



Related Factors to the Self Efficacy Compliance of Drugs in Patients at Pelamonia Hospital Makassar

Muh. Basri^{a*}, St. Rahmatia^b, Baharuddin K^c, Dedi Ari Taruk^d

^{a,b,c,d}*Nursing Department of the Polytechnic Ministry of Makassar*

^a*Email: Muhmmad.bsri00@gmil.com*

Abstract

Tuberculosis is a contagious infectious disease caused by *Mycobacterium tuberculosis* which attacks the lungs and almost all other organs. Pulmonary tuberculosis became one of the targets in the achievement of the *Millennium Development Goals* (MDGs), which became one of the main priorities of the Indonesian nation to accelerate human development and poverty eradication. Pulmonary TB entered at point 6 of the MDGs after the disease of HIV / AIDS and malaria. Targets are halving TB prevalence and deaths from pulmonary tuberculosis in 2015. The purpose of this study to determine factors associated with *Self Efficacy* Drug Compliance Drugs in Pulmonary TB Patients at RS. TK. II Pelamonia Makassar. *Correlational* method used in this study with *cross sectional design*. *Purposive* sampling using *sampling* and obtained 65 respondents in accordance with the inclusion criteria. Instrument or data collection tools used in the form of questionnaires and observation sheet. The data have been collected, processed and analyzed using the computer program *Microsoft Excel* and *SPSS Statistics Program (Statistical Product and Service Solutions) 17.0* version with *simple linear regression* test. The results of the bivariate analysis showed no relationship between experience Performance, Experience Vikarius, social Persuasion, Emotion and state compliance with the Drinking Drugs 01 $R = 0.00$. The conclusion of this study indicated that there is a relationship between experience Performance, Experience Vikarius, Social Persuasion, Emotion situation with *Self Efficacy* compliance Drink Drugs Pulmonary TB patients in the hospital. TK. II Pelamonia Makassar.

Keywords: Tuberculosis; Compliance Drinking Drugs; Self Efficacy.

* Corresponding author.

1. Introduction

Tuberculosis is a contagious infectious disease caused by *Mycobacterium tuberculosis* that attacks the lungs and almost all other organs. Bacteria can enter through the respiratory tract and lining of the lesions and open sores on the skin. But most by inhalation droplet originating from people infected with the bacteria Sylvia A. price, [1].

This disobedience is very dangerous, as researchers have shown that irregular treatment will have a worse effect than not being treated at all. The risk of OAT occurring as a result of a complete treatment or when given a wrong OAT will adversely affect not only the person concerned but also the epidemiology of pulmonary TB in the area [2, 3] .

In the assessment of the ability of *self-efficacy* can be seen from the experience of performance, personal experience of the individual as a real air-up a successes and failures, experience vikarius, observation of others' success with capabilities comparable to a task will improve *self-efficacy* individuals, persuasion social, individual directed by advice, advice, and guidance so as to enhance their beliefs about the abilities they possess that can help achieve desired goals, emotional states, individuals will base information on their physiological conditions to assess their abilities [4].

According to *World Health Organization* WHO [5] there are 9.6 million people of the world infected with 58% of TB germs in Southeast Asia and Western Pacific regions. The African Region has 28% of the world's cases by 2014, but the burden is heavier than the population: 281 cases for every 100,000 people, more than double the global average of 133. "India, Indonesia and China have the largest number of cases :23%, 10% and 10% of the global total, respectively.

Indonesia's health profile illustrates the largest percentage of patients with tuberculosis is aged 25-34 years (23.67%) followed by 34-44 years (20.46%), 15-24 years (18.08%), 45-54 years (17, 48%), 55-64 years (12.32%), over 65 years (6.68%), and the lowest being 0-14 years (1.31%), [6]. Reports from all provinces throughout Indonesia in 2014 showed that from 176,677 TB AFB sufferers there were 106,451 males (60.3%) and 70,226 women (39.7%) [7].

