LAMPIRAN-LAMPIRAN

Lampiran 1

JBI CRITICAL APPRAISAL CHECKLIST FOR PILOT STUDY

Reviewer : Deby Eka Cahyati   **Date :** 25 – 12 – 2020

Author : Emma Chad-Friedman, BA; Mojtaba Talaei-Khoei, MD; David Ring, MD, PhD; Ana-Maria Vranceanu, PhD.

Year : 2017   **Record Number :** 01

	Yes	No	Unclear	NA
1. Was the sample representative of the target population?	√	☐	☐	☐
2. Were study participants recruited in an appropriate way?	√	☐	☐	☐
3. Was the sample size adequate?	√	☐	☐	☐
4. Were the study subjects and the setting described in detail?	√	☐	☐	☐
5. Was the data analysis conducted with sufficient coverage of the identified sample?	√	☐	☐	☐
6. Were objective, standard criteria used for the measurement of the condition?	√	☐	☐	☐
7. Was the condition measured reliably?	√	☐	☐	☐
8. Was there appropriate statistical analysis?	√	☐	☐	☐
9. Are all important confounding factors/subgroups/differences identified and accounted for?	√	☐	☐	☐
10. Were subpopulations identified using objective criteria?	√	☐	☐	☐

Overall appraisal: Include   √ Exclude   ☐ Seek further info ☐

Result: Dari 10 pertanyaan terjawab Ya sebanyak 10 atau 100%

Lampiran 2

JBI CRITICAL APPRAISAL CHECKLIST FOR RANDOMIZED CONTROLLED TRIALS

Reviewer : Deby Eka Cahyati   **Date :** 25 – 12 – 2020

Author : Usha Kiran, Suruchi Ladha, Neeti Makhija, Poonam Malhotra Kapoor, Minati Choudhury, Sambhunath Das, Parag Gharde, Vishwas Malik, Balram Airan

Year : 2017   **Record Number :** 02

	Yes	No	Unclear	NA
1. Was true randomization used for assignment of participants to treatment groups?	√	□	□	□
2. Was allocation to treatment groups concealed?	√	□	□	□
3. Were treatment groups similar at the baseline?	□	√	□	□
4. Were participants blind to treatment assignment?	√	□	□	□
5. Were those delivering treatment blind to treatment assignment?	√	□	□	□
6. Were outcomes assessors blind to treatment assignment?	√	□	□	□
7. Were treatment groups treated identically other than the intervention of interest?	□	√	□	□
8. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	√	□	□	□
9. Were participants analyzed in the groups to which they were randomized?	√	□	□	□
10. Were outcomes measured in the same way for treatment groups?	√	□	□	□
11. Were outcomes measured in a reliable way?	√	□	□	□
12. Was appropriate statistical analysis used?	√	□	□	□
13. Was the trial design appropriate, and any deviations from the standard RCT design (individual randomization, parallel groups) accounted for in the conduct and analysis of the trial?	√	□	□	□

Overall appraisal: Include   √ Exclude   □ Seek further info □

Result: Dari 13 pertanyaan terjawab Ya sebanyak 11 atau 84.6%

Lampiran 3

JBI CRITICAL APPRAISAL CHECKLIST FOR RANDOMIZED CONTROLLED TRIALS

Reviewer   : Deby Eka Cahyati   **Date :** 25 – 12 – 2020
Author   : Cynthia R. Gross, Maryanne Reilly-Spong, Taehwan Park, Ruizhi

Zhao, Olga V. Gurvich, Hassan N. Ibrahim

Year   : 2016   **Record Number :** 03

	Yes	No	Unclear	NA
1. Was true randomization used for assignment of participants to treatment groups?	√	□	□	□
2. Was allocation to treatment groups concealed?	√	□	□	□
3. Were treatment groups similar at the baseline?	√	□	□	□
4. Were participants blind to treatment assignment?	□	√	□	□
5. Were those delivering treatment blind to treatment assignment?	□	√	□	□
6. Were outcomes assessors blind to treatment assignment?	√	□	□	□
7. Were treatment groups treated identically other than the intervention of interest?	√	□	□	□
8. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	√	□	□	□
9. Were participants analyzed in the groups to which they were randomized?	√	□	□	□
10. Were outcomes measured in the same way for treatment groups?	√	□	□	□
11. Were outcomes measured in a reliable way?	√	□	□	□
12. Was appropriate statistical analysis used?	□	√	□	□
13. Was the trial design appropriate, and any deviations from the standard RCT design (individual randomization, parallel groups) accounted for in the conduct and analysis of the trial?	√	□	□	□

Overall appraisal: Include   √ Exclude   □ Seek further info □

Result: Dari 13 pertanyaan terjawab Ya sebanyak 10 atau 76.9%

Lampiran 4

JBI CRITICAL APPRAISAL CHECKLIST FOR RANDOMIZED CONTROLLED TRIALS

Reviewer   **:** Deby Eka Cahyati   **Date :** 25 – 12 – 2020

Author   **:** Bertha Andrade Coelho, Sara de Pinho Cunha Paiva, Agnaldo Lopes da Silva Filho

Year   **:** 2018   **Record Number :** 04

	Yes	No	Unclear	NA
1. Was true randomization used for assignment of participants to treatment groups?	√	□	□	□
2. Was allocation to treatment groups concealed?	√	□	□	□
3. Were treatment groups similar at the baseline?	√	□	□	□
4. Were participants blind to treatment assignment?	√	□	□	□
5. Were those delivering treatment blind to treatment assignment?	√	□	□	□
6. Were outcomes assessors blind to treatment assignment?	√	□	□	□
7. Were treatment groups treated identically other than the intervention of interest?	√	□	□	□
8. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	√	□	□	□
9. Were participants analyzed in the groups to which they were randomized?	√	□	□	□
10. Were outcomes measured in the same way for treatment groups?	√	□	□	□
11. Were outcomes measured in a reliable way?	√	□	□	□
12. Was appropriate statistical analysis used?	√	□	□	□
13. Was the trial design appropriate, and any deviations from the standard RCT design (individual randomization, parallel groups) accounted for in the conduct and analysis of the trial?	√	□	□	□

Overall appraisal: Include   √ Exclude   □ Seek further info □

Result: Dari 13 pertanyaan terjawab Ya sebanyak 13 atau 100%

Lampiran 5

JBI CRITICAL APPRAISAL CHECKLIST FOR RANDOMIZED CONTROLLED TRIALS

Reviewer : Deby Eka Cahyati   **Date :** 25 – 12 – 2020

Author : Anava A. Wren & Rebecca A. Shelby & Mary Scott Soo & Zenzi Huysmans & Jennifer A. Jarosz & Francis J. Keefe

