regency.

DISCUSSION

1. Mobilization Respondent

In of the 11 respondents studied there were 5 people (45.4%) who had less mobilization, 4 people (36.4%) had sufficient mobilization and 2 people (18.2%) had good mobilization. Mobilization is a person's ability to walk, get up and return to a bed, chair, toilet seat, and so on in addition to the ability to move the upper extremities. Patient mobilization is influenced by a person's lifestyle depending on the level of education. The higher a person's level of education will be followed by behavior that can improve his health. Likewise, health knowledge about one's mobility will always mobilize in a healthy way, for example; an ABRI will walk in a different style than a flight attendant or a drunkard.

Disease processes and injury affect mobility independently. The same goes for people who have recently had surgery. Due to the presence of pain they tend to move more slowly. There are times when clients have to rest in bed because they suffer from certain diseases, for example; CVA which

results in paralysis, typhoid and cardiovascular disease. In the study, it was found that there was a lack of mobilization due to a decrease in energy and also the age factor where the majority of respondents were adults. A child will have a different level of mobility compared to a teenager. Children who are always sick in their growth period will have different levels of agility compared to children who are often sick.

2. Decubitus incidence

Based on the results of the study, it was obtained data that of the 11 respondents studied there were 5 people (45.4%) who had pressure ulcers and 6 people (54.5%) did not (National pressure Ulcer Advisory panel, 2006) said that pressure ulcers were tissue necrosis. It tends to occur when soft tissue is compressed between a bony prominence and an external surface for a long period of time. Tissues obtain oxygen and nutrients and remove metabolic waste through the blood. Several factors that interfere with this process will affect cell metabolism by reducing or eliminating tissue circulation causing tissue ischemia (NPUAP-EPUAP, 2014).

Reactive hyperemia may resolve within more than 1 hour to 2 weeks after the pressure is removed.⁽¹⁾ Additional factors that can increase the risk of developing pressure sores that occur in patients with more advanced pressure sores. According to Potter & Perry (2005) there are 10 factors that influence the formation of pressure sores including friction, friction, humidity, poor nutrition, anemia, infection, fever, peripheral circulation disorders, obesity, cachexia and age (Potter & Perry, 2016).

3. The relationship between mobilization and decubitus incidence in patients in the ICU room

Based on the results of the study, it was found that from the 11 respondents studied there were 5 people (45.4%) who experienced pressure sores who did not mobilize less. The results of the chi-square obtained a p-value of 0.01 (α : 0.05), $P < \alpha$ so that H_0 is rejected and H_a is accepted which means that there is a relationship between mobilization and the incidence of pressure sores at Linggajati Regional General

Hospital Kuningan Regency.

Mobilization is rarely done by patients specifically to sit, patients say they usually carry out changes in the upper position with the help of the family, changes in position at least every 2 hours in cooperative patients or can do it themselves, the patient responds quite well and says have understood that after being given health education, especially position changes at least once every 2 hours, after being given health education, the patient can carry out it himself without the need for assistance from a nurse, the nurse only needs to give direction or remind the patient to change his position. It's another thing if the patient does not want to change his own position, the nurse must help the patient to carry out a change in position, for example in patients who are elderly and have severe disease.

While for the category of efforts to prevent pressure sores by implementing standard procedures, the majority or 15 (83.3%) patients perceive it well, patients say nurses often carry out the actions contained in the questionnaire points, for example in repairing the patient's bedding/bed linen every morning. always bathed or in a washcloth to keep the skin clean, and nurses always pay attention to the cleanliness of the patient's bed. The patient said this was routinely done by nurses, especially in the morning after the patient woke up from sleep.

Potter & Perry (2006), describes three areas of nursing intervention in the prevention of pressure sores, the first is hygiene and skin care, nurses must keep the patient's skin clean and dry. On the basis of protection to prevent skin damage, the client's skin is reviewed continuously by the nurse, the types of products for skin care are numerous and their use must be adjusted to the client's needs. When the skin is cleaned, soap and hot water should be avoided (Potter & Perry, 2016).

Then position adjustment, positioning intervention is given to reduce pressure and friction on the skin. Keeping the head of the bed 30 degrees or less will reduce the chances of pressure sores due to friction. The position of the immobilized client should be changed according to the

level of activity, perceptual abilities, and daily routines. Therefore standard position changes at 1 to 2 hour intervals may not prevent pressure sores in some clients. It is recommended to use a written schedule to change and determine the client's body position at least every 2 hours (Potter & Perry, 2016).

The last category is the support base. Various types of support mats, including mattresses and special beds, have been created to reduce the danger of immobilization to the skin and musculoskeletal systems. There is no single tool that can eliminate the effects of pressure on the skin.⁽¹⁾ Based on research conducted by researchers, patients perceive this to be good, because according to patients, nurses always fix the patient's bedding/bed linen when the patient's bedding/sheet is wrinkled.

According to AHCPR (1994) almost 95% of pressure sores can be prevented through nursing actions, the remaining 5% of immobilized patients will still experience pressure sores. This association also emphasizes that prevention is very important that must be considered by a nurse, especially in patients who experience severe immobilization who need the help of others to change their position (AHCPR, 1994).

CONCLUSIONS

The majority of patients have less mobilization (45.4%). There were 5 patients with decubitus (45.4%). There is a relationship between mobilization and the incidence of pressure sores at the Linggajati Regional General Hospital in Kuningan Regency. Applying nursing care to patients treated in the ICU, especially regarding the prevention of pressure sores. Health workers and health services are expected to be able to set standard operating procedures for treating patients in the ICU, especially patients with severe disease and limited mobility. It is recommended for further researchers to conduct further research related to all the factors that influence the occurrence of pressure sores in ICU patients.

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