

THE EFFECTS OF MOTIVATION CARD ON THE INCREASMENT OF OBEDIENCE LEVEL, QUALITY OF LIFE AND DECREASMENT OF DEPRESSION AMONG DIABETIC PATIENTS IN OUT PATIENT DEPARTMENT OF PUBLIC HOSPITAL IN SLEMAN, YOGY

Submission date: 17-Mar-2023 09:08AM (UTC+0700) by Tri Prabowo

Submission ID: 2039002188

File name: ON_THE_INCREASMENT_PROCEEDING_INTERNATIONAL_TRI_PRABOWO_2017.pdf (429.12K)

Word count: 4265

Character count: 21583

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ABSTRACT

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Diabetic, when it was not controlled well, might cause some fatal complications such as; cardiovascular diseases, kidney failure, blindness, diabetic ulcer until amputation procedures and death. Psychotherapy approachment is a way to solve diabetic problems comprehensively to attain the goals on diabetic management. 11 The aim of this study was to examine the effects of motivation cards on increasing the obedience level, quality of life and decreasing depression level of diabetic patients in public hospital, Sleman, Yogyakarta. Using experimental method, with pre-post control design, 6 and simple random sampling, 40 eligible participants were selected. The samples then divided into two groups; 20 for intervention and 20 for control group. The results of study identified that before the intervention, it was only 9 participants (45%) in good category, but it increased become 15 (75%) after intervention with Z value= -2,044 and p value = 0,041. The quality of life increased from 9 participants (45%) who had poor quality of life became 12 participants (60%) who had good quality of life, with Z value = -3,384 and p value = 0,001. For depression level, there were 9 participants (45%) in severe level before intervention and became 14 participants (70%) in light level of depression after intervention with Z value -3,111 and p value = 0,002. The study concluded that counseling and motivation cards were effective in increasing the level of obedience, quality of life and in decreasing the level of depression of diabetic patients in out patient department of a public hospital in Sleman, Yogyakarta.

Keywords: motivation card, quality of life , diabetic, compliance.

I. Introduction

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The prevalence's of Diabetes Mellitus (DM) type II are increasing . WHO predicts that the global prevalence's of this type of DM will increasing from 171 millions in year of 2000 to become 366 million people in 2030, and Indonesia will be the 4th rank around the world. The population of DM patients in Indonesia will become 14 millions patients, with 50% of those people aware of this disease and they did their regular check up periodically.^[11]

Uncontrolled diabetic disease leads to high risk and fatal complication diseases such as cardiac diseases, kidney failure, blindness and diabetic ulcer infection until the amputation of organ because of that ulcer. It might also lead to the death of the person.

Diabetic mellitus control program is aimed in maintaining level of blood glucose in normal level and it can be pharmacological or non-pharmacological approaches. Non-pharmacological

rapprochement is the first step in diabetic management and it includes the diet management, physical activities and mobilization programs, examination of blood glucose regularly, counselling about complication preventions and complication management programs. If the management of non-pharmacological program not have been able to control their blood sugar around normal, it might be followed by the management of pharmacological program. Pharmacological management programs are covering in drinking a drug or injecting the insulin programs regularly.

In implementing the need for diabetic disease control, it necessary to understand that the diabetic disease management at home needs high motivation from the diabetic patients and they need family and social support to do this matter. This is an activity that would motivate diabetic patients to care for himself and that activities should be done around the environment of the diabetic patients.

Chronic diabetic patient experienced many complications. Long treatment of this diseases causes psychological pressure, lead to a depression, bored in the rational treatment and choose an alternative medicine so that the quality of life will decline. The current diabetic management which tend to focus on the physical and the psychological, social, spiritual aspects are being ignored. Appraisalment of the psychotherapy and counseling with cards of motivation expected to give a solution to solve the problems in handling diabetic patients comprehensively and therefore the result of the diabetic management or treatment is more satisfy.

II. Method

The research ²⁰ done in experimental design with pre and post test appraisalment with a **intervention and a control group**. It done in medical ward RSUD Sleman for 12 weeks. The samples were the patients with the diagnosis of diabetes mellitus, taken with simple random sampling technique and were selected on these inclusive criteria's such as: having medical diagnose as diabetic mellitus patient, do not have complication diseases, having good function of hearing and communication.

A. Instrument

Compliance rate measured by sheets of observation, quality of life measured by WHOQOL-BREF and the depression scale measured by Beck depression inventory.

B. Data Collection

The total sample of 40 participants ⁶ divided into 2 groups, 20 people as the intervention , given counseling with cards motivation for 7 days , and 20 people as the control group given leaflets about diabetes mellitus. Samples taken by means of random to the intervening or the control group.

