

THE INFLUENCE OF EDUCATION ON THE RULES OF THE HIGH CARE UNIT ON FAMILY COMPLIANCE IN PATIENT CARE IN THE CISADANE ROOM AT DR. SAIFUL ANWAR MALANG REGIONAL HOSPITAL

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ABSTRACT

Unhealthy behavior of visitors, namely non-compliance with rules and regulations, disturbs hospital management and endangers patients, especially due to the emergence of nosocomial infections which can be transmitted through hands. The aim of this research is to determine the effect of education on HCU room rules and regulations on patient family compliance in undergoing treatment in the Cisadane Room at RSUD dr. Saiful Anwar Malang. Two Group Pretest Posttest research design, the population is all families of patients undergoing treatment in the Cisadane Room at RSUD dr. Saiful Anwar Malang 200 people. With a sample of 132, a number were selected using purposive sampling. The independent variable in this research is: education on High Care Unit room rules. The dependent variable in this study is the compliance of the patient's family in undergoing treatment in the Cisadane Room, RSUD dr. Saiful Anwar Malang. Research time 19 May 2023-26 May 2023 in the Cisadane HCU Room, RSUD dr. Saiful Anwar Malang. Data analysis used the Spearman Rank test. The results show that Pvalue $0.024 < 0.05$ means accepting H_1 and rejecting H_0 . The conclusion is that there is an influence of education on the rules of the HCU Room on the patient's family's compliance in undergoing treatment in the Cisadane Room at RSUD dr. Saiful Anwar Malang Providing education if it is in accordance with the philosophy of meeting the needs of the patient/family, the patient's physical needs and by focusing one by one on the patient's safety needs and love and appreciation will provide an experience that can lead to the patient's self-actualization, and also have a direct impact on patient compliance. family in carrying out the rules at the hospital. Suggestions require the provision of waiting rooms and sanctions for families of patients who do not heed hospital rules.

Keywords: Education, Rules, HCU, Family, Compliance.

INTRODUCTION

A hospital is a healthcare institution that provides comprehensive individual healthcare services, including inpatient, outpatient, and emergency care (Minister of Health of Indonesia, 2018). Indonesian hospital standards refer to international hospital standards. Currently, KARS (Hospital Accreditation Commission) has received certification from the International Society for Quality in Health Care (ISQua) for national hospital accreditation standards. According to Herlambang (2016), a hospital is a part of the broader healthcare system that offers services to the

community, including medical services, supporting medical services, medical rehabilitation, and nursing care.

Nursing services are delivered through the performance of nurses, which must be based on high levels of critical thinking and competency to effectively support nursing care responsibilities. The performance of nurses is the application of skills or knowledge acquired during nursing education to provide care and take responsibility for health promotion, disease prevention, and patient services (Julio De Jesus Araujo Tilman, R., Fatimah Fouk, M.

W., Dana Riwoe Rohi, E., 2023). Nursing services begin when a patient first enters the hospital, where nurses will provide information about the room, medical staff, rules, and the patient's condition (Sari, Karso & Huda, 2017). The quality of care in hospitals is significantly influenced by nurses' roles in orienting new patients. Similarly, in the High Care Unit (HCU), every patient entering must understand the room's conditions and the staff on duty. The attending nurse also orients patients and their families by explaining essential areas they need to know during their stay, such as restrooms, handwashing stations, emergency call buttons, the purpose of attached medical devices, precautions to take, and visiting hours for family members (RSUD Ciamis, 2022).

The High Care Unit (HCU) provides services for patients whose conditions still require treatment, care, and close monitoring, while maintaining stable respiratory, hemodynamic, and consciousness functions. HCU services involve medical actions carried out through a multidisciplinary approach, which includes specialists, doctors, and nurses working collaboratively with a focus on patients needing intensive treatment, care, and observation according to the applicable operational standards in the hospital (Wijaya, 2016). Services in the HCU are regulated by the Indonesian Minister of Health Regulation Number 834/MENKES/SK/VII/2010 regarding the Guidelines for HCU Services in Hospitals.

