

RESEARCH ARTICLE

OPEN ACCESS

Manuscript received May 27, 2024; revised June 12, 2024; accepted June 12, 2024; date of publication June 30, 2024

Digital Object Identifier (DOI): <https://doi.org/10.35882/ijahst.v4i3.329>

Copyright © 2024 by the authors. This work is an open-access article and licensed under a Creative Commons Attribution-ShareAlike 4.0 International License ([CC BY-SA 4.0](https://creativecommons.org/licenses/by-sa/4.0/))

How to cite: Mokhamad AINU Roziq, Sukini, and Diyah Fatmasari, "Enhancing Motivation for Oral Hygiene Implementation among Immobilized Compos Mentis Patients through The Development of a Dental Care Table in Inpatients Settings", International Journal of Advanced Health Science and Technology, vol.4, no.3, pp. 106 - 110, June. 2024

Enhancing Motivation for Oral Hygiene Implementation among Immobilized Compos Mentis Patients through The Development of a Dental Care Table in Inpatients Settings

Mokhamad AINU Roziq¹, Sukini², and Diyah Fatmasari³

^{1,2,3}, Master of Applied Dental and Oral Therapist, Politeknik Kesehatan Kemenkes Semarang, Indonesia

Corresponding author: Mokhamad AINU Roziq (e-mail : ainuroziqprudent@gmail.com).

ABSTRACT Brushing teeth is one way to maintain oral hygiene. Implementation of tooth brushing with oral hygiene protocols in hospitalized patients in addition to avoiding infection can also improve the quality of life of patients during treatment. Hospitalized patients tend to experience oral hygiene problems due to the inability to maintain oral hygiene, which can lead to new problems such as nosocomial infections and systemic disorders. The combination of increasing the frequency and duration of tooth brushing can maintain vascular function. Implementation of oral hygiene protocols in hospitalized patients provides benefits in maintaining oral health against infection. Meanwhile, the implementation of health promotion in hospital inpatients is able to increase knowledge and behavior of brushing teeth in patients and families. There are often cases of neglected oral hygiene in hospitalized patients. This is due to the limitation of movement (immobilization) in patients to carry out these activities. Often the appearance of discomfort when using supporting infrastructure in the room such as basins. Dental care table (DCT) is an idea in supporting the implementation of oral hygiene while in bed. Interest in the latest innovations is expected to encourage the motivation of immobilized patients with compos mentis to carry out oral hygiene activities that have been carried out at home. This study aims to determine the description of the motivation for implementing oral hygiene for immobilized patients with compos mentis in the inpatient installation. This type of research with Research and Development (R&D) and pre-experiment research (Pretest and Posttest group design) with purposive sampling technique obtained 32 respondents. The method of measuring product feasibility uses David Garvin's "Eight Dimensions of Quality" test with 32 questions, while measuring motivation using TSRQ (Treatment Self Regulation Questionnaire) with 12 questions. At the research stage with information gathering to informants and observation. Followed by designing product builds tailored to the needs and study of patient characteristics according to anthropometric data based on ergonomic principles, then proposed to experts. The next stage is through testing and measuring the feasibility score. The completed product improvement stage is tested again until it is declared feasible. Before the trial on the patient, a measurement of motivation to implement oral hygiene on the patient was carried out to obtain a pretest value of motivation. Then the trial use of the product and finally evaluate the value of the oral hygiene implementation motivation score. The feasibility data analysis technique uses Aiken V and ICC, to test the difference in motivation scores using the Wilcoxon test. The results showed that the Dental care table (DCT) was feasible with a score of 85.16%, with an ICC score of 0.958. Increased motivation to implement oral hygiene for immobilized patients with compos mentis in the inpatient installation from 74.93% to 80.60% with a significance value of 0.046 (p-value <0.005). Immobilized patients with mentis compos have motivation in the strong motivation category, with a motivation score value between 67% - 100%.

