

Development Of Information Services Module To Improve Self-Efficacy Of Hospitalized Hypertension Patients At Pariaman Regional General Hospital

Amril, Mudjiran, Firman

Doctoral Program of Education Sciences,
Universitas Negeri Padang - Indonesia



Abstract – Development of information services module to improve self-efficacy of inpatient hypertension patients at the Pariaman regional general hospital, West Sumatra Province. This research was developed based on the results of an analysis of the needs of inpatient hypertension patients based on hypertension data from the World Health Organization (WHO) in 2015 which showed about 1.13 billion people in the world. have hypertension, meaning that 1 in 3 people in the world are diagnosed with hypertension. This study aims to develop an information service module to improve the self-efficacy of inpatient hypertension patients at the Pariaman regional general hospital, West Sumatra Province. Researchers need to solve this problem through research and development using the ADDIE model. Data collection techniques using interview guidelines and questionnaires. Data were analyzed using descriptive analysis techniques in the form of percentages. Validation of the information service module to improve self-efficacy is determined based on expert responses. The practicality of the information service module to improve Self-efficacy is determined based on expert responses to the practicality of this module. From the results of this study, it was obtained an information service to improve self-efficacy by producing a product in the form of an information service module book to improve the self-efficacy of inpatient hypertension patients that was valid, practical, and effective to use. The findings in this study can be used by inpatients of hypertension inpatients to improve the Self-efficacy of hypertensive patients at Pariaman hospital.

Keywords – Information Services, Hypertension, Self-Efficacy.

I. INTRODUCTION

Law No. 36/2009 concerning health states that health is a healthy state, both physically, mentally, spiritually and socially which allows everyone to live productively socially and economically. According to WHO (1981) health is "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The dimensions of human health consist of being physically, mentally, socially, spiritually healthy, and emotionally healthy. Individuals who have a high mental health index have a lower risk of gastrointestinal and hyperimmune diseases. Conversely, individuals who have low mental health experience a higher risk of getting high blood pressure. A high stage of indecision is associated with a high risk of developing cancer and several types of diseases related to the liver and stroke. Article 4 of the health law confirms that everyone has the right to health. By adhering to these provisions, every citizen has the right to health, especially patients who are hospitalized.

Hypertension data according to WHO in 2015 shows that around 1.13 billion people in the world have hypertension, meaning that 1 in 3 people in the world are diagnosed with hypertension. The number of people with hypertension continues to increase every year, it is estimated that by 2025 there will be 1.5 billion people affected by hypertension, and it is estimated that every year 10.44 million people die from hypertension and its complications (WHO, 2019).

Hypertension or high blood pressure is a condition in which systolic blood pressure > 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg (DIRJEN P2P, 2020). Hypertension as a chronic disease is influenced by various factors. There are several factors that cause hypertension, i.e non-modifiable risk factors and modifiable risk factors. Non-modifiable risk factors such as heredity, gender, race and age. Meanwhile, modifiable risk factors are obesity, lack of exercise or physical activity, smoking habits, alcohol consumption, stress, fat consumption, and salt/sodium consumption (KEMENKES, 2013). Based on Riskesdas (Basic Health Research), in 2018 the prevalence of hypertension in Indonesia, based on the results of blood measurements in the 18 year old population, was 34.1%, the highest was in South Kalimantan (44.1%), while the lowest was in Papua (22.2%). Hypertension occurs in the age group of 31-44 years (31.6%), age 45-54 years (45.3%), age 55-64 years (55.2%). From the prevalence of hypertension of 34.1%, it is known that 8.8% were diagnosed with hypertension and 13.3% of people diagnosed with hypertension did not take medication and 32.3% did not regularly take medication. This shows that most hypertension sufferers do not know that they are hypertensive so they do not get treatment.

