

# **PROCEEDING INTERNATIONAL CONFERENCE OF NURSING, HEALTH AND EDUCATION (ICNHE)**

## **PREPARE FOR UPGRADING SKILL FOR GLOBAL NEEDS**

PHENOMENOLOGY STUDY: FAMILY EXPERIENCE IN MANAGING  
MENTAL DISORDERS IN PANTI DISTRICT

ANXIETY OF ACUTE CORONARY SYNDROME PATIENTS IN REGIONAL  
PUBLIC HOSPITAL OF DR.T.C.HILLERSMAUMERE

MANAGER'S STRATEGY IN IMPROVING THE QUALITY OF NURSING  
DOCUMENTATION

EARLY DETECTION OF PRESSURE SORES AND HEALTH EDUCATION IN  
PREVENTING THE OCCURRENCE OF PRESSURE SORES

FAMILY SOSIAL SUPPORT AND ANXIETY LEVEL OF HOSPITALIZATION  
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THE CONDITION OF THE BABY IN EXCLUSIVE BREASTFEEDING FOR  
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MOTIVATION RELATED TO COMPLIANCE MANAGEMENT OF NON  
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MEDAN

INCIDENCE OF INSOMNIA IN THE ELDERLY AT WREDHA NURSING  
HOME

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## FOREWORD

Thanks to God Almighty for his abundance of grace so that the Proceedings Of Update Comprehensive Nursing Care For Diabetes Mellitus Patients With A Multidisciplinary Approach can be solved well. This Proceeding is a collection of research results that are expected to contribute in improving health status in the community. Research results can be a point of reference for developing other research for the welfare of Indonesian society. This Proceeding contains research papers and is created with the aim of providing knowledge to the general public regarding the latest research and scientific developments so that it is expected to increase knowledge, communication and further motivation for the filing of Intellectual Property Rights.

We would like to thank **Mrs. Selvia David Richard, S.Kep., Ns., M.Kep as Chief of STIKES RS. Baptis Kediri, Libest Asia Consultans, Social Welfare Corporation Prefectual Welfare Society, Asia Kyoei Jigyou Kyodokumiai, Kumiai/AO Japan, Seiyukai Foundation, Rakurakuen Foundation and Southeast Asia Ministers of Education Organization Regional Open Learning Center (SEAMEO SEAMOLEC)** in publishing the proceedings that we have held. We realize that this Proceeding certainly does not escape the deficiencies, for that all suggestions and criticism we expect for the improvement of proceedings in the next issue. Finally we would like to thank all those who have assisted in this activity, and we hope that this proceeding can be useful for researchers, academics and the development of science.

Kediri, 29<sup>th</sup> November 2019  
Committe

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# MOTIVATION RELATED TO COMPLIANCE MANAGEMENT OF NON PHARMACOLOGICAL THERAPY TYPE II DIABETES MELITUS

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## Abstract

*Diabetes mellitus is a chronic disease that requires treatment for a long time, motivation and compliance are needed in the management of non-pharmacological therapies in patients with type II diabetes mellitus so that the quality of life is better. The purpose of this study was to determine the relationship of motivation and compliance with the management of non-pharmacological therapies in patients with type II diabetes mellitus. The study design was correlational, the population is type II diabetes mellitus in Outpatient Installation, a number of 96 respondents, data was collected by using purposive sampling, the dependent variable was motivation, and the independent variable was compliance, data was collected using questionnaires, the statistical test used was "spearman's Rho" with significance level  $\alpha \leq 0.05$ . The results showed that most respondents had good motivation, 71 respondents (73.9%) more than 50% showed obedience, 66 respondents (68.8%), and statistical test results showed the results of  $p = 0.00$  and  $\alpha = 0.522$ , which means there is a relationship between motivation and compliance. The conclusion of the study is that there is a relationship between motivation and compliance with the management of non-pharmacological therapies in patients with type II diabetes mellitus in an outpatient installation Kediri Baptist Hospital.*

