

LAMPIRAN

Lampiran 1. Daftar Riwayat Hidup

BIODATA PENELITI



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B. Riwayat Pendidikan

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Tamat SMP : Tahun 2016, SMP Negeri 2 Gunung Tabur
Tamat SMA : Tahun 2019, SMA Negeri 5 BERAU
Diploma III : -
Pendidikan Non Formal : -
Tanggal Ujian : Juni 2023
Judul Penelitian : "Hubungan Kontrol Diri dengan Kejadian *Burnout* pada Perawat Instalasi Gawat Darurat di Rumah Sakit Inche Abdoel Moeis Kota Samarinda"
Pembimbing : Ferry Fadzul Rahman, Ph.D

Samarinda, 20 Juni 2023

Hormat Saya,
Mahasiswa

MUHAMMAD SAID
NIM. 1911102413121

Lampiran 2. Surat Izin Penelitian



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Program Studi
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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Nomor : 301/FIK.3/C.3/B/2023
Lampiran : -
Perihal : **Permohonan Izin Penelitian**

Yth.

Direktur RSUD Inche Abdoel Moeis
di Tempat

Assalamu'alaikum Warahmatullahi Wabarakatuh

Dengan hormat teriring salam dan do'a kami haturkan semoga Bapak/Ibu selalu dalam keadaan sehat walafiat.

Sehubungan penyusunan tugas akhir Skripsi Mahasiswa Program Studi S1 Kesehatan Masyarakat, Fakultas Kesehatan Masyarakat, Universitas Muhammadiyah Kalimantan Timur, bersama ini disampaikan permohonan izin penelitian di Rumah Sakit Inche Abdoel Moeis Kota Samarinda dengan nama mahasiswa berikut :

Nama : Muhammad Said
NIM : 1911102413121
Judul Penelitian : Hubungan antara Kontrol Diri dengan kejadian Burnout pada Perawat Instalasi Gawat Darurat di Rumah Sakit Inche Abdoel Moeis Kota Samarinda

Pelaksanaan waktu kegiatan disesuaikan dengan tempat Bapak/Ibu pimpin. Demikian yang dapat disampaikan, atas perhatian dan kerjasamanya kami mengucapkan terima kasih.

Wassalamu'alaikum Warahmatullahi Wabarakatuh

Samarinda, 20 Ramadhan 1444 H

11 April 2023 M

Ketua Prodi S1 Kesehatan Masyarakat



Nida Amalia, M.PH
NIDN. 1101119301

Tembusan disampaikan kepada:

1. Mahasiswa yang bersangkutan
2. Arsip

Lampiran 3. Surat Telah Melaksanakan Penelitian



**PEMERINTAH KOTA SAMARINDA
DINAS KESEHATAN
RSUD I.A. MOEIS**

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Samarinda, 16 Mei 2023

Nomor : 445.1.02/2213/100.02.028 Kepada Yth.
Sifat : Biasa **Ka. Prodi S1 Kesehatan Masyarakat**
Lampiran : - **Universitas Muhammadiyah**
Perihal : Persetujuan Izin Penelitian **Kalimantan Timur**
di-
Tempat

Sehubungan dengan surat Saudara nomor 301/FIK.3/C.3/B/2023 tanggal 11 April 2023, perihal Permohonan Izin Penelitian Skripsi atas:

Nama : Muhammad Said
NIM : 1911102413121
Prodi : S1 Kesehatan Masyarakat
Judul Penelitian : **Hubungan antara Kontrol Diri dengan Kejadian Burnout pada Perawat Instalasi Gawat Darurat di RSUD IA Moeis Kota Samarinda**

DAPAT DIBERIKAN dengan memperhatikan dan mematuhi peraturan yang berlaku di RSUD I.A. Moeis Samarinda. **Kepada Mahasiswa yang bersangkutan diwajibkan untuk mempresentasikan hasil penelitian di RSUD I.A. Moeis Samarinda secara OFFLINE/ONLINE sebelum melakukan seminar hasil dengan instansi terkait.**

Demikian surat pemberitahuan ini disampaikan untuk dapat dipergunakan sebagaimana mestinya.