Year : 2019   **Record Number :** 05

		Yes	No	Unclear	NA
1.	Was true randomization used for assignment of participants to treatment groups?	√	□	□	□
2.	Was allocation to treatment groups concealed?	√	□	□	□
3.	Were treatment groups similar at the baseline?	□	√	□	□
4.	Were participants blind to treatment assignment?	√	□	□	□
5.	Were those delivering treatment blind to treatment assignment?	□	√	□	□
6.	Were outcomes assessors blind to treatment assignment?	√	□	□	□
7.	Were treatment groups treated identically other than the intervention of interest?	□	√	□	□
8.	Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	√	□	□	□
9.	Were participants analyzed in the groups to which they were randomized?	√	□	□	□
10.	Were outcomes measured in the same way for treatment groups?	√	□	□	□
11.	Were outcomes measured in a reliable way?	√	□	□	□
12.	Was appropriate statistical analysis used?	√	□	□	□
13.	Was the trial design appropriate, and any deviations from the standard RCT design (individual randomization, parallel groups) accounted for in the conduct and analysis of the trial?	√	□	□	□

Overall appraisal: Include   √ Exclude   □ Seek further info □

Result: Dari 13 pertanyaan terjawab Ya sebanyak 10 atau 76.9%

Lampiran 6

JBI CRITICAL APPRAISAL CHECKLIST FOR RANDOMIZED CONTROLLED TRIALS

Reviewer : Deby Eka Cahyati   **Date :** 25 – 12 – 2020

Author : Marco Andre Craveiro, DDS, MSc, PhD, and Celso Luiz Caldeira, DDS, MSc,PhD

Year : 2020   **Record Number :** 06

	Yes	No	Unclear	NA
1. Was true randomization used for assignment of participants to treatment groups?	√	☐	☐	☐
2. Was allocation to treatment groups concealed?	√	☐	☐	☐
3. Were treatment groups similar at the baseline?	√	☐	☐	☐
4. Were participants blind to treatment assignment?	☐	☐	√	☐
5. Were those delivering treatment blind to treatment assignment?	√	☐	☐	☐
6. Were outcomes assessors blind to treatment assignment?	☐	√	☐	☐
7. Were treatment groups treated identically other than the intervention of interest?	√	☐	☐	☐
8. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	√	☐	☐	☐
9. Were participants analyzed in the groups to which they were randomized?	√	☐	☐	☐
10. Were outcomes measured in the same way for treatment groups?	√	☐	☐	☐
11. Were outcomes measured in a reliable way?	√	☐	☐	☐
12. Was appropriate statistical analysis used?	√	☐	☐	☐
13. Was the trial design appropriate, and any deviations from the standard RCT design (individual randomization, parallel groups) accounted for in the conduct and analysis of the trial?	√	☐	☐	☐

Overall appraisal: Include   √ Exclude   ☐ Seek further info ☐

Result: Dari 13 pertanyaan terjawab Ya sebanyak 11 atau 84.6%

Lampiran 7

JBI CRITICAL APPRAISAL CHECKLIST FOR RANDOMIZED CONTROLLED TRIALS

Reviewer **:** Deby Eka Cahyati **Date :** 25 – 12 – 2020

Author **:** Mohamadreza Abdi, Zahra Ghazavi, Saied Abrishamkar

Year **:** 2020 **Record Number :** 07

	Yes	No	Unclear	NA
1. Was true randomization used for assignment of participants to treatment groups?	√	☐	☐	☐
2. Was allocation to treatment groups concealed?	√	☐	☐	☐
3. Were treatment groups similar at the baseline?	√	☐	☐	☐
4. Were participants blind to treatment assignment?	√	☐	☐	☐
5. Were those delivering treatment blind to treatment assignment?	√	☐	☐	☐
6. Were outcomes assessors blind to treatment assignment?	√	☐	☐	☐
7. Were treatment groups treated identically other than the intervention of interest?	√	☐	☐	☐
8. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	√	☐	☐	☐
9. Were participants analyzed in the groups to which they were randomized?	√	☐	☐	☐
10. Were outcomes measured in the same way for treatment groups?	√	☐	☐	☐
11. Were outcomes measured in a reliable way?	√	☐	☐	☐
12. Was appropriate statistical analysis used?	√	☐	☐	☐
13. Was the trial design appropriate, and any deviations from the standard RCT design (individual randomization, parallel groups) accounted for in the conduct and analysis of the trial?	√	☐	☐	☐

Overall appraisal: Include √ Exclude ☐ Seek further info ☐

Result: Dari 13 pertanyaan terjawab Ya sebanyak 13 atau 100%

Lampiran 8

JBI CRITICAL APPRAISAL CHECKLIST FOR RANDOMIZED CONTROLLED TRIALS

Reviewer   : Deby Eka Cahyati   **Date :** 25 – 12 – 2020

Author   : Jiang Xiaolian, PhD, RN, Li Xiaolin , MS, Zhou Hui Lan , MS, RN

Year   : 2015   **Record Number :** 08

		Yes	No	Unclear	NA
1.	Was true randomization used for assignment of participants to treatment groups?	√	☐	☐	☐
2.	Was allocation to treatment groups concealed?	√	☐	☐	☐
3.	Were treatment groups similar at the baseline?	☐	√	☐	☐
4.	Were participants blind to treatment assignment?	√	☐	☐	☐
5.	Were those delivering treatment blind to treatment assignment?	√	☐	☐	☐
6.	Were outcomes assessors blind to treatment assignment?	√	☐	☐	☐
7.	Were treatment groups treated identically other than the intervention of interest?	☐	√	☐	☐
8.	Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	√	☐	☐	☐
9.	Were participants analyzed in the groups to which they were randomized?	√	☐	☐	☐
10.	Were outcomes measured in the same way for treatment groups?	√	☐	☐	☐
11.	Were outcomes measured in a reliable way?	√	☐	☐	☐
12.	Was appropriate statistical analysis used?	√	☐	☐	☐
13.	Was the trial design appropriate, and any deviations from the standard RCT design (individual randomization, parallel groups) accounted for in the conduct and analysis of the trial?	√	☐	☐	☐

Overall appraisal: Include   √ Exclude   ☐ Seek further info ☐

Result: Dari 13 pertanyaan terjawab Ya sebanyak 11 atau 84.6%

Lampiran 9

JBI CRITICAL APPRAISAL CHECKLIST FOR QUASI-EXPERIMENTAL STUDIES

Reviewer : Deby Eka Cahyati   **Date :** 25 – 12 – 2020

Author : Gustomi, Mono Pratiko, Enimarini
Year : 2017   **Record Number :** 09

	Yes	No	Unclear	Not applicable
1. Is it clear in the study what is the 'cause' and what is the 'effect' (i.e. there is no confusion about which variable comes first)?	√	☐	☐	☐
2. Were the participants included in any comparisons similar?	√	☐	☐	☐
3. Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	√	☐	☐	☐
4. Was there a control group?	☐	√	☐	☐
5. Were there multiple measurements of the outcome both pre and post the intervention/exposure?	√	☐	☐	☐
6. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	√	☐	☐	☐
7. Were the outcomes of participants included in any comparisons measured in the same way?	√	☐	☐	☐
8. Were outcomes measured in a reliable way?	√	☐	☐	☐
9. Was appropriate statistical analysis used?	√	☐	☐	☐

Overall appraisal: Include   √   Exclude   ☐ Seek further info ☐

Result: Dari 9 pertanyaan terjawab Ya sebanyak 8 atau 88. 89%

Lampiran 10

JBI CRITICAL APPRAISAL CHECKLIST FOR RANDOMIZED CONTROLLED TRIALS

Reviewer **:** Deby Eka Cahyati   **Date :** 25 – 12 – 2020
Author   **:** Hasan Genc, Serdar Saritas
Year   **:** 2020   **Record Number :** 10

