The Correlation Of Standard Precautions Knowledge Level With Covid-19 Cases That Have Occurred In Dental And Oral Therapists

Agnes Lia Renata1✉, Muti’ah Suharyono2, Furaida Khasanah3
1-3 Poltekkes Kemenkes Yogyakarta, Indonesia
✉ agnesliarenata@gmail.com, Phone: +6281225106580

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Abstract
COVID-19 cases continue to spread in every level of society, including dental and oral therapists. The dental and oral therapist's work zone that is in contact with droplets and saliva is the transmission of COVID-19 transmission. Prevention of transmission of COVID-19 to dental and oral therapists is carried out through the application of standard precaution which is influenced by the level of knowledge of each individual. Lack of knowledge causes a person to have poor standard precaution applications. To determine the relationship between the level of knowledge of standard precaution with the application of standard precaution to dental and oral therapists in preventing the transmission of the COVID-19 virus. This research is an analytic survey with a cross-sectional design. The study was carried out in January-February 2022. Sampling using proportionate stratified random sampling technique with a sample of 130 people. Data analysis using Kendall’s tau. The results showed a p-value of 0.00 (p<0.005). Test (t) = 0.419. Most of the respondents have a moderate level of knowledge (38.5%), while the level of application of standard precaution is mostly in good criteria (66.9%). The level of knowledge of standard precaution is related the application of standard precaution of dental and oral therapists in preventing the transmission of the COVID-19 virus with a fairly strong positive correlation.

Keywords : Knowledge; Standard Precaution; Dental and Oral Therapist; COVID-19

INTRODUCTION
Coronavirus Disease 2019 (COVID-19) is a disease caused by Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) (Ge et al., 2020). The spread of this virus can be transmitted to someone in close contact of less than one meter through saliva splashes or droplets released through sneezing, coughing, aerosols, or air by people with COVID-19 (Al-Amri et al., 2019). Covid-19 has symptoms such as fever, dry cough, dyspnea and which may progress to pneumonia (Reda & Ahmed, 2020; Sim, Kim, & Noh, 2022; Sudarmi, Rohani, Irianto, & Anggraeni, 2022). Transmission through items that are splashed with the patient's saliva can transmit this virus (Nugroho et al., 2020).

The increase in positive cases of COVID-19 in various countries in the world, made WHO raise the status of COVID-19 globally to a pandemic on March 12, 2020 (Pitanatri, Made, & Kencanawati, 2021; Sim et al., 2022). Since March 14, 2020, Indonesia has declared COVID-19 a national disaster. COVID-19 attacks all levels of society, including health workers in the field of oral health. Healthcare workers are at greater risk of exposure to infectious agents through direct contact with patients or through improper handling as part of their work (Afolaranmi et al., 2019).
Data from the Indonesian Dental Association, as many as 39 dentists died from exposure to COVID-19. Data as of February 5, 2021, there were 396 dentists exposed to COVID-19 (PDGI, 2021). In July 2021, data collected from LaporCovid (2021) recorded that 46 dentists and 3 dental therapists were recorded to have died from COVID-19. Health workers should be prepared to conduct contact tracing of high cases to reduce transmission (Sarkar, Sarkar, & Sengupta, 2017).

The COVID-19 widespread has had repercussions on dental care, due to the chance of cross-contamination in dental clinics due to the characteristics of dental methods, amid which mist concentrates are produced, and due to the near nearness of the proficient to the persistent (Rodríguez-Fernández, Vázquez-Cancela, Piñeiro-Lamas, Figueiras, & Zapata-Cachafeiro, 2022). The era of constant contact with mist concentrates, beads and saliva, and the fact that the oral cavity is already a multi-microbial environment, greatly increases the risk of contracting SARS-CoV-2 (Crüz-Fierro, Borges-Yañez, Duarte, Cordell, & Rodríguez-Garcia, 2022).

The work zone of dental and oral therapists who produce aerosols and come into direct contact with saliva, blood, and mucosal tissue in the patient's mouth in dental health services can trigger the transmission of the COVID-19 virus (Damayanti, 2016). The risk of transmission in outpatient clinics such as dental clinics will be different from general wards, emergency rooms or intensive care units due to differences in duration of contact, use of standard precaution (SP) and aerosol procedures (Chung, Kim, Kim, & Jung, 2020). So it is necessary to apply SPs, namely carrying out vaccinations, hand hygiene and the use of personal protective equipment (PPE) (Tim Kerja Kementerian Dalam Negeri, 2013). Factors associated with the use of PPE are the level of knowledge, attitudes, availability, and policies on the use of PPE (Ningsih, Naiem, & Awaluddin, 2018).