Kepala Bagian Tata Usaha
RSUD I.A. Moeis Samarinda

dr. Oemar Boedi Ichwanto
Pembina/IVa
NIP. 196803142001121003

Lampiran 4. Lembar konsultasi

LEMBAR KONSULTASI BIMBINGAN SKRIPSI

Nama : Muhammad Said
Judul Skripsi : Hubungan Kontrol Diri Dengan Kejadian *Burnout* Pada Perawat Instalasi Gawat Darurat Di Rumah Sakit Inche Abdoel Moeis
Nama Pembimbing : Ferry Fadzrul Rahman, Ph.D

| No | TANGGAL | KONSULTASI | HASIL KONSULTASI | PARAF |
|----|------------------|---|---------------------------------------|---|
| 1. | 21 Januari 2023 | Menentukan Tema dan judul | ACC |  |
| 2. | 28 Januari 2023 | Konsultasi Bab 1 dan 2 | Revisi/perbaikan, masukan dan saran |  |
| 3. | 04 Februari 2023 | Konsultasi Bab 1 (latar belakang dan tujuan) | Revisi/perbaikan, masukan dan saran |  |
| 4. | 11 Februari 2023 | Konsultasi Bab 2 (Rancangan Teknik pengambilan sampel, definisi operasional, uji validitas dan reabilitas, dan Teknik pengambilan data) | Revisi/perbaikan, masukan dan saran |  |
| 5. | 06 Maret 2023 | Konsultasi Bab 1 dan 2 | ACC format penulisan dan isi proposal |  |

| No | TANGGAL | KONSULTASI | HASIL KONSULTASI | PARAF |
|-----|--------------|------------------------------------|-------------------------------------|---|
| 6. | 09 Mei 2023 | Pembuatan Hasil setelah penelitian | Revisi/perbaikan, masukan dan saran |  |
| 7. | 12 Mei 2023 | Pembuatan Hasil setelah penelitian | Revisi/perbaikan, masukan dan saran |  |
| 8. | 21 Mei 2023 | Pembuatan Hasil setelah penelitian | ACC |  |
| 9. | 03 Juni 2023 | Konsultasi Hasil dan Kesimpulan | Revisi/perbaikan, masukan dan saran |  |
| 10. | 17 Juni 2023 | Konsultasi Hasil dan Kesimpulan | ACC |  |

Lampiran 5. Lembar Pertanyaan

**SURAT PERSETUJUAN
(INFORMED CONSENT)**

Kepada Yth. Responden
Di Tempat.

Dengan Hormat,
Saya Mahasiswi S1 Program Studi Kesehatan Masyarakat Universitas
Muhammadiyah Kalimantan Timur:

Nama : Muhammad Said

NIM : 1911102413121

Bermaksud akan melakukan penelitian mengenai “Hubungan kontrol diri dengan kejadian *burnout* pada perawat instalasi gawat darurat di Rumah Sakit Inche Abdoel Moeis kota samarinda”. Segala informasi yang Anda berikan akan dijamin kerahasiaannya dan saya bertanggung jawab apabila informasi yang diberikan akan merugikan Saudara/i. sehubungan dengan hal tersebut, apabila Saudara/i setuju untuk ikut serta dalam penelitian ini mohon untuk menandatangani kolom yang telah disediakan.

Atas kesediaannya saya mengucapkan terima kasih.

Samarinda,.....2023

Responden,

(.....)

LEMBAR KUESIONER

HUBUNGAN KONTROL DIRI DENGAN KEJADIAN *BURNOUT* PADA PERAWAT INSTALASI GAWAT DARURAT DI RUMAH SAKIT INCHE ABDOEL MOEIS KOTA SAMARINDA

Petunjuk pengisian

1. Isilah identitas secara lengkap dan benar.
2. Isilah dengan cara memberikan tanda check (√) pada kolom jawaban yang tersedia apabila jawaban anda ya atau tidak.
3. Dalam memilih jawaban, anda cukup memilih satu jawaban disetiap pertanyaan.
4. Nomor responden akan diisi oleh peneliti.