	Yes	No	Unclear	NA
1. Was true randomization used for assignment of participants to treatment groups?	√	☐	☐	☐
2. Was allocation to treatment groups concealed?	√	☐	☐	☐
3. Were treatment groups similar at the baseline?	√	☐	☐	☐
4. Were participants blind to treatment assignment?	√	☐	☐	☐
5. Were those delivering treatment blind to treatment assignment?	☐	√	☐	☐
6. Were outcomes assessors blind to treatment assignment?	√	☐	☐	☐
7. Were treatment groups treated identically other than the intervention of interest?	☐	√	☐	☐
8. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	√	☐	☐	☐
9. Were participants analyzed in the groups to which they were randomized?	√	☐	☐	☐
10. Were outcomes measured in the same way for treatment groups?	√	☐	☐	☐
11. Were outcomes measured in a reliable way?	√	☐	☐	☐
12. Was appropriate statistical analysis used?	√	☐	☐	☐
13. Was the trial design appropriate, and any deviations from the standard RCT design (individual randomization, parallel groups) accounted for in the conduct and analysis of the trial?	√	☐	☐	☐

Overall appraisal: Include   √ Exclude   ☐ Seek further info ☐

Result: Dari 13 pertanyaan terjawab Ya sebanyak 11 atau 84.6%

Lampiran 11

JBI CRITICAL APPRAISAL CHECKLIST FOR QUASI-EXPERIMENTAL STUDIES

Reviewer   : Deby Eka Cahyati   **Date :** 25 – 12 – 2020

Author   : Abdul Syafei, Yogik Suryadi

Year   : 2018   **Record Number :** 11

	Yes	No	Unclear	Not applicable
10. Is it clear in the study what is the 'cause' and what is the 'effect' (i.e. there is no confusion about which variable comes first)?	√	☐	☐	☐
11. Were the participants included in any comparisons similar?	√	☐	☐	☐
12. Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	√	☐	☐	☐
13. Was there a control group?	☐	√	☐	☐
14. Were there multiple measurements of the outcome both pre and post the intervention/exposure?	√	☐	☐	☐
15. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	√	☐	☐	☐
16. Were the outcomes of participants included in any comparisons measured in the same way?	√	☐	☐	☐
17. Were outcomes measured in a reliable way?	√	☐	☐	☐
18. Was appropriate statistical analysis used?	☐	√	☐	☐

Overall appraisal: Include   √ Exclude   ☐ Seek further info ☐

Result : Dari 9 pertanyaan, jawaban "Ya" sebanyak 7 atau 77. 77 %

Lampiran 12

JBI CRITICAL APPRAISAL CHECKLIST FOR QUASI-EXPERIMENTAL STUDIES

Reviewer : Deby Eka Cahyati   **Date :** 25 – 12 – 2020

Author : Virgianti Nur Faridah

Year : 2015   **Record Number :** 12

	Yes	No	Unclear	Not applicable
1. Is it clear in the study what is the 'cause' and what is the 'effect' (i.e. there is no confusion about which variable comes first)?	√	☐	☐	☐
2. Were the participants included in any comparisons similar?	√	☐	☐	☐
3. Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	☐	☐	√	☐
4. Was there a control group?	☐	☐	√	☐
5. Were there multiple measurements of the outcome both pre and post the intervention/exposure?	√	☐	☐	☐
6. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	√	☐	☐	☐
7. Were the outcomes of participants included in any comparisons measured in the same way?	√	☐	☐	☐
8. Were outcomes measured in a reliable way?	☐	☐	√	☐
9. Was appropriate statistical analysis used?	√	☐	☐	☐

Overall appraisal: Include   √   Exclude   □ Seek further info □

Result : Dari 9 pertanyaan, jawaban "Ya" sebanyak 6 atau 66.6%

Lampiran 13

JBI CRITICAL APPRAISAL CHECKLIST FOR QUASI-EXPERIMENTAL STUDIES

Reviewer : Deby Eka Cahyati   **Date :** 25 – 12 – 2020

Author : Firman Faradisi

Year : 2012   **Record Number :** 13

	Yes	No	Unclear	Not applicable
1. Is it clear in the study what is the 'cause' and what is the 'effect' (i.e. there is no confusion about which variable comes first)?	√	☐	☐	☐
2. Were the participants included in any comparisons similar?	√	☐	☐	☐
3. Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	☐	☐	√	☐
4. Was there a control group?	☐	√	☐	☐
5. Were there multiple measurements of the outcome both pre and post the intervention/exposure?	√	☐	☐	☐
6. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	√	☐	☐	☐
7. Were the outcomes of participants included in any comparisons measured in the same way?	√	☐	☐	☐
8. Were outcomes measured in a reliable way?	√	☐	☐	☐
9. Was appropriate statistical analysis used?	√	☐	☐	☐

Overall appraisal: Include   √ Exclude   □ Seek further info □

Result : Dari 9 pertanyaan, jawaban "Ya" sebanyak 7 atau 77. 77 %

Lampiran 14

JBI CRITICAL APPRAISAL CHECKLIST FOR QUASI-EXPERIMENTAL STUDIES

Reviewer   : Deby Eka Cahyati   **Date :** 25 – 12 – 2020

Author   : R. Topan Aditya Rahman, Mohdari, Aditya Prasetyo

Year   : 2017   **Record Number :** 14

		Yes	No	Unclear	Not applicable
1.	Is it clear in the study what is the 'cause' and what is the 'effect' (i.e. there is no confusion about which variable comes first)?	√	☐	☐	☐
2.	Were the participants included in any comparisons similar?	√	☐	☐	☐
3.	Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	√	☐	☐	☐
4.	Was there a control group?	☐	√	☐	☐
5.	Were there multiple measurements of the outcome both pre and post the intervention/exposure?	√	☐	☐	☐
6.	Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	√	☐	☐	☐
7.	Were the outcomes of participants included in any comparisons measured in the same way?	√	☐	☐	☐
8.	Were outcomes measured in a reliable way?	√	☐	☐	☐
9.	Was appropriate statistical analysis used?	√	☐	☐	☐

Overall appraisal: Include   √ Exclude   ☐ Seek further info ☐

Result : Dari 9 pertanyaan, jawaban "Ya" sebanyak 8 atau 88,89%

Lampiran 15

JBI CRITICAL APPRAISAL CHECKLIST FOR QUASI-EXPERIMENTAL STUDIES

Reviewer : Deby Eka Cahyati   **Date :** 25 – 12 – 2020

Author   : Suwanto, Ahmad Hasan Basri, Mustamin Umalekhoa

Year   : 2016   **Record Number :** 15

		Yes	No	Unclear	Not applicable
1.	Is it clear in the study what is the 'cause' and what is the 'effect' (i.e. there is no confusion about which variable comes first)?	√	☐	☐	☐
2.	Were the participants included in any comparisons similar?	√	☐	☐	☐
3.	Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	√	☐	☐	☐
4.	Was there a control group?	☐	√	☐	☐
5.	Were there multiple measurements of the outcome both pre and post the intervention/exposure?	√	☐	☐	☐
6.	Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	√	☐	☐	☐
7.	Were the outcomes of participants included in any comparisons measured in the same way?	√	☐	☐	☐
8.	Were outcomes measured in a reliable way?	√	☐	☐	☐
9.	Was appropriate statistical analysis used?	√	☐	☐	☐