INDEX TERMS dental care table, oral hygiene, menyikat gigi, pasien rawat inap, imobilisasi

I. INTRODUCTION

According to The Global Burden of Disease Study 2016, dental caries is a disease that affects almost half of the world's population (3.58 billion people). And one of the eleven most common diseases in the world due to the continuation of

untreated caries is periodontal disease. In addition, the type of cancer that is often found in Asia Pacific is oral cancer [1]. Based on the 2018 Riskesdas, the incidence of caries in Indonesia reached 45.3%. For health problems in the oral

cavity that are often experienced by the Indonesian population, namely swollen gum disease at 14% [2].

A person's weak and immobile condition, especially in a hospital, is an obstacle for hospitalized patients to maintain their oral health. Pasien rawat Inpatient is someone who is dirawat di rumah hospitalized for 24 hours or more due to an illness or injury [3]. Hospitalized patients tend to experience oral hygiene problems due to lack of knowledge or inability to maintain oral hygiene. If not addressed immediately, oral hygiene problems can cause new problems in patients, such as nosocomial infections, dental caries, tooth loss, and systemic disorders [4] [5].

Tooth brushing behavior is the activity of cleaning teeth using a toothbrush or other tools (eg dental floss) with toothpaste or without it. The implementation of tooth brushing activities is carried out routinely every day with a frequency of at least twice a day after breakfast and before going to bed at night and is done in the right way. In the study of Matsui, et al (2017), the combination of increasing the frequency and duration of brushing may be effective in maintaining blood vessel function. Brushing teeth is one way to maintain oral hygiene [6].

Reflective actions have a short distance phase from the stimulus to form a response, unlike the case with conscious actions that start from the stimulus continues to the receptor which is received by the center that holds full in the brain and then gives an effect with the form of motivation and is realized in action as a response [7] [8]. The term motivation expressed by Uno (2012), is from the origin of the word motive with the meaning as a force that is within each individual can cause the individual to act or act. And can be interpreted in the form of certain behaviors. In the definition by Notoadmodjo (2007), healthy living motivation is a form of response from individuals to stimuli related to illness and disease, the system of health services, food, and the environment that has a close relationship with the process of behavior that is initiated, supported, strengthened, directed, stopped and subjectively related reactions to reactions caused in the organization when all takes place [9] [10].

The theory developed by Vroom (1964), is based on what he describes as valence, intrusiveness and expectancy. Valence is what a person chooses to do best in order to achieve a particular outcome such as high productivity, but only to the extent of achieving outcomes such as getting good grades. Intrusiveness is an assessment of what will happen if successful in completing a task. Motivation is high if the effort produces something that exceeds expectations, while motivation is low if the effort produced is less than expected [11].

A person will do what he believes he is capable of doing, even though the results of the work have the possibility of discrepancies in the expected results. In the high and low motivation of a person is determined

In Yudhana's research (2017) and Lindsay (2019), describe motivation can encourage hospitalized patients to

carry out personal hygiene with cooperation between the health team and family [12][13]. In Factarun's research (2018), the stronger the motivation to brush teeth can increase the behavior of brushing teeth in children by giving significant results in the incidence of caries in children ($p < 0.005$) [14]. From Zuhriza's research (2019), with high dental care motivation has a good quality of life with a p value = 0.020 ($p < 0.005$) [15].

In the research of Ribeiro et al (2022), providing interventions related to the implementation of oral hygiene protocols can provide benefits in maintaining oral health against infection [16]. In the research of Antonacci et al (2023), the implementation of health promotion activities in hospitals was able to increase knowledge and brushing behavior in patients themselves and their families by 91% [17]. Research by Gibney et al (2020), conveyed, in elderly patients who were hospitalized showed a change in oral health status from "unhealthy" to "healthy" status with the assistance of dental health services such as brushing provided by dental and oral therapists or nurses with a decrease in the number of "unhealthy" status from 86% to 53% [18]. According to Widayati et. al (2014) in Widayati et. al (2021), oral hygiene has a significant relationship with the comfort of the patient's quality of life. For hospitalized patients, of course, they need good care in supporting their needs both in terms of nutrition, communication and safety. Reported in the research of Setyawati et al (2022), states that patients with limited mobility (immobilization) have never cleaned their teeth as much as 43% [19].

