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The Relationship of Knowledge and Compliance with 6-Step of Hand Washing in Sequence of Professional Students at Dental and Oral Hospital Jember University

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ABSTRACT

Health behavior is all the activities of a person because of the stimulus associated with maintaining and improving health. Behavior is divided into 3 domains, namely cognitive (knowledge), affective (attitude) and psychomotor (action). Submitting and obeying the implementation of applicable regulations and being ready to face the consequences in the event of a violation is the definition of compliance. Attitudes can be influenced by culture, such as the implementation of handwashing. Handwashing works well when it is practiced as a culture.

This study was conducted at the Dental and Oral Hospital Jember University in March-April 2023. The research subjects were 132 professional students from integration I to III. The measuring instrument used is a questionnaire and check list. The results of the study based on the distribution of knowledge obtained the majority of good knowledge as many as 74 students with a percentage of 56.1%. Based on compliance, there were 90 students with a percentage of 68.1% obedient. The results showed that the majority of female students have good knowledge and adhere to 6-step hand washing in sequence and between Integration I to integration III whose knowledge is good and obedient is integration II.

Students with good knowledge and obedient as many as 59 (44.7%) students, this is more than students with good knowledge and not obedient as many as 15 (11.3%) students. Students with sufficient knowledge and compliance were 31 (23.5%) students, while those with sufficient knowledge and non-compliance were 27 (20.5%) students. Data analysis was carried out using the chi square test which obtained a value of 0.001 so that it can be concluded that there is a relationship between knowledge of hand washing 6 steps in sequence for professional students at Dental and Oral Hospital Jember University.

Keywords: knowledge, compliance, hand washing 6 steps

INTRODUCTION

According to Benyamin Bloom, behavior is divided into three domains, namely cognitive (knowledge), affective (attitude) and psychomotor (action). [1] Knowledge is the result of knowing that arises after someone perceives certain objects. Perception can be through the senses of sight, hearing, smell, taste, and touch. A person receives knowledge mainly through the eyes and ears. [2]

Obedient behavior in the implementation of applicable regulations and ready to face the consequences in the event of a violation is the definition of compliance. Action is an individual response to a stimulus.[3] Attitude is the tendency of a person to respond positively or negatively to certain people, objects, and situations.[4] Attitudes can be influenced by culture, culture instills lines of influence on attitudes towards various issues. Attitudes towards the implementation of hand washing, if hand washing has been carried out as a work culture or pattern then the implementation of hand washing goes well.[5]

Hand washing is a basic technique for preventing and controlling infection. Hand hygiene is important to prevent the spread of infection. [6] There are six steps to handwashing according to the World Health Organization. Six-step handwashing has been shown to be the most effective in preventing the transmission of infections and microorganisms. [7] Doing all the steps of hand washing consistently and correctly can protect yourself and others from the transmission of germs carried by hands. Health services are the most vulnerable environment for the spread of various microorganisms. [8] Government Regulation Number 93 of 2015 states that dental and oral specialty hospitals are used by dental faculties to fulfill all or most of the curriculum in order to achieve competence in the field of dentistry. The University of Jember Dental and Oral Hospital is an Educational Dental and Oral Hospital that provides a means of academic process for professional students where all actions are carried out with the approval of the supervisor. [9]

Hospitals can be a source of infection if medical actions are not in accordance with procedures. [10] The spread of infection can be minimized by implementing the PPI program. Every hospital is required to implement an IOP program, besides that it is also one of the requirements of the hospital accreditation commission. [11] Based on this background, the researcher wants to know the relationship between knowledge and compliance with 6-step hand washing sequentially for professional students at Dental and Oral Hospital Jember University.

MATERIALS & METHODS

This research was an analytic observational study with analysis of the dynamics of correlation between phenomena or between risk factors and effect factors using a cross sectional design (cross-sectional study). This research was conducted at Dental and Oral Hospital Jember University in March-April 2023. The sampling technique in this research used purposive sampling. Data obtained on the population of professional students at Dental and Oral Hospital Jember University was 132 students. Data are grouped based on the knowledge and compliance with 6-step of hand washing in sequence. The data was then grouped by gender and class and then calculated using the prevalence formula. Data on the distribution of the knowledge and compliance with 6-step of hand washing in sequence result are presented in the table.

The data obtained is in the form of scores that will be obtained from the results of the questionnaire answers. A person's level of knowledge becomes three levels based on the percentage value, namely as follows.