**Keywords:** Management of non-pharmacological therapy of type II diabetes mellitus, Motivation, Compliance

## Introduction.

Diabetes mellitus is a chronic disease that requires care and treatment for a long time. Management of Diabetes mellitus consists of four pillars, the first is non-pharmacological therapy which includes lifestyle changes with medical nutrition therapy, the second is sports, the third is pharmacological intervention (Anti-Diabetes Medication) and the fourth is the pillar of education (Aini, 2016). Type II diabetes mellitus (DM) is a degenerative disease which is expected to continue to increase in prevalence, the number is expected to continue to increase as a consequence of longer life expectancy, relaxed lifestyles and dietary changes (Soegondo, 2013). Type II Diabetes Mellitus Patients in Outpatient Installation

Hospital. Baptist Kediri ranks third and the patient has a tendency to only consume drugs and avoid sweet foods, but management according to the principle of Diabetes Mellitus is not carried out properly, patients evaluated as not compliant with therapy are patients with complications, even though they have received education from the Educator Team Diabetes Mellitus in RS. Baptis Kediri is incorporated in PPDT (*Pusat Pelayanan Diabetes Terpadu* / Integrated Diabetes Service Center) which consists of doctors, nurses, and nutritionists, whose task is to provide information about the management of Diabetes Mellitus in patients who are first diagnosed with Diabetes Mellitus. According to Niven said that the level of medication adherence in general is influenced by several factors

such as: education, knowledge, attitudes, motivation and patient perceptions about the severity of the disease. (Tombokan, 2015). The success of the process of controlling diabetes mellitus is influenced by high adherence, and from the report of a study conducted by Tombokan, (2015). Motivation is something that encourages, or encourages someone to behave to achieve certain goals, motivated behavior is motivated by the existence of needs, these needs are directed at the achievement of certain goals (Prasetia, 2013).

Data from the Baptist Hospital in Kediri shows that Type II Diabetes Mellitus sufferers in the Outpatient Installation of the Hospital. Baptis Kediri ranks third with 32%. The results of pre-research that have been carried out in the Wijayakusuma Inpatient Hospital in Kediri Baptist Hospital for 10 respondents found that compliance in the management of DM was 10% compliant, 40% less compliant and 50% were not compliant with non-pharmacological therapy.

Diabetes mellitus is a chronic disease that requires regular management in a long time, although the management of diabetes mellitus is very important but does not guarantee that people with diabetes have high motivation to carry it out, so good motivation is needed so that patients have compliance in the management of non-pharmacological therapy In Type II Diabetes Mellitus Patients, so that the health quality of Diabetes Mellitus patients can be optimal (Tombokan, 2015). Motivation is influenced by several factors, namely the needs, expectations and interests of a recommendation, in addition to the encouragement of family, environment and rewards can also be a factor that influences motivation (Prasetia, 2013). If people with Diabetes Mellitus do not have the motivation to be obedient, this can lead to failure in treatment that results in deterioration of health. Non-adherence in the management of diabetes mellitus management, can have complications such as: the eyes (Diabetic Retinopathy), kidney Diabetic Nephropathy), nerves (Diabetic Neuropathy), complications of large blood

vessels (Macrovascular) and heart disease (Maghfuri, 2013).

Obedient behavior is very necessary to be able to achieve the results of the management of Diabetes Mellitus. Management of Diabetes mellitus consists of the first four pillars of non-pharmacological therapy which includes lifestyle changes with medical nutrition therapy, the second is exercise, the third is pharmacological intervention (Anti-Diabetes drugs) and the fourth is the pillar of education (Aini, 2016). With the adherence to the management of non-pharmacological therapies, it is expected to prevent an increase in blood sugar levels and reduce the occurrence of complications that affect the health quality of patients with Diabetes Mellitus. Based on these problems researchers are interested in conducting research with the title "the relationship of motivation with compliance with the management of non-pharmacological therapies in Type II Diabetes Mellitus patients in Outpatient Installation Kediri Baptist Hospital.