Identitas Responden

1. Nomor Responden :
2. Nama :
3. Jenis Kelamin :
4. Usia :
5. Lama Kerja :
6. Pendidikan Terakhir :
7. Status Perkawinan :

| KONTROL DIRI | | | |
|--------------|--|-----|-------|
| NO | PERTANYAAN | IYA | TIDAK |
| 1. | Saya tidak pandai menolak ajakan hal buruk orang terhadap saya. | | |
| 2. | Saya sulit melepaskan kebiasaan buruk. | | |
| 3. | Saya malas. | | |
| 4. | Saya mengatakan hal-hal yang tidak pantas. | | |
| 5. | Saya melakukan hal-hal tertentu yang buruk bagi saya jika itu menyenangkan. | | |
| 6. | Saya tidak menolak hal-hal yang buruk bagi saya. | | |
| 7. | Saya merasa kurang disiplin diri. | | |
| 8. | Orang-orang mengungkapkan bahwa saya tidak memiliki disiplin diri yang kuat. | | |
| 9. | saya tidak bisa mengalihkan perhatian saya dari kegiatan yang menurut saya menyenangkan. | | |
| 10. | Saya memiliki masalah konsentrasi. | | |
| 11. | Saya tidak dapat bekerja secara efektif untuk mencapai tujuan jangka panjang saya. | | |
| 12. | Terkadang saya tidak bisa menahan diri untuk melakukan sesuatu meskipun saya tahu itu salah. | | |
| 13. | Saya sering bertindak tanpa memikirkan semua pilihan. | | |

| BURNOUT | | | |
|----------------|---|------------|--------------|
| NO | PERTANYAAN | IYA | TIDAK |
| 1. | Apakah anda merasa lelah secara mental dalam berhubungan untuk pekerjaan anda? | | |
| 2. | Apakah saat memikirkan pekerjaan, anda merasa ketidaknyamanan di dada? | | |
| 3. | Apakah saat memikirkan pekerjaan, anda merasa lelah dan tak berdaya? | | |
| 4. | Apakah anda merasa cape dan lelah dari pekerjaan hari ini? | | |
| 5. | Apakah anda merasa pekerjaan anda tidak penting dan dianggap tidak berguna? | | |
| 6. | Apakah anda merasa sikap anda terhadap pekerjaan tidak aktif tetapi menjadi lebih pasif? | | |
| 7. | Apakah anda merasa pekerjaan anda sepertinya tidak membantu perkembangan karir anda? | | |
| 8. | Apakah anda merasa identitas anda berangsur-angsur menghilang sehubungan dengan pekerjaan anda? | | |
| 9. | Apakah anda merasa jika mengalami kesulitan di tempat kerja anda cenderung untuk menanggapi dengan tepat? | | |
| 10. | Apakah anda merasa memberikan kontribusi yang bermanfaat untuk pekerjaan anda saat ini? | | |
| 11. | Apakah anda merasa saat anda mendapatkan hasil yang baik ditempat kerja, anda merasakan pencapaian? | | |
| 12. | Apakah anda merasa dalam pekerjaan anda, anda yakin bahwa anda dapat mencapai hasil yang baik? | | |

Lampiran 6. Sitasi Jurnal

JESYA

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Peran Burnout sebagai Mediasi pada Pengaruh Stres Kerja Terhadap Kinerja Karyawan

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Abstract *Employees are an important asset for the company, because the productivity of the company is on them. Therefore the company must have its employees very well so that employees feel comfortable. The comfort factor for employees is something that must be considered by the company so that employees feel at home working at the company so that employees become loyal, so that their performance becomes better. In fact, if employees feel uncomfortable, it will cause work stress that can cause stress. This study aims to see the effect of stress on performance mediated by burnout. Respondents consisted of 81 employees of PD 2.2 Common Rail. Methods and data using a questionnaire. Data processing techniques using Smart PLS, the results of this study indicate that: first, job stress does not have a positive and significant effect on employee performance variables. Second, performance has a positive and significant effect on Burnout. Third, Job Stress has a positive and significant effect on the Burnout variable. fourth, work stress and performance have a positive and significant effect on Burnout.*

Keywords *Workstress; Performance; Burnout*



Contents list available at JKP website

Jurnal Kesehatan Perintis (Perintis's Health Journal)

Journal homepage: <https://jurnal.stikesperintis.ac.id/index.php/JKP>



**Kualitas Tidur Terhadap Kecemasan pada Warga Binaan
Wanita : *Cross Sectional Study***

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Sekolah Tinggi Ilmu Kesehatan Bayuwangi, Jawa Timur, Indonesia

