

DAFTAR PUSTAKA

- Abdullah, S. M. (2019). Social Cognitive Theory : A Bandura Thought Review published in 1982-2012. *Psikodimensia*, 18(1), 85. <https://doi.org/10.24167/psidim.v18i1.1708>
- AHA. (2020). Heart disease and stroke statistics—2020 update: A report from the American Heart Association. In *Circulation*. <https://doi.org/10.1161/CIR.0000000000000757>
- Aidar, F. J., Jacó de Oliveira, R., Gama de Matos, D., Chilibeck, P. D., de Souza, R. F., Carneiro, A. L., & Machado Reis, V. (2018). A randomized trial of the effects of an aquatic exercise program on depression, anxiety levels, and functional capacity of people who suffered an ischemic stroke. *The Journal of Sports Medicine and Physical Fitness*, 58(7–8), 1171–1177. <https://doi.org/10.23736/S0022-4707.17.07284-X>
- Amelia, A. R., Ahri, R. A., & Jiranah. (2022). Pengaruh stimulus auditori qur'an atau murottal qur'an terhadap penurunan ansietas pada penderita hipertensi. *Jurnal Keperawatan Jiwa*, 10(1), 45–56.
- Arafat, R., Sitorus, R., Mustikasari, & Majid, A. (2018). Spiritual coping in people living with stroke. *International Journal of Caring Sciences*, 11(2), 658–662. http://www.internationaljournalofcaringsciences.org/docs/4_arafat_original_10_2.pdf
- Aravantinou-Fatorou, K., & Fotakopoulos, G. (2021). Efficacy of exercise rehabilitation program accompanied by experiential music for recovery of aphasia in single cerebrovascular accidents: a randomized controlled trial. *Irish Journal of Medical Science*, 190(2), 771–778. <https://doi.org/10.1007/s11845-020-02328-x>
- Azar, N. S., Radfar, M., & Baghaei, R. (2022). Spiritual Self-care in Stroke Survivors: A Qualitative Study. *Journal of Religion and Health*, 61(1), 493–506. <https://doi.org/10.1007/s10943-020-01030-7>
- Babamohamadi, H., Sotodehasl, N., Koenig, H. G., Al Zaben, F., Jahani, C., & Ghorbani, R. (2017). The Effect of Holy Qur'an Recitation on Depressive Symptoms in Hemodialysis Patients: A Randomized Clinical Trial. *Journal of Religion and Health*, 56(1), 345–354. <https://doi.org/10.1007/s10943-016-0281-0>
- Bandura, A. (1999). A social cognitive theory of personality. *Handbook of Personality: Theory and Research*, 154–196. [https://doi.org/10.1016/0749-5978\(91\)90022-L](https://doi.org/10.1016/0749-5978(91)90022-L)
- Bandura, A. (2010). Self-efficacy. *The Corsini Encyclopedia of Psychology*, 1–3. <https://doi.org/10.1002/9780470479216.corpsy0836>
- Bandura, A., Freeman, W. H., & Lightsey, R. (1999). Self-Efficacy: The Exercise of Control. In *Journal of Cognitive Psychotherapy* (Vol. 13, Issue 2, pp. 158–166). <https://doi.org/10.1891/0889-8391.13.2.158>
- Black, J.M., & Hawks, J. H. (2014). *Medical Surgical Nursing Clinical Management for Positive outcomes*. (8th ed.). Saunders Elsevier.
- Black, J. M., & Hawks, J. H. (2014). *Keperawatan Medikal Bedah: Manajemen Klinis untuk Hasil yang Diharapkan*. Elsevier Inc.
- Ca, I., Ningasih, R., & Wulandari, D. (2020). Health Notions , Volume 6 Number 1 (January 2020) The Effect of Music Therapy and Murottal Al-Quran Therapy on Increasing Muscle Strength and Decreasing Anxiety in Stroke Patients Undergoing Passive Range of Motion (ROM) Exercises 27 | Publisher : Hum. *Health Notions*, 6(1), 27–34. <https://doi.org/https://doi.org/10.33846/hn60105>
- Cholifah, N., Sukarmin, & Kholid, A. A. (2020). The Effectiveness of the Combination Therapy of Emotional Freedom Technique - Murottal Alqur'an on Blood Pressure of the Elderly with Hypertension. *Atlantis Press*, 24(Uphec 2019), 152–157. <https://doi.org/10.2991/ahsr.k.200311.029>

- Clements-cortés, A. (2018). A Snapshot of music therapy to support stroke recovery. In *Canadian Music Edukator*.
<https://www.thefreelibrary.com/A+Snapshot+of+Music+Therapy+to+Support+Stroke+Recovery.-a0573714064>
- Costandi, M. (2016). Neuroplasticity. In *Angewandte Chemie International Edition*, 6(11), 951–952. The MIT Press Cambridge.
- Darvishi, A., Otaghi, M., & Mami, S. (2020). The Effectiveness of Spiritual Therapy on Spiritual Well-Being, Self-Esteem and Self-Efficacy in Patients on Hemodialysis. *Journal of Religion and Health*, 59(1), 277–288. <https://doi.org/10.1007/s10943-018-00750-1>
- Das, J., & G.K., R. (2018). Post stroke depression: The sequelae of cerebral stroke. *Neuroscience & Biobehavioral Reviews*, 90, 104–114. <https://doi.org/https://doi.org/10.1016/j.neubiorev.2018.04.005>
- Dianti, M. R., Yen, Y., & Indrawijaya, A. (2021). Efektifitas Terapi Murottal Al Qur'an terhadap Stres Mencit (Mus Musculus). *Journal of Islamic Pharmacy*, 6(1), 28–34. <https://doi.org/https://doi.org/10.18860/jip.v6i1.10668>
- Frank H. Netter, M. (2019). *Atlas of Human Anatomy* (7th ed.). Elsevier.
- Frih, B., Mkacher, W., Bouzguenda, A., Jaafar, H., ALkandari, S. A., Ben Salah, Z., Sas, B., Hammami, M., & Frih, A. (2017). Effects of listening to Holy Qur'an recitation and physical training on dialysis efficacy, functional capacity, and psychosocial outcomes in elderly patients undergoing haemodialysis. *The Libyan Journal of Medicine*, 12(1), 1372032. <https://doi.org/10.1080/19932820.2017.1372032>
- Frost, Y., Weingarden, H., Zeilig, G., Nota, A., & Rand, D. (2015). Self-care self-efficacy correlates with independence in basic activities of daily living in individuals with chronic stroke. *Journal of Stroke and Cerebrovascular Diseases*, 24(7), 1649–1655. <https://doi.org/10.1016/j.jstrokecerebrovasdis.2015.03.054>
- Haryanto, J., Sriyono, S., Rosyidi, K., & Afandi, A. T. (2018). Therapy Acupressure and Murottal Al-Quran on The Pain Intensity and Endorphin Urine. *CNJ: Caring Nursing Journal*, 2(1), 1–11.
- Herniyanti, Saleh, A., & Irwan, A. M. (2019). Intervensi perawatan spiritual bagi pasien kanker : Tinjauan sistematis. *Nurscope*, 1–15.
- Hesamzadeh, A., Dalvandi, A., Bagher Maddah, S., Fallahi Khoshknab, M., Ahmadi, F., & Mosavi Arfa, N. (2017). Family caregivers' experience of activities of daily living handling in older adult with stroke: a qualitative research in the Iranian context. *Scandinavian Journal of Caring Sciences*, 31(3), 515–526. <https://doi.org/10.1111/scs.12365>
- Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14TH editi). Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Ifati, S., Tugasworo, D., & Pudjonarko, D. (2019). Pengaruh bacaan murottal Al-Qur'an yang diperdengarkan pada pasien stroke iskemik akut terhadap luaran klinis. *Neurona*, 36(3). <https://www.neurona.web.id/paper-detail.do?id=1098>
- Ignacio, K. H. D., Diestro, J. D. B., Medrano, J. M. M., Salabi, S. K. U., Logronio, A. J., Factor, S. J. V, Ignacio, S. D., Pascual V, J. L. R., & Pineda-Franks, M. C. C. (2022). Depression and Anxiety after Stroke in Young Adult Filipinos. *Journal of Stroke and Cerebrovascular Diseases*, 31(2), 106232. <https://doi.org/https://doi.org/10.1016/j.jstrokecerebrovasdis.2021.106232>
- Irmawati, Hadju, V., Syamsuddin, S., & Arundhana, A. I. (2020). The effect of listening to the recitation of Qur'an (Murottal Ar-Rahman surah) on the level of anxiety of pregnant women in Siti Fatimah maternal and child hospital. *Enfermeria Clinica*, 30(Supplement 2), 238–242. <http://10.0.3.248/j.enfcli.2019.07.097>
- Jones, F., Partridge, C., & Reid, F. (2008). The Stroke Self-Efficacy Questionnaire: Measuring