The description above raises the idea of making a design that is able to assist inpatients and families in implementing oral health care behavior during treatment for conscious immobilized patients in the inpatient installation in the form of a Dental care table (DCT).

II. METHOD

This study was conducted at RSPAL Dr. Ramelan Surabaya Room G1 and G2 which was held on February 15 to March 15, 2024. This research is analytic research with pre experiment. Sampling using purposive sampling technique with 32 respondents obtained. The data collection technique in this study used a motivation measurement questionnaire sheet. Data collection procedures were carried out by researchers with a motivation questionnaire sheet where previously the respondent filled out an informed consent sheet to be willing to become a respondent in this study. Researchers used Deci & Ryan (1987), and Vroom (1964) motivation theories. Motivation is formed because of unmet needs, thus causing tension in a person who can stimulate encouragement from within the individual to achieve the intended goal [20]. Measurement of motivation using The Treatment Self-Regulation Questionnaires (TSRQ) questionnaire method [21]. While the measurement of product feasibility is validated by experts using David Garvin's Eight Dimensions of Quality product quality

assessment questionnaire [22]. While the measurement of product feasibility is validated by experts using David Garvin's Eight Dimensions of Quality product quality assessment questionnaire [22]. On the first day, the motivation for oral hygiene implementation was measured (pre-test) and then testing the dental care table (DCT) product, the second day the motivation for oral hygiene implementation was measured (post test). According to Hidayat (2009), a person's motivation criteria can be categorized into [23] :

- Strong motivation : 67 - 100%
- Moderate motivation : 34 - 66%
- Weak motivation : 0 - 33%

The analysis technique used in this study is the Wilcoxon test to determine the different test scores of oral hygiene implementation motivation. While measuring the feasibility of dental care table using Aiken V validity and ICC (Interclass Coefficient Correlation). The percentage of product feasibility is divided into 4 categories:

- Not viable : 0 – 19 %
- Less viable : 20 – 39,9 %
- Decent enough : 40 – 59,9 %
- Worth : 60 – 100 %

The ethical feasibility test was carried out at the ethics committee of RSPAL dr. Ramelan Surabaya by following the applicable administrative procedures in accordance with the place where the research will be carried out.

III. RESULT

Based on the data presented in TABLE 1, it can be concluded that the number of male and female respondents has 50% each. In terms of age, the majority of respondents were aged 20-25 years (34.4%). TABLE 2, shows that there is a difference in motivation to implement oral hygiene between men and women, with a pre-test difference of $3.77\% \pm 5.06\%$. While for the post-test difference value of $4.16\% \pm 4.11\%$. With a p-value of 0.046, it can be interpreted that there is a significant difference after using the dental care table (DCT).

TABLE 1
Respondent Characteristics

Characterization	Frequency	Percentage (%)
Gender	Male	16
	Female	16
Age	20-25 y o	11
	26-31 y o	5
	32-37 y o	6
	38-43 y o	7
	44-45 y o	3

TABLE 2
Frequency distribution of pre-test and post-test oral hygiene motivation

Variable	Mean	SD
Pre test		
Motivation to perform oral hygiene (male)	73.05 %	13.32%
Motivation to perform oral hygiene (female)	76.82 %	8.26%
Post-test		
Motivation to perform oral hygiene (male)	78.52 %	11.07%
Motivation to perform oral hygiene (female)	82.68 %	6.96%

Variable	Mean	SD
Pre test		
p- value	0.046	

TABEL 3
Expert validation test results

Variables	Question item	Score	Category
Aiken V validity	32	0.802	High validity
ICC	32	0.958	Reliability
Feasibility	32	85.16%	Worth

In TABLE 3, the Aiken V validation result is 0.802 with high validity and the ICC value is 0.958. With a feasibility percentage of 85.16%.