C. Data Analysis

Data analysis done by non parametric test; Wilcoxon test to examine the difference before and after intervention.

III. Results

1. The characteristics of participants ¹⁵

The finding about the characteristic of **the participants on the intervention group and control group** were shown on this table below.

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 Table 1.

The frequency distribution of participants' profile demography.

Characteristics	Group	
	Intervention Frequency (%)	Control Frequency (%)
Gender :		
- Female	13 (65)	10 (50)
- Male	7 (35)	10 (50)
Age :		
- 31-40	3 (15)	2 (10)
- 41-50	5 (25)	3 (15)
- 51- 60	7 (35)	7 (35)
- > 61	5 (25)	8 (40)
Education		
- Elementary	1 (5)	3 (15)
- Junior HS	4 (20)	3 (15)
- Senior HS	13 (65)	9 (45)
- University	2 (10)	5 (25)
Total	20 (100)	20 (100)

2. Compliance

Table 2 below described the compliance behavior of the participants.

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 Table 2.
 The frequency distribution of Diet Compliance Level of the Participants on the Intervention and Control Group (pre and post test). 10

Diet compliance	Intervention				Control			
	Pre		Post		Pre		Post	
	N	%	N	%	N	%	N	%
Good	9	45	15	75	6	30	6	30
Fair	4	20	4	20	10	50	13	65
Poor	7	35	1	5	4	20	1	5
	Z = -2,044				p = 0,041			

 2
 The finding indicated that there was a significant difference on the diet compliance level before and after the motivation card counselling with p value = 0,041 with the significant level of $p < 0,05$.

 Table 3.
 The Frequency Distribution of Sport Compliance Level of the Participants on the Intervention and Control Group (pre and post test). 10

Sport Compliance	Intervention				Control			
	Pre		Post		Pre		Post	
	N	%	N	%	N	%	N	%

Good	4	20	11	55	5	25	5	25
Fair	7	35	5	25	8	40	9	45
Poor	9	45	4	20	7	35	6	30
	Z = -3,464				p = 0,001			

The finding indicated that there was a significant difference on the sport compliance level before and after the motivation card counselling with $p\text{ value} = 0,001$ with the significant level of $p < 0,05$.

Table 4:

The Frequency Distribution of Medical Control Compliance Level of the Participants on the Intervention and Control Group (pre and post test).

Medical Control	Intervention				Control			
	Pre		Post		Pre		Post	
	N	%	N	%	N	%	N	%
Good	12	60	15	75	11	55	11	55
Fair	5	25	4	20	5	25	6	30
Poor	3	15	1	5	4	20	3	15
	Z = -2,356				p = 0,018			

The finding indicated that there was a significant difference in the medical control compliance level before and after the motivation card counselling with $p\text{ value} = 0,018$ with the significant level of $p < 0,05$.

Table 5:

The Frequency Distribution of Taking Medicine Compliance Level of the Participants on the Intervention and Control Group (pre and post test).

Taking medicine	Intervention				Control			
	Pre		Post		Pre		Post	
	N	%	N	%	N	%	N	%
Good	4	20	13	65	5	25	7	35
Fair	7	35	5	25	8	40	8	40
Poor	9	45	2	10	7	35	5	25
	Z = -3,360				p = 0,001			

The finding indicated that there was a significant difference in the medical control compliance level before and after the motivation card counselling with $p\text{ value} = 0,001$ with the significant level of $p < 0,05$.

Table 6:

The Frequency Distribution of Compliance Level of the Participants on the Intervention and Control Group on the pre and post test.

Compliance level	Intervention		Control	
	Pre	Post	Pre	Post

Good	6	30	12	60	2	10	7	35
Fair	8	40	5	25	7	35	5	25
Poor	6	30	3	15	11	55	8	40
	Z = -2,994				p = 0,003			

The finding indicated that there was a significant difference on the spirituality quality of life level before and after the motivation card counseling with $p\text{ value} = 0,003$ with the significant level of $p < 0,05$.

Table 10:
Frequency Distribution of Quality of Life of Participants on pre-post test.

Quality of life	Intervention				Control			
	Pre		Post		Pre		Post	
	N	%	N	%	N	%	N	%
Good	6	30	12	60	7	35	7	35
Fair	10	50	5	25	7	35	5	25
Poor	4	20	3	15	6	30	8	40
	Z = -3,002				p = 0,003			

The finding indicated that there was a significant difference on the quality of life level before and after the motivation card counselling with $p\text{ value} = 0,003$ with the significant level of $p < 0,05$.