Regulations in the HCU of hospitals in Indonesia state that new patients must undergo orientation. This process is essential for welcoming new patients and their families to build a trusting relationship and provide initial information related to their care (Noprianty, 2018). Sari and Rofii (2017) explain that poor orientation for new

patients can lead to non-compliance with hospital rules by both patients and their families. Incomplete information during the orientation process can trigger anxiety in patients and their families. Research by Karimi, Hanifi, Bahraminejad, and Faghihzadeh (2014) indicates that an effective orientation program enhances patient satisfaction.

According to research conducted by Sari, Karso, and Huda (2017), the quality of service is likely to decline if the reception of new patients is not carried out according to standards. This can ultimately reduce patients' trust in the services of a hospital and decrease their satisfaction with the care received. If this issue persists without any intervention or improvement, it may lead to patient disloyalty, causing them to choose other healthcare facilities that can meet their expectations. In line with findings by Rodiyah and Praningsih (2015), there is a significant effect of providing orientation on anxiety levels in new patients. Offering orientation to new patients can help alleviate anxiety issues that often arise during hospital stays.

In their efforts to continue living, people strive to keep their bodies healthy. Unlike outpatient patients who can rest at home immediately, inpatient patients must undergo treatment in the hospital so that their condition can be monitored more easily. Visiting someone who is ill is an obligation for Muslims and a right for every Muslim who is sick. The culture of visiting neighbors, relatives, or friends who are unwell is deeply ingrained in Indonesia. Another common practice among Indonesians when visiting someone is that they often go in groups, using either private vehicles or public transportation such as minibuses, open trucks, and buses.

The problem that has arisen at RSUD dr. Saiful Anwar Malang is that the large

number of visitors coming in groups is not matched by the capacity of the High Care Unit (HCU) rooms and waiting areas. Additionally, there are regulations limiting the number and visiting hours for patient attendants. Based on a preliminary study conducted on March 10, 2023, it was found that there were excessive visitors, with more than one attendant from each family of patients being treated in the HCU Cisadane. They wandered in the hallway outside the treatment room despite restrictions, often ignoring security personnel's requests. It is not uncommon for them to disrupt care procedures, with some crying, yelling, and distracting nurses during their duties. The phenomenon observed is that hallways, which should not be used for sitting, chatting, eating, or lying down, have become venues for these activities due to the waiting areas being insufficient to accommodate the number of visitors. Individuals or groups of visitors even do not hesitate to sit or lie down on the hallway floor without any mats.

The behavior of patient families is illustrated by Imelda, Honey, and Indriati (2019), who found that 74% of visitors engaged in smoking within the Smoke-Free Area (KTR) at the S.K. Lerik Regional General Hospital in Kupang, particularly among the age group of 20-35 years.

Unhealthy behaviors among visitors disrupt hospital management and pose risks to patients, particularly concerning the emergence of nosocomial infections caused by pathogens responsible for Hospital-Acquired Infections (HAI). These infections have a high frequency of transmission through hands, with around 80% being transferable this way (Keevil, 2011, in Ekowati, 2019). Many family members do not wash their hands when entering the HCU, which serves as a trigger for nosocomial infections and leads to

longer hospital stays, long-term disabilities, increased antimicrobial resistance, social-economic disruptions, and higher mortality rates (Khan et al., 2019; Yunita Lestari). The occurrence of nosocomial infections has become a primary focus in healthcare services due to its widespread impact. Nlumanze and Akpan (2014) state that, in addition to causing morbidity and mortality, nosocomial infections can extend a patient's hospital stay. Other researchers, Abubakar and Nilamsari (2017), explain that hospitals implementing visiting hours from 10:00-12:00 and 16:00-18:00 may experience higher rates of nosocomial infections, as many visitors do not adhere to these regulations, allowing family members to sleep in patient rooms. This can lead to nosocomial infections, as germs brought in by visitors can spread to patients, especially if visitors are infected with a particular illness.

Kandou and Warouw (2016) explain that the length of hospital stay varies from less than one day to 34 days, but generally, it exceeds five days (85.2%). The mortality rate for patients in the HCU is quite high, at 25.6% of all cases treated in the HCU. Patients over 30 years old tend to require longer care. Various efforts have been made to enhance the compliance of visitors and patient attendants; however, daily observations do not show optimal results, indicating a need for alternative strategies to improve compliance. One strategy that can be implemented is providing education on the rules of the HCU during treatment. This education aims to support the restoration of health functions and optimal health maintenance. Education begins when the patient enters the healthcare facility and continues throughout the treatment period, even after the patient is discharged (JCI, 2017; KARS, 2018).