- individual confidence in functional performance after stroke. *Journal of Clinical Nursing*, 17(7B), 244–252. <https://doi.org/10.1111/j.1365-2702.2008.02333.x>
- Jumain, Hargono, R., & Bakar, A. (2019). Self-efficacy of stroke patients at the inpatient installation room of surabaya haji general hospital. *International Journal of Nursing and Health Services (IJNHS)*, 2(4), 243–248. <https://doi.org/10.35654/ijnhs.v2i4.154>
- Jun, H., Mohammed, S., Hussaini, Q., Rigby, M. J., & Jang, M. (2012). *Functional Role of Adult Hippocampal Neurogenesis as a Therapeutic Strategy for Mental Disorders*. 2012. <https://doi.org/10.1155/2012/854285>
- Jung, J., Yu, J., & Kang, H. (2012). Effects of Virtual Reality Treadmill Training on Balance and Balance Self-efficacy in Stroke Patients with a History of Falling. *Journal of Physical Therapy Science*, 24, 1133–1136. <https://doi.org/10.1589/jpts.24.1133>
- Kannan, M. A., Ab Aziz, N. A., Ab Rani, N. S., Abdullah, M. W., Mohd Rashid, M. H., Shab, M. S., Ismail, N. I., Ab Ghani, M. A., Reza, F., & Muzaimi, M. (2022). A review of the holy Quran listening and its neural correlation for its potential as a psycho-spiritual therapy. *Heliyon*, 8(12), e12308. <https://doi.org/https://doi.org/10.1016/j.heliyon.2022.e12308>
- Kemenkes RI. (2019). *Stroke dont be the one* (p. 10). Infodatin pusat data dan informasi kementerian kesehatan RI. <https://pusdatin.kemkes.go.id/download.php?file=download/pusdatin/infodatin/infodatin-stroke-dont-be-the-one.pdf>
- Khedr, E. M., Abdelrahman, A. A., Desoky, T., Zaki, A. F., & Gamea, A. (2020). Post-stroke depression: frequency, risk factors, and impact on quality of life among 103 stroke patients—hospital-based study. *Egyptian Journal of Neurology, Psychiatry and Neurosurgery*, 56(1). <https://doi.org/10.1186/s41983-020-00199-8>
- Kong, N. W., Gibb, W. R., & Tate, M. C. (2016). Neuroplasticity: Insights from Patients Harboring Gliomas. *Neural Plasticity*, 2016. <https://doi.org/http://dx.doi.org/10.1155/2016/2365063>
- Lee, C. H., Jeon, S. H., Kim, M. J., Ra, G. D., Lee, Y. H., Hong, S. H., Shin, B. S., & Kang, H. G. (2021). Factors affecting post-stroke depression in acute ischemic stroke patients after 3 months. *Journal of Personalized Medicine*, 11(11). <https://doi.org/10.3390/jpm11111178>
- Leeman, K. (2020a). Active music making for patients with unilateral apatial neglect in the subacute stage of stroke. *School of Music, Theatre and Dance*. <https://mountainscholar.org/handle/10217/219556>
- Leeman, K. (2020b). Active Music Making for Patients with Unilateral Spatial Neglect in the Subacute Stage of Stroke [Colorado State University]. In *ProQuest Dissertations and Theses*. <https://www.proquest.com/dissertations-theses/active-music-making-patients-with-unilateral/docview/2480794899/se-2?accountid=25704>
- Li, P., Legault, J., & Litcofsky, K. A. (2014). Neuroplasticity as a function of second language learning: Anatomical changes in the human brain. *Cortex*, 58, 301–324. <https://doi.org/10.1016/j.cortex.2014.05.001>
- Li, X., & Wang, X. (2020). Relationships between stroke, depression, generalized anxiety disorder and physical disability: some evidence from the Canadian Community Health Survey-Mental Health. *Psychiatry Research*, 290, 113074. <https://doi.org/https://doi.org/10.1016/j.psychres.2020.113074>
- Lin, R.-C., Chiang, S.-L., Heitkemper, M. M., Weng, S.-M., Lin, C.-F., Yang, F.-C., & Lin, C.-H. (2020). Effectiveness of Early Rehabilitation Combined With Virtual Reality Training on Muscle Strength, Mood State, and Functional Status in Patients With Acute Stroke: A Randomized Controlled Trial. *Worldviews on Evidence-Based Nursing*, 17(2), 158–167. <https://doi.org/10.1111/wvn.12429>

- Lindquist, R., Snyder, M., & Tracy, M. F. (2014). *Complementary & alternative therapies in nursing* (Seventh ed). Springer Publishing Company.
- Lindquist, R., Tracy, M. F., & Snyder, M. (2018). *Complementary and Alternative Therapies in Nursing* (Eighth edi).
- Lindsay, M. P., Norrving, B., Sacco, R. L., Brainin, M., Hacke, W., Martins, S., Pandian, J., & Feigin, V. (2019). Global stroke fact sheet 2019. In *World Stroke Organization*. https://www.world-stroke.org/assets/downloads/WSO_Fact-sheet_15.01.2020.pdf
- Long, Y., Ouyang, R.-G., & Zhang, J.-Q. (2020). Effects of virtual reality training on occupational performance and self-efficacy of patients with stroke: a randomized controlled trial. *Journal of Neuroengineering and Rehabilitation*, 17(1), 150. <https://doi.org/10.1186/s12984-020-00783-2>
- Loo, D. W. Y., Jiang, Y., Koh, K. W. L., Lim, F. P., & Wang, W. (2016). Self-efficacy and depression predicting the health-related quality of life of outpatients with chronic heart failure in Singapore. *Applied Nursing Research*, 32(2016), 148–155. <https://doi.org/10.1016/j.apnr.2016.07.007>
- Maududi, S. A. A. (2017). Surah Ar Rahman (The most merciful). *The Choice TV, The Meaning of the Qur'an*, 1–28.
- Miller, A., Pohlig, R. T., & Reisman, D. S. (2022). Relationships Among Environmental Variables, Physical Capacity, Balance Self-Efficacy, and Real-World Walking Activity Post-Stroke. *Neurorehabilitation and Neural Repair*, 36(8), 535–544. <https://doi.org/10.1177/15459683221115409>
- Murray, C. J. L., Barber, R. M., Foreman, K. J., Ozgoren, A. A., Abd-Allah, F., Abera, S. F., Aboyans, V., Abraham, J. P., Abubakar, I., Abu-Raddad, L. J., Abu-Rmeileh, N. M., Achoki, T., Ackerman, I. N., Ademi, Z., Adou, A. K., Adsuar, J. C., Afshin, A., Agardh, E. E., Alam, S. S., ... Vos, T. (2015). Global, regional, and national disability-adjusted life years (DALYs) for 306 diseases and injuries and healthy life expectancy (HALE) for 188 countries, 1990–2013: Quantifying the epidemiological transition. *The Lancet*, 386(10009), 2145–2191. [https://doi.org/10.1016/S0140-6736\(15\)61340-X](https://doi.org/10.1016/S0140-6736(15)61340-X)
- Nayef, E. G., & Wahab, M. N. A. (2018). The Effect of Recitation Quran on the Human Emotions. *International Journal of Academic Research in Business and Social Sciences*, 8(2). <https://doi.org/10.6007/ijarbss/v8-i2/3852>
- Nurani, R. R. S., Martini, S., & Fanni Marzela. (2019). Risk factors of cognitive impairment post ischemic stroke. *Jurnal Kesehatan Masyarakat*, 87–95. <https://doi.org/https://doi.org/10.15294/kemas.v15i2.16845>
- Patel, A. V., Shah, S. H., Patel, K., Mehta, P. I., Amin, N., Shah, C., & Prajapati, S. H. (2018). Prevalence of post-stroke anxiety and its association with socio-demographical factors, post-stroke depression, and disability. *Neuropsychiatria i Neuropsychologia*, 13(2), 43–49. <https://doi.org/10.5114/nan.2018.79604>
- Peate, I. (2017). *Fundamentals of applied pathophysiology : an essential guide for nursing and healthcare students* (Third edit). Wiley.
- Pertiwi, W. R., Gaghauna, E. E. M., & Bagus Rahmat Santoso. (2022). Hubungan dukungan keluarga dengan kemampuan self-care pada pasien stroke: literature review. *Journal Nursing Army*, 3(2), 1–9.
- Polit, D. F., & Beck, C. T. (2017). *Nursing research : generating and assessing evidence for nursing practice* (Tenth). Wolters Kluwer Health | Lippincott Williams & Wilkins.
- Putra, F., Dewy, T. S., & Junaid, A. (2021). Pengaruh terapi murottal Al-Qur'an Surah ArRahman terhadap perubahan tingkat kecemasan pada pasien pre operasi di RSUD DR. H. Andi Abdurrahman Noor kabupaten Tanah Bumbu. *Journal of Nursing Invention*, 2(2), 143–149. <https://ejurnal.unism.ac.id/index.php/JNI/article/view/158>
- Rafique, R., Anjum, A., & Raheem, S. S. (2019). Efficacy of Surah Al-Rehman in Managing