IV. DISCUSSION

The feasibility of a product is measured from various aspects that can provide an overview of the quality of products that have the potential to be accepted in the field or community [24] [25]. The feasibility of dental care table products has a mean value of $85.16\% \pm 8.86\%$ with a feasible category. Appropriate form and function based on ergonomic principles, provide an assessment of this product. So that the optimistic expert validation provides an assessment that the product is acceptable and ready to be tested on respondents. Statistically, it has been said that it is appropriate for its function, ability to use it, and its practicality [24] [26].

The limitation of patients to be able to move provides its own problems that affect other health issues such as dental and oral hygiene [27] [28]. From the results of interviews with patients, it is known that patients have difficulty in implementing tooth brushing due to limitations in being able to go to the bathroom and feel uncomfortable when brushing their teeth using available infrastructure such as basins (56.3%). The implementation of oral hygiene in immobilized patients with composita mentis is the responsibility of the patient and the patient's family. When the treatment is carried out in the room, the nurse gives an appeal and motivation to always maintain the patient's oral health. This can contribute to one of the possibilities of increasing motivation in accordance with research from Santoso, Ningtyas and Fatmasari (2017) [29].

The form of human needs when unhealthy is in the form of physiological and psychological needs [30]. One of the physiological needs in this condition is dental and oral hygiene. A person's psychological needs are in the form of a sense of security and comfort. By having a sense of security to avoid the emergence of other diseases such as oral and dental diseases, patients will feel calmer and feel comfortable with the condition of clean teeth and mouth, and feel fresh after carrying out oral hygiene activities. The use of dental care table aims to facilitate the fulfillment of these needs. The condition of a person's behavior can easily change, if the person is in a sick condition. In this condition, a person will be easy to be motivated and act or change his behavior in an effort

to improve his health condition for the better. So one way to motivate someone when his health condition decreases by using things related to his health needs and making him able to act more for healthy behavior [31].

Dental care table as a device or instrument is able to increase motivation for oral hygiene implementation. This is in accordance with Vroom's motivation model, the need for instruments as an intermediary tool in completing tasks with the aim of increasing comfort and preventing new problems from occurring[11]. The instrument is part of the environmental conditions that can provide support for independent activities that can facilitate the formation of intrinsic motivation[32]. With this product as a supporting instrument, it is one of the external factors from the environmental aspect that can trigger as a form of extrinsic motivation that can encourage a person in self-care actions. This is in line with the research of Sukini et. al (2017), with interventions in the form of supporting instruments that can attract a person's attention can trigger motivation from that individual [33].

Female respondents had higher scores than male respondents. This shows that female respondents have an interest in maintaining health, such as a healthy lifestyle and have healthy living habits. This is in line with research by Bothmer et. al (2005), that women are more motivated in terms of a healthy lifestyle and have an interest in health promotion activities [34]. In addition, women pay more attention to their physical appearance and shortcomings so they will try more to cover up their shortcomings [35] [36].

In fulfilling both physiological and psychological needs, a person has a drive that comes from within, and this is often referred to as motivation [32]. The availability of supporting facilities in the treatment room is able to provide a feeling of comfort to the patient, because of the reduced sense of worry about something that is done on a daily basis such as brushing teeth. Thus, the need that has more impact on psychology is the need for the fulfillment of a sense of comfort rather than a sense of physical discomfort [37] [38]. Feeling comfortable and safe is a form of reward. So that with this reward, it provides an encouragement that can support a person in achieving the goal of living a healthy life. According to Seifert et al (2012), reward is a form of fairness that can blind someone to engage in new habits [37]. Motivation comes from a sense of interest or interest, and enthusiasm which is a form of emotion as the main aspect that always accompanies every action, and as the center of the concept from within the individual. Intrinsic motivation will develop in line with the accumulation of repetition in each activity [32].