The number of cases of pulmonary TB AFB (+) in South Sulawesi 2014 male 4.977 (60.0%) and women 3.320 (40.0%), so the total number of male and female TB patients in South Sulawesi 8,297 people. South Sulawesi is in the 6th highest position of all pulmonary tuberculosis patients in Indonesia [7]. Based on Military Health Record Military Data VII / Wirabuana Hospital TK.II.07.05.01 Pelamonia Makassar Year 2014 recorded the number of pulmonary TB patients treated at TK II Pelamonia Hospital as many as 736 people and increased in 2015 as many as 886 people While in 2016 the number of patients Pulmonary TB from January to September has reached as many as 697 people. From 2014 - 2016 patients who do not obey as much as 80 people, information obtained from health workers TK II Pelamonia Hospital, do not adhere to taking drugs due to drug side effects that cause nausea, vomiting, dizziness and because of long-term treatment often appear feeling bored and desperate. It is the basis for medication adherence among others *self-efficacy*. Their high *self-efficacy*

in individual patients with pulmonary tuberculosis, he will be able to prevent and reduce the desire to stop taking the drugs before the complete process of pulmonary tuberculosis treatment.

2. Materials and methods

Design, location, population and sample

This type of research is descriptive correlational approach "*Cross Sectional*" in order to determine the factors associated with medication adherence *Self Efficacy* in patients with pulmonary tuberculosis at RS TKII Pelamonia Makassar. This study was conducted on December 3 to December 30, 2016. The population in this study were all patients with pulmonary TB BTA (+) and smear (-) X-rays(+) who came for treatment in RS.TK.II Pelamonia Makassar. In December 2015 a total of 77 with a sample of 65 people.

Data collection

1. *Editing*

Editing is checking the data from the data collection, which is a list of question, cards, books and other registers.

2. *Coding*

To facilitate the management of data, then all the answers or research data is considered very necessary to be simplified so that at the time of processing can be done easily. One way data of the research results is by giving a symbol.

3. Data transfer

After the giving of symbols or codes on the answers of the questionnaires distributed to the respondents is completed, then the coded data is transferred into an easily handled medium for further data processing.

4. Tabulate data

Which is stimulated by the tabulation of data (tabulating), ie organizing and organizing data in such a way, so that it can be easily to be added, arranged and presented in the form of tables or graphs.

Data analysis

1. *Univariate Analysis*

This technique is done on each of the result variable from the research. The results of this analysis are the frequency distribution, the central tendency, the size of the spread and the percentage of each variable, or by looking at the histogram description of the variable. Using this univariate analysis can be known whether the concept we are measuring is ready for analysis and can be viewed in detail [8]

2. *Bivariate Analysis*

This model of analysis is used for viewing Is there any relationship between variables.

3. Research result

1. Univariate Analysis

Table 1: distribution Frequency based on age respondents

| Age | Frequency | (%) |
|-------------|-----------|------|
| 17-25 Years | 20 | 30.8 |
| 26-35 Years | 21 | 32.3 |
| 36-45 Years | 13 | 20.0 |
| 46-55 Years | 8 | 12.2 |
| 56-65 Years | 3 | 4.6 |
| Total | 65 | 100 |

Table 2: Distribution of frequency based on respondent's gender

| gender | Frequency | (%) |
|--------|-----------|-----|
| Man | 34 | 53 |
| Women | 31 | 47 |
| Total | 65 | 100 |

Table 3: Frequency Distribution by Respondent Education

| Education | Frequency | (%) |
|---------------------------------|-----------|------|
| No school | 2 | 3.1 |
| Not completed in primary school | 3 | 4.6 |
| SMP | 6 | 9.2 |
| SMA | 42 | 64.6 |
| College | 12 | 18.5 |
| Total | 65 | 100 |

Table 4: Frequency Distribution based on Performance Experience

| Experience Performance | Frequency | (%) |
|-------------------------------|------------------|------------|
| Sure | 50 | 76.9 |
| Not sure | 15 | 23.1 |
| Total | 65 | 100 |

Table 5: Distribution by Frequency of Experience of Vicarius

| Vikarius experience | Frequency | (%) |
|----------------------------|------------------|------------|
| Sure | 51 | 78.6 |
| Not sure | 14 | 21.5 |
| Total | 65 | 100 |

Table 6: Frequency Distribution by Social Personnel

| Social Persuasion | Frequency | (%) |
|--------------------------|------------------|------------|
| Sure | 48 | 73.8 |
| Not sure | 17 | 26.3 |
| Total | 65 | 100 |

Table 7: Frequency Distribution based on Emotional Condition

| Emotional state | Frequency | (%) |
|------------------------|------------------|------------|
| Sure | 49 | 75.4 |
| Not sure | 16 | 24.6 |
| Total | 65 | 100 |