- Depression in Muslim Women. *Journal of Religion and Health*, 58(2), 516–526. <https://doi.org/10.1007/s10943-017-0492-z>
- Rafsten, L., Danielsson, A., & Sunnerhagen, K. S. (2018). Anxiety after stroke: A systematic review and meta-analysis. *Journal of Rehabilitation Medicine*, 50(9), 769–778. <https://doi.org/10.2340/16501977-2384>
- Rahmanian, M., Hojat, M., Jahromi, M. Z., & Nabiolahi, A. (2018). The relationship between spiritual intelligence with self-efficacy in adolescents suffering type 1 diabetes. *Journal of Education and Health Promotion*, 7, 100. https://doi.org/10.4103/jehp.jehp_21_18
- Ripollés, P., Rojo, N., Grau-Sánchez, J., Amengual, J. L., Càmara, E., Marco-Pallarés, J., Juncadella, M., Vaquero, L., Rubio, F., Duarte, E., Garrido, C., Altenmüller, E., Münte, T. F., & Rodríguez-Fornells, A. (2016). Music supported therapy promotes motor plasticity in individuals with chronic stroke. *Brain Imaging and Behavior*, 10(4), 1289–1307. <https://doi.org/10.1007/s11682-015-9498-x>
- Sadeghi, Hashim, R., Sha', M., Zainuddin, Z. I., Vol, I., Kilmer, P. D., Daud, N. F., Sharif, Z., Nadimah, N. A., Hameed, M., Haider, F. I., Tahere Moradi, Marzieh Adel Mehraban, Mahin Moeini, Mat-Nor, M. B., Ibrahim, N. A., Ramly, N. F., & Abdullah, F. (2010). Voice of Quran and health: A review of performed studies in Iran. *Quarterly of Quran & Medicine Summer*, 1(1), 33–37. https://www.researchgate.net/publication/333557344_Healing_Secrets_in_the_Holy_Quran%0Ahttp://irep.iium.edu.my/57418/1/Healing_Sound.pdf%0Ahttp://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.884.8262&rep=rep1&type=pdf
- Sarkamo, T., Hirel, C., Lévêque, Y., Fornoni, L., Nighoghossian, N., Tillmann, B., & Caclin, A. (2015). Music and the brain. *Annals of Physical and Rehabilitation Medicine*, 58, e69–e70. <https://doi.org/10.1016/j.rehab.2015.07.170>
- Särkämö, T., & Tervaniemi, M. (2015). Cognitive, emotional, and neural benefits of musical leisure activities in stroke and dementia. *Annals of Physical and Rehabilitation Medicine*, 58, e69. <https://doi.org/10.1016/J.REHAB.2015.07.169>
- Sihvonen, A. J., Vera, L., Ripollés, P., Lehtovaara, T., Ylönen, A., Rajanaro, P., Laitinen, S., Forsblom, A., Saunavaara, J., Autti, T., Laine, M., Rodríguez-Fornells, A., Tervaniemi, M., Soinila, S., & Särkämö, T. (2020). Vocal music enhances memory and language recovery after stroke: pooled results from two RCTs. *Annals of Clinical and Translational Neurology*, 7(11), 2272–2287. <https://doi.org/http://dx.doi.org/10.1002/acn3.51217>
- Silabdi, H., Hassan, R., Mahri, N., & Binti Md Nor, N. (2021). Brain Behavior Analysis of Mental Stress Before and After Listening to Quranic Recitation Based on EEG Signals. *International Journal on Perceptive and Cognitive Computing*, 7(1 SE-Articles), 59–65. <https://journals.iium.edu.my/kict/index.php/IJPC/article/view/218>
- Sriramayanti, C. I., & Darliana, D. (2018). Self efficacy dengan motivasi dalam menjalani terapi pada pasien stroke. *JIM FKep*, IV(1), 75–86.
- Stewart, J. C., Lewthwaite, R., Rocktashel, J., & Winstein, C. J. (2019). Self-efficacy and Reach Performance in Individuals With Mild Motor Impairment Due to Stroke. *Neurorehabilitation and Neural Repair*, 33(4), 319–328. <https://doi.org/10.1177/1545968319836231>
- Sugiyono. (2013). Metode penelitian kuantitatif, kualitatif, dan R&D. In *Angewandte Chemie International Edition*, 6(11), 951–952. (19th ed.). Alfabeta.
- Suwardi, A. R., & Rahayu, D. A. (2019). Effectiveness of murrotal therapy in decreasing pain level of cancer patients. *Jurnal Keperawatan Jiwa*, 7(1), 27–32.
- Szczepańska-, J. (2020). The Role of Self-Efficacy in the Recovery Process of Stroke Survivors. *Psychology Research and Behavior Management*, 13. <https://doi.org/10.2147/PRBM.S273009>