V. CONCLUSIONS

The use of the DCT significantly increased motivation to perform oral hygiene in immobilized, compos mentis patients in the inpatient setting. Patient motivation increased from 74.93% to 80.60% with a significance value of 0.046 (p-value

<0.005), indicating the effectiveness of this intervention in motivating patients to maintain oral hygiene.

Immobilized patients with compos mentis showed overall strong motivation to maintain oral hygiene, with motivation scores ranging from 67% to 100%. This confirms that these patients have the desire and ability to maintain oral hygiene, provided they are given the right tools and support.

This significant increase in motivation has important implications. First, the use of DCT can be implemented in various health care settings to improve the quality of oral and dental care, especially for patients with limited mobility. Second, the increase in motivation shows that appropriate interventions can overcome psychological barriers that immobilized patients may face. Third, the significance values obtained indicate that these results are not accidental, but rather the result of an effective intervention.

Overall, this study confirms the importance of using assistive devices such as DCT in the oral health care of immobilized patients. DCT are not only technically helpful, but also effective in increasing patient motivation, which is an important aspect of comprehensive health care. Thus, DCTs contribute to improving the quality of care and the overall well-being of patients.

VI. ACKNOWLEDGMENT

This study is limited to the use in measuring the increase in patient motivation in the implementation of oral hygiene during treatment. So for the future, further research needs to be carried out related to aspects of use in ergonomics sector of the product.

In addition, recommendations for product development can be in the form of developing simple developing in helping inpatients to maintain oral health during treatment.

Thanks to all those who supported this research at RSPAL dr. Ramelan Surabaya.

REFERENCES

- [1] WHO, *Global oral health status report*, vol. 57, no. 2. 2022.
- [2] R. R. Darwita, F. Setiawati, and I. F. Rahmah, 'Effectiveness of web application as educational media in increasing the caries risk knowledge and decreasing the caries risk score among dental students in Indonesia', *BMC Oral Health*, vol. 21, no. 1, pp. 1–9, 2021, doi: 10.1186/s12903-021-01995-1.
- [3] Y. Kurokawa *et al.*, 'Oral hygiene status and factors related to oral health in hospitalized patients with schizophrenia', *Int J Dent Hygn*, vol. 20, no. 4, pp. 658–663, Nov. 2022, doi: 10.1111/IDH.12605.
- [4] S. Restuning, *Asuhan Kesehatan Gigi dan Mulut Pasien Rawat Inap*. Pekalongan: PT. Nasya Expanding Management, 2022.
- [5] R. Lira, S. Åkerman, B. Klinge, E. A. Boström, and A. Gustafsson, 'Salivary microbial profiles in relation to age, periodontal, and systemic diseases', *PLoS One*, vol. 13, no. 3, pp. 1–14, 2018, doi: 10.1371/journal.pone.0189374.
- [6] S. Matsui *et al.*, 'Decreased frequency and duration of tooth brushing is a risk factor for endothelial dysfunction', *Int J Cardiol*, 2017.
- [7] D. M. Williams, 'A meta-theoretical framework for organizing and integrating theory and research on motivation for health-related behavior', *Front Psychol*, vol. 14, no. February, pp. 1–10, 2023, doi: 10.3389/fpsyg.2023.1130813.