Overall appraisal: Include   √ Exclude   □ Seek further info □

Result : Dari 9 pertanyaan, jawaban "Ya" sebanyak 8 atau 88,89%

Lampiran 16. Rangkuman Penilaian *Critical Apparaisal* berdasarkan *Joanna Briggs Institute* (JBI)

Jurnal	Study	Penilaian Critical Apparaisal													Jumlah	Kesimpulan
		1	2	3	4	5	6	7	8	9	10	11	12	13		
Emma Chad-Friedman, BA; Mojtaba Talaei-Khoei, MD; David Ring, MD, PhD; Ana-Maria Vranceanu, PhD. (2017)	Pilot Study	√	√	√	√	√	√	√	√	√	√				10/10	100%
Usha Kiran, Suruchi Ladha, Neeti Makhija, Poonam Malhotra Kapoor, Minati Choudhury, Sambhunath Das, Parag Gharde, Vishwas Malik, Balram Airan (2017)	Randomized Controlled Trials	√	√	-	√	√	√	-	√	√	√	√	√	√	11/13	84.6%
Cynthia R. Gross, Maryanne Reilly-Spong, Taehwan Park, Ruizhi Zhao, Olga V. Gurvich, Hassan N. Ibrahim (2016)	Randomized Controlled Trials	√	√	√	-	-	√	√	√	√	√	√	-	√	10/13	76.9%
Bertha Andrade Coelho, Sara de Pinho Cunha Paiva, Agnaldo Lopes da Silva Filho (2018)	Randomized Controlled Trials	√	√	√	√	√	√	√	√	√	√	√	√	√	13/13	100%

Author	Design														Score	%
Anava A. Wren & Rebecca A. Shelby & Mary Scott Soo & Zenzi Huysmans & Jennifer A. Jarosz & Francis J. Keefe (2019)	Randomized Controlled Trials	√	√	-	√	-	√	-	√	√	√	√	√	√	10/13	76.9%
Marco Andr_e Craveiro, DDS, MSc, PhD, and Celso Luiz Caldeira, DDS, MSc,PhD (2020)	Randomized Controlled Trials	√	√	√	-	√	-	√	√	√	√	√	√	√	11/13	84.6%
Mohamadreza Abdi, Zahra Ghazavi, Saied Abrishamkar (2020)	Randomized Controlled Trials	√	√	√	√	√	√	√	√	√	√	√	√	√	13/13	100%
Jiang Xiaolian, PhD, RN, Li Xiaolin , MS, Zhou Hui Lan , MS, RN (2015)	Randomized Controlled Trials	√	√		√	√	√	-	√	√	√	√	√	√	11/ 13	84.6%
Gustomi, Mono Pratiko, Enimarini (2017)	Quasi-Experimental Studies	√	√	√	-	√	√	√	√	√					8/9	88,89%
Hasan Genc, Serdar Saritas (2020)	Randomized Controlled Trials	√	√	√	√	-	√	-	√	√	√	√	√	√	11/ 13	84.6%

Abdul Syafei, Yogik Suryadi (2018)	Quasi-Experimental Studies	√	√	√	-	√	√	√	√	-						7/9	77. 77 %
Virgianti Nur Faridah (2015)	Quasi-Experimental Studies	√	√	-	√	√	√	√	-	√						6/ 9	66.6%
Firman Faradisi (2012)	Quasi-Experimental Studies	√	√	-	-	√	√	√	√	√						7/9	77. 77 %
R. Topan Aditya Rahman, Mohdari, Aditya Prasetyo (2017)	Quasi-Experimental Studies	√	√	√	-	√	√	√	√	√						8/9	88,89%
Suwanto, Ahmad Hasan Basri, Mustamin Umalekhoa (2016)	Quasi-Experimental Studies	√	√	√	-	√	√	√	√	√						8/9	88,89%

Lampiran 17 Tabel Resume Jurnal yang Direview

No.	Judul Penelitian & Penulis	Data Base	Variabel	Desain Penelitian	Hasil
	Mindfulness Therapy				
1.	First Use of a Brief 60-second Mindfulness Exercise in an Orthopedic Surgical Practice; Results from a Pilot Study (Friedman et al., 2017)	Pubmed	**Variabel Independen:** *Mindfulness based interventions* **Variabel Dependen:** - Nyeri - Ansietas/ Kecemasan - Emosi	Pilot Study	- **Responden**: 20 pasien ortopedi yang mengalami gangguan pada ekstremitas atas - **Eksklusi**: Peserta dikeluarkan jika mereka tidak bisa berbahasa Inggris, berusia 17 tahun atau lebih muda, hamil, atau mengalami kesehatan mental parah yang tidak diobati atau gangguan penyalahgunaan zat. - **Alat Ukur**: 1) STAI : ansietas 2) NRS : nyeri 3) Emotion Thermometers : distress, anxietas, marah and depresi - **Analisis:** 1) Statistik deskriptif untuk mengevaluasi demografi (Korelasi Pearson). 2) Uji-t sampel berpasangan mengevaluasi pra-pasca perubahan intensitas nyeri, kesusahan, kecemasan, depresi, kemarahan, dan kecemasan

				- **Hasil:**
				1) Intervensi video *mindfulness* diterima dengan baik dengan skor kepuasan keseluruhan rata-rata 20.
				2) Ada perbedaan yang signifikan antara pasien baru dan pasien lama pada termometer distress dasar skor (t = 2.5, P = 0.026), dengan pasien lama melaporkan skor yang lebih tinggi (M = 4.3, SD = 2.1, n = 9) dibandingkan pasien baru (M = 2,3, SD = 1,6, n = 11).
				3) Perbedaan signifikan antara kelompok ras / etnis pada baseline skor *state anxiety*, F (3,16) = 3,4, P = 0,044, dengan orang Asia melaporkan tingkat kecemasan negara rata-rata tertinggi (orang Asia: M = 55; Afrika Amerika: M = 46; Putih: M = 34; Lain ras: M = 22).
				4) Durasi penyakit positif berkorelasi dengan kemarahan dasar (r = .51, P = 0.021) dan *state anxiety* (r = .44, P = 0.053), sehingga durasi penyakit lebih lama berkorelasi dengan tingkat

				kemarahan dan kecemasan negara yang lebih tinggi.
				5) Skor pada intensitas nyeri menurun rata-rata sebesar 1,05 poin, yang sebenarnya tidak hanya signifikan secara statistik ($P = 0,001$) tetapi juga bermakna secara klinis.
				6) Skor pada kecemasan negara pada awal dan tes akhir menyarankan kecemasan minimal dan menurun rata-rata sebesar 7,5 poin, yang secara statistik penting.
				7) Skor juga menurun secara signifikan pada semua emosional termometer dari baseline hingga pasca intervensi video ($P = 0,001$-$P = 002$).
				8) Distress, skor rata-rata menurun dengan 1,35 poin dan pasien sebagai kelompok pindah "Tekanan signifikan" menjadi "gangguan minimal".
				9) Gejala depresi minimal rata-rata pada awal, dan menurun dengan rata-rata 0,85 poin.