Good: >76%

Sufficient: 60-75%

Poor: <60%

Data obtained from the check list filling column conducted by the researcher by paying attention to the respondent's 6-step hand washing movement. The results were categorized as compliant if the respondent performed the six steps of handwashing in sequence and categorized as non-compliant if they did not perform the six steps of handwashing or had performed the six steps of handwashing but not in sequence.

RESULT

Research on the relationship between knowledge and compliance with 6-step sequential hand washing of professional students at the Jember University Dental

and Oral Hospital. Data collection was in the form of questionnaires and check lists conducted at the University of Jember Dental and Oral Hospital. This study used a cross sectional approach with purposive sampling technique. The research was conducted in March-April 2023 with 132 professional students as respondents.

The results can be seen based on the characteristics of research respondents based on gender and integration as in Table 1.

Table 1. Distribution of respondents by gender and integration

Gender	N	Percentage (%)
Male	37	28%
Female	95	72%
Total	132	100%
Integration		
Integration I	27	20,4%
Integration II	95	72%
Integration III	10	7,6
Total	132	100%

In Table 1, based on gender characteristics, it shows that the majority of respondents in the research conducted were female professional students. Details of respondents based on gender were 95 (72%) female professional students and 37 (28%) male students. The distribution of respondents based on the integration class of the most respondents in integration II was 95 (72%) while for integration I as many as 27 (20.4%) and integration III as many as 10 (7.6%).

Table 2. Distribution of respondents by knowledge

Knowledge	N	Percentage (%)
Good	**74**	**56,1%**
Sufficient	58	43,9%
Poor	0	0%
Total	132	100%

The results of the frequency distribution of respondents' knowledge level in table 2 can be explained that the number of respondents with good knowledge amounted to 74 (56.1%) students. The number of respondents with sufficient knowledge amounted to 58 (43.9%) students and there were no students who had poor knowledge. The results of the study concluded that the majority of respondents in this study had good knowledge as shown by the highest percentage compared to respondents who were knowledgeable enough and less.

Table 3. Distribution of respondents by compliance

Compliance	N	Percentage (%)
Compliant	90	68,1%
Non- Compliant	42	31,9%
Total	132	100%

The results of the frequency distribution of the respondent's compliance level in Table 3 can be explained that the number of compliant respondents totaled 90 (68.1%) students. The number of respondents who were non-compliant amounted to 42 (31.9%) students. The results of the study concluded that the majority of respondents in this study were compliant as shown by the highest percentage compared to respondents who were not compliant.

Table 4. Distribution of compliance by gender

Compliance				
		Compliant (%)	**Non-Compliant (%)**	**Total (%)**
Gender	Male	28 (21,2%)	9 (6,9%)	**37 (28,1%)**
	Female	62 (46,9%)	33 (25%)	**95 (71,9%)**
Total		**90 (68,1%)**	**42 (31,9%)**	**132 (100%)**

Table 4 shows the results that the majority who adhere to 6-step hand washing in order are female students, namely 62 (46.9%) students, female students who do not comply are 33 (35%) students. Male students who complied were 28 (21.2%) students while those who did not comply were 9 (6.9%) students.

Table 5. Distribution of compliance by integration

Compliance				
		Compliant (%)	**Non-Compliant (%)**	**Total (%)**
1	Integration I	17 (12,9%)	10 (7,5%)	**27 (20,4%)**
2	Integration II	63 (47,8%)	32 (24,3%)	**95 (72,1%)**
3	Integration III	10 (7,5%)	0 (0%)	**10 (7,5%)**
	Total	**90 (68,2%)**	**42 (31,8%)**	**132 (100%)**

Table 5 shows the results that the majority who adhere to 6-step hand washing in sequence are integration II students, namely 63 (47.8%) students and 32 (24.3%) students who do not comply. Integration I

students who complied were 17 (12.9%) students and those who did not comply were 10 (7.5%) students while for integration III students who complied were 10 (7.5%) students and there were no integration III students who did not comply.

Table 6. Distribution of knowledge by integration

	Knowledge			
	Good (%)	**Sufficient (%)**	**Poor (%)**	**Total (%)**
Integration I	14 (10,6%)	13 (9,8%)	0 (0%)	**27 (20,4%)**
Integration II	55 (41,7%)	40 (30,3%)	0 (0%)	**95 (72%)**
Integration III	5 (3,8%)	5 (3,8%)	0 (0%)	**10 (7,6%)**
Total	**74 (56,1%)**	**58 (43,9%)**	**0 (0%)**	**132 (100%)**

Table 6 shows the results that integration II professional students who have good knowledge are 55 (41.7%) students and have sufficient knowledge 40 (30.3%) students. Integration I professional students who have good knowledge are 14 (10.6%) students and those who have sufficient knowledge are 13 (9.8%) students, while for integration III students who have good knowledge are 5 (3.8%) students and those who have sufficient knowledge are 5 (3.8%) students. The results of the study can be seen that overall from integration I to integration III there are no students who have insufficient knowledge.