Table 8: Frequency Distributions by Drug Compliance

| Keriteria | Frequency | (%) |
|------------------|------------------|------------|
| Obedient | 53 | 81.5 |
| Not obey | 12 | 18.5 |
| Total | 65 | 100 |

Bivariate Analysis

Table 9: Frequency distribution of cross tabulation between Experience Performance and *Self Efficacy* Drinking Drug Compliance

| Experience Performance | Drug Compliance | | | | Total | |
|------------------------|-----------------|------|----------|------|-------|------|
| | Obedient | | Not obey | | | |
| | n | % | n | % | n | % |
| Sure | 49 | 75.4 | 1 | 1.5 | 50 | 76.9 |
| Not sure | 4 | 6.15 | 11 | 16.9 | 15 | 23.1 |
| Total | 53 | 81.5 | 12 | 18.4 | 65 | 100 |
| R = 0.0001 | | | | | | |

Based on Table 9, it was found that from 65 respondents there were respondents who had performance experience as many as 50 people (76.9%) where as many as 49 people (75,4%) were obedient to take medicine and 1 person (1,5%) were not obedient taking medication. While respondents who do not have the experience of performance as many as 15 people (23.1%), where 4 people (6.15%) who adhere to take medicine, and 11 people (16.9%) are not compliant to take medicine.

The results of statistical analysis using the test "Simple Linear Regression" obtained value $R = 0.0001$ which means smaller than the value of $\alpha = 0.05$. Then H_0 is rejected and H_a accepted. So in this study we can conclude that there is a relationship with *Self Efficacy* perforation experience Take medication adherence in patients with pulmonary TB Pelamonia In Level II Hospital in Makassar.

Table 10: Distribution Frequency of cross-tabulation between Vikarius experience and *Self Efficacy* Drinking Drug Compliance

| Vikarius experience | Drug Compliance | | | | Total | |
|---------------------|-----------------|------|----------|------|-------|------|
| | Obedient | | Not obey | | | |
| | n | % | n | % | N | % |
| Sure | 49 | 75.4 | 2 | 3.1 | 51 | 78.5 |
| Not sure | 4 | 6.1 | 10 | 15.3 | 14 | 21.5 |
| Total | 53 | 81.5 | 12 | 18.4 | 65 | 100 |
| R = 0.0001 | | | | | | |

Based on Table10 showed that of 65 respondents there were respondents who had experience vikarius many as 51 people (78.5%) where as many as 49 people (75.4%) were adherent to take medication and 2 (3.1%) were

non-compliant taking medication. While respondents who do not have experience vikarius as many as 14 people (21.5%), where 4 people (6.1%) who adhere to take medicine, and 10 people (15.4%) are not compliant to take medicine. The results of statistical analysis using the test "Simple Linear Regression" obtained value $R = 0.0001$ which means smaller than the value of $\alpha = 0.05$. Then H_0 is rejected and H_a accepted. So in this study we can conclude that there is a relationship with *Self Efficacy* Vikarius experience Take medication adherence in patients with pulmonary TB Pelamonia In Level II Hospital in Makassar.

Table 11: Distribution Frequency cross tabulation between Social persuasion and *Efficacy Self Medication* Compliance Drinking

| Social Persuasion | Drug Compliance | | | | Total | |
|-------------------|-----------------|------|----------|------|-------|------|
| | Obedient | | Not obey | | | |
| | n | % | N | % | N | % |
| Sure | 47 | 72.3 | 1 | 1.5 | 48 | 73.8 |
| Not sure | 6 | 9.2 | 11 | 16.9 | 17 | 26.2 |
| Total | 53 | 81.5 | 12 | 18.4 | 65 | 100 |
| R = 0.0001 | | | | | | |

Based on Table 11 showed that of 65 respondents there were respondents who have a Social Persuasion as many as 48 people (73.8%) where as many as 47 people (72.3%) were adherent to take medicine and 1 (1.5%) were non-compliant taking medication. While respondents who do not have social persuasion as many as 17 people (26.2%), where 6 people (9.2%) who adhere to take medicine, and 11 people (16.9%) are not compliant to take medicine. The results of statistical analysis using the test "Simple Linear Regression" obtained value $R = 0.0001$ which means smaller than the value $\alpha = 0.05$, then H_0 is rejected and H_a accepted. So in this study we can conclude that there is a relationship with *Self Efficacy* Social Persuasion Take medication adherence in patients with pulmonary TB Pelamonia In Level II Hospital in Makassar.