## Research Methods

This research design is a correlational study that will use a cross sectional approach. Data collection was carried out from December 25 to January 25, 2018 at the Outpatient Hospital of Kediri Baptist Hospital. study population that is all patients with type II Diabetes Mellitus in Outpatient Installation that meets the inclusion criteria. The sampling used in this study was purposive sampling with a sample size of 96 respondents, the independent variable of this study was motivation, while the dependent variable was compliance. Researchers used general data questionnaire instruments in this study consisting of gender, age, occupation, religion, length of illness, level of education and data of families living with patients, specific data consisted of 12 questions for the motivation questionnaire and 12 questions for the compliance questionnaire. To find out a significant relationship between motivation and compliance with the management of non-

pharmacological therapy in patients with type II diabetes mellitus, a "Spearman's Rho" statistical test was performed with a significance level of  $\alpha \leq 0.05$  where if  $p \leq \alpha$  which means  $H_0$  was rejected and  $H_1$

was accepted, thus showing the level of correlation between motivation and compliance.

## Research Result

**Table 1** Motivation for the management of non-pharmacological therapies in Type II Diabetes Mellitus Patients in Outpatient Installation of Kediri Baptist Hospital on 25 December 2017 - 25 January 2018 (N = 96)

Motivation for the Management of Non-Pharmacological Therapies in Type II Diabetes Mellitus Patients	Frequency	%
Good Motivation	71	73.9
Enough Motivation	25	26.1
Less Motivation	0	0
<b>Total</b>	<b>96</b>	<b>100</b>

Based on table 1, the results show that the motivation for the management of non-pharmacological therapies in Type II Diabetes Mellitus Patients in Outpatient

Installation at Kediri Baptist Hospital, most of them have good categories of motivation, namely 71 respondents (73.9%).

**Table 2** Frequency of Motivation in the management of non-pharmacological therapy in Type II Diabetes Mellitus Patients in Outpatient Installation of Baptist Hospital in Kediri on 25 December 2017 - 25 January 2018 (N = 96)

Indicator	Motivation						Total	%
	Good		Enough		Less			
	Σ	%	Σ	%	Σ	%		
Education	45	46.9	51	53.1	0	0	96	100
Nutrition	55	57.3	41	42.7	0	0	96	100
Physical exercise	52	54.2	42	43.8	2	2.1	96	100

Table 2 Motivation indicators on the Nutrition pillar are 55 respondents (57.3%) and there is lack of motivation

in the sports pillar with 2 respondents (2.1%).

**Table 3** Compliance with the management of non-pharmacological therapies in Type II Diabetes Mellitus patients in the Outpatient Installation of Baptist Hospital in Kediri on 25 December 2017 - 25 January 2018 (N = 96)

Management of Non Pharmacological Therapy in Patients with Type II Diabetes Mellitus	Frequency	%
Obedient	66	68.8
Less obedient	30	31.2
Not obedient	0	0
<b>Total</b>	<b>96</b>	<b>100</b>

Based on table 3, the results show that adherence to the management of the

four pillars of Diabetes Mellitus patients in the Outpatient Installation of Baptist



Hospital in Kediri mostly has compliance respondents (68.8%).  
with the adherent category of 66

**Table 4** Frequency of Compliance with the Management of Non-Pharmacological Therapy in Type II Diabetes Mellitus Patients in Outpatient Installation of Baptist Hospital in Kediri, 25 December 2017 - 25 January 2018 (N = 96)

Indicator	Obedience						Total	%
	Obedient		Less obedient		Not obedient			
	Σ	%	Σ	%	Σ	%		
Education	59	61.5%	36	37.5%	1	1%	96	100%
Nutrition	69	71.9%	27	28.1%	0	0	96	100%
Physical exercise	49	51%	47	49%	0	0	96	100%