- Tang, A., Tao, A., Soh, M., Tam, C., Tan, H., Thompson, J., & Eng, J. J. (2015). *The effect of interventions on balance self-efficacy in the stroke population : a systematic review and meta-analysis*. <https://doi.org/10.1177/0269215515570380>
- Taylor-Piliae, R. E., Hepworth, J. T., & Coull, B. M. (2013). Predictors of depressive symptoms among community-dwelling stroke survivors. *The Journal of Cardiovascular Nursing*, 28(5), 460–467. <https://doi.org/10.1097/JCN.0b013e318258ad57>
- Topçu, S., & Oğuz, S. (2018). Translation and validation study for the stroke self-efficacy questionnaire in stroke survivors. *International Journal of Nursing Practice*, 24(4), e12646. <https://doi.org/10.1111/ijn.12646>
- Torrisi, M., De Cola, M. C., Buda, A., Carioti, L., Scaltrito, M. V., Bramanti, P., Manuli, A., De Luca, R., & Calabrò, R. S. (2018). Self-Efficacy, Poststroke Depression, and Rehabilitation Outcomes: Is There a Correlation? *Journal of Stroke and Cerebrovascular Diseases*, 27(11), 3208–3211. <https://doi.org/10.1016/j.jstrokecerebrovasdis.2018.07.021>
- Townsend, M. C. (2015). *Psychiatric Mental Health Nursing Concepts of Care in Evidence-Based Practice*. Davis Company.
- Trkulja, V., & Barić, H. (2020). *Current Research on Complementary and Alternative Medicine (CAM) in the Treatment of Anxiety Disorders: An Evidence-Based Review BT - Anxiety Disorders: Rethinking and Understanding Recent Discoveries* (Y.-K. Kim (ed.); pp. 415–449). Springer Singapore. https://doi.org/10.1007/978-981-32-9705-0_22
- Twistiandayani, R., & Prabowo, A. R. (2021). TERAPI MENDENGARKAN MUROTTAL AL-QURAN SURAT AL FATIHAH DAN SURAT AR RAHMAN TERHADAP STRES KECEMASAN DAN DEPRESI PADA PASIEN CKD V YANG MENJALANI HEMODIALISIS. *Journals of Ners Community*, 12(1 SE-Artikel), 95–104. <http://journal.unigres.ac.id/index.php/JNC/article/view/1327>
- Ulum, M. S., Amal, A. I., & Wahyuningsih, I. S. (2022). Pengaruh terapi murottal Al-Qur'an terhadap tingkat depresi pada orang dengan HIV/AIDS. *Jurnal Keperawatan Aisyiyah*, 9(2), 187–195. <https://journal.unisa-bandung.ac.id/index.php/jka/article/view/345/204>
- van Heugten, C. M., Ponds, R. W. H. M., & Kessels, R. P. C. (2016). Brain training: hype or hope? *Neuropsychological Rehabilitation*, 26(5–6), 639–644. <https://doi.org/10.1080/09602011.2016.1186101>
- Vuletić, V., Sapina, L., Lozert, M., Lezaić, Z., & Morović, S. (2012). Anxiety and depressive symptoms in acute ischemic stroke. *Acta Clinica Croatica*, 51(2), 243–246.
- Wang, X., Shang, S., Yang, H., Ai, H., Wang, Y., Chang, S., Sha, X., Wang, L., & Jiang, X. (2019). Associations of psychological distress with positive psychological variables and activities of daily living among stroke patients: A cross-sectional study. *BMC Psychiatry*, 19(1), 1–11. <https://doi.org/10.1186/s12888-019-2368-0>
- Wati, L., Nurhusna, & Mawarti, I. (2020). Pengaruh Terapi Murottal Al-Qur'an Terhadap Tingkat Kecemasan Pasien Pre Angiografi Koroner. *Jurnal Ilmiah Ners Indonesia*, 1(1), 35–45. <https://www.online-journal.unja.ac.id/JINI>
- Widyadharma, I. P. E., & Adnyana, I. M. O. (2015). *Reliability Indonesian version of hospital anxiety and depression scale (HADS) of stroke patients in Sanglah General Hospital Denpasar. July*. <https://doi.org/10.13140/RG.2.1.3604.5928>
- Wijenberg, M. L. M., Heugten, C. M. Van, Mierlo, M. L. Van, A., J. M. V.-M., & Post, M. W. M. (2019). Psychological factors after stroke: are they stable over time? *Journal of Rehabilitation Medicine*, 51(19), 18–25. <https://doi.org/10.2340/16501977-2688>
- Wilkins, S. S., Akhtar, N., Salam, A., Bourke, P., Joseph, S., Santos, M., & Shuaib, A. (2018). Acute post stroke depression at a Primary Stroke Center in the Middle East. *PLoS ONE*, 13(12), 1–10. <https://doi.org/10.1371/journal.pone.0208708>
- Williams, J., Perry, L., & Watkins, C. (2019). *Stroke Nursing*. In Wiley- Blackwell. (Second). Wiley-Blackwell. <https://doi.org/10.1002/9781119581161>

- Winstein, C. J., Stein, J., Arena, R., Bates, B., Cherney, L. R., Cramer, S. C., Deruyter, F., Eng, J. J., Fisher, B., Harvey, R. L., Lang, C. E., MacKay-Lyons, M., Ottenbacher, K. J., Pugh, S., Reeves, M. J., Richards, L. G., Stiers, W., & Zorowitz, R. D. (2016). Guidelines for Adult Stroke Rehabilitation and Recovery. *Stroke*, 47(6), e98–e169. <https://doi.org/10.1161/STR.0000000000000098>
- Wirawan, R. P. (2009). Rehabilitasi stroke pada pelayanan kesehatan primer. *Majalah Kedokteran Indonesia*, 59(2). <https://adoc.tips/download/rehabilitasi-stroke-pada-pelayanan-kesehatan-primer.html>
- Yektakoooshali, M. H., Moladoust, H., Pourrajabi, A., & Info, A. (2019). The Effect of Sound of the Quran on Hygiene, Mental Health, and Physiological Functions : A Systematic Review. *Journal of Pizhūhish Dar Dīn va Salāmat*, 5(1), 136–147. <https://doi.org/10.22037/jrrh.v5i1.19289%0A>
- Zhang, L., Zhang, T., & Sun, Y. (2019). A newly designed intensive caregiver education program reduces cognitive impairment, anxiety, and depression in patients with acute ischemic stroke. *Brazilian Journal of Medical and Biological Research = Revista Brasileira de Pesquisas Medicas e Biologicas*, 52(9), e8533. <https://doi.org/10.1590/1414-431X20198533>

LAMPIRAN

Lampiran 1. Surat Permohonan Menjadi Responden

SURAT PERMOHONAN MENJADI RESPONDEN

Makasaar, Desember 2022

Kepada Yth. Sdra/i Responden

Di Stroke Centre RSKD Dadi

Dengan Hormat,

Saya yang bertanda tangan di bawah ini:

Nama : Sitti Rosdianah

NIM : R012201009

Adalah mahasiswa Program Studi Magister Ilmu Keperawatan Fakultas Keperawatan Universitas Hasanuddin yang akan melaksanakan penelitian dengan judul "**Pengaruh Terapi Murottal Al-Qur'an Terhadap Tingkat Kecemasan, Depresi, dan Self-efficacy Pada Pasien Pasca Stroke**".

Peneliti memohon dengan hormat kepada saudara/i untuk bersedia menjadi responden, mengisi data, serta memberikan tanggapan yang layak dengan sejurus-jujurnya untuk kepentingan ilmu pengetahuan. Penelitian ini tidak akan menimbulkan akibat apapun bagi semua responden. kerahasiaan semua informasi yang diberikan akan dijaga dan hanya akan digunakan untuk kepentingan penelitian.

Atas perhatian dan kesediaannya, saya ucapan terima kasih.

Peneliti

Sitti Rosdianah

Lampiran 2. Lembar Persetujuan Menjadi Responden

LEMBAR PERSETUJUAN MENJADI RESPONDEN

Saya yang bertanda tangan di bawah ini:

Nama :

Umur :

Jenis Kelamin :

Alamat :

Menyatakan bersedia untuk menjadi responden pada penelitian yang akan dilakukan oleh Sitti Rosdianah, mahasiswa Program Studi Magister Ilmu Keperawatan Fakultas Keperawatan Universitas Hasanuddin yang berjudul "**Pengaruh Terapi Murottal Al-Qur'an Terhadap Tingkat Kecemasan, Depresi, dan Self-efficacy Pada Pasien Pasca Stroke**" dan saya akan mengikuti proses penelitian serta menjawab kuesioner sejujur-jujurnya.

Oleh karena itu, saya menyatakan bahwa saya bersedia untuk menjadi responden pada penelitian ini dengan sukarela dan tanpa paksaan dari pihak manapun.

Makassar, Desember 2023

Responden

(.....)

Lampiran 3. Kuesioner Data Demografi Responden

KUESIONER DATA DEMOGRAFI RESPONDEN

Petunjuk Pengisian:

1. Jawablah pertanyaan di bawah ini dengan memberikan tanda cek (✓) pada salah satu pilihan yang sesuai dengan keadaan anda.
2. Jika tidak terdapat pilihan jawaban, maka tuliskan jawaban yang menggambarkan diri anda.