Reasons for hypertension sufferers not taking medication, among others, because hypertensive sufferers feel healthy (59.8%), irregular visits to health care facilities (31.3%), take traditional medicines (14.5%), use other therapies (12, 5%), forgot to take medication (11.5%), could not afford to buy medicine (8.1%), there were side effects of drugs (4.5%), and hypertension drugs were not available in health care facilities (2%) (RISKESDAS, 2018). The authors assume that hospitalized hypertensive patients do not take medication because of the patient's low self-efficacy and lack of information. This is in line with the results of research conducted by Limbong (2010) with the title of developing an inpatient information system for internal medicine services to support management decisions at dr. H. Soemarno Sosroadmojo Bulungan East Kalimantan, with the results of the study concluded that the information system has not been able to produce quality information such as information availability, completeness of information, timeliness of easy access and accuracy of information.

Self-efficacy is a person's self-estimation of his ability to carry out and regulate the actions needed to solve a problem or achieve certain goals. Self-efficacy is one of the key factors in implementing personal control, including control over one's own health (Aulia & Supriyadi, 2019). Self-efficacy is a person's assessment of his ability to plan and take action to achieve a goal. Social cognitive theory views self-efficacy as a belief in one's own ability to solve the problems at hand. This self-efficacy theory lies in three reciprocal determinism factors, i.e personal factors, behavior, and environmental influences (Wingham, 2015; Hermon et al, 2020).

According to Marini & Hamidah (2014), self-efficacy is influenced by several factors experienced by individuals during life, including self-experience of success in solving problems in the past, physical and emotional states because stress and anxiety are considered by individuals as signs that affect self-disability. , the experience of others in achieving the same success as the patient, and the persuasion or influence of others verbally giving them the will to complete their tasks and will exert greater effort.

Information services must be provided to inpatients according to the mandate of Law 36/2014 concerning Health Workers Article 36 states that every health worker in providing action must provide an explanation, in paragraph 3 it states that the explanation as referred to in paragraph (2) at least includes: 1) Service action procedures; 2) Purpose of service action performed; 3) Other alternative actions; 4) Risks and complications that may occur; and 5) Prognosis for the action taken. Information Services according to Prayitno & Amti (2004) is an activity to provide understanding to interested individuals about the various things needed to carry out a task or activity, or to determine the direction of a desired goal or plan. Thus, the information service is first of all a manifestation of the function of understanding in guidance and counseling. Meanwhile, according to Tohirin (2007), disclosing that information services are services that attempt to meet individual shortcomings of the information they need. Some of the techniques commonly used for information services are: 1) lectures, question and answer and discussion; 2) through the media; 3) special events; and 4) resource persons.

II. METHODS

This research uses a research and development approach module, the ADDIE Model (*Analyze, Design, Development, Implementation, and Evaluation*), i.e research that is followed up with the development of an Information Services Module to Improve Self-efficacy of Inpatient Hypertension Patients. According to Borg & Gall (1989) the research and development module in education defines: "*educational research and development (R & D) is a process used to develop and validate educational products*". This research and development process shows a form of repetition or cycle based on a study of research findings and then a product is developed. Product development based on the findings of this preliminary study is tested in a situation and revisions are made to the results of the trial until finally a module (as a product) can be used to improve the output. The following is the flow of module development:

Analyze

In this stage, a need analysis of the information service process is carried out to improve the self-efficacy of inpatient hypertension patients regarding the Information Service Program Plan, which is related to the preparation of information services, analyzing information service needs through qualitative and quantitative studies. Through a qualitative study the author collects data about the variables to be studied, then discussions with experts / expert consultation, data triangulation is carried out (sources, methods, analysis). Meanwhile, through a quantitative study the authors compiled a research instrument in the form of a questionnaire, validated it, performed statistical analysis. From the analysis of the two studies above, data on the results of the need assessment for inpatient hypertension patient information services were obtained.

Design

Based on the information service needs analysis above, it is determined what problems are needed by the patient and hospital staff. At this stage, important aspects (blue print) are obtained which are further elaborated at the stage of developing inpatient hypertension patient information service modules such as; nursing information services, medical service information, support service information, patient drug information and nutritional information.

Development

Module development activities based information service points/topics that have been formulated in the Design phase, the activities of the development stage consists of: 1) Preparing a draft model developed on the service module information to improve self efficacy hospitalized hypertensive patients; 2) Then consultations with experts related to construct models, content models, conduct of Focus Group Discussions (FGD) with experts such as internal medicine specialists, practitioners such as nurses, pharmacists, nutritionists, support personnel (radiology, laboratories), and model users, i.e officers and hypertensive patients, information services to improve the self-efficacy of inpatient hypertension patients; and 3) Obtained development results in the form of a prototype of inpatient hypertension patient information service model.