Table 4 shows that adherence of respondents (71.9%), and 1 respondent more than 50% management of (1%) was not compliant with education adherence to non-pharmacological management. therapy of Nutrition was 69

**Table 5.** The Relationship between Motivation and Compliance in the Management of Non-Pharmacological Therapies in Type II Diabetes Mellitus Patients in Outpatient Installation of Baptist Hospital in Kediri on 25 December 2017 - 25 January 2018 (N = 96)

Motivation for the Management of Non-Pharmacological Therapies in Type II Diabetes Mellitus Patients	Obedience						Total	
	Management of Non Pharmacological Therapy in Patients with Type II Diabetes Mellitus							
	Obedient		Less obedient		Not obedient			
	F	%	F	%	F	%	F	%
Good Motivation	59	83.1	12	16.9%	0	0%	71	100%
Enough Motivation	7	28.0	18	72.0%	0	0%	25	100%
Less Motivation	0	0	0	0%	0	0%	0	0%
	66	68.8%	30	31.2%	0	0%	96	100%

**Table 6.** Statistical Test Results of the Relationship of Motivation and Compliance in the Management of Non-Pharmacological Therapies in Type II Diabetes Mellitus Patients in the Outpatient Installation of Baptist Hospital in Kediri on 25 December 2017 - 25 January 2018 (N = 96).

			Motivation for Non Pharmacological Therapy Type II DM		Adherence to Non Pharmacological Therapy Type II DM	
Spearman's rho	Motivation for Non Pharmacological Therapy Type II DM	Correlation Coefficient	1.000		0.522	
		Sig. (2-tailed)	.		.000	
		N	96		96	
	Adherence to Non Pharmacological Therapy Type II DM	Correlation Coefficient	0.522		1.000	
		Sig. (2-tailed)	.000		.	
		N	96		96	

Based on table 5 it can be seen that the majority of respondents have good motivation and are compliant with the management of non-pharmacological therapies in Type II Diabetes Mellitus patients with 59 respondents (83.1%). This shows that good motivation affects the compliance of non-pharmacological therapies in Type II Diabetes Mellitus patients in Outpatient Installation at Kediri Baptist Hospital. From table 6 shows the results of the statistical test "Spearman's Rho" with a significance level  $\alpha \leq 0.05$  where  $p \leq \alpha$  which means  $H_0$  is rejected and  $H_1$  is accepted, thus showing the level of correlation between motivation and compliance management of non-pharmacological therapy in patients with Type II Diabetes Mellitus

## **Discussion.**

### **Motivation for the management of non-pharmacological therapy in Type II Diabetes Mellitus patients in the Outpatient Installation of Kediri Baptist Hospital**

The results of the study of the relationship between motivation and adherence to the management of non-pharmacological therapies in Type II Diabetes Mellitus patients in the Outpatient Hospital. Baptist, it was found that the majority of respondents had good motivation ie 71 respondents (73.9%) and respondents with sufficient motivation were 25 respondents (26.1%). Although the majority of patients have good motivation towards the management of non-pharmacological therapy Type II Diabetes mellitus, of the 96 respondents in the management of educational non-pharmacological therapy a number of 51 respondents (53.1%) showed sufficient motivation and in the management of sports non-pharmacological therapy there was still motivation less than 2 respondents (2.1%). Most respondents have good motivation towards the management of non-pharmacological therapy Nutrition as many as 55 respondents (57.3%) Motivation is something that encourages, or encourages someone to behave to achieve certain goals, motivated behavior is motivated by the existence of needs, these needs are directed at the achievement of certain goals (Prasetya,

2013). Based on the theory of expectations (Expectancy Theory) is that people will be motivated if there are expectations for certain results, these expectations have a positive value for those concerned, and the results are obtained through certain efforts. Every individual believes that he behaves certain because there is an expectation that the outcome is a key opinion or subjective assessment of someone on the possibility of the results of the behavior or activities carried out, each result has a certain attraction for someone called valence (valence), the attractiveness is a value that Subjective, each outcome is related to perceptions about how much effort to achieve these results, this is called effort expectancy (Saam, 2013).