4. The Depression level

Table 11:
Frequency Distribution of Depression Level of Participants on pre-post test.

Level of Depression	Intervention				Control			
	Pre		Post		Pre		Post	
	N	%	N	%	N	%	N	%
Mild	5	25	14	70	3	15	5	25
Moderate	6	30	3	15	8	40	6	30
Severe	9	45	3	15	9	45	9	45
	Z = -3,111				p = 0,002			

The finding indicated that there was a significant difference on the depression level of the participants before and after the motivation card counselling with $p\text{ value} = 0,002$ with the significant level of $p < 0,05$.

before intervention only 9 (45 %) in the category of good, but increase after intervention which is in category good for 15 people (75 %). Test results statistic Z value of -2,044 and p value of 0,041. Test results statistic showed that there was a meaningful difference after the provision of intervention. Some research on adherence to the regulation of the diet was also in line with this research finding.

IV. Discussion

1. Compliance

Table 2 presented that compliance respondents in the regulation of the diet

Setyani^[10] described the obedience of diet for patients diabetes mellitus. Her research showed only 43 % patients who have diabetes mellitus were doing their diet. About 57 % patients do not comply to do their diet as it was advocated. Juleka^[3], who did her research among the people with diabetes mellitus who were hospitalized in public hospitals Gunung Jati, Cirebon, found that people who having exceed intake have risk 31 times more likely to suffer blood glucose levels uncontrolled compared with the intake with energy as needed.

Diabetics mellitus patients should apply food consumption pattern balanced to adjust the need of glucose in accordance with the body needs through healthy diet. Suyono^[11] said that in management of control of blood glucose levels noted that 86,2 % patients diabetic mellitus obey their pattern of diet diabetes mellitus that was prescribed, but in fact there only around 23.9 % diabetes mellitus patients who applied diet program regularly.

Compliance of respondents to perform control can be seen in table 3, before the intervention, there were 9 participants (45 %) said they were doing their control routinely, while only 4 participants (20 %) who performs control routinely. After the intervention, the data was changed, noted that only 11 people (55 %) said control routinely. Statistic test showed the changes significantly with the z value = -2,356 with p value of 0,018 and significant level of 0,05 .

Mayasari, at all^[5] said that as many as 8 respondents (26.7 %) from 12 respondents (40,0 %) have a positive behavior in controlling blood sugar compliance and the rest 4 of respondents

(13.3 %) with compliance controls blood sugar had negative behavior in controlling blood sugar. While 3 respondents (10.0 %) from 18 respondents (60,0 %) with negative behavior on compliance of controlling blood sugar and the rest 15 respondents (50,0 %) with compliance controls blood sugar.

According to Sacket in Niven^[7], compliance is the extent to which behavior patients in accordance with the regulation given by a health care professional. There are several factors that support compliance, such as; education, accommodation, modification of environmental factor and social, change model therapy and improvement of health professional interaction with a patient.

Table 4 showed that 12 people (60 %) were already good in doing sport activities, but some of them still not yet doing their sport activities as many as 3 people (15 %) before the intervention. There has been increasing after giving the intervention, which is 15 people (75 %) of respondents who obedient in doing sport activities and only 1 person (5 %) who did not. Statistic in these changes different⁸ meaningfully, with Z value = -3,464 and p value = 0,001 in significant level of 0.05.

Research conducted by Manan^[4], showed the results that almost equal to the above report which is compliance exercise obtained 39 respondents (42 %) undergo exercise in commanded and 53 respondents (58 %) that do not comply undergo the exercise. Theoretically, according to PERKENI, the benefits of doing sport regularly was to lower blood sugar because it increases the uptake process of glucose by muscle cells, so complication can be prevented. For the success of this, the respondents are required to conduct the

exercise or sport that was bounded by ability, age and the existing of any other disease¹¹

2. The quality of life

The quality of life was seen from three components, namely the quality of physical appearance, quality in social interaction, and quality of spiritual activity. Table 7 showed the quality of life of physical still poor as 9 people (45 %), but after having the intervention it had been an increasement in the quality of physical, getting better as much as 12 people (60 %). Test results statistic was increase meaningfully, with the value of $Z = -3,384$ and $p \text{ value} = 0,001$ with significant level of 0.05.

The quality of life of social components shown in table 8, where before the intervention the majority of respondents, there were 17 people (45 %) still had the poor level of social compliance. Having given intervention there was a change, where in 14 people (70 %) of the respondents who own the quality of life of social was in good level. Statistic test results showed that the change was meaningful, where the value of $Z = -3,354$ with the $p \text{ value} = 0,001$ in significant level of 0.05.