Data Demografi

Tanggal Pengambilan Data :

1. Nama :

2. Usia/ Tanggal Lahir :

3. Tanggal Serangan Stroke : (* diisi oleh petugas)

4. Jenis Kelamin :

Laki-laki

Perempuan

5. Status Perkawinan :

Menikah

Belum Menikah

Duda/Janda

6. Pendidikan :

SD

SMP

SMA

Sarjana

Pasca Sarjana

Lampiran 4. Skala Kecemasan dan Depresi

SKALA KECEMASAN DAN DEPRESI RUMAH SAKIT “

“Hospital Anxiety and Depression Scale (HADS)”

Nama Responden : _____

Jenis Kelamin : _____

Umur : _____

Tanggal Pemeriksaan : _____

Beri tanda ✓ atau lingkari jawaban yang paling benar sesuai dengan apa yang anda rasakan saat ini

1	Saya merasa tegang atau ‘sakit hati’:	Hampir selalu	3	A
		Sering Sekali	2	
		Dari waktu ke waktu, sekali-sekali	1	
		Tidak sama sekali	0	
2	Saya masih senang dengan hal-hal yang dulu saya sukai	Tentu saja sangat suka	0	D
		Tidak begitu suka	1	
		Hanya sedikit suka	2	
		Hampir tidak suka sama sekali	3	
3	Saya mendapat semacam perasaan takut seolah-olah ada sesuatu yang menggerikan akan terjadi	Tentu saja dan sungguh tidak mengenakkan	3	A
		Ya, tetapi tidak begitu buruk	2	
		Sedikit, tetapi tidak membuat saya khawatir	1	
		Tidak sama sekali	0	
4	Saya bisa tertawa dan melihat sisi lucu dari sesuatu hal	Sebanyak yang saya selalu bisa lakukan	0	D
		Tidak terlalu bisa sekarang	1	
		Tentu saja tidak begitu banyak sekarang	2	
		Tidak sama sekali	3	
5	Ada pikiran takut melintas di pikiran saya	Terlalu sering	3	A
		Sering	2	
		Dari waktu ke waktu, tetapi tidak terlalu sering	1	
		Hanya sekali-sekali	0	

6	Saya merasa ceria	Tidak sama sekali	3	D
		Tidak sering	2	
		Kadang-kadang	1	
		Hampir selalu	0	
7	Saya bisa duduk nyaman dan merasa santai	Tentu saja	0	A
		Biasanya	1	
		Tidak sering	2	
		Tidak sama sekali	3	
8	Saya merasa seperti saya dibuat lambat	Hampir selalu	3	D
		Sering kali	2	
		Kadang-kadang	1	
		Tidak sama sekali	0	
9	Saya ada semacam perasaan takut seperti rasa muak dalam perut	Tidak sama sekali	0	A
		Sekali-sekali	1	
		Agak sering	2	
		Sering sekali	3	
10	Saya tidak tertarik lagi dengan penampilan saya:	Tentu saja	3	D
		Saya tidak sepeduli seperti yang semestinya	2	
		Saya mungkin tidak begitu peduli	1	
		Saya hanya peduli seperti yang sudah-sudah	0	
11	Saya merasa gelisah karena saya harus sibuk:	Gelisah luar biasa	3	A
		Agak gelisah	2	
		Tidak terlalu gelisah	1	
		Tidak sama sekali	0	
12	Saya ingin senang dengan sesuatu:	Sebanyak yang saya bisa lakukan	0	D
		Agak kurang dari pada yang pernah saya lakukan	1	
		Tentu saja kurang daripada yang pernah saya lakukan	2	
		Hampir tidak sama sekali	3	
13	Saya tiba-tiba merasakan perasaan panik:	Sering sekali	3	A
		Agak sering	2	
		Tidak terlalu sering	1	
		Tidak sama sekali	0	
14	Saya bisa menikmati buku atau acara radio atau TV yang bagus:	Sering	0	D
		Kadang-kadang	1	
		Tidak sering	2	
		Jarang sekali	3	
Penilaian (Jumlahkan A= Kecemasan; Jumlahkan D= Depresi). Norma-norma di samping ini akan memberikan ide tentang sejauh mana kecemasan dan depresi Anda		0 – 7 = Normal 8 – 10 = Kasus ringan 11-15 = Kasus sedang 16-21 = Kasus berat		

Lampiran 5. Skala *Self-Efficacy*

SKALA EFKASI DIRI PENDERITA STROKE

The Stroke Self-Efficacy Questionnaire (SSEQ)

Pertanyaan berikut ini adalah tentang keyakinan bahwa anda dapat melakukan beberapa aktivitas yang mungkin sulit dilakukan sejak anda mengalami stroke.

Untuk setiap aktivitas berikut, lingkari satu titik pada skala yang menunjukkan seberapa yakin Anda saat ini dapat melakukan aktivitas tersebut meskipun Anda mengalami stroke.

Nilai 0 = Tidak yakin sama sekali, dan 3 = Sangat yakin

Tidak yakin
sama sekali

Sangat yakin



Seberapa *yakin* Anda bahwa *saat ini* Anda dapat:

1. Membuat diri Anda merasa nyaman di tempat tidur setiap malam.

Tidak yakin
sama sekali

Sangat yakin



2. Bangun sendiri dari tempat tidur meskipun saat Anda merasa lelah.
- 3.

Tidak yakin
sama sekali

Sangat yakin



4. Berjalan sendiri beberapa langkah di dalam rumah Anda.

Tidak yakin
sama sekali

Sangat yakin



5. Berjalan di sekitar rumah untuk melakukan berbagai aktivitas yang Anda inginkan.

Tidak yakin
sama sekali

Sangat yakin



6. Berjalan sendiri dengan hati-hati di luar rumah.

Tidak yakin
sama sekali

Sangat yakin



7. Menggunakan kedua tangan untuk makan.

Tidak yakin
sama sekali

Sangat yakin



8. Memakai dan melepas baju secara mandiri bahkan ketika Anda merasa lelah

Tidak yakin
sama sekali

Sangat yakin



9. Menyiapkan sendiri makanan yang Anda inginkan.

Tidak yakin
sama sekali

Sangat yakin



10. Tekun dalam mencari kemajuan untuk penyembuhan dari kondisi stroke setelah Anda menyelesaikan terapi.

Tidak yakin
sama sekali

Sangat yakin



11. Menjalankan program olahraga Anda setiap hari.

Tidak yakin
sama sekali

Sangat yakin



12. Mengatasi rasa frustasi karena tidak mampu melakukan beberapa aktivitas yang disebabkan oleh stroke yang Anda alami.



13. Tetap melakukan berbagai aktivitas yang paling Anda sukai sebelum Anda mengalami stroke.



14. Tetap berusaha lebih cepat dalam melakukan berbagai aktivitas yang sudah mulai melambat sejak Anda mengalami stroke.



Penilaian:

Nilai 27-39 = *self-efficacy* tinggi

Nilai 13-26 = *self-efficacy* sedang

Nilai 0-12 = *self-efficacy* rendah

Lampiran 6. Surat Izin Etik



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN
RISET, DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KESEHATAN MASYARAKAT

Jln. Perintis Kemerdekaan Km. 10 Makassar 90245, Telp. (0411) 585658,
E-mail : fkm.unhas@gmail.com, website: <https://fkm.unhas.ac.id/>

REKOMENDASI PERSETUJUAN ETIK

Nomor : 15025/UN4.14.1/TP.01.02/2022

Tanggal : 15 Desember 2022

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No.Protokol	71222092359	No. Sponsor Protokol	
Peneliti Utama	Sitti Rosdianah	Sponsor	Pribadi
Judul Peneliti	Pengaruh Terapi Murottal Al-Qur'an Terhadap Kecemasan, Depresi dan Self-Efficacy Pada Pasien Pasca Stroke di Stroke Centre RSKD Dadi Provinsi Sulawesi Selatan		
No.Versi Protokol	1	Tanggal Versi	7 Desember 2022
No.Versi PSP	1	Tanggal Versi	7 Desember 2022
Tempat Penelitian	RSKD Dadi Provinsi Sulawesi Selatan		
Judul Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard	Masa Berlaku 15 Desember 2022 Sampai 15 Desember 2023	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian	Nama : Prof.dr. Veni Hadju,M.Sc,Ph.D	Tanda tangan 	Tanggal 15 Desember 2022
Sekretaris komisi Etik Penelitian	Nama : Dr. Wahiduddin, SKM.,M.Kes	Tanda tangan 	Tanggal 15 Desember 2022