					10) Kecemasan pasien memiliki gejala minimal pada awal yang selanjutnya menurun 2,15 poin. 11) Skor kemarahan menurun 1,45 poin.
2.	The Role of Rajyoga Meditation for Modulation of Anxiety and Serum Cortisol in Patients Undergoing Coronary Artery Bypass Surgery: A Prospective Randomized Control Study (Kiran et al., 2017)	Pubmed	**Variabel Independen:** mind body intervention: rajyoga meditation **Variabel Dependen:** Anxiety and Serum Cortisol in Patients Undergoing Coronary Artery Bypass Surgery	Randomized Control Study	- **Responden**: Patients undergoing coronary artery bypass surgery sebanyak 147 responden dengan rincian 73 orang masuk ke dalam kelompok intervensi dan 74 orang masuk ke kelompok control - **Inklusi:** Pasien dengan CAD yang dijadwalkan untuk bypass arteri koroner elektif - **Eksklusi** Pasien yang menjalani CABG gabungan dan operasi katup, CABG darurat, lakukan operasi ulang, pasien menderita penyakit neuropsikiatri dan mereka yang pergi fraksi ejeksi ventrikel di bawah 35% dikeluarkan - **Alat Ukur**: Visual Analog Scale (VAS) 1–10 - **Analisis:** t-test.dengan sigifikansi P values <0.05 - **Hasil:** 1) Tingkat kecemasan pasien sebelum operasi (T1) sebanding antara Rajyoga

				dan kelompok kontrol (7.10 ± 0.8 vs. 6.87 ± 0.68, P> 0,05).
				2) Pada hari pembedahan juga (T2), tingkat kecemasannya sebanding antara kedua kelompok (6,72 ± 1,05 vs. 6,37 ± 1,31, P> 0,05).
				3) Pada pasca operasi ke-2 hari (T3), pasien yang menjalani pelatihan Rajyoga memiliki tingkat kecemasan yang lebih rendah secara statistik yang diukur pada VAS skala dibandingkan dengan kelompok kontrol (3,12 ± 1,45 vs. 6.12 ± 0.14, P <0.05)
				4) Pasca operasi 5 hari (T4), terlihat pasien terus berlatih Rajyoga mengalami penurunan yang signifikan secara statistik tingkat kecemasan (0,69 ± 1,1 vs 5,6 ± 1,38, P <0,05).
				5) Pengukuran kadar kortisol darah pada pagi hari pada hari operasi (T1) sebanding di kedua kelompok (10,21 ± 1,92 μm / dl vs. 11,11 ± 3,01 μm / dl, P> 0,05).
				6) Pada hari pertama pasca operasi (T2) kelompok Rajyoga memiliki peningkatan kortisol yang lebih rendah dibandingkan dengan kontrol (13,86 ±

					1,72 μm / dl vs 17,64 ± 3,23 μm / dl, P <0,05)
					7) Pasien pada kelompok kontrol mengalami tingkat kortisol yang lebih rendah dibandingkan dengan pasien di Kelompok Rajyoga (8,56 ± 1,38 μm / dl vs. 6,37 ± 2,42 μm / dl, P <0,05)
3.	Telephone-adapted Mindfulness-based Stress Reduction (tMBSR) for Patients Awaiting Kidney Transplantation (Gross et al., 2017)	Science Direct	**Variabel Independen:** Telephone-adapted Mindfulness-based Stress Reduction **Variabel Dependen:** - Ansietas - *Depression, sleep quality, pain, fatigue,* dan HRQOL/ *Health-related quality of life*	Randomized Control Study	- **Responden**: Pasien sebanyak 55 orang yang sedang menunggu transplantasi ginjal (2 – 6 bulan sebelum operasi) dimana dibagi menjadi 2 kelompok yaitu kelompok perlakuan t-mindfulness sejumlah 27 orang dan kelompok t-support atau pendukung sejumlah 28 orang. - **Inklusi** Usia 18 tahun atau lebih, mampu membaca dan menulis Bahasa Inggris, tertarik menghadiri workshop, dan bisa menggunakan telepon untuk telekonferensi. - **Eksklusi** Melakukan transplantasi sebelumnya, MBSR sebelumnya atau latihan meditasi biasa, masalah kesehatan mental yang serius (teridentifikasi bunuh diri, gangguan psikotik, atau penyalahgunaan zat pada skrining oleh psikolog), dirawat di rumah

				sakit atau secara medis tidak stabil (misalnya, stroke baru-baru ini), atau transplantasi ginjal dijadwalkan dalam 3 bulan ke depan
				- **Alat Ukur**: a. Kecemasan : STAI b. Depresi : The Center for Epidemiologic Studies Depression Scale (CES-D) c. Kualitas Tidur : Sleep Quality Index (PSQI) d. Kelelahan : PROMIS-Fatigue Short Form v1.0 e. HRQOL : the mental and physical component summary scores (MCS, PCS) f. Nyeri : SF-12 pain interference item g. Latihan mindfulness untuk mengatasi stress diukur dengan VAS.
				- **Analisis:** multiple regrestion
				- **Hasil:** a. Kecemasan mengalami penurunan namun jika dibandingkan dengan t-support penurunan kecemasan pada intervensi t-mindfulness tidak signifikan dengan P = 0.55

					b. Secara keseluruhan untuk kualitas hidup intervensi t-mindfulness signifikan P = 0. 01
4.	Extremely brief mindfulness interventions for women undergoing breast biopsies: a randomized controlled trial (Coelho et al., 2018)	*SpringerLink*	**Variabel Independen:** mindfulness interventions **Variabel Dependen:** - Kecemasan - Nyeri - Depresi - Stress	Randomized Control Trial	- **Responden**: 82 responden pasien pre biopsy dibagi menjadi 2 kelompok dengan jumlah responden sama rata yaitu kelompok perlakuan atau mindfulness dan kelompok control atau perawatan standar. - **Inklusi:** Semua pasien yang memenuhi syarat yang dijadwalkan menjalani biopsi payudara - **Alat Ukur**: 1. Kecemasan, depresi, stress menggunakan DASS-21 2. Nyeri menggunakan VAS - **Analisis:** t-test - **Hasil:** 1. DASS stress p-value 0.029 2. DASS anxiety p-value 0.133 3. DASS depresi p-value 0.209 4. VAS nyeri p-value 0.634
5.	Preliminary efficacy of a lovingkindness meditation	*SpringerLink*	**Variabel Independen:** lovingkindness meditation	Randomized Control Trial	- **Responden**: 56 responden yang akan menjalani biopsi atau operasi payudara dimana dikelompokkan menjadi 3 yaitu kelompok

| | | | Variabel Dependen: | | lovingkindness meditation sejumlah 23 orang, kelompok musik 16 orang dan kelompok kontrol 17 orang. |