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ABSTRAK

Kehidupan di dalam Penjara atau Lembaga Pemasyarakatan yang tertutup selalu menarik peneliti atau akademisi untuk membahas. banyaknya permasalahan hidup, cara untuk beradaptasi, dan bagaimana untuk bersosialisasi dengan kehidupan yang baru menimbulkan banyak masalah diantaranya adalah kualitas tidur dan kecemasan. Kualitas tidur adalah kepuasan seseorang terhadap tidur, sehingga seseorang tersebut tidak memperlihatkan perasaan lelah, lesu dan gelisah. Kualitas tidur buruk dapat mengakibatkan menurunnya aktivitas korteks prefrontal yang memerankan peran penting dalam mengatur emosi, salah satunya kecemasan. Tujuan dari penelitian ini adalah untuk mengetahui hubungan kualitas tidur dengan tingkat kecemasan pada warga binaan wanita di lembaga pemasyarakatan. Jenis penelitian ini adalah *Cross Sectional* dengan sampel sebanyak 59 responden dengan teknik *purposive sampling*. Pengumpulan data menggunakan lembar kuesioner *Pittsburgh Sleep Quality Index* dan *Hamilton Anxiety Rating Scale*, dengan uji statistik *Chi Square* dengan menggunakan hitung manual dengan rumus *yate's correction*. Hasil penelitian didapatkan 50 responden (85%) memiliki kualitas tidur buruk dan 36 responden (62%) kecemasan ringan. Tingkat kemaknaan atau $\alpha = 0,05$ diperoleh $P_{\text{value}} = 0,015$ sehingga $P_{\text{value}} < \text{Nilai } \alpha$ atau $0,015 < 0,05$. Berarti ada hubungan antara level kualitas tidur dengan tingkat kecemasan pada warga binaan wanita di lembaga pemasyarakatan. Kualitas tidur yang baik maka membuat tingkat kecemasan rendah atau tidak mengalami kecemasan. Sebaliknya apabila kualitas tidur buruk maka tingkat kecemasan yang dialami warga binaan wanita menjadi sedang bahkan mengalami tingkat kecemasan berat.

Kata kunci: kualitas tidur, penjara, tingkat kecemasan



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Original article

Development of Korean Version Burnout Syndrome Scale (KBOSS) Using WHO's Definition of Burnout Syndrome



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ABSTRACT

Background: Burnout syndrome (BOS) is defined by the World Health Organization (WHO) as a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. This study aims to create the Korean version burnout syndrome scale (KBOSS) that conforms to WHO's definition of BOS and present the cut-off points for screening.

Methods: We developed the KBOSS based on WHO's definition of BOS. An online survey was conducted through a specialized online research company. We recruited 444 workers for this research. The validity of the KBOSS was assessed using factor analysis and Pearson's correlation. The KBOSS reliability was assessed using Cronbach's alpha coefficient. The cut-off points for each of the three dimensions were derived using the upper quartile score.

Results: The validity and reliability of the KBOSS were good. Regarding reliability, the scale's overall Cronbach's alpha was 0.813. Cronbach's alpha of each three-dimension was as follows: exhaustion, 0.916; cynicism, 0.865; and professional inefficacy, 0.819. The cut-off points of BOS three dimensions are exhaustion ≥ 21 ; cynicism ≥ 18 ; and inefficacy ≥ 15 .

Conclusion: The developed questionnaire (KBOSS) can be a useful tool for screening of BOS.

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The Investigation of Validity and Reliability of the Turkish Version of the Brief Self-Control Scale

Melike Nebioğlu¹, Numan Konuk², Stri Akbaba³, Yüksel Eroğlu⁴

ÖZET:
Kısa Öz-Kontrol Ölçeğinin Türkçe versiyonunun geçerlik ve güvenirliğinin incelenmesi

Amaç: Türkiye'deki araştırmalarda öz-kontrol ölçmek için geliştirilmiş Geçmiş Ölçeği kullanmasına karşın bu ölçeğin bir ölçüt olarak öz-kontrol ölçeğine uygun olmadığı ifade edilmiştir. Bu nedenle bu araştırmada Yargıç, Baumstein ve Bocour (2001) tarafından geliştirilen Kısa Öz-Kontrol Ölçeği (KÖÖ)'nin Türkçeye uyarlanması amaçlanmıştır.