Table 7. Distribution of knowledge by integration

Pengetahuan				
	Good (%)	**Sufficient (%)**	**Poor (%)**	**Total (%)**
Laki-laki	23 (17,4%)	14 (10,6%)	0 (0%)	**37 (28%)**
Perempuan	51 (38,6%)	44 (33,4%)	0 (0%)	**95 (72%)**
Total	**74 (56%)**	**58 (44%)**	**0 (0%)**	**132(100 %)**

Table 7 shows the results that male professional students who have good knowledge are 23 (17.4%) students who have sufficient knowledge are 14 (10.6%) students, while for female professional students who have good knowledge are 51 (38.6%) students and those with sufficient knowledge are 44 (33.4%) students. There are no students who have poor knowledge both male and female.

This study conducted a bivariate analysis to determine the relationship between knowledge and compliance with 6-step hand washing sequentially for professional students at Dental and Oral Hospital Jember University. This study used the chi square test. The results can be seen in table 8.

Table 8. The relationship between knowledge and compliance with 6-step sequential handwashing of professional students at Dental dan Oral Hospital Jember University.

Compliance					
		Compliant (%)	**Non-Compliant (%)**	**Total (%)**	***Value***
Knowledge	Good	59 (44,7%)	15 (11,3%)	**74 (56%)**	
	Sufficient	31 (23,5%)	27 (20,5%)	**58 (44%)**	**0,001**
Total		**90 (68,2%)**	**42(31,8%)**	**132 (100%)**	

Table 7 shows that respondents who have good knowledge amounted to 74 (56%) students, including 59 (44.7%) obedient students and 15 (11.3%) non-compliant students. The number of respondents with sufficient knowledge amounted to 58 (44%) students, 31 (23.5%) compliant respondents and 27 (20.5%) non-compliant respondents. Based on these results, it can be seen that respondents with good knowledge are more compliant when compared to respondents with sufficient knowledge. Respondents with sufficient knowledge were more non-compliant than respondents with good knowledge, so overall respondents with good knowledge tended to be more compliant than respondents with sufficient knowledge. These results are in line with the results of bivariate analysis using the chi square test, which shows that the p-value = 0.001 (p-value <0.05) which can be concluded that there is a relationship between knowledge and compliance with 6-step hand washing sequentially professional students at Dental and Oral Hospital Jember University.

DISCUSSION

This study aims to determine the relationship between knowledge and compliance with 6-step hand washing sequentially professional students at Dental

and Oral Hospital Jember University. The study used the subjects of professional students of Integration I, integration II and integration III at Dental and Oral Hospital Jember University. The characteristics of the respondents involved in the study were grouped by gender and integration as shown in table 1. A total of 132 professional students from integration I to III who became respondents in this study, with details of 37 (28%) male respondents and 95 (72%) female respondents. The most respondents were respondents from integration II, namely 95 (72%) respondents. Respondents from integration I were 27 (20.4%) respondents and integration III were 10 (7.6%) respondents. The research that has been conducted includes knowledge and compliance about 6-step hand washing in sequence.

Table 2 shows that 74 (56.1%) students' knowledge is in the good category and 58 (43.9%) in the sufficient category, there are no students who have less knowledge. The results of the study can be seen that the majority of students have good knowledge, this is because at the beginning of entering the clinic given information related to steps to prevent the spread of infection, one of which is how to wash hands properly and correctly. The results of the study are supported by the opinion expressed by Lestari that education has an influence on a person in obtaining knowledge and knowledge. [3] Sources of information are one of the factors that influence the level of knowledge.

Compliance is a positive behavior of individuals shown by meaningful changes in accordance with the goals set. Based on the research results in table 3, more respondents were compliant, namely 90 (68.1%) and 42 (31.9%) respondents were not compliant. The majority of professional students adhere to washing their hands, possibly because it is commonly done and the PPI Team of Dental and Oral Hospital Jember University conducts regular hand washing monitoring once a month. The results of this study are in line with research conducted by Dewi, showing that (69.1%) respondents were not compliant in regularly practicing hand washing.[12] Someone who has good knowledge will be able to understand the impact that will occur if they do not take an action correctly, this is very helpful to change one's behavior for the better.[13] Compliance is the totality of understanding and activity between internal factors and external factors. External factors are factors that come from outside a person, while internal factors are factors that come from within oneself. Internal factors include knowledge, intelligence, perception, emotion, motivation and so on which function to process stimuli from outside. External factors include both physical and non-physical surroundings, namely environment, socio-economics, culture.