Determinants or determinants of human behavior are difficult to limit because behavior is the result of various factors. In reality it is difficult to distinguish in determining behavior because it is influenced by other factors, including factors of experience, beliefs, physical facilities, sociocultural society, and so on so that the process of formation of knowledge and behavior can be understood as suggested according to Green Lawrence's theory (1980). (Notoatmodjo, 2007) Researcher's analysis that good motivation towards the management of non-pharmacological therapies in patients with Type II Diabetes Mellitus is influenced by a belief and desire for improving the quality of health, so that patients are motivated to follow the advice and advice given by medical personnel. The results of research on patient motivation showed that respondents with good motivation were 71 of the most dominant respondents having a high school education level, which was 28 respondents (80%). Motivation is a form of behavior that is influenced by several factors, according to Lawrence Green (1980) one of the factors that influence behavior change is a predisposing factor, which is manifested in knowledge, attitudes, beliefs, beliefs, values, etc. (Nursalam, 2013). From the results obtained by researchers assume that good motivation because respondents with a high school level of education have a better level of knowledge compared to the level of education below. The higher the level of education, the patient will

be easier and able to access information and knowledge about the disease he is suffering from.

Patients with 6-10 years of illness have good motivation as many as 43 respondents (76.8%) and sufficient motivation as many as 13 respondents (23.2%). The long pain suffered by the patient makes the patient have personal experience in dealing with his illness. Based on a questionnaire about the motivation of researchers to see that questions about exercise, from 96 respondents, 18 respondents stated that they did not agree that exercise can control blood sugar and improve health quality. Exercise in addition to maintaining fitness can also reduce weight and improve insulin sensitivity, so that it will improve control blood glucose. The recommended physical exercise in the form of aerobic physical exercises such as walking, casual biking, jogging, and swimming. Physical exercise should be adjusted to age and physical fitness status. The principle of exercise in patients with diabetes mellitus is CRIFE, which is continuous, rhythmical, interval, progressive and endurance (Ernawati, 2013). Researchers' analysis that the lack of motivation towards implementing non-pharmacological therapy in education and sports can be caused due to lack of understanding of the educational goals and management of sports for patients with diabetes mellitus. One of the activities of maintaining fitness to also be able to lose weight and improve insulin sensitivity, so it will improve.

#### **Compliance with the management of non-pharmacological therapies in Type II Diabetes Mellitus patients in the Outpatient Installation of Baptist Hospital in Kediri**

The results of research on compliance management of non-pharmacological therapy in patients with type II diabetes mellitus at Outpatient Installation of Baptist Hospital in Kediri, found that the majority of respondents had good compliance with 66 respondents (68.8%) and respondents with less compliance were 30 respondents (31.2%).

More than 50% Obedient management of non pharmacological therapy Nutrition number 69 respondents (71.9%), and less than

50% Poor adherence to Sports therapy totaling 47 respondents (49%) and get 1 respondent (1%) who are not compliant with management education.

In the aspect of health it is intended that individuals are willing to carry out treatment with the support of family or relatives determined by the authority or policy of health workers such as doctors, nutritionists and medical experts as well as the willingness of these individuals to undergo treatment. Self-awareness, understanding, and personality become important components in the formation of adherence to certain treatment systems. (Niven, 2002). Based on the above research results prove that patient compliance in carrying out non-pharmacological therapy in patients with Type II Diabetes Mellitus is influenced by the awareness of patients with diabetes mellitus about management goals recommended by health workers such as doctors, nutritionists and medical experts as well as the patient's willingness to do therapy non-pharmacological in the hope that the individual is willing to take medication with the support of family or relatives to avoid further complications due to the patient's compliance with non-pharmacological therapy Type II Diabetes Mellitus. The results showed that respondents with illness of 6-10 years turned out to have compliant categories of 40 respondents (71.4%) and less compliant categories of 16 respondents (28.6%).