The ability of hospitals to safely treat COVID-19 patients who require during and after the pandemic while maintaining other critical health services is critical to the health of patients and hospital staff (Zółtowska et al., 2021). Patient safety means avoiding avoidable errors and accidents in the medical process and avoiding or reducing patient injury (Lim, Ahn, & Son, 2019). Secondary measures to prevent Covid-19 transmission require the addition of non-invasive equipment (Rooney, McIntyre, Ritchie, & Wilcox, 2021). Authoritative control such as persistent screening, moving towards an arrangement framework, and physical removing measures were empowered (Amnuaiphanit, Thumbuntu, Gaewkhiew, & Ampornramveth, 2022).

Based on the results of a preliminary study conducted by researchers in September on 10 dental and oral therapists conducted by providing a number of questions based on questionnaires and interviews. The results of the preliminary study were obtained by respondents with a moderate level of knowledge and had poor criteria as many as 30% of respondents, while respondents with a low level of knowledge and had poor criteria as many as 40% of respondents.

In previous studies, research has been conducted on the relationship between knowledge, attitudes and actions with the use of PPE in health workers (Afandi, Handayani, & Zaini, 2021; Zeb & Ali, 2021). The application of SP during a pandemic is not only limited to the use of PPE, but also the application of hand hygiene and vaccination. Hand hygiene is an important part of SP and one of the most effective ways to prevent nosocomial transmission (Ankita & Ipsa, 2021; World Health Organization, 2020). The utilize of standard safety measures is suggested for all patients, notwithstanding of suspected or affirmed contamination status (Beyamo, Dodicho, & Facha,
Therefore, research is needed regarding the relationship between the level of knowledge of SP and the application of SP during a pandemic as a form of prevention of transmission of the COVID-19 virus in dental and oral therapists.

**METHOD**

The type of research conducted used an analytical survey approach with a cross sectional design. The population of this study were members of the dental and oral therapists with a sample size of 130 respondents from 192 dental and oral therapist. Sampling using proportionate stratified random sampling technique with inclusion criteria are dental and oral therapists who have a DIII or DIV educational background, DPC PTGMI Sleman members, work in private hospitals/health center/clinics, are not on leave/not working during data collection. The exclusion criteria for this study are dental and oral therapists with SPRG background, are pursuing further education, are not members of the DPC PTGMI Sleman, are on leave from work.

The independent variable is knowledge about SP which is measured using a questionnaire consisting of 14 closed questions with multiple choice answers. The results of measuring knowledge are high if the correct score is > 75%, moderate knowledge if 56% < correct score < 75% and low knowledge if the score is < 55%. The dependent variable is action in the application of SP measured using a questionnaire consisting of 11 questions with answer options using a likert scale. The measurement results were categorized as good if the score was > 75% and poor action if the score was < 75%. The data obtained were analyzed using the Kendall's tau test to determine the relationship between the level of knowledge of SP and the application of SP. The questionnaires used have been tested for validity and reliability which has been tested for validity with Correlate Product Moment and reliability test with Cronbach Alpha test. Based on the validity test, a calculated r value of 0.644 for the self-protection knowledge questionnaire and 0.082 for the self-protection application questionnaire (r count > r table). While the value of the reliability test results is 0.700 for the knowledge questionnaire and 0.729 for the self-protection application questionnaire. The instrument is declared reliable if the value of Cronbach’s Alpha > 0.060 (Purwanto, 2018).

Measurement of Covid-19 Cases using questionnaires related to respondents' experiences whether or not respondent has been exposed to Covid-19. Meanwhile, the measurement of respondents' characteristics was measured using a questionnaire containing demographic data on respondents, namely initials, age, gender, length of service, place of work and education background.

This research has received approval from the Poltekkes Ethics Commission of the Ministry of Health Yogyakarta No. e-KEPK/POLKESYO/0148/I/2022. Before the dental and oral therapist becomes a respondent, an explanation of the research is first given and the existence of informed consent as the respondent's consent follows the study.