Kewajiban Peneliti Utama :

1. Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
2. Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Lapor SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
3. Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
4. Menyerahkan laporan akhir setelah Penelitian berakhir
5. Melaporkan penyimpangan dari protocol yang disetujui (protocol deviation/violation)
6. Mematuhi semua peraturan yang ditentukan

LAMPIRAN 8 OUTPUT DATA SPSS
Crosstabs

Case Processing Summary

	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
JK * Kelompok	54	100.0%	0	0.0%	54	100.0%
SP * Kelompok	54	100.0%	0	0.0%	54	100.0%
PEND * Kelompok	54	100.0%	0	0.0%	54	100.0%

JK * Kelompok Crosstabulation

JK	Laki-laki	Kelompok		
		Kontrol	Intervensi	Total
Laki-laki	Count	12	15	27
	% within Kelompok	44.4%	55.6%	50.0%
Perempuan	Count	15	12	27
	% within Kelompok	55.6%	44.4%	50.0%
Total	Count	27	27	54
	% within Kelompok	100.0%	100.0%	100.0%

SP * Kelompok Crosstabulation

SP	Belum menikah	Kelompok		
		Kontrol	Intervensi	Total
Belum menikah	Count	1	0	1
	% within Kelompok	3.7%	0.0%	1.9%
Duda	Count	3	2	5
	% within Kelompok	11.1%	7.4%	9.3%
Janda	Count	8	6	14
	% within Kelompok	29.6%	22.2%	25.9%
Menikah	Count	15	19	34
	% within Kelompok	55.6%	70.4%	63.0%
Total	Count	27	27	54
	% within Kelompok	100.0%	100.0%	100.0%

PEND * Kelompok Crosstabulation

PEND	SD	Kelompok		
		Kontrol	Intervensi	Total
SD	Count	4	3	7
	% within Kelompok	14.8%	11.1%	13.0%
SMP	Count	2	4	6
	% within Kelompok	7.4%	14.8%	11.1%
SMA	Count	11	11	22
	% within Kelompok	40.7%	40.7%	40.7%
S1/S2	Count	10	9	19
	% within Kelompok	37.0%	33.3%	35.2%
Total	Count	27	27	54
	% within Kelompok	100.0%	100.0%	100.0%

Descriptives

Descriptive Statistics

Kelompok		N	Minimum	Maximum	Mean	Std. Deviation
Kontrol	Usia	27	42	79	61.26	8.627
	LAMA STROKE (HARI)	27	1	360	49.67	81.722
	Valid N (listwise)	27				
Intervensi	Usia	27	48	79	59.52	7.170

LAMA STROKE (HARI)	27	1	120	21.96	32.613
Valid N (listwise)	27				

Explore Kelompok

Case Processing Summary

Kelompok	N	Valid		Cases		Total	
		Percent	N	Percent	N	Percent	N
JK	Kontrol	100.0%	27	0.0%	0	100.0%	27
	Intervensi	100.0%	27	0.0%	0	100.0%	27
SP	Kontrol	100.0%	27	0.0%	0	100.0%	27
	Intervensi	100.0%	27	0.0%	0	100.0%	27
PEND	Kontrol	100.0%	27	0.0%	0	100.0%	27
	Intervensi	100.0%	27	0.0%	0	100.0%	27
Usia	Kontrol	100.0%	27	0.0%	0	100.0%	27
	Intervensi	100.0%	27	0.0%	0	100.0%	27
LAMA STROKE (HARI)	Kontrol	100.0%	27	0.0%	0	100.0%	27
	Intervensi	100.0%	27	0.0%	0	100.0%	27

Descriptives

	Kelompok		Statistic	Std. Error
JK	Kontrol	Mean	1.56	.097
		95% Confidence Interval for Mean	Lower Bound	1.36
		Mean	Upper Bound	1.76
		5% Trimmed Mean		1.56
		Median		2.00
		Variance		.256
		Std. Deviation		.506
		Minimum		1
		Maximum		2
		Range		1
		Interquartile Range		1
		Skewness		-.237
		Kurtosis		-2.106
		Mean		1.44
SP	Intervensi	95% Confidence Interval for Mean	Lower Bound	1.24
		Mean	Upper Bound	1.64
		5% Trimmed Mean		1.44
		Median		1.00
		Variance		.256
		Std. Deviation		.506
		Minimum		1
		Maximum		2
		Range		1
		Interquartile Range		1
		Skewness		.237
		Kurtosis		-2.106
		Mean		2.37
		95% Confidence Interval for Mean	Lower Bound	2.04
		Mean	Upper Bound	2.70
		5% Trimmed Mean		2.45
		Median		3.00
		Variance		.704
		Std. Deviation		.839
		Minimum		0

		Maximum	3	
		Range	3	
		Interquartile Range	1	
		Skewness	-1.246	.448
		Kurtosis	.990	.872
PEND	Kontrol	Mean	2.63	.121
		95% Confidence Interval for Mean	Lower Bound Upper Bound	2.38 2.88
		5% Trimmed Mean		2.70
		Median		3.00
		Variance		.396
		Std. Deviation		.629
		Minimum		1
		Maximum		3
		Range		2
		Interquartile Range		1
		Skewness		-1.531
		Kurtosis		.448
		Mean	3.00	.200
		95% Confidence Interval for Mean	Lower Bound Upper Bound	2.59 3.41
Usia	Kontrol	5% Trimmed Mean		3.06
		Median		3.00
		Variance		1.077
		Std. Deviation		1.038
		Minimum		1
		Maximum		4
		Range		3
		Interquartile Range		1
		Skewness		-.892
		Kurtosis		.448
		Mean	2.96	.189
		95% Confidence Interval for Mean	Lower Bound Upper Bound	2.58 3.35
		5% Trimmed Mean		3.01
		Median		3.00
Intervensi	Intervensi	Variance		.960
		Std. Deviation		.980
		Minimum		1
		Maximum		4
		Range		3
		Interquartile Range		2
		Skewness		-.716
		Kurtosis		.448
		Mean	61.26	1.660
		95% Confidence Interval for Mean	Lower Bound Upper Bound	57.85 64.67
		5% Trimmed Mean		61.27
		Median		58.00
		Variance		74.430
		Std. Deviation		8.627
		Minimum		42
		Maximum		79
		Range		37
		Interquartile Range		14
		Skewness		.155
		Kurtosis		.448

	Intervensi	Mean		59.52	1.380
		95% Confidence Interval for Mean	Lower Bound	56.68	
			Upper Bound	62.35	
		5% Trimmed Mean		59.16	
		Median		59.00	
		Variance		51.413	
		Std. Deviation		7.170	
		Minimum		48	
		Maximum		79	
		Range		31	
		Interquartile Range		11	
		Skewness		.675	.448
		Kurtosis		.556	.872
LAMA STROKE (HARI)	Kontrol	Mean		43.00	11.517
		95% Confidence Interval for Mean	Lower Bound	19.33	
			Upper Bound	66.67	
		5% Trimmed Mean		38.15	
		Median		7.00	
		Variance		3581.615	
		Std. Deviation		59.847	
		Minimum		1	
		Maximum		180	
		Range		179	
		Interquartile Range		88	
		Skewness		1.214	.448
		Kurtosis		-.129	.872
	Intervensi	Mean		21.96	6.276
		95% Confidence Interval for Mean	Lower Bound	9.06	
			Upper Bound	34.86	
		5% Trimmed Mean		18.11	
		Median		7.00	
		Variance		1063.575	
		Std. Deviation		32.613	
		Minimum		1	
		Maximum		120	
		Range		119	
		Interquartile Range		28	
		Skewness		1.888	.448
		Kurtosis		2.680	.872

