

**THE IMPLEMENTATION OF ORAL HYGIENE FOR PATIENTS WITH
STROKE AT MOEWARDI HOSPITAL
SURAKARTA**



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**DESCRIPTION OF IMPLEMENTATION ORAL HYGIENE IN
STROKE PATIENTS IN HOSPITAL DR. MOEWARDI
SURAKARTA**

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SURAKARTA

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GAMBARAN PENATALAKSAAN ORAL HYGIENE PADA PENDERITA STROKE DI RSUD DR. MOEWARDI SURAKARTA

ABSTRAK

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Stroke adalah penyakit multifaktorial dengan berbagai penyebab disertai manifestasi klinis mayor, dan penyebab utama kecacatan dan kematian di negara-negara berkembang. Pada pasien stroke, kelemahan fisik, menjadi masalah utama keterbatasan untuk melakukan mobilisasi. Salah satunya pada gangguan menelan serta kelumpuhan pada wajah dapat meningkatkan jumlah bakteri pada mulut dari sisa-sisa makanan yang ada. Ketidakmampuan pasien stroke untuk memenuhi kebutuhan dirinya menjadi tanggung jawab perawat. Penelitian ini bertujuan untuk mengetahui gambaran penatalaksanaan oral hygiene oleh perawat pada penderita stroke di Rumah Sakit Umum dr. Moewardi. Penelitian ini merupakan penelitian deskriptif observatif dengan pendekatan kuantitatif. Sampel penelitian adalah 24 perawat di dengan teknik total populasi. Pengumpulan data menggunakan observasi yang dianalisis menggunakan uji deskriptif. Kesimpulan penelitian adalah (1) Karakteristik perawat di Bangsal Angrek 2 RSUD Dr. Moewardi Surakarta adalah perempuan, berpendidikan S1 Profesi Ners, dan memiliki lama kerja kurang dari 10 tahun dan (2) penatalaksanaan oral hygiene pada penderita stroke di RSUD Dr. Moewardi Surakarta sebagian besar adalah cukup, sedangkan penatalaksanaan yang kurang diperhatikan antara lain perawat tidak menanyakan kondisi mulut pasien setelah dibersihkan, mencuci tangan sebelum melaksanakan oral hygiene, tidak mengidentifikasi pasien dengan baik, kurang menjaga privasi pasien, kebersihan mulut bagian dalam kurang diperhatikan.

Kata kunci: pasien stroke, oral hygiene, penatalaksanaan, perawat

THE IMPLEMENTATION OF ORAL HYGIENE FOR PATIENTS WITH STROKE AT HOSPITAL MOEWARDI SURAKARTA

ABSTRACT

Stroke was a multifactor disease with a variety of causes with major clinical manifestations, and the leading cause of disability and death in developing countries. In stroke patients, physical weakness, a major problem limitations to mobilize. One

was in trouble with swallowing and paralysis of the face can increase the amount of bacteria in the mouth from the remnants of the food there. In hospital stroke patient's inability to meet the needs of himself into the nurse's responsibility. This study aims to describe the management of oral hygiene by nurses in stroke patients at the General Hospital Dr. Moewardi. This study was an observational descriptive research with quantitative approach. Samples were 24 nurses in the technique of the total population. Collecting data using observations were analyzed using descriptive test. Conclusion of the study was (1) the characteristics of nurses in Ward Orchid 2 Hospital Dr. Moewardi Surakarta is female, educated S1 Profession nurses , and has a long working less than 10 years and (2) management of oral hygiene in patients with stroke in Hospital Dr. Moewardi Surakarta was largely quite, while managing less attention among other nurses did not inquire the condition of the patient's mouth after cleaning, wash hands before carrying out oral hygiene, did not identify patients with a better, less maintaining the privacy of patients, oral hygiene part in less attention.

Keywords: stroke patients, oral hygiene, management, nurse

INTRODUCTION

Stroke was a multifactorial disease with a variety of causes with major clinical manifestations, and the leading cause of disability and death in developing countries. World Health Organization (WHO) defines stroke as a clinical sign of growing rapidly due to a brain disorder focal (or global) with symptoms lasting for 24 hours or more, and can cause death in the absence of other causes obvious addition to vascular (Junaidi, 2011). Stroke disease in the Netherlands ranks third as a cause DALY 's (Disability Adjusted Life Years = lost years of productive age) (Leoo, et.all., 2008).