Chairani et al. (2022) explain that compliant handwashing behavior as a measure to prevent nosocomial infections is not solely influenced by attitudes; other factors also play a role. Barriers to maintaining hand hygiene are often related to high workloads, a lack of resources, insufficient scientific information, and the perception that hand hygiene is not prioritized, both at the individual and institutional levels (Haverstick, 2017). Preventive behaviors against nosocomial infections require stimuli such as motivation from the work environment, training, education, the availability of handwashing facilities, and oversight from department heads (Chairani, 2017). One approach to improving preventive behavior against nosocomial infections is through education (Timotius, 2017). In Timotius's research, it is noted that education is an activity aimed at providing knowledge and understanding regarding the importance of HCU rules during treatment for patient attendants and visitors. Patients in the High Care Unit (HCU) require close monitoring and are often in critical condition, lacking stable hemodynamics. Family members, as attendants and visitors, must comply with the regulations established in the unit. Based on this background, the researcher aims to conduct a study on the "Effect of Education on HCU Rules on Family Compliance in Patient Care in the Cisadane Room at RSUD dr. Saiful Anwar Malang."

METHOD

The design of this study is a quantitative research utilizing a Two Group Pretest Posttest design, which is an experimental approach conducted on two different groups receiving different interventions. This model is more

robust as it includes a pretest followed by a posttest after the intervention to determine the effects of the treatment, thus allowing for a precise measurement of the experiment's impact. The first group of respondents receives education on HCU rules, while the second group serves as the control group, receiving only a leaflet without the educational intervention. The aim is to assess the influence of education on HCU rules on family compliance in patient care in the Cisadane Room at RSUD dr. Saiful Anwar Malang.

The population for this study consists of all family members of patients undergoing treatment in the Cisadane Room at RSUD dr. Saiful Anwar Malang for one month, from January 1 to January 30, 2023, totaling 200 individuals. The sample for this study comprises all family members of patients treated in the Cisadane Room during March 2023, amounting to 132 individuals. The sampling technique used is purposive sampling.

The independent variable in this study is education on HCU rules, while the dependent variable is family compliance in patient care in the Cisadane Room at RSUD dr. Saiful Anwar Malang. The instrument used for this research is a questionnaire containing a checklist of nursing actions in conducting patient orientation. This observation sheet is aligned with the standard operating procedures for new patient orientation at RSUD dr. Saiful Anwar Malang. The questionnaire consists of six items regarding information on ward routines, hospital policies, and patients' rights and responsibilities.

This questionnaire employs a Guttman scale, which is used for responses that are definitive and consistent, with answers classified as "Yes" or "No." A "Yes" response is scored as 1, while a "No" is scored as 0. The scoring for the questionnaire is based on the standard nursing care assessment criteria established by

the Indonesian Ministry of Health, categorized as follows: "Very Good" for scores >75%, "Good" for scores 65%-75%, "Fair" for scores 55%-64%, and "Poor" for scores <55%.

Bivariate analysis is employed to examine the relationship between the independent and dependent variables. In this study, bivariate analysis is utilized to determine the effect of education on HCU rules on family compliance in patient care in the Cisadane Room at RSUD dr. Saiful Anwar Malang. Data will be analyzed using Spearman rank correlation tests. This research has been approved by the ethics committee at the Dr. Saiful Anwar Regional

General Hospital, with the approval number 400/111/K.3/102.7/2023.

RESULT AND DISCUSSION

The results of the study titled "The Effect of Education on HCU Rules on Family Compliance in Patient Care in the Cisadane Room at RSUD dr. Saiful Anwar Malang" yielded the following data:

Table 1: Characteristics of Respondents Based on Gender of Family Members of Patients Treated in the HCU Cisadane at RSUD dr. Saiful Anwar Malang

Characteristic	Group	Category	f	%
Jenis Kelamin Keluarga Pasien	Interventio	Male	35	53
		Female	31	47
	Control	Male	34	51,5
		Famale	32	48,5
Total			132	100

Source : Primary Data (2023)

Based on Table 1, in the intervention group, the majority of family members of patients treated in the HCU Cisadane at RSUD dr. Saiful Anwar Malang are male, with 35 respondents (53%). In the control group, the majority are also male, with 34 respondents (51.5%)