Test of Homogeneity of Variance

		Levene Statistic	df1	df2	Sig.
JK	Based on Mean	.000	1	52	1.000
	Based on Median	.000	1	52	1.000
	Based on Median and with adjusted df	.000	1	52.000	1.000
	Based on trimmed mean	.000	1	52	1.000
SP	Based on Mean	2.776	1	52	.102
	Based on Median	1.650	1	52	.205
	Based on Median and with adjusted df	1.650	1	48.225	.205
	Based on trimmed mean	2.894	1	52	.095
PEND	Based on Mean	.011	1	52	.918
	Based on Median	.039	1	52	.845
	Based on Median and with adjusted df	.039	1	51.796	.845
	Based on trimmed mean	.063	1	52	.803
Usia	Based on Mean	2.051	1	52	.158

	Based on Median	1.290	1	52	.261
	Based on Median and with adjusted df	1.290	1	48.752	.262
	Based on trimmed mean	2.072	1	52	.156
LAMA STROKE (HARI)	Based on Mean	12.630	1	52	<0.001
	Based on Median	2.958	1	52	.091
	Based on Median and with adjusted df	2.958	1	39.678	.093
	Based on trimmed mean	10.170	1	52	.002

Crosstabs

Case Processing Summary

	Valid		Cases Missing		Total	
	N	Percent	N	Percent	N	Percent
Kat_PreKecemasan * Kelompok	54	100.0%	0	0.0%	54	100.0%
Kat_PostKecemasan *	54	100.0%	0	0.0%	54	100.0%
Kelompok						
Kat_PreDepresi * Kelompok	54	100.0%	0	0.0%	54	100.0%
Kat_PostDepresi * Kelompok	54	100.0%	0	0.0%	54	100.0%
Kat_Pre_SE * Kelompok	54	100.0%	0	0.0%	54	100.0%
Kat_Post_SE * Kelompok	54	100.0%	0	0.0%	54	100.0%

Kat_PreKecemasan * Kelompok Crosstabulation

Kat_PreKecemasan			Kelompok		
			Kontrol	Intervensi	Total
Cemas ringan	Count	20	21	41	
	% within Kelompok	74.1%	77.8%	75.9%	
	Count	7	6	13	
	% within Kelompok	25.9%	22.2%	24.1%	
Total	Count	27	27	54	
	% within Kelompok	100.0%	100.0%	100.0%	

Kat_PostKecemasan * Kelompok Crosstabulation

Kat_PostKecemasan			Kelompok		
			Kontrol	Intervensi	Total
Tidak cemas	Count	8	23	31	
	% within Kelompok	29.6%	85.2%	57.4%	
	Count	15	4	19	
	% within Kelompok	55.6%	14.8%	35.2%	
Cemas ringan	Count	4	0	4	
	% within Kelompok	14.8%	0.0%	7.4%	
	Count	27	27	54	
	% within Kelompok	100.0%	100.0%	100.0%	
Total	Count				
	% within Kelompok				

Kat_PreDepresi * Kelompok Crosstabulation

Kat_PreDepresi			Kelompok		
			Kontrol	Intervensi	Total
Normal	Count	15	15	30	
	% within Kelompok	55.6%	55.6%	55.6%	
	Count	9	10	19	
	% within Kelompok	33.3%	37.0%	35.2%	
Depresi ringan	Count	3	2	5	
	% within Kelompok	11.1%	7.4%	9.3%	
	Count	27	27	54	
	% within Kelompok	100.0%	100.0%	100.0%	
Total	Count				
	% within Kelompok				

Kat_PostDepresi * Kelompok Crosstabulation

Kat_PostDepresi			Kelompok		
			Kontrol	Intervensi	Total
Normal	Count	19	22	41	
	% within Kelompok	70.4%	81.5%	75.9%	
	Count	7	5	12	
	% within Kelompok	25.9%	18.5%	22.2%	
Depresi ringan	Count	1	0	1	
	% within Kelompok	3.7%	0.0%	1.9%	
	Count	27	27	54	
	% within Kelompok	100.0%	100.0%	100.0%	
Total	Count				
	% within Kelompok				

Kat_Pre_SE * Kelompok Crosstabulation

Kat_Pre_SE			Kelompok		
			Kontrol	Intervensi	Total
Efikasi diri rendah	Count	2	4	6	
	% within Kelompok	7.4%	14.8%	11.1%	
	Count	22	22	44	
	% within Kelompok	81.5%	81.5%	81.5%	
	Count	3	1	4	
	% within Kelompok	11.1%	3.7%	7.4%	
Total	Count	27	27	54	
	% within Kelompok	100.0%	100.0%	100.0%	

Kat_Post_SE * Kelompok Crosstabulation

Kat_Post_SE			Kelompok		
			Kontrol	Intervensi	Total
Efikasi diri rendah	Count	1	1	2	
	% within Kelompok	3.7%	3.7%	3.7%	
	Count	21	22	43	
	% within Kelompok	77.8%	81.5%	79.6%	
	Count	5	4	9	
	% within Kelompok	18.5%	14.8%	16.7%	
Total	Count	27	27	54	
	% within Kelompok	100.0%	100.0%	100.0%	

NPar Tests

Wilcoxon Signed Ranks Test

		Ranks			
			N	Mean Rank	Sum of Ranks
Kontrol	Kat_PostKecemasan - Kat_PreKecemasan	Negative Ranks	12 ^a	7.00	84.00
		Positive Ranks	1 ^b	7.00	7.00
		Ties	14 ^c		
		Total	27		
	Kat_PostDepresi - Kat_PreDepresi	Negative Ranks	6 ^d	3.50	21.00
		Positive Ranks	0 ^e	.00	.00
		Ties	21 ^f		
		Total	27		
	Kat_Post_SE - Kat_Pre_SE	Negative Ranks	0 ^g	.00	.00
		Positive Ranks	3 ^h	2.00	6.00
		Ties	24 ⁱ		
		Total	27		
Intervensi	Kat_PostKecemasan - Kat_PreKecemasan	Negative Ranks	26 ^a	13.50	351.00
		Positive Ranks	0 ^b	.00	.00
		Ties	1 ^c		
		Total	27		
	Kat_PostDepresi - Kat_PreDepresi	Negative Ranks	9 ^d	5.00	45.00
		Positive Ranks	0 ^e	.00	.00
		Ties	18 ^f		
		Total	27		
	Kat_Post_SE - Kat_Pre_SE	Negative Ranks	0 ^g	.00	.00
		Positive Ranks	6 ^h	3.50	21.00
		Ties	21 ⁱ		
		Total	27		

a. Kat_PostKecemasan < Kat_PreKecemasan

b. Kat_PostKecemasan > Kat_PreKecemasan

c. Kat_PostKecemasan = Kat_PreKecemasan

d. Kat_PostDepresi < Kat_PreDepresi

e. Kat_PostDepresi > Kat_PreDepresi

f. Kat_PostDepresi = Kat_PreDepresi

- g. Kat_Post_SE < Kat_Pre_SE
- h. Kat_Post_SE > Kat_Pre_SE
- i. Kat_Post_SE = Kat_Pre_SE

		Test Statistics ^a			
Kelompok	Z	Kat_PostKecemasan	n -	Kat_Post_SE -	
		Kat_PreKecemasan	n	Kat_PostDepresi - Kat_PreDepresi	Kat_Post_SE - Kat_Pre_SE
Kontrol	Z	-3.051 ^b		-2.449 ^b	-1.732 ^c
	Asymp. Sig. (2-tailed)	.002		.014	.083
Intervensi	Z	-4.874 ^b		-3.000 ^b	-2.449 ^c
	Asymp. Sig. (2-tailed)	<,001		.003	.014

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.

c. Based on negative ranks.

Nonparametric Tests

Mann-Whitney Test

		Ranks		
	Kelompok	N	Mean Rank	Sum of Ranks
Selisih_KatKecemasan	Kontrol	27	19.81	535.00
	Intervensi	27	35.19	950.00
	Total	54		
Selisih_KatDepresi	Kontrol	27	26.00	702.00
	Intervensi	27	29.00	783.00
	Total	54		
Selisih_KatSE	Kontrol	27	26.00	702.00
	Intervensi	27	29.00	783.00
	Total	54		

Hypothesis Test Summary			
	Null Hypothesis	Test	Sig. ^{a,b}
1	The distribution of Selisih_KatKecemasan is the same across categories of Kelompok.	Independent-Samples Mann-Whitney U Test	<,001
2	The distribution of Selisih_KatDepresi is the same across categories of Kelompok.	Independent-Samples Mann-Whitney U Test	.367
3	The distribution of Selisih_KatSE is the same across categories of Kelompok.	Independent-Samples Mann-Whitney U Test	.278

Hypothesis Test Summary

Decision

1	Reject the null hypothesis.
2	Retain the null hypothesis.
3	Retain the null hypothesis.

a. The significance level is .050.