Punik (2011) quotes from the WHO (World Health Organization) estimates that by 2025, 5.7 million stroke survivors experience death worldwide, equivalent to 9.9 % of all deaths. Further explained that more than 85 % of these deaths occur in people who live in low-income countries, middle and third of the population aged less than 70 years.

Based on existing data stroke cases in Central Java province in 2006 amounted to 12.41 per 1,000 population, consisting of hemorrhagic stroke by 3.05 per 1,000 residents and non- hemorrhagic stroke of 9.36 per 1,000 population, increased compared to the year 2005 where cases of hemorrhagic stroke by 2.68 per 1,000 residents and non- hemorrhagic stroke cases amounting to 5.58 per 1,000 population. (Department of Health, 2006). Data of stroke patients in hospitals dr. Moewardi increasing from year to year. In 2012 the number of stroke patients in hospitals dr.

Moewardi many as 276 patients and increased to 467 patients in 2013, whereas in 2014 fell to 387 patients (Dr. Moewardi Hospital Medical Record, 2015).

In stroke patients, physical weakness, a major problem limitations to mobilize. One was in trouble with swallowing and paralysis of the face can increase the amount of bacteria in the mouth from the remnants of the food. Especially in patients with disorders of consciousness can cause a decrease in physical immobility, impaired swallowing food through the mouth so that it can become a cause of inflammation of the mucous membranes in the mouth or infection of the oral cavity (Junaidi, 2011).

Mary (2009) suggested that oral hygiene was an important measure for stroke patients. Where his mouth was about 450 species of microorganisms which 5 % were associated with damage to the mouth and teeth were plaque, dental caries, irritation of the skin of the mouth and gums, gingivitis, swelling and bleeding of the gums. Further explained that dental caries and periodontal disease were the leading cause of chronic infection, it was caused by bacteria found in the mouth may pass periodonsium wall and enter the bloodstream.

The inability to meet the needs of stroke patients himself into the nurse's responsibility. Oral hygiene was one of the nursing actions necessary so that the condition of the oral cavity was kept clean and fresh, so avoid infection. Oral hygiene was one of the necessary actions to keep the mouth to avoid infection, cleanse and refresh the mouth. So that in stroke patients that meet the needs of self-care deficit was met (Punik, 2011).

Researchers at the initial observation in room Anggrek 2 dr. Moewardi Hospital some of the patients, stroke patients get some patients with mouth unfavorable conditions, such as stomatitis, mouth odor, there was mucus, and chapped lips. With the discovery of the oral condition of stroke patients who were less well that led to researchers interested in conducting research on " Overview management of oral hygiene in patients with stroke in dr. Moewardi "

The purpose of this study was to describe the management of oral hygiene by nurses in stroke patients at the General Hospital dr. Moewardi.

The Research Methods

The study design was observational descriptive with quantitative approach, which was intended to describe the state of oral hygiene and the nurse's role in the implementation of oral hygiene in stroke patients in the hospital. The study population was all nurses in room anggrek 2 at the General Hospital of Surakarta Moewardi many as 24 nurses who will all be used as research samples with total

sampling technique. The data collection technique using a checklist. Data analysis techniques using univariate analysis, namely using tables.

The Result of Research

Univariate Analysis

Description Management of Oral Hygiene by Nurses in Stroke Patients in dr. Moewardi

Table 1. Overview Management of Oral Hygiene by Nurses in Stroke Patients in dr. Moewardi

No	Management of Oral Hygiene	Frequensi	Persentase (%)
1	Less	4	17
2	Quite	12	58
3	More	6	25
	Total	24	100

Results of univariate analysis overview Oral Hygiene management by nurses in patients with stroke in Ward Orchid 2 dr. Moewardi shows most were quite much as 12 respondents (58 %), followed either by 6 respondents (25 %), and less by 4 respondents (17 %).