Table 2: Characteristics of Respondents Based on Age of Family Members of Patients Treated in the HCU Cisadane at RSUD dr. Saiful Anwar Malang

Characteristic	Group	Category	f	%
Age of Fmaily Members	Intervention	21-30 years	5	7,6
		31-40 years	28	42,4
		41-50 years	23	34,8
		51-60 years	10	15,2
	Control	21-30 years	10	15,2
		31-40 years	19	28,8
		41-50 years	19	28,8
		51-60 years	18	27,3
Total			132	100

Source : Primary Data (2023)

According to Table 2, in the intervention group, the majority of family members of patients treated in the HCU Cisadane are aged 31-40 years, with 28

respondents (42.4%). In the control group, the majority are also in the 31-40 and 41-50 age ranges, with 19 respondents (28.8%).

Table 3: Characteristics of Respondents Based on Education of Family Members of Patients Treated in the HCU Cisadane at RSUD dr. Saiful Anwar Malang

Characteristic	Group	Category	f	%		
Pendidikan Keluarga Pasien	Intervention	SD/MI	3	4,5		
		SMP/MTS	11	16,7		
		SMA/MA	33	50		
		Perguruan	19	28,8		
	Kontrol	Tinggi	SD/MI	5	7,6	
			SMP/MTS	10	15,2	
		Tinggi	SMA/MA	30	45,5	
			Perguruan	21	31,8	
Total			132	100		

Source : Primary Data (2023)

Table 3 indicates that in the intervention group, the majority of family members of patients treated in the HCU Cisadane have completed high school

(SMA/MA), with 33 respondents (50%). Similarly, in the control group, the majority also hold high school diplomas, totaling 30 respondents (45.5%).

Table 4: Characteristics of Respondents Based on Length of Stay of Patients Treated in the HCU Cisadane at RSUD dr. Saiful Anwar Malang

Variabel	Grup	Category	f	%
Lama Dirawat Pasien	Intervensi	0-24 hours	13	19,7
		25-48 hours	28	42,4
		49-72 hours	17	25,8
		>72 hours	8	12,1
	Kontrol	0-24 j hours	21	31,8
		25-48 hours	16	24,2
		49-72 hours	24	36,4
		>72 hours	5	7,6
Total			132	100

Sumber : Data Primer (2023)

Based on table, in the intervention group, the majority koerdasarkan tabel 4 diatas menjelaskan bahwa pada kelompok Intervensi karakteristik lama dirawat pasien di Ruang HCU Cisadane RSUD dr. Saiful Anwar Malang adalah sebagian besar pada

kelompok 25-48 jam dengan jumlah 28 responden (42,4%). Sedangkan pada kelompok kontrol sebagian besar pada kelompok 49-72 jam dengan jumlah 24 responden (36,4%).

Table 5: Frequency Distribution of the Pre-Intervention Group Based on Education on Rules Provided by Nurses to Family Members of Patients Treated in the HCU Cisadane at RSUD dr. Saiful Anwar Malang

Variabel	Category	Kelompok Intervensi		Kelompok Kontrol	
		f	%	f	%
Edukasi Tata Tertib	Baik	22	33,3	7	10,6
Oleh Perawat	Cukup Baik	24	36,4	25	37,9
Kepada Keluarga Pasien	Kurang Baik	20	30,3	34	51,5
Total		66	100	66	100

Source : Primary Data (2023)

Based on Table 5, the frequency distribution for the pre-intervention group shows that most family members received "fair" education on rules from nurses, with

24 respondents (36.4%). In contrast, in the control group, the majority received "poor" education, totaling 34 respondents (51.5%).

Table 6: Frequency Distribution of Post-Intervention and Control Groups Based on Education on Rules Provided by Nurses to Family Members of Patients Treated in the HCU Cisadane at RSUD dr. Saiful Anwar Malang

Variabel	category	Kelompok Post Intervensi		Kelompok Post Kontrol	
		f	%	f	%
Edukasi Tata Tertib Oleh Perawat Kepada Keluarga Pasien	Sangat Baik	40	60,6	0	0
	Baik	16	24,2	12	18,2
	Cukup Baik	10	15,2	35	53
	Kurang Baik	0	0	19	28,8
Total		66	100	66	100

Sumber : Data Primer (2023)

Based on Table 6, the frequency distribution for the post-intervention group shows that the majority of family members received "very good" education on rules

from nurses, totaling 40 respondents (60.6%). In contrast, in the post-control group, the majority received "fair" education, with 35 respondents (53%).