intervention for patients undergoing biopsy and breast cancer surgery: A randomized controlled pilot study (Wren et al., 2019)			**Variabel Dependen:**
			- Kecemasan
			- Nyeri badan dan payudara
			- Kelelahan
			- Tekanan darah
			- Nadi
			- *Self Compassion*
					lovingkindness meditation sejumlah 23 orang, kelompok musik 16 orang dan kelompok kontrol 17 orang.
					- **Inklusi:**
					(1) Perempuan ≥ 21 tahun
					(2) Menjalani CNBB
					(3) Penilaian akhir birads mamografi / usg kategori 4a-c (mencurigakan) sampai 6 (diagnosis kanker)
					(4) Mampu berbicara dan membaca bahasa inggris;
					(5) Memberikan persetujuan. Penelitian ini meneliti sub-sampel wanita yang menerima hasil biopsi abnormal dan menjalani operasi
					- **Eksklusi**
					  Peserta tidak menjalani operasi
					- **Alat Ukur**:
					  1. Kecemasan: STAI
					  2. Nyeri : BPI
					  3. Kelelahan: FACIT
					  4. Respon fisiologi TD dan HR menggunakan manset pengukur tekanan darah

					5. *Self Compassion* dengan Self-Compassion Scale-Short Form (SCS-SF)
					- **Analisis:**
					1. Deskriptif dengan chi square
					2. Menjawab tujuan: multilevel modeling (MLM)
					- **Hasil:**
					1. Kecemasan menurun secara signifikan ($B = -4.05$, $SE = 0.87$, $t = -4.65$, $p < 0.001$, 95% CI = -5.77, -2.33)
					2. Nyeri tubuh menurun secara signifikan ($p = 0.02$)
					3. Nyeri payudara tidak terjadi penurunan yang signifikan [$F_{(2,46)} = 0.26$, $p = 0.77$]
					4. Kelelahan tidak signifikan [$F_{(2,59)} = 0.45$, $p = 0.64$]
					5. Reaktivitas fisiologis Interaksi pengobatan x waktu secara keseluruhan signifikan untuk HR [$F_{(2,40)} = 3.68$, $p = 0.03$].
					6. *Self Compassion* signifikan ($p = 0.004$)

Distraksi Audiovisual					
6.	Influence of an Audiovisual Resource on the Preoperative Anxiety of Adult Endodontic Patients: A Randomized Controlled Clinical Trial (Craveiro & Caldeira, 2020)	Science Direct	**Variabel Independen:** Audiovisual resource **Variabel Dependen:** Preoperative anxiety	A Randomized Controlled Clinical Trial	- **Responden**: 160 orang menjadi responden dibagi menjadi dua grup masing-masing 80 orang. Satu grup sebagai kelompok perlakuan dan satunya sebagai kelompok kontrol. - **Inklusi:** 1. Pasien yang membutuhkan primary edodontic treatment. 2. Usia responden 18 tahun atau lebih 3. Bersedia mengisi *inform concent* - **Eksklusi:** 1. Responden hamil 2. Menggunakan obat antianxyolitik, antidepresan, atau antihipertensi sebulan sebelumnya - **Alat Ukur** 1. DAS atau *Dental Anxiety Scale* 2. VAS → assessment variasi spesifik kecemasan pre operasi - **Analisis:** Mann Whitney Test - **Hasil:** P value = 0. 001 pada perbedaan kecemasan antara kelompok control dan kelompok

					perlakuan dengan menggunakan instrument VAS.
7	The Effect of Electronical Film on the Anxiety of Patients Candidate for Lumbar Disc Surgery (Abdi et al., 2019)	Pubmed	**Variabel Independen:** Electronical Film **Variabel Dependen:** Kecemasan pada pasien kandidat Lumbar Disc Surgery	Randomized Clinical Trial	- **Responden**: Responden sebanyak 60 pasien yang akan menjalani lumbar disc surgery dan dibagi menjadi 2 grup, yaitu grup perlakuan dan grup kontrol dimana masing-masing terdiri dari 30 responden. - **Inklusi:** 1. Dapat membaca dan menulis 2. Diagnosis utama lumbar disc 3. Usia 18 – 64 tahun 4. Tidak ada gangguan kognitif 5. Tidak mengalami sakit mental dengan bukti dari pengkajian di medical record 6. Belum pernah menjalani lumbar disc surgery sebelumnya 7. Bukan staff medis - **Eksklusi:** 1. Pasien yang tidak bersedia menjadi partisipan 2. Mengalami gangguan stress 3. Menggunakan sedative atau anxiolitik. - **Alat Ukur:** SSTAI (Spilberger State Trait Anxiety)

					- **Analisis:**
					1. Chi square
					2. Mann Whitney
					3. Independen t-test
					4. Paired t-test
					- **Hasil:**
					1. Pengukuran independent t-test didapatkan p-value state 0. 01 dan trait 0. 03
					2. Pengukuran paired t-test didapatkan p value state pada kelompok intervensi 0.001 dan trait 0.001 sedangkan pada kelompok control p value state sebesar 0.91 dan trait 0. 86
8	Effects of Visual and Audiovisual Distraction on Pain and Anxiety Among Patients Undergoing Colonoscopy (Xiaolian et al., 2015)	Pubmed	**Variabel Independen:** Distraksi Visual dan Audiovisual **Variabel Dependen:** Nyeri, kecemasan, kerelaan pada pasien pre colonoscopy	Randomized, Controlled Design	- **Responden**: 1. Sebanyak 180 responden yang akan menjalani endoscopy center di Cina Barat. 2. Responden dijadikan menjadi tiga grup yaitu grup A mendapat visual distraksi, grup B mendapat audiovisual distraksi dan grup C sebagai kelompok kontrol

				- **Inklusi:**
				  1. Pasien yang menjalani colonoscopy pertama kali
				  2. Usia $\geq$ 18 tahun
				  3. Fungsi kognitif normal (8 - 10) dibuktikan dengan pengukuran menggunakan Abbreviated Mental Test Modified (AMT)
				  4. Bersedia menjadi responden
				- **Eksklusi:**
				  1. Menjalani operasi dengan sedasi
				  2. Riwayat operasi abdomen dan pelvic
				  3. Gangguan pengelihatan dan pendengaran
				  4. Menggunakan obat antianxyolitic atau analgesik 72 jam sebelum operasi.
				- **Alat Ukur**:
				  1. STAI versi Cina
				  2. VAS untuk nyeri
				- **Analisis:**
				  Quantitatif dengan t-test jika distribusi tidak normal maka menggunakan Sum Rank Test sedangkan untuk kategorikal menggunakan chisquare.