Overview management of oral hygiene on their respective actions at the preparation stage shows nearly 100% of preparatory actions undertaken by the respondent. Furthermore, during the implementation phase, there were several actions that have high levels of neglected high include not ask patients about oral hygiene of patients, where there were 12 nurses (50%) did not do it, do wash your hands before performing oral hygiene as many as 10 nurses (42%) often do not do, identification of patients, where there were 10 nurses (42%) did not identify the patient, the nurse simply reads the patient data, but do not ask about the truth of that data with the patient's personal, issuing oral secretions, if there was a secret which 8 nurses (33%) not done, maintaining patient privacy, where there were seven nurses (29%) do not do it right, the nurse just closed the curtains but did not check whether it has actually been closed properly, teeth cleaning the inside out, and then clean the tongue with a sterile gauze moistened, where there were seven nurses (29%) who did not, and the behavior of the nurses in the management of oral hygiene to stroke patients in terms of the characteristics of respondents were shown in table 2 below.

Table 2. Overview Management of Oral Hygiene by Nurse Characteristics in Patients with Stroke in dr. Moewardi

No	Characteristic	Management of Oral Hygiene						Total	
		Less		Quite		More		Freq	%
		Freq	%	Freq	%	Freq	%		
1	Gender								
	a. Male	1	20	3	60	1	20	5	100
	b. Female	3	16	11	58	5	26	19	100
2	Education								
	a. D3 Nursing	1	14	4	57	2	29	7	100
	b. S1 Nursing	2	29	3	43	2	29	7	100
	c. S1 Nursing Professional	1	10	7	70	2	20	10	100
3	Length of working								
	a. < 5 years	3	75	6	42	4	67	13	100
	b. 6 – 10 years	1	25	3	21	0	0	4	100
	c. 11 – 15 years	0	0	1	7	1	17	2	100
	d. 16 – 20 years	0	0	3	21	0	0	3	100
	c. up to 20 years	0	0	1	7	1	17	2	100

Distributed management of oral hygiene in stroke patients in terms of gender shows gender male, mostly oral hygiene carry quite as much as three respondents (60 %). While the majority of women were also quite as many as 11 respondents (58 %)

Distributed management of oral hygiene in stroke patients in terms of educational shows on the educational level of nursing D3 mostly oral hygiene in the category quite as many as four respondents (57 %). At the level of nursing education S1 mostly quite as many as three respondents (43 %), subsequent to the education level S1 Profession nurses also largely quite as much as seven respondents (70 %).

Distributed management of oral hygiene in stroke patients in terms of length of employment shows the working time of less than 10 years of mostly oral hygiene carry quite as much as 6 respondents (46 %). At respondents with terms of 10-19 years also largely quite as many as seven respondents (78 %). Whereas in the old respondents 20 years or older work consisting of two respondents indicated the respondents (50 %) was quite and one of the respondents (50 %) either.

Discussion

Characteristics of Respondents

Characteristics of respondents showed that most of the respondents were women as much as 19 respondents (79 %). The gender of the respondents in this study were more women than men, it was in accordance with the early history of the nursing profession which starts from Florence Nightingale who initially as work based love of

a mother or a woman. This situation allows women a better performance than men (Ade, 2009).

Characteristics of respondents' education level mostly educated S1 Profession nurses (42 %). Notodmodjo (2008) states that people who have higher education will have a higher knowledge, when compared with those who had low education and through education one can improve intellectual maturity so that they can make decisions in the act.

Characteristics of respondents indicated that the respondents' education level was good. Education which has been pursued by nurses provide knowledge not only directly with the implementation of the task, but also a foundation to develop themselves as well as the ability to use all the means that were around us to smooth the task. Highly educated nursing staff motivations would be better because it already has the knowledge and insight that was broader than the less educated nurses.

Characteristics of respondents by length of employment mostly less than 10 years (54 %). The tenure of the old nurse worked a nurse working in the hospital since early works up to a nurse stopped working. The tenure of the nurse with regard to his experience. Nurses who have long worked would have had a variety of experiences related to their respective fields (Ismani, 2007).