Table 7: Frequency Distribution of Pre-Intervention and Control Groups Based on Family Members' Compliance with Rules in the HCU Cisadane at RSUD dr. Saiful Anwar Malang

Variabel	Kategori	Kelompok Intervensi		Kelompok Kontrol	
		f	%	f	%
Kepatuhan Oleh Keluarga Pasien Tentang Tata Tertib	Patuh	0	0	0	0
	Kurang Patuh	53	80,3	55	83,8
	Tidak Patuh	13	19,7	11	16,7
Total		66	100		

Sumber : Data Primer (2023)

Based on Table 7, the frequency distribution for the pre-intervention group shows that the majority of family members had "poor" compliance with the rules in the HCU Cisadane at RSUD dr. Saiful Anwar

Malang, totaling 53 respondents (80.3%). Similarly, in the control group, the majority also exhibited "poor" compliance, with 55 respondents (83.3%).

Table 8: Frequency Distribution of Post-Intervention and Control Groups Based on Family Members' Compliance with Rules in the HCU Cisadane at RSUD dr. Saiful Anwar Malang

Variabel	Kategori	Kelompok Intervensi		Kelompok Kontrol	
		f	%	f	%
Kepatuhan Oleh Keluarga Pasien Tentang Tata Tertib	Patuh	48	72,7	0	0
	Kurang Patuh	18	27,3	61	92,4
	Tidak Patuh	0	0	5	7,6
Total		66	100		

Sumber : Data Primer (2023)

Based on Table 8, the frequency distribution for the post-intervention group shows that the majority of family members demonstrated "good" compliance with the rules in the HCU Cisadane at RSUD dr.

Saiful Anwar Malang, totaling 48 respondents (72.7%). In contrast, the control group primarily exhibited "poor" compliance, with 61 respondents (92.4%).

Table 9: Differences in Compliance in the Intervention Group Before and After Education on Rules in the HCU Cisadane at RSUD dr. Saiful Anwar Malang

Variabel	N	Mean Rank	Z	Signifikansi
Kepatuhan Kelompok Pre Intervensi	66	31,00	-7.810	0,000
Kepatuhan Kelompok Post Intervensi				

Based on Table 9, there is a difference in the average compliance in the intervention group before and after

education on the rules in the HCU Cisadane at RSUD dr. Saiful Anwar Malang, with a value of 31.0.

Table 10: Differences in Compliance in the Control Group Before and After Education on Rules in the HCU Cisadane at RSUD dr. Saiful Anwar Malang

Variabel	N	Mean Rank	Z	Signifikansi
Kepatuhan Kelompok Kontrol Pre Intervensi	66	3,50	-2.449	0,014
Kepatuhan Kelompok Kontrol Post Intervensi				

Based on Table 10, there is a difference in the average compliance in the control group before and after education on

the rules in the HCU Cisadane at RSUD dr. Saiful Anwar Malang, with a value of 3.50.

Table 11: Cross Tabulation Results Between Education on Rules and Family Members' Compliance in the Intervention Group in the HCU Cisadane at RSUD dr. Saiful Anwar Malang

		Edukasi Tata Tertib Di HCU Klp Post Intervensi			Total	
		Sangat Baik	Baik	Cukup Baik		
Kepatuhan Keluarga Pasien Di HCU_Klp Post Intervensi	Patuh	Count	30	10	8	48
		% of Total	45.5%	15.2%	12.1%	72.7%
	Kurang Patuh	Count	10	6	2	18
		% of Total	15.2%	9.1%	3.0%	27.3%
Total	Count	40	16	10	66	
	% of Total	60.6%	24.2%	15.2%	100.0%	

Based on Table 11, it can be explained that in the intervention group receiving very good education on the rules in the HCU Cisadane at RSUD dr. Saiful

Anwar Malang, the majority of family members demonstrated compliance, with 30 respondents (45.5%) categorized as compliant

Table 12: Cross Tabulation Results Between Education on Rules and Family Members' Compliance in the Control Group in the HCU Cisadane at RSUD dr. Saiful Anwar Malang