**RESULT AND DISCUSSION**

**RESULT**

1. Respondent Characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
<td>6.2%</td>
</tr>
<tr>
<td>Female</td>
<td>122</td>
<td>93.8%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td>30</td>
<td>23.1%</td>
</tr>
<tr>
<td>30-39</td>
<td>44</td>
<td>33.8%</td>
</tr>
<tr>
<td>40-49</td>
<td>30</td>
<td>23.1%</td>
</tr>
<tr>
<td>≥ 50</td>
<td>26</td>
<td>20.0%</td>
</tr>
<tr>
<td>Educational Background</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIII Dental Nurse</td>
<td>94</td>
<td>72.3%</td>
</tr>
<tr>
<td>DIV Dental Nurse</td>
<td>36</td>
<td>27.7%</td>
</tr>
<tr>
<td>Duration of Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 5 years</td>
<td>30</td>
<td>23.1%</td>
</tr>
<tr>
<td>5-10 years</td>
<td>25</td>
<td>19.2%</td>
</tr>
</tbody>
</table>

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Based on characteristics with the application of standard precaution knowledge, the most respondents were female as many as 122 respondents (93.8%). In age characteristics, the most respondents were aged 30-39 years as many as 44 respondents (33.8%). The largest frequency distribution on the last education level criteria was respondents with the latest education level DIII Dental Nursing as many as 94 respondents (72.3%). The most respondents on the criteria for duration of work were respondents who had worked for more than 15 years as many as 51 respondents (39.2%). Meanwhile, based on the characteristics of the application of standard precaution knowledge as many as 18 respondents (13.8%). The largest distribution based on the characteristics of the level of standard precaution knowledge is the moderate level of knowledge as many as 50 respondents (38.5%) and the respondents with the least level of SP knowledge are the criteria for low knowledge level as many as 38 respondents (29.2%). Meanwhile, based on the characteristics of the application of SP, the most respondents were found in the criteria for implementing good SP as many as 87 respondents (66.9%).

2. Cross Tabulation Result

a. Cross tabulation based on characteristics with level of standard precaution knowledge

<table>
<thead>
<tr>
<th>Characteristics of SP Application</th>
<th>Good</th>
<th>Less Good</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Female</td>
<td>81</td>
<td>41</td>
<td>122</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td>24</td>
<td>6.9</td>
<td>30</td>
</tr>
<tr>
<td>30-39</td>
<td>11</td>
<td>16</td>
<td>27</td>
</tr>
<tr>
<td>&gt; 50</td>
<td>5</td>
<td>9</td>
<td>14</td>
</tr>
</tbody>
</table>

Table 1 shows that out of 130 respondents, the most respondents were female as many as 122 respondents (93.8%). In age characteristics, the most respondents were aged 30-39 years as many as 44 respondents (33.8%). The largest frequency distribution on the last education level criteria was at DIII Dental Nursing as many as 94 respondents (72.3%). The most respondents on the criteria for duration of work were respondents who had worked for more than 15 years as many as 51 respondents (39.2%). The largest distribution based on the characteristics of the level of standard precaution knowledge is the moderate level of knowledge as many as 50 respondents (38.5%) and the respondents with the least level of SP knowledge are the criteria for low knowledge level as many as 38 respondents (29.2%). Meanwhile, based on the characteristics of the application of SP, the most respondents were found in the criteria for implementing good SP as many as 87 respondents (66.9%).

b. Cross tabulation based on respondent characteristics with the application of standard precaution

The highest frequency based on the age of the respondents was obtained in respondents aged 30-39 years who had high SP knowledge as many as 17 respondents (13.1%). Based on the latest education, it shows that most respondents with the latest education level DIII Dental Nursing have SP knowledge with moderate criteria as many as 39 respondents (30.0%).