Some research suggests that nurses working period related to the ability of nurses in performing their duties. Research Fisella (2013) examined the relationship characteristics of the individual nurse's performance. The study concluded that there was a long relationship working with nurse performance where the longer nurses, the better its performance.

Management of Oral Hygiene by Nurses in Stroke Patients in dr. Moewardi

Management overview Oral Hygiene by Nurses in Stroke Patients in room Anggrek 2 dr. Moewardi shows most were quite much as 12 respondents (58 %), followed either by 6 respondents (25 %), and less by 4 respondents (17 %). The picture shows that most respondents have not implemented the patients with good oral hygiene. It is, as concluded in the study Raghunathan, Freeman, & Bhowmick (2009) who argued that the state of oral health in post-stroke patients mostly unfavorable, one of the causes of this condition was the knowledge of the maintenance procedures of oral hygiene nurses in the UK the majority were low.

Another study conducted Hollar, et.al (2015) about the knowledge and skills of nurses in the care of oral hygiene of patients with nerve problems in the Netherlands indicate that the level of knowledge about oral hygiene in patients was still lacking, and some nurses have problems when demonstrating oral hygiene care of patients

with neurological problems. The study also concluded that the provision of education and training was not able to increase the knowledge and skills of nurses, but significantly change the perception of nurses about the importance of competence of nurses.

Further description of management oral hygiene on each action demonstrated at the preparation stage nearly 100% of preparatory actions carried out by nurses, while at the implementation stage, there were several actions that have high levels of neglected highest include (1) the nurses do not ask patients about oral hygiene of the patient, where there were 12 nurses (50%) did not do so, (2) the nurse not to wash hands prior to oral hygiene as many as 10 nurses (42%) often do not do so, (3) nurses did not identify patients with the right, where there were 10 nurses (42%) did not identify the patient, the nurse simply reads the patient data, but do not ask about the truth of these data with a private patient, (4) the nurse did not issue oral secretions, if there was a secret which 8 nurses (33%) do not do, (5) nurses less to maintain the privacy of patients, where there were seven nurses (29%) do not do it right, the nurse just closed the curtains but did not check whether it has actually been closed properly, (6) nurses do not clean teeth inside out, then clean the tongue with sterile gauze moistened, where there were seven nurses (29%) who do not.

Management of poor oral hygiene was mostly done on actions that pose a risk to the occurrence of the disease in the mouth, for example, do not throw in the secret contained in the oral cavity and do not clean teeth inside. It is, as stated by Carranza (2014) that preceded the tooth supporting tissue disease of the poor quality of dental and oral hygiene can cause gingivitis was confined to marginal gingiva or gingivitis. This process continues into the tissues supporting the teeth underneath into marginal periodontitis. If chronic periodontal would undermine the entire network becomes chronic destructive periodontitis.

Management of oral hygiene performed by respondents were also less attentive to privacy aspects of the patient, where there were seven respondents who do not maintain patient privacy. This condition as produced in a study conducted by Novayanti (2011) who examined the patient's expectations in satisfaction of nurses caring behavior in Deli Serdang Hospital Lubukpakam. This study shows some of the factors that decrease the level of patient satisfaction one was nurses were less able to maintain patient privacy.

Nurses also pay less attention to the behavior of washing hands before performing the action. Wash hands during the implementation of nursing were the most effective way to prevent nosocomial infections in the hospital environment. Health workers who were most vulnerable to the spread of infection was a nurse for

over 24 hours with the patient. But in actual fact, most nurses have hand washing unfavorable. It was concluded in the study Fauzia (2014) which concluded that the compliance of nurses in action hand washing was 36 % of SPO happened at the hospital.

Other behaviors nurses lack of attention to the patient's identity, it was a behavior that was good for security services at the hospital one of which was to examine the accuracy of patient identification. One of the obstacles encountered in stroke patients who suffered paralysis in which one cannot speak clearly, nurses often only see the name of the patient and ask the patient about the identity of the patient. It is, as concluded in the study Anggraini (2014) who argued that one of the actions that were often neglected by the nurses was not to verify the identity of patient to patient.