Variabel	Kategori		Edukasi Tata Tertib Di HCU			Total
			Baik	Cukup	Kurang	
Kepatuhan Keluarga Pasien Di HCU Klp Kontrol Post	Kurang Patuh	Count	12	18	31	61
		% of Total	18.2%	27.3%	47.0%	92.4%
Kontrol Post	Tidak Patuh	Count	0	1	4	5
		% of Total	0.0%	1.5%	6.1%	7.6%
Total		Count	12	19	35	66
		% of Total	18.2%	28.8%	53.0%	100.0%

Based on Table 12, it can be explained that in the control group receiving poor education on the rules in the HCU Cisadane at RSUD dr. Saiful Anwar

Malang, the majority of family members demonstrated non-compliance, with 31 respondents (47%) categorized as non-compliant.

Table 13: Analysis Results of the Impact of Education on Rules in the HCU on Family Members' Compliance in Receiving Care in the Cisadane Room at RSUD dr. Saiful Anwar Malang.

Variabel	Koefisien korelasi Spearman's rho	Jumlah Responden	P Value
Edukasi Tata Tertib	-0,0326	66	0,024
Kepatuhan Keluarga Pasien			

Based on Table 13, the Spearman rho test results show a P-value of 0.024, indicating that $0.024 < 0.05$. This means that the alternative hypothesis (H1) is accepted while the null hypothesis (H0) is

rejected, indicating that there is an influence of education on the rules in the HCU on family members' compliance in receiving care in the Cisadane Room at RSUD dr. Saiful Anwar Malang.

DISCUSSION

Based on Table 7, the frequency distribution in the pre-intervention group regarding compliance by patient families with the rules in the HCU Cisadane at RSUD Dr. Saiful Anwar Malang shows that most families fall into the category of non-compliance. Research by Yusuf (2019) indicates that families of patients in the HCU reported that the language style, interaction methods, and communication from nurses were formal, using the Indonesian language. However, this approach has weaknesses as it fails to create a familial atmosphere, often being too brief

and impersonal in communication. A more effective communication style from nurses, characterized by friendliness, gentleness, and quick responses to the needs of patient families, could enhance compliance.

In this study, the compliance level in the pre-intervention group was still low, possibly due to the communication created by the researchers and nurses educating patient families about HCU rules, which lacked comfort—often responding only to simple questions. Based on Table 7, the frequency distribution in the control group prior to receiving education about HCU

rules at RSUD Dr. Saiful Anwar Malang shows that most families fell into the non-compliant category.

The communication pattern between nurses and patient families tended to be one-sided, which fostered understanding but not engagement. This communication primarily involved medical information and hospital procedures to enhance family knowledge and minimize misunderstandings. Miscommunication often occurs outside the nurse's control, such as regarding doctor schedules or hospital administration. Feedback during communication can lead to patient family satisfaction, encouraging compliance with hospital regulations (Yusuf, 2019).

The findings also indicated that some respondents in the control group remained non-compliant, suggesting a need for hospital staff to improve communication with patient families in a friendly manner, fostering respect and motivation to adhere to hospital rules. Based on Table 8, the frequency distribution in the intervention group at HCU Cisadane RSUD Dr. Saiful Anwar Malang showed that most families were compliant.

According to Lestari, Lita, and Anggreny (2020), nurses educating families about new patient orientation, such as using call bells, is essential since not all patients understand how to use them or their locations. Proper use of call bells can improve nurses' response times in delivering direct care, thereby increasing patient and family satisfaction. This study is also supported by Sari (2020), which found that educational interventions lead to reduced anxiety, enhanced abilities, increased awareness, improved skills, and greater compliance and behavioral change among patients and their families.

Several sources mentioned above indicate a positive impact on behavior following education provided to patients and their families. Similarly, this study suggests that education can enhance family compliance with the rules in the HCU of RS Dr. Saiful Anwar Malang. Various characteristics influence this compliance, including age, gender, education, and length of stay.

In this study, most respondents were in the 31-40 age range, predominantly male, with most having an SMA/MA education, and their hospital stay in the HCU ranged from 49 to 72 hours. The 31-40 age group falls into the middle adulthood category. According to Dewina & Dinie (2020), this period involves adjusting to new life patterns and social expectations, with individuals in this age group capable of self-adjustment (Saputra, Dharmais, Yarmis, 2022). Emotional maturity allows for appropriate responses to situations, making it essential for family members of patients in the HCU to adhere to hospital regulations.