Table 2 shows that most female respondents have SP knowledge with high knowledge level criteria as many as 47 respondents (36.2%). The highest frequency based on the age of the respondents was obtained in respondents aged 30-39 years who had high SP knowledge as many as 17 respondents (13.1%). Based on the latest education, it shows that most respondents with the latest education level DIII Dental Nursing have SP knowledge with moderate criteria as many as 39 respondents (30.0%). While most respondents who worked for more than 15 years had moderate SP knowledge as many as 18 respondents (13.8%).
Educational Background

<table>
<thead>
<tr>
<th></th>
<th>Dental Nurse</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DIII</td>
<td>60</td>
<td>46.2</td>
<td>34</td>
</tr>
<tr>
<td>DIV</td>
<td>27</td>
<td>20.8</td>
<td>9</td>
</tr>
</tbody>
</table>

Duration of Employment

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 5 years</td>
<td>21</td>
<td>16.2</td>
<td>9</td>
</tr>
<tr>
<td>5-10 years</td>
<td>16</td>
<td>12.3</td>
<td>9</td>
</tr>
<tr>
<td>11-15 years</td>
<td>14</td>
<td>10.8</td>
<td>10</td>
</tr>
<tr>
<td>&gt; 15 years</td>
<td>36</td>
<td>27.7</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 3 shows that most female respondents have good SP implementation as many as 81 respondents (62.3%). Based on age criteria, most respondents aged 30-39 years had good SP implementation as many as 25 respondents (19.2%). The highest frequency distribution based on the last level of education showed that respondents with the last level of education DIII Dental Nursing had the application of SP with good criteria as many as 60 respondents (46.2%). In addition, most respondents who worked for more than 15 years had good SP as many as 36 respondents (27.7%).

3. Relationship between Completeness of Personal Protective Equipment and Knowledge Level of Dental and Oral Therapists

The results of data management of the variable level of SP knowledge with the application of SP obtained from the Kendall Tau test results can be seen in the cross tabulation table as follows:

Table 4 above shows that most respondents have a high level of education with good SP implementation criteria, namely 38 respondents (29.2%).

Table 5 above, shows the results of the Kendall's Tau test regarding the relationship between SP knowledge and the application of SP in dental and oral therapy, the test result (T) 0.419, (p) 0.00 <0.05 which means Ha is accepted Ho is rejected. This can be interpreted that there is a relationship between the level of knowledge of SP and the application of SP for members of dental and oral therapists.

Table 6 above shows that most therapists who have a low level of knowledge and good implementation of SP are still exposed to COVID-19 as many as 5 respondents (3.85%).

DISCUSSION

This research was conducted on 130 respondents of DPC PTGMI Sleman Regency members. Based on Table 1, the gender characteristics of the respondents were mostly female. This is because most members of the Sleman Regency PTGMI DPC are female.
women. In line with previous research which shows that the health sector is still dominated by women (Balbeid, Rachmi, & Alamsyah, 2018). The characteristics of respondents based on the age of the respondents are mostly aged 30-39 years, which shows that respondents are at a productive working age. The level of education of the respondents was mostly at the DIII dental nursing education level. This shows that most respondents have a good level of education. Someone who has a higher level of education, gets more information about SP. Characteristics based on length of work show that most respondents are oral therapists who actively work in various agencies in the field of oral health after graduating from dental nursing education.

The majority of respondents had a moderate level of knowledge, namely 50 respondents (38.5%). The results of this study can be said that most respondents have a fairly high knowledge of SP. This is in line with previous research which shows that health workers' knowledge of SP tends to be good (Afandi et al., 2021; Arbianti & Hanirizqy, 2019; Rukmana, Putri, & Novariana, 2020). In addition, the application of SP of most respondents is good criteria as many as 87 respondents (66.9%). The results of this study indicate that most respondents have a good application of SP and have used PPE in accordance with the procedures set by their respective agencies and professional organizations for dental and oral therapy. However, there are still respondents who pay less attention to the application of SP. This shows that there are still health workers who do not apply SP properly (Ardini, 2018; Ningsih et al., 2018).

The highest level of knowledge based on the age characteristics of respondents was in respondents aged 30-39 years who had a high level of knowledge as many as 17 respondents (13.1%). Age can affect a person's physical, mental state, willpower and responsibilities. In the early adult stage, individuals are at the stage of excellent cognitive abilities. At this age a person will be easier to learn, do logical reasoning, think creatively and there has not been a deterioration in health. This is in line with other studies that show that respondents' age has an influence on a person's cognitive level (Rachman et al., 2020; Suwaryo and Yuwono, 2017). The older a person is, the level of maturity in work and thinking will increase, so it will affect a person's cognitive abilities.