- [8] E. Latipah, *Pengantar Psikologi Pendidikan*. Yogyakarta: PT Pustaka Insan Madani, 2012.
- [9] Y. B. Larasati, E. D., Susanti, H. D., & Prasetyo, 'Efektivitas penggunaan media promosi kesehatan video yoga dalam meningkatkan motivasi kesehatan wanita usia subur tentang kesehatan reproduksinya.', *Jurnal Keperawatan*, vol. 6, no. 2, pp. 88–101, 2015, [Online]. Available: <https://ejournal.umm.ac.id/index.php/keperawatan/article/view/2863>
- [10] S. Utaminingsih, Machfud, Santosa, and G. K. Kassymova, 'Development of Learning Management with Animated Video to Increase Motivation and Learning Outcomes', *Journal of Advanced Research in Applied Sciences and Engineering Technology*, vol. 41, no. 2, pp. 31–42, 2024, doi: 10.37934/araset.41.2.3142.
- [11] V. H. Vroom, *Work and Motivation*. New York: Wiley, 1964.
- [12] P. Lindsay, 'The role of the maternity support worker in personal hygiene/pressure area care of the childbearing woman', *British Journal of Healthcare Assistants*, vol. 13, no. 3, pp. 120–125, 2019, doi: 10.12968/bjha.2019.13.3.120.
- [13] S. A. Yudhana, 'Upaya Meningkatkan Personal Hygiene Melalui Motivasi Perawatan Diri pada Pasien Defisit Perawatan Diri', 2017.
- [14] S. Factarun, 'Hubungan Motivasi dan Perilaku Menggosok Gigi dengan Karies Gigi pada Anak Usia Sekolah di MI NU Islahussalafiyah Kudus', *Prosiding Hefta*, vol. 2, no. 1, pp. 191–200, 2018, [Online]. Available: www.stikescendekiautamakudus.ac.id
- [15] R. A. Zuhriza, D. R. Wulandari, T. H. Skripsa, and Y. B. Prabowo, 'Hubungan Motivasi Perawatan Gigi Terhadap Kualitas Hidup Terkait Kesehatan Gigi (Oral Health Related Quality of Life - OHRQoL) Mahasiswa Fakultas Kedokteran Universitas Diponegoro', *e-GiGi*, vol. 9, no. 2, p. 145, 2021, doi: 10.35790/eg.9.2.2021.33890.
- [16] I. L. A. Ribeiro *et al.*, 'Impact of a dental care intervention on the hospital mortality of critically ill patients admitted to intensive care units: A quasi-experimental study', *Am J Infect Control*, vol. 50, no. 10, pp. 1156–1161, 2022, doi: 10.1016/j.ajic.2022.01.022.
- [17] G. Antonacci, L. Ahmed, L. Lennox, S. Rigby, and S. Coronini-Cronberg, 'Oral health promotion in acute hospital setting: a quality improvement programme', *BMJ Open Qual*, vol. 12, no. 2, 2023, doi: 10.1136/bmjoc-2022-002166.
- [18] J. M. Gibney, F. A. Wright, M. D'Souza, and V. Naganathan, 'Improving the oral health of older people in hospital', *Australas J Ageing*, vol. 38, no. 1, pp. 33–38, 2019, doi: 10.1111/ajag.12588.
- [19] N. Setyawati, M. Sulastri, and S. Rezeki, 'Membersihkan Gigi Dan Tingkat Kebersihan Gigi Dan Mulut (OHI-S) Di Rumah Sakit Tingkat Ii Kartika Husada', vol. 1, no. 1, pp. 20–28, 2022.
- [20] M. W. Pramesti, 'Motivasi : Pengertian, Proses dan Arti Penting dalam Organisasi', *Jurnal Fakultas Ekonomi dan Ilmu Sosial Universitas Sultan Fatah Demak*, pp. 19–38, 2017.
- [21] 'The Self-Regulation Questionnaires Treatment Self-Regulation Questionnaire (TSRQ)'.
- [22] D. A. Garvin, 'What Does "Product Quality" Really Mean?', *Sloan management review*, vol. 26, no. 1, pp. 25–43, 1984.
- [23] A. Rohma, 'Tingkat Motivasi Dalam Knowledge Sharing', vol. 2, no. 01, pp. 14–20, 2016.