Habits, long life patterns, and complex medications also affect the level of patient compliance. It was explained that the average level of adherence to take medication to cure acute pain with short-term treatment was around 78%, while for chronic pain with long-term treatment such as Diabetes Mellitus decreased to 54%. (Niven, 2002). This is due to suggested lifestyle changes such as stopping smoking and changing one's diet, in general this is very varied and sometimes very low for sufferers to do. But sometimes individual characteristics such as age, education and personality can influence changes in lifestyle and adherence to individuals.

The results also showed that of the 96 respondents examined, respondents with a

high school level of education had an obedient category of 27 respondents (77.1%) and a less compliant category of 8 respondents (22.9%). Individual characteristics such as age, education and personality can influence changes in lifestyle and adherence to individuals. (Niven, 2002) With a fairly high level of education allows patients to have an understanding of instruction and have a better quality of interaction associated with the disease they suffer. Patients' perceptions and expectations of their illnesses affect patient compliance in undergoing treatment. According to Lawrence Green (1980) changes in a person's behavior can be influenced by several factors, one of which is a predisposing factor, which is manifested in knowledge, attitudes, beliefs, beliefs, values, etc. (Nursalam, 2013). From the results of the above studies prove that patients with higher levels of education will tend to be easier to receive education provided by health workers so that they are more obedient in managing non-pharmacological management which includes lifestyle changes with medical nutrition therapy, sports, and education. it is recommended from Health workers

### **The Relationship between Motivation and Compliance in Management of Non-Pharmacological Therapy in Type II Diabetes Mellitus Patients in Outpatient Installation at Baptist Hospital in Kediri.**

After doing the statistical test "Spearman's Rho" based on the level of significance set  $\alpha \leq 0.05$ , get  $p = 0.000$ , where  $p \leq \alpha$  which means  $H_0$  is rejected and  $H_1$  is accepted, thus showing the level of correlation between motivation and compliance. The results of research conducted showed that of the 71 respondents most of whom were well motivated and obedient to the management of Non Pharmacological Therapies in Type II Diabetes Mellitus Patients were 59 respondents (83.1%), and of the 25 respondents most of whom had sufficient motivation and were not compliant with the Management of Non Therapy Pharmacologists in Type II Diabetes Mellitus Patients were 18 respondents (72.0%).

This shows that there is a relationship between motivation and compliance.

The low level of treatment adherence is influenced by several factors, including the characteristics of treatment and disease, intrapersonal factors, interpersonal factors and environmental factors, the success of the process of controlling diabetes mellitus is influenced by high adherence, and from a study report by Tombokan (2015), states that there is a significant relationship between motivation and compliance with treatment for patients with diabetes mellitus. Motivation can be described as an activity that places a person or a group that has specific and personal needs, to complete their tasks in the following demands, strengths and encouragement and needs (sustainable, 2014).

Individual characteristics include age, education, personality, morbidity and treatment characteristics. These individual characteristics affect the compliance of sufferers of chronic diseases such as Diabetes Mellitus, because obedience behavior is generally lower for chronic diseases, because sufferers cannot directly feel the consequences of the illness. There are several factors that influence behavior change, namely predisposing factors, which are manifested in knowledge, attitudes, beliefs, beliefs, values, and so on. Enabling factors, which are manifested in the physical environment, are available or not available health facilities or facilities. And the reinforcing factors (manifesting factors) manifested in the attitudes and behavior of health workers or other officers, which are a reference group of the person's behavior concerned. (Nursalam, 2013).

According to the analysis of researchers good motivation in patients with diabetes mellitus in undergoing treatment, because their awareness of the meaning and benefits of Non-Pharmacological Therapy Management in Type II Diabetes Mellitus Patients, factors in a person in the form of personality, attitudes, experience, education and various expectations are encouragement that can improve changes in compliance behavior of patients with diabetes mellitus in carrying out any recommendations given related to the condition of the disease. Respondents with good motivation were able to comply with the management of non-pharmacological therapies in patients with Type II diabetes

mellitus showed that good motivation has a relationship with respondents' compliance with the management of non-pharmacological therapies in patients with type II diabetes mellitus, it increases the ability of patients with diabetes mellitus to control his physical condition, because someone who is health-oriented tends to adopt all habits that can improve the quality of health and restore health.