					- **Hasil:** Tidak spesifik dalam menurunkan kecemasan dimana nilai trait p = 0, 850 dan state anxiety pre operasi p = 0,637
9	Teknik Distraksi Audio Visual Mengenai Kajian Islam Menurunkan Kecemasan Pada Pasien Pre Operasi Seksio Sesarea (Gustomi & Enimarini, 2017)	Google Scholar	**Variabel Independen:** Distraksi audiovisual dengan kajian islam **Variabel Dependen:** Kecemasan pasien pre operasi seksio sesarea	Quasy Eksperimen	- **Responden:** Responden sebanyak 41 orang tetapi yang memenuhi kriteria inklusi sebanyak 37 orang. - **Inklusi:** pasien yang akan menjalani operasi seksio sesarea yang pertama secara elektif - **Alat Ukur:** HARS - **Analisis:** Wilcoxon Rank Test - **Hasil:** Hasil dari uji statistic didapatkan p-value 0.000 yang artinya ada pegaruh dari intervensi yang diberikan.
10	The effects of watching comedy videos on anxiety and vital signs in surgical oncology patients (Genç & Saritas, 2020)	Science Direct	**Variabel Independen:** Video komedi **Variabel Dependen:** Kecemasan dan tanda-tanda vital pasien operasi onkologi	Randomized Clinical Trial	- **Responden:** Responden sebanyak 88 orang dibagi menjadi 2 kelompok yaitu 44 pasien perlakuan dan 44 pasien sebagai kelompok kontrol - **Inklusi:** 1. Usia 18 tahun atau lebih 2. Pasien yang menjalani operasi umum

				3. Tidak ada gangguan visual, verbal dan aural
				4. Pasien yang dirawat semalam sebelum operasi
				- **Eksklusi:**
				1. Pasien tidak kooperatif
				2. Kondisi tidak stabil
				3. Tanda-tanda vital tidak stabil
				4. Gangguan pendengaran
				5. Menggunakan obat anti depresan
				- **Alat Ukur:** STAI
				- **Analisis:** t-test
				- **Hasil:** Nilai statistik pre dibandingkan dengan post intervensi p-value sebesar 0,002
Murottal Al-Quran				
11.	Pengaruh Pemberian Terapi Audio *Murottal* Qur'an Surat Ar-Rahman terhadap Tingkat Kecemasan pada Pasien Pre-Operasi Katarak	Google Scholar	**Variabel Independen:** Terapi Audio *Murottal* Qur'an Surat Ar-Rahman **Variabel Dependen:** Tingkat Kecemasan pada Pasien Pre-Operasi Katarak *Senilis*	Quasy Eksperimen	- **Responden**: Responden berjumlah 56 orang - **Inklusi:** Responden dengan agama islam, tidak mengalami gangguan pendengaran, berusia 40-70 tahun yang akan melakukan operasi katarak dengan keadaan sadar serta dapat berkomunikasi dengan baik - **Alat Ukur:** HARS

No.					
	Senilis (Syafei & Suryadi, 2018)				- **Analisis:** Uji *Marginal Homogeneity Test* - **Hasil:** Hasil uji statistik *non parametric (Marginal Homogeneity Test)* didapatkan nilai ρvalue =0,000<0,05
12.	Terapi Murottal (Al-Qur'an) Mampu Menurunkan Tingkat Kecemasan Pada Pasien Pre Operasi Laparatomi (Faridah, 2015)	Google Scholar	**Variabel Independen:** Terapi Murottal (Al-Qur'an) **Variabel Dependen:** Tingkat Kecemasan pada Pasien Pre-Operasi Laparatomi	Quasy Eksperimen	- **Responden**: Responden sebanyak 32 pasien pre operasi laparatomi - **Inklusi:** pasien pre operasi laparatomi - **Alat Ukur:** tidak diketahui - **Analisis:** *Wilcoxon signal Rank Test* - **Hasil:** Hasil uji statistik *Wilcoxon Sign Rank Test*, menunjukkan nilai signifikansi (p value = 0,000)
13.	Efektifitas Terapi Murotal dan Terapi Musik Klasik terhadap Penurunan Tingkat Kecemasan Pasien Pra Operasi di Pekalongan (Faradisi, 2012)	Google Scholar	**Variabel Independen:** Terapi Murotal dan Terapi Musik Klasik **Variabel Dependen:** Tingkat Kecemasan Pasien Pra Operasi	Quasy Eksperimen	- **Responden**: Sebanyak 30 pasien dijadikan sebagai responden dan dibagi menjadi 2 grup yaitu grup yang mendapatkan intervensi music klasik dan grup yang mendapatkan terapi murottal, masing-masing 15 orang. - **Inklusi:** Pasien yang dinyatakan akan menjalani operasi akibat fraktur

					- **Alat Ukur:** HRS-A - **Analisis:** Uji T (T-Test) - **Hasil:** 1. Kecemasan berkurang pada intervensi murottal dengan nilai signifikansi (p = 0.000) 2. Hasil uji beda antara intervensi musik dan murottal adalah p = 0.000
14.	Murottal Therapy To Anxiety Levels Of Patients Pre-Operative At Sari Mulia Hospital Banjarmasin (Aditya Rahman et al., 2017)	Google Scholar	**Variabel Independen:** Murottal Therapy **Variabel Dependen:** Anxiety Levels Of Patients Pre-Operative	Quasy Eksperimen	- **Responden**: Responden 22 orang pre operasi - **Inklusi:** Pasien pre operasi - **Alat Ukur:** Hamilton Ratting Scale For Anxiety (HRS-A) - **Analisis:** Wilcoxon test. - **Hasil:** Hasil uji statistik *Wilcoxon* nilai signifikansi (p value = 0,000)
15.	Efektifitas Klasik Musik Terapi dan Murrotal Terapi untuk Menurunkan Tingkat Pasien Kecemasan Pre	Google Scholar	**Variabel Independen:** Klasik Musik Terapi dan Murrotal Terapi **Variabel Dependen:** Tingkat Kecemasan Pre Operasi	Quasy Eksperimen	- **Responden**: Responden 20 orang yang akan menjalani operasi, dibagi menjadi 2 kelompok masing-masing 10 orang dimana kelompok pertama mendapatkan intervensi music klasik dan kelompok kedua mendapatkan intervensi murottal

	Operasi (Suwanto et al., 2016)				- **Alat Ukur:** HARS - **Analisis:** Wilcoxon dan Mann Whitney - **Hasil:** 1. Kecemasan berkurang pada pasien dengan intervensi murottal, nilai signifikansi p = 0,002 2. Perbedaan tingkat kecemasan antara intervensi music klasik dan murottal p = 0,001

Lampiran 18. Lembar Bimbingan

LEMBAR BIMBINGAN SKRIPSI

Nama Mahasiswa : Deby Eka Cahyati
NIM : P17211171001
Nama Pembimbing I : Dr. Tri Johan Agus Y., S.Kp., M.Kep

NO	TANGGAL	REKOMENDASI PEMBIMBING	TANDA TANGAN PEMBIMBING
1.	28/ 9/ 2020	➢ Mengajukan judul ➢ Diarahkan sesuai dengan visi misi prodi yaitu tentang perioperatif	
2.	8/ 10 / 2020	➢ Bimbingan melalui zoom ➢ Mengajukan judul baru mengarah ke perioperatif ➢ Revisi judul: - Cari kebaruannya - Kalau bisa bukan judul penelitian sumbu pendek.	
3.	29/ 10/ 2020	➢ Mengajukan judul baru ➢ Dicoba untuk mengerjakan bab 1	
4.	11/ 11/ 2020	➢ Mengajukan permohonan sedikit revisi dari judul sebelumnya: *mindfulness therapy based body scan* dan *audiovisual distraction based funny video* dirubah menjadi *mindfulness therapy* dan distraksi audiovisual. ➢ Acc Judul	
5.	14/ 11/ 2020	➢ Bimbingan bab 1 ➢ Revisi bab 1 - Latar belakang bagian skala atau prevalensi langsung mengarah ke skala cemas pre operasi dari tingkat dunia – Indonesia – Jawa Timur – rumah sakit rujukan Jawa Timur – rumah sakit kecil.	