Implementation

Implementation stage is the stage of implementation of the service module information to improve self efficacy hospitalized hypertensive patients in hospitals Pariaman. Respondents in the implementation of this information service are patients, practitioners (doctors, nurses, support staff, pharmacy, and nutrition workers). The expected output at this implementation stage is the obtaining of inpatient hypertension patient information service modules that have been tested.

Evaluation

The results of the evaluation of the estuary is for the improvement of the service module information to improve self efficacy hospitalized hypertensive patients, of every stage, from initial design to implementation to see if there were to be revised as the purpose of development. If there are still things that need to be improved according to the research objectives, revisions are carried out so that the ideal development/prototype module results are obtained.

III. RESULTS AND DISCUSSION

A. Research Findings

3.1 Analysis Phase

At this stage, a need analysis of the information service process is carried out to improve the self-efficacy of inpatient hypertension patients regarding the Information Service Program Plan, which is related to the preparation of information services, analyzing information service needs through qualitative and quantitative studies. Data obtained through a questionnaire distributed to 12 patients. The object is the implementation of the development of the information services module to increase self-efficacy in inpatient hypertension patients. Based on the questionnaire, data was obtained about the frequency distribution of needs analysis regarding the development of an Information Service Module to Increase Self-efficacy of Inpatient Hypertension Patients, for more details, see the following Table 1 below.

Table 1. Frequency Distribution of Needs

No	Analysis Needs Analysis	F	Total
1	Very Needed	2	3,03
2	Needed	37	56.06
3	Enough Needed	27	40.91
4	Less Needed	0	0
5	Not Needed	0	0
Total		66	100

Based on the distribution table of the frequency distribution of the needs analysis above, it is known that the category is urgently needed to get a percentage of 3.03% or there are 2 questionnaire items from the entire questionnaire, i.e 66 which states that the development of an Information Services Module is needed to improve the Self-efficacy of Hypertension Patients Inpatient, the category needed to get a percentage of 56.06% or there were 37 questionnaire items from the entire questionnaire, i.e 66 which stated that development was needed. Information Service Module to Increase Self-efficacy of Inpatient Hypertension Patients, a sufficient category is needed to get a percentage of 40.91% or there are 27 questionnaire items out of 66 which state that the development of an Information Services Module is needed to increase the Self-efficacy of Inpatient Hypertension Patients, the category is less not needed not getting a percentage. Based on these results, the required category gets the highest percentage among other categories, i.e as many as 36 questionnaire items out of a total of 66 or a percentage of 56.06%, so an Information Service Module is needed to increase the Self-efficacy of Inpatient Hypertension Patients. For more details, see the following Table 2 below.

Table 2. Data Results Needs Analysis

No	Variable	Mean	TCR	Conclusion
1	Self-efficacy	4	79	Enough Needed
2	Information Services	4,19	84	Needed The

Following is a data analysis of the needs of each variable in the information service module to improve the self-efficacy of inpatients with hypertension, where the results were found. that; 1) Self-efficacy gets a score of 79 with an average of 4.00 in the sufficiently needed category; and 2) Information Services received a score of 84 with an average of 4.19 in the required category. Based on the facts above, it is necessary to develop an Information Services Module to increase the Self-efficacy of these Inpatient Hypertension Patients.

3.2 Design Phase

3.2.1 The core components of the module

Nursing information nursing : Information services, patients have the right to obtain information about nursing services provided in the form of nursing examinations / anamnesis: biological, psychological and social (BIOPSYCOSIAL), planning nursing diagnoses, independent nursing actions and delegation of medical actions, evaluating actions nursing and medical delegation, conducting rehabilitation, preventing nasocomial infections, preventing pressure sores, preventing pneumonia due to prolonged

bedrest, preventing falling out of bed (providing a sense of security and comfort), health education and home care if follow-up is needed Nursing services are organized and managed in order to provide optimal nursing care, (Ali, 2002).