Respondents with sufficient motivation were apparently not compliant with the management of non-pharmacological therapies in patients with type II diabetes mellitus, this is possible because respondents did not fully understand the information provided by health workers about the management of non-pharmacological therapies in patients with diabetes mellitus type II diabetes mellitus that must be in diabetes mellitus carry out, thus the role of nurses in Outpatient Installation is very important to be able to provide good education, so that patients are increasingly motivated and obedient to the recommendations given. education on Management of Non-Pharmacological Therapies in Type II Diabetes Mellitus Patients and being able to carry out healthy hydration that has an impact on the complications of Diabetes mellitus

## Conclusions

Patients with good motivation have adherence to the management of non-pharmacological therapies in patients with type II diabetes mellitus, while patients with sufficient motivation tend to be less compliant with the management of non-pharmacological therapies in patients with type II diabetes mellitus. Thus it shows that motivation is related to compliance with Non-Pharmacological Therapy Management in Type II Diabetes Mellitus Patients in Type II diabetes patients in Outpatient Installation of Baptist Hospital in Kediri

## Suggestion

Motivation and compliance of diabetes mellitus patients in the management of both non-pharmacological and pharmacological

therapies in patients with type II diabetes mellitus is very important, because diabetes is a disease that requires treatment with a long period of time, it is necessary to improve the quality of Health Education for patients and families both in inpatient and outpatient care to continue implementing Non-Pharmacological Therapy of diabetes mellitus, as well as providing information on the importance of the management of Non-Pharmacological Therapy carried out thoroughly in order to achieve good quality health.

## References

- Aini, Nur (2016). *Asuhan Keperawatan Pada Sistem Endokrin dengan Pendekatan Nanda Nic Noc*. Jakarta: Salemba Medika
- Prasetya Dwi, Dkk. (2013). *Pengantar Psikologi Umum*. Yogyakarta: Graha Ilmu
- Ernawati (2013). *Penatalaksanaan Keperawatan Diabetes Mellitus Terpadu*, Jakarta: Mitra Wacana Media
- Lestari, Titik (2015). *Kumpulan Teori Untuk Kajian Pustaka Penelitian Kesehatan*. Yogyakarta: Nuha Medika
- Maghfuri, Ali (2016). *Buku Pintar Perawatan Luka Diabetes Mellitus*. Jakarta: Salemba Medika
- Niven, Neil. (2002). *Psikologi Kesehatan*. Jakarta : ECG
- Notoatmodjo Soekidjo, (2007). *Kesehatan Masyarakat Ilmu Dan Seni*. Jakarta : Rineka Cipta
- Notoatmodjo Soekidjo, (2010). *Promosi Kesehatan Teori Dan Aplikasi*. Jakarta : PT.Rineka Cipta
- Nursalam, (2013). *Metodologi Penelitian Ilmu Keperawatan*. Jakarta: Salemba Medika
- Riyadi, Sujono. (2013). *Asuhan Keperawatan Paa Pasien Dengan Gangguan Eksokrin Dan Endokrin Pada Pankreas*. Yogyakarta: Graha Ilmu
- Soegondo, Dkk., 2013. *Penatalaksanaan Diabetes Mellitus Terpadu*. Jakarta: Fkui
- Tombokan, Vera. (2015). Artikel Penelitian. Faktor – faktor yang berhubungan dengan kepatuhan berobat pasien Diabetes Melitus pada praktek dokter

keluarga di kota Tomohon. Hal : 260 -  
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Saam, Zulfan. (2013) *Psikologi Keperawatan*.  
Jakarta: Raja Grafindo Persada