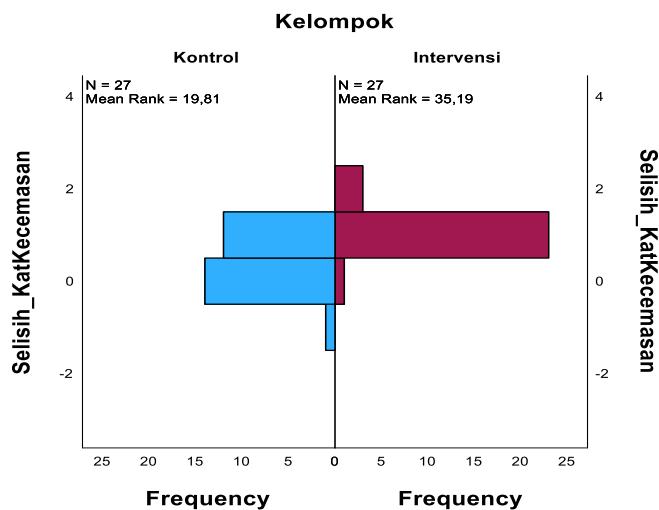
b. Asymptotic significance is displayed.

Independent-Samples Mann-Whitney U Test Selisih_KatKecemasan across Kelompok

Independent-Samples Mann-Whitney U Test Summary

Total N	54
Mann-Whitney U	572.000
Wilcoxon W	950.000
Test Statistic	572.000
Standard Error	48.581
Standardized Test Statistic	4.271
Asymptotic Sig.(2-sided test)	<,001

Independent-Samples Mann-Whitney U Test

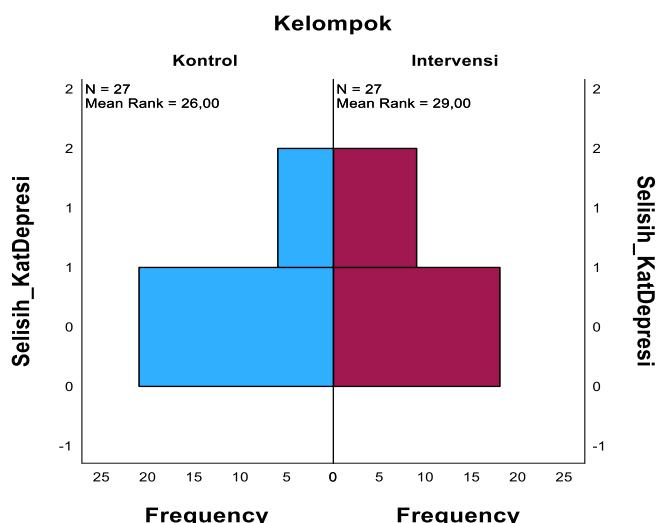


Selisih_KatDepresi across Kelompok

Independent-Samples Mann-Whitney U Test Summary

Total N	54
Mann-Whitney U	405.000
Wilcoxon W	783.000
Test Statistic	405.000
Standard Error	44.851
Standardized Test Statistic	.903
Asymptotic Sig.(2-sided test)	.367

Independent-Samples Mann-Whitney U Test

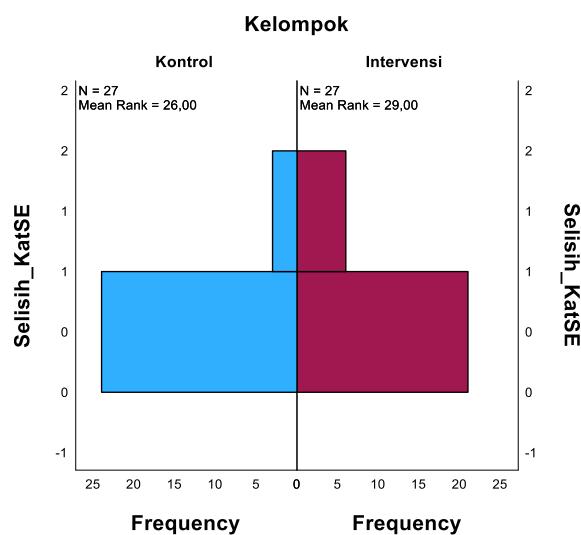


Selisih_KatSE across Kelompok

Independent-Samples Mann-Whitney U Test Summary

Total N	54
Mann-Whitney U	405.000
Wilcoxon W	783.000
Test Statistic	405.000
Standard Error	37.318
Standardized Test Statistic	1.085
Asymptotic Sig.(2-sided test)	.278

Independent-Samples Mann-Whitney U Test



Regression

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Selisih_kecemasan ^b	.	Enter

a. Dependent Variable: Selisih_depresi

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.366 ^a	.134	.117	1.251

a. Predictors: (Constant), Selisih_kecemasan

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	12.575	1	12.575	8.038	.007 ^b
	Residual	81.351	52	1.564		
	Total	93.926	53			

a. Dependent Variable: Selisih_depresi

b. Predictors: (Constant), Selisih_kecemasan

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.	95.0% Confidence Interval for B		
		B	Std. Error				Lower Bound	Upper Bound	
1	(Constant)	-.486	.258	.366	-1.880	.066	-1.004	.033	
	Selisih_kecemasan	.268	.095		2.835	.007	.078	.458	

a. Dependent Variable: Selisih_depresi

Regression

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Selisih_kecemasan ^b	.	Enter

a. Dependent Variable: Selisih_SE

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.424 ^a	.180	.164	1.632

a. Predictors: (Constant), Selisih_kecemasan

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	30.341	1	30.341	11.392	.001 ^b
	Residual	138.492	52	2.663		
	Total	168.833	53			

a. Dependent Variable: Selisih_SE

b. Predictors: (Constant), Selisih_kecemasan

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error				Lower Bound	Upper Bound
1	(Constant)	1.199	.337	3.557	<.001	.523	1.876
	Selisih_kecemasan	-.417	.123	-.424	-3.375	.001	-.664

a. Dependent Variable: Selisih_SE

Regression

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Selisih_depresi ^b	.	Enter

a. Dependent Variable: Selisih_SE

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.245 ^a	.060	.042	1.747

a. Predictors: (Constant), Selisih_depresi

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	10.158	1	10.158	3.329	.074 ^b
	Residual	158.675	52	3.051		
	Total	168.833	53			

a. Dependent Variable: Selisih_SE

b. Predictors: (Constant), Selisih_depresi

Coefficients^a

Model	Unstandardized Coefficients		Beta	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error				Lower Bound	Upper Bound
1	(Constant)	1.715	.302	5.670	<.001	1.108	2.321
	Selisih_depresi	-.329	.180	-.245	-1.825	.074	-.691 .033

a. Dependent Variable: Selisih_SE

Regression

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Selisih_depresi, Selisih_kecemasan ^b	.	Enter

a. Dependent Variable: Selisih_SE

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.435 ^a	.189	.157	1.638

a. Predictors: (Constant), Selisih_depresi, Selisih_kecemasan

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	31.927	2	15.963	5.947	.005 ^b
	Residual	136.907	51	2.684		
	Total	168.833	53			

a. Dependent Variable: Selisih_SE

b. Predictors: (Constant), Selisih_depresi, Selisih_kecemasan

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error				Lower Bound	Upper Bound
1	(Constant)	1.131	.350		3.234	.002	.429	1.834
	Selisih_kecemasan	-.379	.133	-.386	-2.848	.006	-.646	-.112
	Selisih_depresi	-.140	.182	-.104	-.768	.446	-.504	.225

a. Dependent Variable: Selisih_SE