The results of the study in table 4 show that the majority who adhere to the 6-step hand washing sequence are female as many as 62 (46.9%) students, and as many as 33 (25%) female students are not compliant. Male students who complied were 28 (21.2%) students while those who did not comply were 9 (6.9%) students. This may be because women are more worried and concerned about their health conditions. White said that gender is a description of the behavior patterns of men or women recognized in social life.[14] Female respondents are better at practicing nosocomial infection prevention because they tend to be diligent in taking care of themselves, obeying, and complying with applicable rules.[15]

The results of the study in table 5 show that the majority of obedient students are from integration II, namely 63 (47.8%) students while for students who are not obedient from integration II as many as 32 (24.3%) students. Integration I students who complied were 17 (12.9%) students and those who did not comply were 10 (7.5%) students while for integration III students who complied were 10 (7.5%) and there were no students who did not comply with integration III. The possibility of this is because the subjects in the study were

mostly integration II, besides that between integration I to integration III which has the most clinical classes and variations in action are in integration II.

Table 6 shows that between integration I to integration II who have the most good knowledge are integration II as many as 55 (41.7%). This may be due to the largest number of subjects in integration II and the experience or tenure of integration II students longer than integration I. The longer a person's tenure, the more knowledge and experience he has, which helps improve the skills of a nurse. The longer a person's working period, the more knowledge and experience he has, this helps improve the skills of a nurse, the longer a person's working period, the more skillful and experienced in dealing with problems in his work Sesrianty.[16]

Table 7 shows that most of those who have good knowledge are female, namely 51 (38.6%), it is likely because most of the research subjects are female students. Women have a more diligent nature and higher learning motivation so that more information is obtained. The results of this study are supported by a statement from Sari et al. that women tend to be better, more understanding and more compliant in terms of health behavior. People with female gender have more time to read or discuss with the environment. Women have a tendency to behave better than men.[17]

The results of the chi square test obtained a value of 0.001 <0.05 indicate that there is a relationship between knowledge and compliance with 6-step hand washing sequentially professional students at Dental and Oral Hospital Jember University. The more knowledge about the importance of sequential 6-step hand washing and knowing the impact that occurs if it is not done properly, the better the compliance with sequential 6-step hand washing will be. This statement is supported by which says that the better the knowledge, the better the level of compliance in behavior.[18] The results of the research conducted are in line with Apriani's research, from the results of the chi square test, the value value of knowledge is 0.001 and the value of attitude is 0.003, which means that there is a relationship between the knowledge and attitude of university students towards compliance with hand washing at Purbalingga Hospital.[19] Research conducted by Endiyono shows the results of the chi-square test analysis value of 0.001 with a significant level of 5%, so it is concluded that there is a relationship between the knowledge of practicing students and compliance with hand washing in the emergency room of Dr. R. Goeteng Taroenadibrata Hospital.[20] The results of this study are not in line with research conducted by Dewi, that knowledge and attitudes are not related to nurse compliance in washing hands but there is a relationship between motivation, facilities and supervision of nurse compliance with hand washing.[12] Another study conducted by Nurmala, found that there was a relationship between knowledge and nurse compliance in hand washing, but no relationship was found between attitude and motivation towards nurse compliance in hand washing.[21] Research conducted by Sianipar, states that the results of the analysis of the relationship between knowledge and behavior. Hand Washing with Soap obtained a p-value of 0.191. The p value> 0.05, which means that there is no significant relationship between knowledge and Handwashing with Soap Behavior among Jambi University students. [22]

Research conducted by Amalia found that there is a significant relationship between nurse knowledge and hand washing compliance with a p-value of 0.035. The results of statistical tests using the Spearman rank test obtained a p-value of 0.000 <0.05 so that H0 is rejected, meaning that there is a relationship between nurse knowledge and compliance behavior of five moments for hand hygiene at RSUD dr. Soehadi Prijonegoro Sragen.[23] Knowledge of hand hygiene plays an important role and has a significant influence on increasing health workers' hand washing compliance.[24,25]

One way to increase knowledge is by providing knowledge through seminars and training related to hand hygiene.[26]

CONCLUSION

There is a relationship between knowledge and compliance with 6-step sequential handwashing of dental and oral hospital professional students at Jember University.

Declaration by Authors

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