		- Terlalu banyak mengulang kata non-farmakologi → harus diganti dengan yang lain - Cantumkan manajemen farmakologi untuk kecemasan - Cantumkan novelty penelitian - Bagian tujuan umum: mengetahui diganti dengan menjelaskan atau mendefinisikan → pilih salah satu - Bagian tujuan khusus dijabarkan dari univariat – bivariat – multivariat. - Bagian tujuan khusus: mengetahui bisa diganti mendefinisikan atau menganalisis. Smentara tidak apa-apa pakai mengetahui saja. ➢ Baca karanya Pak Abu Bakar dan Pak Supriyana mengenai *mindfulness*	
6.	3/ 1/ 2021	➢ Konsultasi mengenai kelanjutan bab 1 ➢ Lanjut bab 2 dan 3	
7.	5/ 1/ 2021	➢ Konsultasi bab 2 dan 3 via email ➢ Mempersiapkan untuk ujian proposal.	
8.	9/5/2021	➢ Konsultasi bab 4 dan 5 ➢ Revisi bab 4 → hasil dan pembahasan dipisah, setelah poin 4.1 dan 4.2 diberi kata-kata pembuka. ➢ Revisi bab 5 → ditambahkan kesimpulan untuk menjawab tujuan umum. ➢ susun *full paper* dari cover sampai dengan selesai ➢ bahasa-bahasa proposal diganti dengan Bahasa skripsi	
9.	29/5/2021	➢ konsul skripsi *full paper* ➢ mengganti kata menganalisis menjadi mengidentifikasi pada tujuan khusus 3 – 5 dan identifikasi menjadi menganalisis pada tujuan khusus no.6 ➢ acc ujian skripsi	

LEMBAR BIMBINGAN SKRIPSI

Nama Mahasiswa : Deby Eka Cahyati
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Nama Pembimbing II: Fitriana K. S., S.Kep., Ns., M.Kep

NO	TANGGAL	REKOMENDASI PEMBIMBING	TANDA TANGAN PEMBIMBING
1.	29/ 9/ 2020	➤ Konsultasi Judul ➤ Membuat tabel keaslian penelitian sesuai judul ang diajukan. ➤ Mencari referensi jurnal minimal 3 terkait judul maksimal 5 tahun terakhir. ➤ Sitasi dan daftar pustaka gunakan Mendeley ➤ Publisher jurnal yang kredibel	
2.	2/10/2020	➤ Konsultasi tabel keaslian ➤ Acc judul dan tabel keaslian ➤ Melanjutan mengerjakan bab 1	
3.	13/10/2020	➤ Konsutasi judul baru ➤ Meninjau ulang kebaruan variabel dari judul yang diajukan	
4.	1/11/2020	➤ Konsultasi tabel keaslian baru ➤ Mempertimbangkan jenis penelitian yang akan dilakukan ➤ Rekomendasi penelitian literatur review ➤ Acc tabel keaslian dan lanjut bab 1	
5.	7/ 11/ 2020	➤ Bimbingan bab 1 dengan media zoom ➤ Penulisan bab 1 dengan angka bukan romawi ➤ Bahasa asing ditulis miring ➤ Revisi bagian hasil penelitian dari jurnal orang lain dihapus ➤ Penulisan tujuan dan manfaat penelitian sesuai dengan SPOK	

6.	21/ 11/ 2020	➢ Bimbingan revisi bab 1 dengan media zoom ➢ Acc bab 1 ➢ Lanjut mengerjakan bab 2 dan 3	
7.	26/ 12/ 2020	➢ Konsultasi bab 2 dan 3 ➢ Bimbingan bab 2 ➢ Revisi bab 2, poin 2.6 tentang hasil penelitian terdahulu di hapus → dipakai nanti saat pembahasan.	
8.	4/ 1/ 2021	➢ Bimbingan bab 3 ➢ Revisi → masukkan keterangan jurnal yang akan di review (DOI, terindeks scopus atau tidak, jurnal nasional terindeks apa misalna sinta)	

9.	6/ 1/ 2021	➢ Konsultasi bab 1, 2, 3
		➢ Revisi bab 1 bagian tujuan umum dan khusus → mengetahui diganti dengan mengidentifikasi
		➢ Revisi bab 2:
		  - Penggunaan bold hana pada bab dan sub bab, sub bab- sub bab selanjutnya tidak di bold
		  - Perhatikan penggunaan *numbering*→ urut dari 1, 1), (1), a, dan seterusnya
		  - Konsep yang dibahas diurutkan sesuai dengan judul
		  - Konsep teori keperawatan Calista roy dipersingkat
		  - Gambar teori konsep Calista roy dihapus agar kerangka konsep tidak bermakna ganda
		➢ Revisi bab 3
		  - Di bagian variabel pakai skala atau tingkat kecemasan?
		  - Kriteria inklusi jurnal untuk literatur review ≥ 2011 tidak apa-apa karena jurnal murottal sulit dicari.	

10.	8/ 1/ 2021	➢ Konsultasi bab 1 sampai 3 lengkap dengan kata pegantar, daftar isi, daftar tabel, daftar gambar, daftar lampiran, daftar pustaka, lembar orisinil, lembar pengesahan dan lembar persetujuan serta lampiran *critical appraisal* atau JBI	
11.	10/ 1/ 2021	➢ Revisi tabel ➢ Bab 2 pengertian diringkas → biar tidak terlalu banyak ➢ Faktor kecemasan penjelasannya dipersingkat ➢ Mekanisme kecemasan diringkas ➢ Gambar *mind modulation* diperkecil ➢ tabel tidak usah full border	
12.	11/ 1/ 2021	➢ Konsultasi revisi tanggal 10/ 1/ 2021 lengkap	
13.	13/ 1/ 2021	➢ Acc lanjut seminar proposal	
14.	30/ 4/ 2021	➢ Konsultasi bab 4	
15.	17/ 5/ 2021	➢ Revisi bab 4 → menambahkan judul pada poin 4.1.1, tabel dibuat portrait, pada poinpembahaan ampaikan fakta kemudian teori dan terakhir opini	
16.	21/ 5/ 2021	➢ Konsul revisi bab 4 ➢ Konsul bab 5	
17.	25/ 5/ 2021	➢ Revisi bab 4 → perbaiki penulisan (harus sesuai dengan SPOK), perbaiki penulisan opini, perbaiki penulisan tabel, bagian keterbatasan dibuat poin-poin saja.	
18.	27/ 5/ 2021	➢ Konsultai revisi bab 4 tanggal 25/5/2021 ➢ Acc ujian skripsi	