- [24] A. Ahyani, 'Pengaruh Kualitas Produk Dan Kualitas Pelayanan Terhadap Kepuasan Konsumen pada Dapuruma Di Masjid Raya Bintaro Jaya Tangerang Selatan', *Scientific Journal of Reflection : Economic, Accounting, Management and Business*, vol. 5, no. 3, pp. 694–701, 2022, doi: 10.37481/sjr.v5i3.523.
- [25] K. Bause, A. Radimersky, M. Iwanicki, and A. Albers, 'Feasibility studies in the product development process', *Procedia CIRP*, vol. 21, pp. 473–478, 2014, doi: 10.1016/j.procir.2014.03.128.
- [26] E. Akmal, H. P. Panjaitan, and Y. M. Ginting, 'Service Quality, Product Quality, Price, Promotion, and Location on Customer Satisfaction and Loyalty in CV. Restu', *Journal of Applied Business and Technology*, vol. 4, no. 1, pp. 39–54, 2023, doi: 10.35145/jabt.v4i1.118.
- [27] E. Kurnia and I. D. N. Sari, 'Pemenuhan kebutuhan nutrisi pada pasien rawat inap yang tidak melakukan oral hygiene', *Jurnal Penelitian Keperawatan*, vol. 2, no. 2, pp. 112–118, 2016.
- [28] J. Louis and C. Hausswirth, 'Topic 4. Nutrition and oral hygiene', *Nutrition and Performance in Sport*, 2015, doi: 10.4000/BOOKS.INSEP.1754.
- [29] Diyah. Santoso, Bedjo., Eko Ningtyas, Endah Ariyati., & Fatmasari, 'Improving Elderly Dental Hygiene Through Nursing Home Staff Dental Health Education at the Nursing Home.', *Jurnal Kesehatan Masyarakat (KEMAS)*, vol. 12, no. 2, pp. 189–198., 2017.
- [30] A. A. A. Hidayat and M. Hidayah, *Pengantar Kebutuhan Dasar Manusia*, 2nd ed. Jakarta Selatan: Salemba Medika, 2014.
- [31] C. Moorman and E. Matulich, 'A Model of Consumers' Preventive Health Behaviors: The Role of Health Motivation and Health Ability', *Journal of Consumer Research*, vol. 20, no. 2, p. 208, 1993, doi: 10.1086/209344.
- [32] E. L. Deci and R. M. Ryan, *Intrinsic Motivation and Self-Determination in Human Behavior*, 1st ed., vol. 5, no. 1. New York: Plenum Press, 1985. [Online]. Available: <https://revistas.ufrj.br/index.php/rce/article/download/1659/1508%0Ahttp://hipatiapress.com/hpjournals/index.php/qre/article/view/1348%5Chttp://www.tandfonline.com/doi/abs/10.1080/09500799708666915%5Chttps://mckinseyonsociety.com/downloads/reports/Educa>
- [33] Sukini, Yodong, and Sariyem, 'Pengaruh Drama Tradisional sebagai Motivasi Pelihara Diri Kesehatan Gigi dan Mulut pada Anak', *Jurnal Kesehatan Gigi*, vol. 04, no. 1, pp. 49–54, 2017.
- [34] M. I. K. von Bothmer and B. Fridlund, 'Gender differences in health habits and in motivation for a healthy lifestyle among Swedish university students', *Nurs Health Sci*, vol. 7, no. 2, pp. 107–118, 2005, doi: 10.1111/j.1442-2018.2005.00227.x.
- [35] K. Gillespie, C. Teranishi Martinez, and S. Bale, 'Exercise Motivation', *Int J Health Wellness Soc*, vol. 4, no. 2, pp. 55–66, 2015, doi: 10.18848/2156-8960/cgp/v04i02/41109.
- [36] K. M. Sattler, F. P. Deane, L. Tapsell, and P. J. Kelly, 'Gender differences in the relationship of weight-based stigmatisation with motivation to exercise and physical activity in overweight individuals', *Health Psychol Open*, vol. 5, no. 1, 2018, doi: 10.1177/2055102918759691.
- [37] C. M. Seifert, L. S. Chapman, J. K. Hart, and P. Perez, 'Enhancing Intrinsic Motivation in Health Promotion and Wellness', no. February, 2012.
- [38] M. C. dos Santos Souza, R. G. Jaramillo, and M. da Silva Borges, 'Comfort of patients in palliative care: an integrative review', *Enfermeria Global*, vol. 20, no. 1, pp. 451–465, 2021, doi: 10.6018/eglobal.420751.