Table 12: Distribution Frequency cross-tabulation between Emotion and *Self Efficacy* state Drinking Drug Compliance

| Emotional state | Drug Compliance | | | | Total | |
|-----------------|-----------------|------|----------|------|-------|------|
| | Obedient | | Not obey | | | |
| | n | % | N | % | n | % |
| Sure | 47 | 72.4 | 2 | 3.1 | 49 | 75.4 |
| Not sure | 6 | 9.2 | 10 | 15.4 | 16 | 26.1 |
| Total | 53 | 81.5 | 12 | 18.5 | 65 | 100 |
| R = 0.0001 | | | | | | |

Based on Table 12, it was found that from 65 respondents, there were respondents who had emotional state as many as 49 people (75,4%) where as many as 47 people (72,3%) were obedient taking medicine and 2 people (3,1%) were not obedient taking medication. While respondents who do not have emotional state as many as 17 people (26.1%), where 6 people (9.2%) who adhere to take the drug, and 10 people (15.4%) are not compliant to take medicine.

The results of statistical analysis using the test "Simple Linear Regression" obtained value $R = 0.0001$ which means smaller than the value of $\alpha = 0.05$. Then H_0 is rejected and H_a accepted. So in this study we can conclude that there is a relationship experience emotional state with *Self Efficacy* Take medication adherence in patients with pulmonary TB Pelamonia In Level II Hospital in Makassar.

4. Discussion

1. Relationships with *Self Efficacy* Performance Experience Drinking Drug Compliance in Patients with Pulmonary TB at Hospital TK II Pelamonia In Makassar.

Research Results at RS.TK.II Pelamonia performed on 65 respondents there are respondents who have experience performance as many as 50 people (76.9%) where as many as 49 people (75.4%) who adhere to take medicine, and 1 person (1.5%) who are not compliant to drink this drug is due to factors of education and lack of family support and side effects of drugs that make the client does not obediently take the medicine. While there were respondents who did not have performance experience, 65 respondents had no performance experience as many as 15 people (23.1%), where 11 people (16.9%) were disobedient to take medicine and 4 people (6.15%) who obediently take medicine due to good education and family support that always accompany and provide motivation and provide material support that keeps the clients remain obedient to take medicine.

The results of statistical analysis using the test "Simple Linear Regression" obtained value $R = 0.0001$ which means smaller than the value of $\alpha = 0.05$. Then H_0 is rejected and H_a accepted. So in this study we can conclude that there is a relationship with *Self Efficacy* performance experience Take medication adherence in patients with pulmonary TB Pelamonia In Level II Hospital in Makassar.

Performance experience is an achievement that has been achieved in the past. As a source, past performance modifier *Self Efficacy* be the most powerful influence. Good (past) achievement increases expectations of efficacy, while failure will decrease efficacy. Over time as the disease progresses, the patient can learn how to manage the disease. The direct experience of the patient is the main source of self-confidence [9]. Experience during illness and coping mechanisms can increase the patient's confidence in activities and self-care including medication [9].

This is in line with research conducted by Ahmad Sapiq [10] with the title "Relationship *Self Efficacy* and Self Concept With Compliance Drink Drugs In Patients with pulmonary TB in Puskesmas Pekauman Banjarmasin South 2015" where the results of his research on lung TB patient to get the number of respondents have high *self-efficacy* are more than those who have a low *self-efficacy*. Where the respondents who have a good *self-*

efficacy tend to be able to do what is recommended.

From the results of the study found that patients obedient in the treatment is influenced by educational factors where high educational backgrounds tend to be obedient to take medication because they tend to be more able and more understanding to learn from experience about the disease so that there is motivation to regularly take medicine, which from the results obtained that in the experience of women's performances more docile than men, this is influenced because the majority of women are more likely to learn from experience about the symptoms they feel if they are not regularly taking medication. While the productive age (17-35 years) tend to be more regularly taking the drug because it is influenced by the memory of the drug schedule is still better than the age of older adults.

So that the researcher concludes based on the result of the research that has been done, the theory collected and based on previous research ever done, the more respondents who dutifully take the medicine from the disobedient to take the medicine due to good education, the family that always support and motivate the client and provide support material.