Furthermore, the behavior of the nurses in the management of oral hygiene for patients with stroke in the characteristics of respondents indicated that the management of oral hygiene in patients with stroke for male nurses mostly carry out oral hygiene quite much three respondents (60%), while the majority of women were also quite much as 11 respondents (58%).

Although some theories say that women are more sensitive and perseverance in carrying out nursing duties, but in this study there was no significant difference in the management of oral hygiene in terms of gender differences. It is, as concluded in the study Diwa (2008), which concluded there was no correlation with the behavior of nurses and gender in meeting patients' rights.

Distributed management of oral hygiene in stroke patients in terms of education shows the level of nursing education level D3 mostly oral hygiene in the category quite as many as four respondents (57 %). At the level of nursing education S1 mostly quite as many as three respondents (43 %), subsequent to the education level S1 Profession nurses also largely quite as much as seven respondents (70 %). It shows there was a tendency of the higher education of nurses, the management of oral hygiene was doing better.

Notodmodjo (2008), states that people who have higher education will have a higher knowledge, when compared with those who had low education and through education one can improve intellectual maturity so that they can make decisions in the act.

Relationship management level nurse education with oral hygiene, as concluded in the study nurse Fisella (2013) where the results which showed a significant relationship between education and nurse's performance.

Distributed management of oral hygiene in stroke patients in terms of length of employment shows the working time of less than 10 years of mostly oral hygiene

carry quite as much as 6 respondents (46 %). At respondents with terms of 10-19 years also largely quite as many as seven respondents (78 %). Whereas in the old respondents 20 years or older work consisting of two respondents indicated the respondents (50 %) was quite and one of the respondents (50 %) either. Based on the distribution shows there was a tendency the longer nurses, the management of oral hygiene the better. Nursalam (2009) stated that more and more nurses working lives, the more experience the nurses in providing nursing care in accordance with the standards or procedures remain in force.

Reality shows the longer the labor work, the more experience of the workforce concerned. Instead, the brief tenure, the less the experience gained. Experience working a lot to provide expertise and work skills. Conversely, limited work experience resulted in a level of expertise and skills possessed lower. Experience of working was the main asset for someone to go into a particular field. Results of research and Purbadi Sofia (2006) showed that based on the old works, nurses with tenure of more than 10 years had a better performance than nurses who have a working period of less than 10 years.

Closing Conclusion

1. Characteristics of nurses in Room Anggrek 2 Hospital Dr. Moewardi Surakarta were women, educated S1 Profession nurses and has a longer working less than 10 years.
2. Management of oral hygiene in patients with stroke in Hospital Dr. Moewardi Surakarta most were quity. While the actions of the most widely ignored by nurses in the implementation of oral hygiene include: (1) the nurses do not ask patients about oral hygiene of patients there were 12 nurses did not do so, (2) the nurse not to wash hands prior to oral hygiene as many as 10 nurses, (3) nurses did not identify patients with true where there are 10 nurses did not identify the patient, the nurse simply read the patient data, but do not ask about the truth of these data with a private patient, (4) the nurse did not issue oral secretions, if there is a secret which 8 nurses do not do, (5) nurses less maintain patient privacy where seven nurses did not do it right, the nurse just closed the curtains but did not check whether it actually has been closed properly, (6) nurses do not clean teeth inside out, then clean the tongue with sterile gauze moistened, where there are seven nurses who do not.

Suggestion

1. For Hospital Management

Implementation oral hygiene in stroke patients has done fairly well . Some things that cause a decrease in the actual implementation of oral hygiene are less meticulous detail nurses in carrying out the management of oral hygiene. Steps that can be applied to enhance the implementation of oral hygiene in patients with increased surveillance is the head nurse to nurse.

2. For Nursing Education

The results of the study can be input and reference for nursing knowledge, especially on the management of oral hygiene in stroke patients and can be a reference for similar studies in the future.

3. For Further Research

Researchers can further improve the results of studies to show what factors related to management of oral hygiene in stroke patients, in terms of both nurses and in terms of the patient. Researchers further should also increase the number of research samples, so that research results more accurate.

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