In term of the quality of spiritual life, before the intervention most of it showed that 8 people (40 %) in fair category. Having given the intervention²¹ it had been an incensement in where the quality of life of the majority of respondents as 12 people (60 %) was in the category of good. The results of statistic test changed meaningfully with the value of $Z = -2,994$ and $p \text{ (value)} = 0,003$ at significant level of 0.05.

The quality of life of diabetic patients in general was shown in table 9, that most of it, 10 people (50 %) of the respondents,

before the intervention, were having the quality of life in the category of fair level. After giving the intervention there have been a change where most of respondents, 12 people (60 %) in the category of good level of quality of life. The results of statistic test was changed meaningfully, where the results of the statistic value of $Z = -3,002$ with the $p \text{ value} = 0,003$ in significant level of 0.05.

Ningtyas⁶ reported the results of factor analysis of the status of marriage by using test logistic regression obtained the results of value $p \text{ (value)} = 0,002$ with odds ratio about 12.4 and 95 percent confidence interval (2,53-61,22), showed that there was a significant relation between the status of marriage with the quality of life of patients diabetes mellitus type II, so that patients diabetic mellitus type II which widow / widower have risk 12.4 times more likely to have quality of life that lower (dissatisfied) than who are married or having a partner. Some previous studies as research that has been done by Casado et al in Nurkhalim⁸, widow or widower who has been abandoned by died having the possibility to have more great depression. This is caused loss of life companion, so as to cause a sense of sad old and deep depression. A sense of sad and depression can affect the patient motivation to do therapy or disease tackling diabetic. There was a significant relation exists between the level of education, socioeconomic status based on income, long suffering and complication diabetes mellitus the quality of life of patients with diabetes mellitus type II. But, there was no a significant relation between the ages, sex, and socioeconomic status based on the use of insurance / health insurers with the quality of life of patients diabetes mellitus type II⁶.

Yusra^[14], factors compliance in therapy pharmacological and non-pharmacologic is one of the things that can contribute to the quality of life, and compliance tending to owned by women, so that the implementation of treatment and medication can work well. But, men tend to have confidence higher and more able to overcome the various matter in self-sufficient with using the ability of their own, included in disease. So, based on it, gender differences caused no distinction to the quality of life.

3. The depression level

Table 11 indicated the level of depression experienced by patients diabetic mellitus, before it was given intervention the depression level were experienced by almost 9 respondents (45 %) and in heavy category. Having given intervention most patients diabetic as 14 people (70 %) experienced the mild depression. Test statistic showed that the change was meaningful, where the Z value = -3,111 with p value of 0,002 and significant confidence level of 0,05.

The result of this research also in line with the results of the study Egede and Ellis^[2], who examined about the relationship between the diabetes mellitus II and depression: global perspectives concluded that a disease diabetes mellitus II and depression were mutual relate in significant about morbidity, mortality, and health cost. Poor of compliance in doing their control of diabetes mellitus in hospital, control metabolic who enters into categories good, will increase complication to higher level, diminishes the quality of life, increased risk disability, lost productivity and increases the risk of death.

Safitri^[13] reported her research that known 51 respondents (58,6 %) suffer from medium depression and 36 respondents (41,4 %) with mild depression. There are 46 respondents (52,9 %) with good quality of life and 41 respondents (47,1 %) with the poor quality of life. Analysis of the data Fisher exact obtained p-value = 0,001. The p-value its significant level of confidence at 0,05 concluded that there are the relationship between the depression with quality of life in patients diabetes mellitus type II in Islam hospital Surakarta.

Chronic diabetes Miletus that cannot be cured perfectly, need a long life treatment, can effect the psychologic aspects of patients deeply and also for its social aspects. In a patient who has been diagnosed with diabetic mellitus, arising the feeling that not adequate, can excessive fear, demanding to treat others excessively, and a hostile posture that may be occurred. It lead to become a feeling of depression in patients. Depression was something normal and a common occurrence in people with depression because of diabetic mellitus^[12]. The results of the study stated that prevalence of depression in people with diabetic mellitus fair high of 25 percent. In the case of diabetic, physical consequences of chronic disturbances (as complications) put a limit, the prohibition against the life of an individual. It is meant to control blood sugar remains abnormally and prevent the occurrence unwanted consequences. In addition, control of diabetic mellitus was carried out through a period of time and very complex^[1]. This means that patients change his daily lifestyle so that can affect patient's view toward her/himself^[14].