Yöntem: Ölçeğin geçerlik ve güvenirlik çalışmaları herhangi bir psikiyatrik tanı almamış 523 birey üzerinde yürütülmüştür. Açık edici geçerlik çalışmaları, 30'u DSM-IV-TR'ye göre bipolar I berraklığı tanı almış ve ötürük dönemde bulunan, hastanemize Dışkapı Karacaağzı Psikiyatrisinde takip ve tedavi edilen, 50'si ise herhangi bir psikiyatrik tanı almamış 86 bireyden olmuştur. Test-tekrar test çalışmaları ise 523 birey arasında seçilmiş 145 bireyle yürütülmüştür.

Bulgular: KÖÖ'nün diğer özdeğerlik çalışmaları kapsamında ölçeğin Türkçe ve İngilizce formu arasındaki diğer Pearson korelasyon ile incelenmiş ve dürüstlük alt boyutu için $r=0.72$, öz-düğült alt boyutu için $r=0.76$, ölçeğin bütünü için ise $r=0.77$ olarak bulunmuştur. Faktörlerin belirlenmesi için ana bileşenler yöntemi ve varimax rotasyonu kullanılmış, dürüstlük ve öz-düğült olarak isimlendirilen iki faktörün bir yapı elde edilmiş ve elde edilen bu yapının doğruluğu bütüncül analizlerle doğrulanmış görülmüştür. Ölçüt bağlamında geçerlik sağlanmak için KÖÖ'nün alt boyutlarıyla TST'de sonuç becerileri alt ölçeği, DİKD ölçeği, bedensel kontrol ölçeği ve diğer yönlere alt ölçeğiyle ve BS-11 anamnez ölçeği hesaplaması ve dürüstlük alt ölçeği için $r=0.11$ ve $r=0.64$, öz-düğült alt ölçeği için ise $r=0.19$ ile $r=0.62$ arasında değişen anlamlı ilişkiler kurulmuştur. Açık edici geçerlik çalışmaları kapsamında KÖÖ'nün alt boyutlarını bipolar I berraklığı tanı almış ve ötürük dönemde bulunan hastalar ile herhangi bir psikiyatrik tanı almamış bireyleri ayırabilirliği diskriminasyon analiziyle incelenmiş ve elde edilen diskriminasyon fonksiyonunda dürüstlük ve öz-düğültin her ikisi de etkili olduğu, ROC analizi sonuçları dürüstlük ve öz-düğült alt boyutlarının bipolar I berraklığı tanı almış ve ötürük dönemde bulunan hastalar ile herhangi bir psikiyatrik tanı almamış bireyleri ayırabilirliğini ilgili alt boyutları olan sırasıyla 0.85 ve 0.82, toplam puanın ise ayrılmadığını ilgili alt boyutları olan 0.56) göstermiştir. Dürüstlük alt boyutu için kesin noktası olarak 13 alt boyutlu ölçütler 0.806, özgürlük 0.81, pozitif yönlere değeri 0.81, negatif yönlere değeri 0.99, pozitif olarak oranı 5.01 ve negatif olarak oranı 0.23; öz-düğült alt boyutu için ise kesin noktası olarak 12 alt boyutlu ölçütler 0.917, özgürlük 0.62, pozitif yönlere değeri 0.82, negatif yönlere değeri 0.99, pozitif olarak oranı 2.41 ve negatif olarak oranı 0.13 olarak bulunmuştur.

Sonuç: Araştırmadan elde edilen sonuçlar KÖÖ'nün geçerlik ve güvenirliğinin sağlandığına göstermektedir. Ancak pozitif ve negatif yönlere değeri değerlerini yanlış pozitifliği ve negatif için olumsuz yönlere değeri göstermiş ölçeğin tek başına bir tanı ya da tedavi aracı olarak kullanılması yerine tanıma sürecinde bir parçası olarak kullanılması daha uygun olacaktır.

Anahtar kelimeler: Psikiyatrik durum değerlendirme ölçeği, güvenirlik ve geçerlik, dürüstlük değeri

Klinik Psikofarmakoloji Bülteni 2012;22(4):340-351

ABSTRACT:
The investigation of validity and reliability of the Turkish version of the Brief Self-Control Scale

Objective: The Learned Resourcefulness Scale has been utilized to measure self-control in research in Turkey. However, this scale may not be appropriate to measure the trait of self-control. For this reason, we aimed to adapt the Brief Self-Control Scale (BSCS), which was developed by Yargıç, Baumstein, and Bocour (2001), into Turkish.