Based on the last level of education, the distribution of knowledge levels was mostly at a moderate level of knowledge with the last level of education DIII Dental Nursing. Whereas in the last education DIV Dental Nursing, the most distribution was at a high level of knowledge. This shows that the higher a person's education, the easier it is for a person to receive information and the wider his knowledge. In line with other studies that show a relationship between level of education and knowledge (Ardini, 2018; Dharmawati & Wirata, 2016; Suwaryo & Yuwono, 2017). Based on the Decree of the Minister of Health Number HK.01.07 / Menkes / 671/2020, there are several differences in the level of ability in DIII with DIV. In the competence of the use of personal protective equipment, the skill level of both DIII and DIV is at the same level of ability, but in the competence of material utilization in dental and oral health, the level of DIV ability is higher than that of DIII (Kementerian Kesehatan RI, 2020).

The largest distribution of respondents based on length of work is in the criteria for moderate knowledge
with a length of work of more than 15 years, namely 18 respondents (13.8%). This shows that the longer a person works, the more experience and the higher the knowledge. In line with other studies that show a relationship between a person's length of service and the knowledge he has (Alta, Widjasena, & Wahyuni, 2020; Liambo, Yasnani, & Munandar, 2017; Rinawati, Widowati, & Rosanti, 2016).

Table 3 shows that female and male respondents have a higher percentage of good SP implementation criteria than criteria. This shows that there is no influence between gender and one's actions towards the application of SP, because in both gender categories, the criteria for applying good SP are higher than the criteria for not good enough. The results of this study are in line with previous research which states that there is no significant relationship between gender and the implementation of PPE use (Pasaribu, 2021; Rahmah, 2012). Both males and females have the same SP measures at work.

Based on the age of the respondents, the highest frequency distribution was among respondents aged 30-39 years who had good SP implementation criteria. The results of this study indicate that adults (30-39 years old) are better at applying the information obtained about better SP. In line with other studies that there is a relationship between age and the application of information that a person has (Dewi, Adawiyah, & Rujito, 2019; Rachman et al., 2020). However, it is not in line with other studies that show there is no significant relationship between age and infection prevention measures at work due to other factors such as individual motivation to take good actions (Pasaribu, 2021).

Based on the latest education obtained DIII Dental Nursing and DIV Dental Nursing have a greater distribution of good protection implementation criteria than poor SP implementation. This shows that between DIII and DIV education there is no significant difference in the application of SP due to other influencing factors. This is in line with other studies which state that education has no relationship with actions in the community (Rachman et al., 2020).

The results of the cross tabulation between length of work with the application of SP obtained the most data are in respondents with a length of work of more than 15 years having good SP application criteria as many as 36 respondents (27.7%). This shows that the longer a person works, the better the application of SP. The results of this study are in line with other studies and state that there is a relationship between tenure and the application of SP (Utami, Fauzan, & Rahman, 2020).

Table 4 shows that respondents who have a high level of knowledge with good criteria are 50 respondents (29.2%) Based on this table, the percentage of high levels of SP knowledge tends to have good protection implementation, while the percentage of low levels of SP knowledge tends to have poor SP implementation.

The correlation test conducted in this study, as can be seen in Table 16, shows the significance of 0.00 <0.05. This shows that H₀ is rejected and H₁ is accepted, so it can be stated that there is a relationship between the level of knowledge about SP and the action of applying SP to members of dental and oral therapists. The correlation coefficient between the two variables is 0.419, which shows a positive correlation and is quite strong (Sugiyono, 2020). This means that the higher the level of knowledge of SP, the better the application of SP in dental and oral therapists and vice versa. Information is the knowledge that creates from not knowing to knowing as a result of instruction and involvement (Fazria & Dhamanti, 2022). This study is in line with previous research which states that there is a relationship between the level of knowledge and the application of SP in health workers (Afandi et al., 2021;
Knowledge can be obtained through formal education and informal education such as counseling, training, experience and other information. A low level of knowledge can be influenced by several factors such as lack of training, experience, or information (Arbianti & Hanirizqy, 2019). The level of knowledge is also supported by a person's level of education (Mujiburrahman, Riyadi, & Ningsih, 2020). The higher the level of education, the easier it is to get access to information about a problem.

