

KESENJANGAN KEPATUHAN SURGICAL CARE BUNDLES PADA SECTIO CAESAREA OLEH PERAWAT DAN BIDAN

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Article Info	ABSTRAK
<p>Article History: Received 16/02/2026. Revised - Accepted 10/03/2026.</p> <hr/> <p>Keywords: Patient Safety Compliance Gap, Nurses and Midwives Cesarean Section Surgical Care Bundles</p>	<p>Infeksi Daerah Operasi (IDO) pasca Sectio Caesarea (SC) masih menjadi tantangan serius dalam keselamatan pasien maternal meskipun surgical care bundles telah diimplementasikan secara luas, termasuk di rumah sakit tipe menengah dengan otonomi klinis yang relatif tinggi. Pendekatan pencegahan yang berfokus pada peningkatan pendidikan dan pengetahuan individu belum tentu menjamin konsistensi kepatuhan praktik, sehingga memperlihatkan kesenjangan antara strategi edukatif dan implementasi aktual. Penelitian ini bertujuan menganalisis hubungan antara determinan internal tenaga kesehatan meliputi jenjang pendidikan, tingkat pengetahuan, dan riwayat pelatihan dengan kepatuhan terhadap indikator surgical care bundles pada prosedur SC elektif. Penelitian menggunakan rancangan kuantitatif analitik desain potong lintang. Sebanyak 33 perawat dan bidan yang memenuhi kriteria penelitian disertakan sebagai responden melalui metode total sampling. Data dihimpun melalui instrumen penelitian yang teruji validitasnya serta observasi langsung berbasis checklist standar operasional rumah sakit, kemudian dianalisis dengan uji korelasi Spearman. Hasil analisis memberikan bukti korelasi negatif yang bermakna antara jenjang pendidikan responden ($p=0,017$) dan kapasitas pengetahuan ($p=0,028$) dengan kepatuhan dalam pelaksanaan surgical care bundles, sedangkan riwayat pelatihan tidak menunjukkan hubungan signifikan ($p=0,523$). Kepatuhan terendah ditemukan pada indikator pembersihan vagina (54,5%) dan penggunaan clippers (60,6%). Temuan ini menantang asumsi linear antara kompetensi kognitif dan kepatuhan praktik, serta mengisyaratkan bahwa pendekatan sistem perlu dipertimbangkan bersama intervensi individual. Signifikansi penelitian ini menegaskan bahwa peningkatan kapasitas kognitif tidak secara otomatis meningkatkan kepatuhan praktik, sehingga upaya peningkatan keselamatan pasien memerlukan penguatan sistem kerja, supervisi klinis, serta budaya keselamatan yang konsisten.</p> <p>ABSTRACT <i>Postoperative surgical site infections (SSIs) following cesarean section (CS) remain a serious challenge to maternal patient safety despite the widespread implementation of surgical care bundles, including in medium-sized hospitals with relatively high clinical autonomy. Preventive approaches that focus on improving individual education and knowledge do not necessarily guarantee consistent practice compliance, revealing a gap between educational strategies and actual implementation. The study was conducted to examine the association between internal determinants of health workers, including education level,</i></p>

knowledge level, and training history, with compliance with surgical care bundle indicators in elective SC procedures. The study used a quantitative analytical cross-sectional design. A total of 33 nurses and midwives who met the research criteria were included as respondents through total sampling. Information was obtained through a validated measurement tool and reinforced by direct observational assessment aligned with the hospital's operational standards. Statistical relationships were then evaluated using Spearman's rank correlation. The analysis revealed a statistically significant inverse association between educational attainment ($p=0.017$), knowledge level ($p=0.028$) compliance in the implementation of surgical care bundles, however, training experience did not demonstrate statistical significance ($p=0.523$). The lowest compliance was found in vaginal cleansing (54.5%) and clipper use (60.6%). These findings challenge the linear assumption between cognitive competence and practice compliance, and suggest that a systems approach needs to be considered alongside individual interventions. The significance of this study confirms that improving cognitive capacity does not automatically improve practice compliance, so efforts to improve patient safety require strengthening work systems, clinical supervision, and a consistent safety culture.

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