Methods: The validity and reliability tests were conducted with 523 participants who were not diagnosed with any psychiatric disorder. Discriminant validity was investigated by assessment with the BCS, the social skills subscale of the Toronto Social Intelligence Scale (TSIS), the controlling negative body responses and anger management subscales of the Emotional Management Skills Scale (EMSS), and the BS-11 on 36 euthymic bipolar I disorder patients (according to the DSM-IV-TR criteria) and 50 individuals without a psychiatric diagnosis. Test-retest reliability was done with 145 people who were chosen from among the 523 participants.

Results: For language-equivalency of the BCS, the relationships between the English and Turkish versions of the BCS were investigated using Pearson correlation and they were found to be $r=0.72$ for impulsiveness, $r=0.76$ for self-discipline, and $r=0.77$ for the total scale. To determine the factor structure of the BCS, principal component analysis and varimax were used, and the analysis yielded two factors called impulsiveness and self-discipline. The two-factor structure of the BCS was confirmed by confirmation factor analysis. For criterion-related validity, correlations among subscales of the BCS and social skills of the TSIS, controlling negative body responses and anger management subscales of the EMSS and the BS-11 were utilized. They ranged from $r=0.11$ to $r=0.64$ for impulsiveness, and $r=0.19$ to $r=0.62$ for self-discipline. The discriminant ability of impulsiveness and self-discipline between euthymic bipolar I disorder patients and individuals without any psychiatric diagnosis were investigated by using discriminant analysis and it was confirmed that they could discriminate. ROC analysis indicated that impulsiveness and self-discipline differentiated between euthymic bipolar I disorder patients and the individuals without psychiatric diagnosis (area under the curve 0.85 and 0.82, respectively), while the BCS total did not differentiate (area under the curve 0.56). Using a cut-off score of 13 for impulsiveness, sensitivity was 0.806, specificity was 0.81, positive predictive value was 0.99, negative predictive value was 0.23. Using a cut-off score of 12 for self-discipline, sensitivity, specificity, positive predictive value, negative predictive value, positive likelihood ratio and negative likelihood ratio were 0.917, 0.62, 0.82, 0.99, 2.41 and 0.13, respectively.

Conclusion: The results indicated that the BCS is a reliable and valid instrument. On the other hand, utilizing the scale as a part of a screening process rather than a diagnostic or sole screening tool would be better, as positive and negative predictive values indicated that there was a fair percentage of false negatives and positives.

Key words: Psychiatric status rating scales, reliability and validity, impulsiveness

Bulletin of Clinical Psychopharmacology 2012;22(4):340-351

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Artikel Penelitian

Hubungan Burnout Dengan Motivasi Kerja Perawat Pelaksana

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Abstract

Perawat merupakan tenaga kesehatan yang senantiasa berada 24 jam bersama pasien. Hal ini dapat menguras stamina dan emosi, serta menimbulkan tekanan yang mengakibatkan perawat mengalami kejenuhan kerja atau burnout. Dampak pada burnout adalah kehilangan minat terhadap pekerjaan dan motivasi menurun yang pada akhirnya menyebabkan kualitas kerja dan kualitas hidup menurun. Penelitian ini bertujuan untuk mengetahui hubungan burnout perawat dengan motivasi kerja perawat pelaksana di RSUD Wangaya Denpasar. Jenis penelitian ini adalah deskriptif kuantitatif, dengan pendekatan cross sectional. Penelitian ini menggunakan teknik total sampling, dengan sampel perawat pelaksana yang berjumlah sebanyak 165 orang. Hasil penelitian menunjukkan bahwa motivasi kerja kuat sebanyak 95 orang (57,6%), sebagian besar perawat mengalami burnout sedang sebanyak 85 orang (51,5%) dan ada hubungan burnout dengan motivasi kerja perawat pelaksana ($p=0,000$). Nilai kekuatan korelasi 0,406 (kekuatan sedang) dan arah korelasi negatif yang artinya apabila tingkat burnout rendah maka motivasi kerja kuat. Disarankan kepada pihak Rumah Sakit memperhatikan tingkat burnout yang dirasakan oleh perawat untuk mencegah terjadinya penurunan motivasi kerja perawat dalam memberikan asuhan keperawatan.

Lampiran 7. Dokumentasi



Lampiran 8. Hasil Uji Turnitin

Hubungan Kontrol Diri Dengan
Kejadian Burnout Pada Perawat
Instalasi Gawat Darurat Di
Rumah Sakit I.A Moeis kota
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