Adherence to PPE is essential to quality of care, and fundamental to prevent the spread of blood-borne, healthcare-associated infections, securing healthcare-associated diseases and patients (Bekele, Ashenaf, Ermias, & Sadore, 2020; Kim & Lee, 2021; Wong et al., 2021). Standard precaution may be summarized as hand cleanliness, appropriate PPE utilize, mindfulness of the potential for pressurized canned products being breathed out by patients, sharps security, and appropriate cleaning and sanitizing of natural surfaces (Richey, Fowler, Swienton, O’Neal, & Harris, 2021). In the results of this study, respondents’ knowledge about SP affects the application of SP at work during the Covid-19 pandemic, in other words, knowledge is an important factor in shaping a person's actions. In line with other studies which state that good knowledge will tend to cause a better level of compliance and use of PPE (Arbianti & Hanirizqy, 2019; Marlina, Syam, & Bahtiar, 2021). However, there are other studies that are not in line with this study which state that there is no significant relationship between the level of knowledge and the application of SP in health workers (Putra, 2012; Rachman et al., 2020). This is due to other factors besides knowledge that can influence the implementation of SP.

The application of personal protection is an effort to avoid exposure to hazardous risks in the workplace (Jubayer Biswas et al., 2021). During the COVID-19 pandemic, the application of personal protection is one of the efforts to prevent transmission of COVID-19. In Table 16 there are respondents who have high knowledge but the application of SP is still not good and there are 15 respondents with low knowledge but have good SP application criteria. This shows that there are still other factors that influence the actions of a person. In this study, several characteristics were obtained that also influence a person's actions such as age, education level and length of employment. Predisposing factors, supporting factors and reinforcing factors that influence a person's actions include attitude, education level, supervision and availability of facilities (Pasaribu, 2021; Widyaningsih, 2012). So that good knowledge can not automatically make an individual have good actions.

High knowledge with good implementation of SP does not rule out the possibility of COVID-19 transmission cases in dental and oral therapists. Until March 2022, data obtained as many as 18 dental and oral therapists in Sleman Regency were exposed to COVID-19. This can be caused by various factors such as the availability of PPE, psychological and physical fatigue.

Psychological exhaustion is related to the management of stress or burnout of dental and oral therapists in their work. Factors causing this stress include fear of being infected with COVID-19, workload, and the negative stigma of virus carriers. There are various factors that can cause stress for health workers during a pandemic, including opportunity factors, constraint factors, demand factors, workload, negative perception factors about COVID-19, lack of work experience factors, worry factors about COVID-19, social support factors, fear factors, negative stigma factors, supporting facilities factors, patient emotional demands, emotional intelligence factors, sleep quality (Sembiring, Rahman, & Tasalim, 2022).
Based on the results of analyzing respondents’ answers regarding the reasons for the lack of attention to the use of PPE, respondents with information did not use PPE appropriately due to feelings of discomfort, inefficiency and the use of PPE that adjusted conditions. Perception can be a factor in preventing transmission of COVID-19 cases. Individuals who have high sensitivity are able to deal with COVID-19 countermeasures more quickly, while indifferent individuals pay less attention to overcoming COVID-19 quickly. In line with other studies which state that there are differences in perceptions of health workers in overcoming COVID-19 (Mustika & Gani, 2022).

Physical fatigue can cause a decrease in a person’s resistance to disease. The workload borne by dental and oral therapists in handling patients is one of the factors of physical fatigue experienced. A person who is exhausted will reduce his body's resistance and be more susceptible to disease. Work fatigue is one of the causes of work accidents (Bunga, Amirudin, Situngkir, & Wahidin, 2021).

Human errors that occur during the use and removal of PPE are another trigger factor that can cause COVID-19 cases to still exist in dental and oral therapists. Human errors found in this study include lack of accuracy in the use of PPE, repeated use of handscoons with different patients without realizing it, rushed use and removal of PPE, incomplete use of PPE and improper application of hand hygiene. The unavailability of PPE in large quantities and leaks in the use of PPE are gaps in the transmission of COVID-19 to dental and oral therapists. The use of inappropriate PPE has a higher risk of contracting the disease (Sa’adah, 2017).

CONCLUSION

The results of research data analysis and discussion can be concluded that the level of knowledge about SP is mostly included in the level of moderate knowledge. The criteria for the application of SP of dental and oral therapists are included in the good criteria. The results of hypothesis testing can be concluded that there is a fairly strong relationship between the level of knowledge of SP and the application of SP.

To prevent disease transmission both from patients to health workers and vice versa, a program to increase the knowledge and skills of health workers related to cross-infection control is needed. So that there is an update on the knowledge possessed by dental and oral therapists.

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