Effective interpersonal communication skills between families and patients are crucial in supporting the treatment process, especially when using invasive tools. Key skills in interpersonal communication include expressing feelings, decision-making, sharing opinions, and enhancing self-esteem while adapting to others. This is particularly necessary when interacting with patients in the HCU. Additionally, Siti & Anna (2023) highlight that individuals in middle adulthood tend to be emotionally mature and capable of managing their emotions, facilitating their reception of new knowledge and information from their surroundings (Ulya & Andanawarih, 2021).

The sources mentioned are also relevant to this study's findings, where the

researcher observed that subjective data, such as patients expressing fear during EKG placements and injections, along with objective signs like tension, restlessness, and increased pulse, can be fully understood if families possess interpersonal communication skills. These skills manifest as the ability to apply knowledge gained from the education provided by nurses to family members visiting or accompanying patients in critical care (Purnomo, 2020).

The majority of respondents were male, indicating that male family members often accompany patients in the HCU at RS Dr. Saiful Anwar Malang. Male and female family members share equal status, preventing the emergence of gender-based dominance and social inequality in patient care. The key to eliminating such dominance and inequality lies primarily in education (both formal and informal) and the creation of job opportunities. The gender dynamics in caregiving roles place male and female family members on equal footing.

The role of the family cannot be overlooked in the care of family members in the HCU. Family support is essential in assisting nurses with patient care tasks, such as bathing patients and signing informed consent for invasive procedures, as critically ill patients require comprehensive physical and spiritual care (Samal, 2019).

The group with a high school education represents a middle category, and research by Risnah et al. (2021) indicates that individuals with a secondary education background are more adept at assimilating new information, making it easier for them to address related issues. Similarly, a study by Rizki Nurhafizah et al. (2020) highlights that an individual's level of education is a determining factor in productivity,

impacting knowledge, skills, abilities, attitudes, and behaviors necessary for their activities.

The results of this study align with the researcher's assumption that a family member's productivity can be supported by their formal education. Education provides knowledge not only directly related to task execution but also serves as a foundation for personal development and the ability to utilize resources, including understanding how to adhere to the rules in the HCU of the hospital.

The duration of care in the HCU can be influenced by nosocomial infections. This occurrence primarily affects patients who are hospitalized for extended periods in intensive care, as these relatively isolated areas are where many pathogens are found. According to research by Erbaydar et al. in Turkey, nearly 15% of surgical patients in hospitals acquire nosocomial infections, with an average of 10% resulting in delays of up to 10 days before discharge from the hospital.

This finding is consistent with the present study, which shows that the average length of stay for patients in the HCU is between 49-72 hours. During this time, nosocomial infections may occur, which can be transmitted through cross-infection, self-infection, and environmental infection. Nosocomial urinary tract infections are linked to catheter use in 80% of cases, involving factors such as the duration of catheter placement, the procedure used, the size and type of catheter, and fluid intake. Therefore, families should receive education from nurses to ensure adherence to the HCU rules to reduce the chain of transmission.

This study indicates that when education is rated highly, compliance with rules is also good. This aligns with other

research showing positive impacts when nurses educate family members of patients. However, education is just one method to enhance compliance; other factors beyond education should be addressed, as there are still subjective elements to consider regarding compliance.

Based on Table 8, the frequency distribution in the control group regarding family compliance with the rules of the HCU Cisadane at RSUD dr. Saiful Anwar Malang indicates that most of the participants are compliant. However, the level of compliance in the control group is lower than that of the intervention group. This may be because the control group received only a leaflet without direct educational lectures, which likely impacted their compliance levels, resulting in fewer compliant individuals compared to the intervention group.

Habibi et al. (2023) explain that the use of informational media greatly aids the effectiveness of the information delivery process. Visual or verbal information media can stimulate new interests and motivation, encouraging learning activities and influencing individuals psychologically. Media such as audio and images serve as intermediaries or channels for the information being conveyed. Health education is a crucial factor influencing educational processes, which ultimately affects the achievement of optimal educational outcomes. By providing health education, knowledge can be enhanced, and behavioral abilities to achieve health can improve. Utilizing audiovisual methods in health education is particularly effective, as participants can review and better understand the material presented (Fadyllah & Prasetyo, 2021).