2. Vikarius experience relationship with *Self Efficacy* medication adherence in hospitals. TK. II Pelamonia Makassar.

Research results at RS.TKII Pelamonia conducted on 65 respondents there were respondents who had experience Vikarius many as 51 people (78.5%) where as many as 49 people (75.4%) were adherent to take medication and 2 (3.1%) were non-compliant taking medicine due to a factor of poor family support and side effects of drugs that make the client does not obediently take the medicine and the efficacy will decrease if observing people who are approximately equal to ability was failed. While respondents who have no experience vikarius many as 14 people (21.5%), of which 10 (15.4%) were non-adherent to take medication, and 4(6.1%) were adherent to take medication due to a good education and family support are always accompany and provide motivation as well as providing material support that keeps the client remain obedient to take medicine.

Results of statistical analysis using the test "Simple Linear Regression" earned value $R = 0,0001$ which is smaller than the value of $\alpha = 0.05$. Then H_0 is rejected and H_a accepted. So in this study we can conclude that there is a relationship with *Self Efficacy* Vikarius experience Take medication adherence in patients with pulmonary TB Pelamonia In Level II Hospital in Makassar. The experience of vicarius is obtained through a social model. Efficacy will increase when observing the success of others, otherwise the efficacy will decrease if observing a person whose ability is about the same as him fails. If the observed figure is different from the observer's self, the influence of the vicarius is not great. On the other hand, when observing the failure of a figure equal to himself, one may not want to do what he has failed to do for a long time [9].

This is in line with research conducted by Ahmad Sapiq [10] with the title "Relationship *Self Efficacy* and Self Concept With Compliance Drink Drugs In Patients with pulmonary TB in Puskesmas Pekauman Banjarmasin South 2015" where the results of his research on lung TB patient to get the number of respondents have high *self-efficacy* are more than those who have a low *self-efficacy*. Where the respondents who have a good *self-*

efficacy tend to be able to do what is recommended.

The result showed that the TB patient compliance in taking the drug affected due to lack of experience a person with pulmonary TB who see patients more successful in the treatment so that patients are compelled to obey in treatment. Judging from the results of research in terms of the demographics of the respondents, women tend to be organized in taking medicine, it is influenced women always find out about other people, so that when hearing other people have succeeded in treatment, then they are also motivated to take medication regularly in. While viewed from the age of respondents, the productive age (17-35 years) is still adherent in the treatment is influenced by the productive age more accept the influence of others to regularly in taking medicine. In vikarius experience low education educational factors are more likely to obediently take medicine because it is easier to be influenced others so when other people succeed in treatment then there is a willingness to follow the success of the treatment.

So that the researcher concludes based on the result of the research that has been done, the theory collected and based on previous research ever done, the more respondents who dutifully take the medicine from the disobedient to take the medicine due to good education, the family that always support and motivate the client and provide support material.

3. Social persuasion relationship with *Self Efficacy* Drinking Drug Compliance in Patients with Pulmonary TB Hospital Level II Pelamonia In Makassar

Based on the results of the study showed that from 65 respondents there are respondents who have Social Persuasion as many as 48 people (73.8%) where as many as 47 people (72.3%) who obediently took medicine and 1 person (1.5%) who did not obedience drink drugs due to the various aspects of communication between patients with doctors affect the level of non-compliance, such as lack of information with supervision, dissatisfaction with the treatment given, the frequency of minimal supervision. The relationship between satisfaction and compliance has been widely studied, related to the communication that is established with health professionals and educational factors and family support and economic limited factors that make a person lazy to come for treatment in because of the distance from home to hospital that far cost to the hospital .While respondents who do not have social persuasion as many as 17 people (26.2%), where 11 people (16.9%) are not adherent to take medicine, and 6 people (9.2%) who obediently take medicine. Because the client wants to hear input, advice and advice provided by his family so that boost his confidence in order to recover by obedient medication.

The results of statistical analysis using the test "Simple Linear Regression" obtained value $R = 0.0001$ which means smaller than the value $\alpha = 0.05$, then H_0 is rejected and H_a accepted. So in this study we can conclude that there is a relationship with *Self Efficacy* Social Persuasion Take medication adherence in patients with pulmonary TB Pelamonia In Level II Hospital in Makassar.

Self-efficacy (*self-efficacy*) can also be obtained, amplified or attenuated through social persuasion. The impact of this source is limited, but on the condition it is a sense of trust to the grantor of persuasion, and the realistic

nature of what Persuaded [9]. Social persuasion, the individual is directed by advice, counsel, and guidance so as to increase his beliefs about the abilities he possesses that can help achieve the desired goals.