Medical/Doctor: Information Medical service information, patients have the right to obtain service information from general practitioners and specialist doctors to plan Treatment through anamnesis, physical examination, supporting examinations, establishing a medical diagnosis, planning treatment in the form of drugs (cure), medical rehabilitation, health education for patients and families, returning the patient after being declared cured or outpatient care and referring the patient to the facility. more adequate health according to the principle of referral if needed (Hill et al, 2012; Fernandes et al, 2020).

Supporting Information: Information (laboratory examination, x-ray, ultrasound, EKG and Treadmill) as well as referrals. This information is obtained from data on the types of supporting examinations. From the results of the formulation of the supporting examination data, the information on the most productive and unproductive supporting examinations will be obtained. Information is referred to. This information is important for planning the procurement of tools that are effective, efficient and have a high value of benefit. It is important to convey this information to the patient and their family (Darmanto, 2007).

Pharmaceutical: Information Patient drug information is given clearly how to use it, for example; taken before or after eating, injected, applied topically, put into the anus, dripped, or put through an IV. This information must be provided by officers who are competent in their fields such as Pharmacy officers, Doctors, and Nurses.

Nutrition Information: Services information services must be explained to inpatients in such a way as to the type of diet, the portion of food, for hypertensive patients the diet is low in salt. This information is provided by nutrition officers, doctors and nurses.

3.3 Development Stage

At this stage, the researcher took several steps, i.e: 1) conducting a formative evaluation; and 2) revising the prototype. Formative evaluation is carried out in the form of validation by experts and practitioners. The results of expert validation on this instrument show that from all aspects of the information service module book to improve the self-efficacy of inpatient hypertension patients, it is in the valid category to be used.

Table 3. Results of Book Validation Module

No	Aspects Assessed	Average	Category
1	Design	4.65	Very good
2	Content	4.45	Very good
3	Graphics	4.5	Very good
4	Language	4.35	Very good
Average		4.49	

Based on the table above, it can be concluded from the results of the validation by experts that the overall module book in terms of design gets an average of 4.65 or is in the very good category. in terms of content, it gets an average of 4.45 or is in the very good category. in terms of graphics, it gets an average of 4.50 or is in the very good category. in terms of language, it gets an average of 4.35 or is in the very good category. Overall, the results of the expert validation of this book show that in terms of design, content, graphics, and language, it gets an average of 4.49 or in the very good category. All validators agree that this book is suitable for use with minor revisions, meaning that all aspects assessed are in acceptable criteria, so that it does not require major revisions and re-validation.

Furthermore, a FGD was held on January 13, 2021, this was done to discuss the product of this research with a team of experts, local governments, community organizations, representatives from hospitals, and others. The results of the FGD analysis carried out were in the form of assessments and suggestions from experts and practitioners in the FGD. Following are the results of the FGD for the module book assessment that has been carried out.

Table 4. FGD Assessment Book Module

No.	Item	Average	Category
1	The content coverage is correct	4.5	Very good
2	The material presented is correct	4.5	Very good
3	Supporting references used are correct	4.5	Very good
4	The material described is suitable for use	4.5	Very good
5	The supporting theory chosen is correct	4.5	Very good
6	The description of the information contained in the book is in accordance with the characteristics of the module	4.3	Very good
Total		4.45	

Based on the table above, it can be concluded that the assessment of the module book gets an average of 4.45 or is in the very good category.

3.4 Implementation

Stage this stage is the stage where the products developed and validated by the validator have been carried out by FGD which is then revised according to the input and suggestions received. Module implementation is carried out at the Pariaman Regional General Hospital, West Sumatra Province. This limited trial was conducted to determine whether the module was in accordance with the expected objectives before entering the extended test. Before the module is implemented, the researcher first provides an understanding of the module implementation instructions. The criteria for limited testing of this module can be seen in the following Table 5 below.