Therefore, the increase in compliance behaviors in the control group may also be attributed to the education received through

the leaflets, providing them opportunities to read and revisit the information, thereby enhancing their understanding and compliance with the HCU rules.

According to Table 9, there is a noticeable difference in average compliance in the intervention group before and after the health education regarding the HCU rules at RS dr. Saiful Anwar Malang, with a score of 31.0.

According to Gillies (2006) in Nasrun, Werna, and Suryani (2020), providing education and orientation that aligns with the philosophy of meeting the needs of patients and families, as well as focusing on individual safety and compassion, can lead to experiences that facilitate patients' self-actualization and directly impact family compliance with hospital rules. Another researcher, Heather P, Amit X, and R. Bryan (2002) in the same source also explain that communicating hospital rules is not significantly linked to compliance if conveyed only once. Ongoing explanations and reinforcement or recognition for families after education can enhance adherence to hospital regulations. Timely education and orientation are crucial for improving compliance.

Based on Spearman's rho test results, there is an influence of HCU rules education on family compliance during care in Cisadane at RSUD dr. Saiful Anwar Malang. Education is a key component of the effort to change views, attitudes, and behaviors within individuals or groups, aiming for personal growth. During the educational process, nurses gain knowledge, which improves their understanding of topics like medical errors. With a good level of comprehension, nursing errors can be minimized, benefiting both nurses and patients. This is supported by Kawi and Sofwan (2017), who state that

attitude is a person's response to a stimulus and reflects their readiness to act.

Other research indicates that education about medical errors increases nurses' knowledge and positively influences their attitudes, though changes in attitude may not be as dramatic as knowledge gains (Sumarsono, Korompis, Doda, 2020). A positive attitude is demonstrated by diligently following established procedures for the benefit of both nurses and patients. Legal awareness among nurses regarding health promotion in nursing care also shows that personal factors, like discipline and motivation, along with social factors, such as work facilities, positively influence their legal awareness (Rifani et al., 2019).

Actions are identified as tasks performed during service preparation, execution, and reporting. Factors influencing nurses' behavior include knowledge, attitudes, facilities, and work experience (Marwiati, 2018). Related to nurses' performance, actions can affect evaluations, so nurses must demonstrate proper actions while working or serving patients. Additionally, patient complaints can influence nurses' actions, guiding them toward better service (Nasi and Purnomo, 2019).

Actions occur when individuals understand the object in question. In this context, nurses must first grasp basic knowledge, implementation goals, and correct procedures to prevent medical errors. When nurses are well-informed about their tasks and the required standard procedures, these elements are expected to manifest in their actions (Nurhayati and Dahlan, 2018).

Providing education is a vital part of the educational effort that transforms perspectives, attitudes, and behaviors in individuals or groups, promoting personal

growth. During education, family members of hospitalized patients learn and improve their knowledge. Increased understanding of HCU rules among family members can enhance their compliance, benefiting both patients and their families. This is supported by research from Kawi and Sofwan (2017), which states that attitude is a latent response to stimuli.

Positive attitudes are essential for families to fulfill their obligations conscientiously and adhere to established rules, serving the best interests of both patients and their families. This study shows that as knowledge increases, so does the family's attitude toward compliance, even if changes in attitude may not be as pronounced as knowledge gains.

CONCLUSION

1. The majority of the intervention group regarding family compliance in undergoing care in the HCU before the implementation of the rules education at Cisadane Hospital, dr. Saiful Anwar Malang, fell into the non-compliant category.
2. The majority of the control group regarding family compliance in undergoing care in the HCU before the implementation of the rules education at Cisadane Hospital, dr. Saiful Anwar Malang, was also non-compliant.
3. The majority of the intervention group regarding family compliance in undergoing care in the HCU after the implementation of the rules education at Cisadane Hospital, dr. Saiful Anwar Malang, was compliant.
4. The majority of the control group regarding family compliance in undergoing care in the HCU after the implementation of the rules education at Cisadane Hospital, dr. Saiful Anwar Malang, remained non-compliant.

5. The analysis of the impact of HCU rules education on family compliance in undergoing care at Cisadane Hospital, dr. Saiful Anwar Malang, indicates that there is indeed an effect of the education on family compliance.

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