V. Conclusion

1. The compliance level of patients diabetic mellitus in outpatient department of Public Hospital in Sleman, Yogyakarta was found almost 70 % in the good level and there was a meaningful difference in the compliance level in before and after providing counseling.
2. The level of the quality of life of patients of diabetic mellitus in outpatient department of Public Hospital in Sleman, was found around 60 % in the good level, there was a meaningful difference in level of the quality of life, before and after providing counseling.
3. The depression level of patients of diabetic mellitus in outpatient department of Public Hospital in Sleman, were identified as 70 % in the mild depression level and there is a meaningful difference in level depression before and after providing counseling.
4. There was a significant influence of living providing counseling with cards motivation on the level of compliance, the quality of life, and the decline in depression level of patients of diabetic mellitus in outpatient department of Public Hospital in Sleman, Yogyakarta.

Acknowledgment

This research was supported by Poltekkes Kemenkes Yogyakarta. We thank our colleagues nurses from outpatient Department of Public Hospital in Sleman Yogyakarta who provided insight that greatly assisted the research. We would also like to show our gratitude to the Mr. Sugeng (Poltekkes Kemenkes Yogyakarta) for sharing your pearls of wisdom with us during the course of this research.

References

- [1] Asdie, A.H., & Susetyowati. (2005). Hubungan Pola Makan Dengan Pengendalian Kadar Glukosa Darah Pengidap Diabetes Mellitus Tipe 2 Rawat Jalan Di RSU Gunung Jati Cirebon. *Jurnal Gizi Klinik Indonesia*, 2 (1), hal. 13-21.
- [2] Egede dan Ellis (2010) Egede L. dan Ellis, C. (2010)Diabetes mellitus II and depression: Global perspectives. Volume 87, Issue 3, March 2010, Pages 302–312
- [3] Juleka (2005) Hubungan Pola Makan dengan Pengendalian Kadar Glukosa Darah Pengidap Diabetes Mellitus Type-2 Rawat Jalan Di RSU Gunung Jati Cirebon. (Naskah Publikasi Tesis) Minat Gizi dan Kesehatan Program Studi Ilmu Kesehatan Masyarakat Universitas Gadjah Mada, Yogyakarta.
- [4] Manan (2010) Hubungan Tingkat Pengetahuan Dengan Kepatuhan Dalam Upaya Mengontrol Gula Darah Di Poliklinik RS. Immanuel Bandung
- [5] Mayasari E, Nosi, Zainal. (2014). Faktor-faktor yang berhubungan dengan kepatuhan klien diabetes melitus dalam mengontrol gula darah di poloklinik interna lambuang baji makasar. *Jurnal Ilmiah Kesehatan Diagnosis*. Vol. 5, No. 5. (online).
- [6] Ningtyas, Dwi Wahyu, Wahyudi Pudjo, Prasetyowati Irma (2013) Analisis Kualitas Hidup Pasien Diabetes Melitus Tipe II di RSUD Bangil Kabupaten Pasuruan Fakultas Kesehatan Masyarakat, Universitas Jember
- [7] Niven.N. (2000) Psikologi Kesehatan: Pengantar Untuk Perawat & Profesional Kesehatan Lain Ed 2. Jakarta: EGC
- [8] Nurkhalim, Ratna Frenty (2012) kualitas hidup lansia di kecamatan

- Sumbersari kabupaten Jember tahun 2012. (Skripsi). Fakultas Kesehatan Masyarakat Universitas Jember
- [9] Safitri (2013) hubungan antara tingkat depresi dengan kualitas hidup pada pasien diabetes melitus tipe ii di rumah sakit Islam Surakarta.
- [10]Setyani. (2007). Hubungan Antara Pengetahuan Dan Sikap Tentang Diabetes Mellitus Dengan Kepatuhan Dalam Melaksanakan Diet Pada Pasien Diabetes Mellitus Di BRSD RSU RAA Soewondo Kabupaten Pati (Skripsi)
- [11] Suyono S, Waspadji S, Soegondo S, dkk, (2007) Penatalaksanaan Diabetes Melitus Terpadu, FK-UI, Jakarta.
- [12]Watkins (2000). Diabetes, Depression dan Stress.http://www.ncpamd.com/dm_depression.htm
- [13]Winasis, E.B. (2009). Hubungan antara konsep diri dengan depresi pada penderita Diabetes Melitus di Puskesmas Pracimantoro 1 Wonogiri.(Skripsi). Program Studi S1 Keperawatan Fakultas Ilmu Kesehatan Universitas Muhammadiyah Surakarta.
- [14]Yusrah, Aini. (2011). Hubungan Antara Dukungan Keluarga Dengan Kualitas Hidup Pasien DM TTipe 2 di Poliklinik Penyakit Dalam RSUP Fatmawati Jakarta. Universitas Indonesia. (Tesis)

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