Table 5. Criteria for Limited Trial of Module

Variable	Information Services	Item
1	Nursing Information	1 to 10
2	Medical Information	11 to 18
3	Supporting Information	19 to 24
4	Information Pharmacy	25 to 31
5	Nutritional Information	32 to 38
Variable	Self-efficacy	Item
1	Cognitive Function	1 to 10
2	Motivational Functions	11 to 18
3	Affection Functions	19 to 23
4	Selective Functions	24 to 28

Based on these criteria, after that we can try out with 12 respondents who have helped by getting the following results:

Table 6. Limited Trial Results

No	Respondents	Number	Average	Categories
1	A1	252	4	Good
2	A2	304	4	Good
3	A3	257	5	Very Good
4	A4	237	4	Good
5	A5	242	4	Good
6	A6	242	4	Good
7	A7	263	4	Good
8	A8	273	4	Good
9	A9	273	4.1	Good

10	A10	280	4.1	Good
11	A11	280	4.2	Good
12	A12	127	4.2	Good
Total		3030	4.1	

Based on the results of the trials that have been carried out, the results show that this module can be implemented with an average of 4.1 or in the Good category. In accordance with these results, then an extended trial was carried out on this module.

3.5 Evaluation Phase

The practicality test was carried out at the implementation stage to see the practicality of the resulting product. The practicality of this book aims to determine the practicality with the assessment criteria, i.e:

1. = Strongly Disagree
2. = Disagree
3. = Enough Agree
4. = Agree
5. = Strongly agree the practical data of this book were obtained from a questionnaire given to 12 respondents, for more details can be seen in the following practical results Table 7 below.

Table 7. Results of Practicality

No	Average	TCR	Conclusion
1	3.83	76.67	Practical
2	3.67	73.33	Practical
3	4.42	88.33	Very Practical
4	4.33	86.67	Very Practical
5	3.67	73 , 33	Practical
6	4.08	81.67	Practical
7	4.08	81.67	Practical
8	3.58	71.67	Practical
9	3.75	75	Practical
10	4	80	Practical
11	3.58	71.67	Practical
12	3.83	76 , 67	Practical
Total	3.9	78.06	Practical

Based on the table above, it can be explained that the practicality of this book is seen from the points of the assessment aspect. The items assessed were 12 items. All of these points indicate that the module is practical. This means that the developed book module is practical or good for use.

Judging from the table above, it can be concluded that from the overall indicators of the above assessment aspects, the average obtained is 3.90 or are in the practical category, so the practicality of the module book is declared practical and feasible to use. It can be concluded that the practicality of this module book is in the practical category. This means that this module book is suitable for use. The following can be seen from the practicality frequency distribution as shown in the following Table 8 below.

Table 8. Practicality Frequency Distribution

No	Class Interval	Frequency	Percentage	Category
1	> 4.2	2	17	Very
2	3.40 - 4.1	10	83	Practical
3	2.60 - 3, 39	0	0	Practical enough
4	1.81 2.59	0	0	Less practical
5	<1.80	0	0	Not practical
Total		12	100	

Based on the table above, it can be explained that theoretically the frequency is 10 with the lowest score of 2 in the very practical category. Based on the results of data analysis, it can be found that the practical category has a percentage of 83% with a frequency of 12. Judging from the data, this module is declared practical and feasible to use.

B. Discussion

Based on the process and results of module development, there are several things that must be discussed, i.e 1) description, 2) validity, and 3) practicality of the product development of an information service module to improve the self-efficacy of inpatient hypertension patients.

Overview of information services to improve hypertension patient self-efficacy inpatients

Hypertension cannot be cured, but can still be controlled, because most patients feel stress if they cannot recover from hypertension. Furthermore, those who also provide a solution and provide motivation by continuously monitoring hypertensive patients every 15 minutes so that such touches are expected to be felt by patients so they can control their self-efficacy. This is in line with research of Marini & Hamidah (2014); Arlym et al, (2019) which found that self-efficacy is influenced by several factors experienced by individuals during life, including self-experience of success in solving problems in the past, physical and emotional states because stress and anxiety are considered by individuals as a sign that affect self-disability, the experience of others in achieving the same success as patients, and the persuasion or verbal influence of others makes them have the willingness to complete their tasks and will exert greater effort.

This is in line with the results of the author's interview with patient "M", how do you believe in the healing of this hypertension? "I am not sure that this hypertension disease can be cured, because I have been suffering from this disease for more than 6 years, I have taken various medicines, but still the disease that I suffer from does not want to go away or heal". Health service information services are formed because of the need for fast and precise health information as well as demands for increasingly sophisticated technology. This information service is also urgently needed by inpatients with hypertension, so that patients feel confident that this disease can be controlled. This will make the patient feel at ease if he / she has accurate and digestible information.

The validity of information service products to increase the self-efficacy of hypertensive patients inpatients

With hypertension does not take medication because of the low self-efficacy of patients and the lack of information. This is in line with the results of research conducted by Yudianto Limbong (2010) with the title of developing an inpatient information system for internal medicine services to support management decisions at dr. H. Soemarno Sosroadmojo Bulungan East Kalimantan, with the results of the study concluded that the information system has not been able to produce quality information such as information availability, completeness of information, timeliness of easy access and accuracy of information. Marini & Hamidah (2014) in their research, self-efficacy is influenced by several factors experienced by individuals during life, including self-experience of success in solving problems in the past, physical and emotional states because stress and anxiety are considered by individuals as signs that influence disability. self, experiences of others in achieving the same success as patients, and persuasion or influence verbally by others give them the will to complete their tasks and will exert greater effort. The level of self-efficacy a person has will affect the level of adherence to goals and responses to challenges. If individuals are not confident in their decision making, then proper self-care may not occur.

Practicality of information service products to increase the self-efficacy of inpatients of hypertension

Bandura's (1997) research "Perceived self-efficacy refers to beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments". It can be understood that self-efficacy requires a person to be able to organize and carry out a series of actions needed to produce what he wants to achieve. This self-efficacy is related to the belief that the self has the ability to take the expected action. as a person's belief in his ability to organize and carry out actions to achieve the goals set, and trying to assess the level and strength across activities and contexts. The Caliph once said "those who think a lot about risks, he becomes someone who does not dare". The true nature of whether or not it lies in yourself. We can have faith and we can also get rid of it from ourselves. Even though you are smart and have impressive strength, if your self-efficacy is weak, that greatness will not function optimally. Therefore, don't be surprised if there are those who are very intelligent, but because of their low self-efficacy they appear less confident and have lower abilities. An intelligent person without self-confidence and low self-efficacy, he will only become a person who depends on others, including what is his expertise so that his own perception of how well he can function in certain situations is related to the belief that self has the ability to do expected and satisfactory actions can achieve certain results.

The success that is often obtained will increase one's self-efficacy, while failure will decrease one's self-efficacy. If the success that a person gets is more due to factors outside himself, usually it will not have an effect on increasing self-efficacy. However, if this success is obtained through major obstacles and is the result of his own struggle, then it will have an effect on increasing his self-efficacy. This self-efficacy is obtained through social models which usually occurs in someone who lacks knowledge of their own abilities so that they encourage someone to do modeling. However, the self-efficacy obtained will not have a big effect if the observed model is not similar or different from the model. No wonder the anxiety and stress that occurs in a person when doing serine tasks is interpreted as a failure. In general, a person tends to expect success in conditions that are not colored by tension and do not feel any complaints or other somatic disorders. Self-efficacy is usually characterized by low levels of stress and anxiety, whereas low self-efficacy is characterized by high levels of stress and anxiety. Self-efficacy must be a human belief in their ability to exercise a number of measures of control over their own function and events in their environment, he also believes that self-efficacy is the foundation of human agency. Humans who believe they can do something, have the potential to change events in their environment, prefer to act, and are closer to success.

IV. CONCLUSION

Based on the results of the research and discussion described in the previous chapter, it can be concluded as follows: Overview of the information service module to improve the self-efficacy of inpatient hypertension patients on the self-efficacy variable on 4 functions; 1) Cognitive Functions, 2) Motivation Functions, 3) Affection Functions, and 4) Selective Functions after data processing with a score of 79, an average of 4.00 in the sufficiently needed category and Information Services get a score of 84 with an average of 4.19 in the required category; and Module books are suitable for use after they are valid and practical based on predetermined criteria. The results of the development of this module were considered very good by the validators with an average of 4.45 with a very good category. The results of the development of this module were stated to be practical and feasible to use to increase self-efficacy and add insight into information services for hypertensive patients in an effort to control hypertension. Evidenced by an average rating of 3.90 in the practical category by experts and stake holders.

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