This is in line with research conducted by Ahmad Sapiq with the title "Relationship *Self Efficacy* and Self Concept With Compliance Drink Drugs In Patients with pulmonary TB in Puskesmas Pekauman Banjarmasin South 2015" where the results of his research on lung TB patient to get the number of respondents have high *self-efficacy* are more than those who have a low *self-efficacy*. Where the respondents who have a good *self-efficacy* tend to be able to do what is recommended.

The result showed that medication adherence is influenced by the patient have confidence when taking medication on a regular basis will affect the recovery. Viewed from the results of research in terms of demographics of respondents, women have more belief that if obedient take medicine will speed healing. Viewed in terms of age, the productive age (17-35 Years) is still more adherent to take medication, it is influenced that age is not dependent with others for the problem of regular medicine taking, so they trust themselves for his treatment. While viewed from the aspect of education, the higher the education of a person is more rational way of thinking and more rational also beliefs, so higher education is more likely to be obedient to take medicine.

So the researcher concludes based on the results of research that has been done, theories collected and based on previous research ever done, it is not always if the client has social perusasi will be obedient and vice versa in because the client who would listen to input and advice from his family.

4. Relationships with *Self Efficacy* emotional state Drinking Drug Compliance in Patients with Pulmonary TB Hospital Level II Pelamonia In Makassar

Based on the results of the study showed that from 65 respondents there are respondents who have emotional state as many as 49 people (75.4%) where as many as 47 people (72.3%) who adhere to take medicine and 2 people (3.1%) who are not compliant to drink this drug in due to lack of supervision or support of the nearest person and emotional state that cannot be controlled. While respondents who do not have emotional state as many as 17 people (26.1%), where 10 people (15.4%) are not adherent to take medicine, and 6 people (9.2%) who obediently take medicine. Not having a good emotional state but dutifully taking medicine, due to good family support and good supervision and fear of worse circumstances.

The result of statistical analysis by using "Simple Linear Regression" test obtained value $R = 0.0001$ which means smaller than value $\alpha = 0,05$. Then H_0 is rejected and H_a accepted. So in this study we can conclude that there is a relationship experience emotional state with *Self Efficacy* Take medication adherence in patients with pulmonary TB Pelamonia In Level II Hospital in Makassar.

In *Self-efficacy* theory, which follows an emotional state will affect the efficacy of activities in the field events. Strong emotions, fear, anxiety, stress, can reduce self-efficacy (*self-efficacy*). But it could happen, the increased emotion (which is not an exaggeration) can increase self-efficacy (*self-efficacy*). Changes in behavior will occur when the source of its efficacy expansion changes. Changing *self-efficacy* is widely used to improve behavior

and adaptation difficulties people experience various behavioral problems. The four sources were altered by various strategies [9, 11-13].

This is in line with research conducted by Ahmad Sapiq with the title "Relationship *Self Efficacy* and Self Concept With Compliance Drink Drugs In Patients with pulmonary TB in Puskesmas Pekauman Banjarmasin South 2015" where the results of his research on lung TB patient to get the number of respondents have high *self-efficacy* are more than those who have a low *self-efficacy*. Where the respondents who have a good *self-efficacy* tend to be able to do what is recommended.

From the results of the study found that drug adherence was influenced by stable emotional state of the state of the disease. In terms of demography, women are more able to control the emotions of the disease so tend to be more obedient to take medicine. In terms of age, adults (36-55 years) more able to control emotions because the older a person increasingly able to control his emotions or more can accept about the disease so encouraging to take medication regularly. In terms of education, the higher the education, the higher the person's knowledge, and the more you can control its emotions so motivating to be obedient to take medication.

So the researcher concludes if the good emotional state is not necessarily the client obedient to take medicine so vice versa is in because of family support, supervision while taking the drug and the level of anxiety and behavior from clients themselves [14].

5. Conclusion

1. There is a relationship between *self-efficacy* experience with the performance of medication adherence in patients with pulmonary TB in Makassar Pelamonia Level II Hospital.
2. There is a relationship between the experience of *self-efficacy* vikarius with medication adherence in patients with pulmonary TB in Makassar Pelamonia Level II Hospital.
3. There is a relationship between social persuasion with *self efficacy* medication adherence in patients with pulmonary TB in Makassar Pelamonia Level II Hospital.
4. There is a relationship between *self-efficacy* emotional state with medication adherence in patients with pulmonary TB in Makassar Pelamonia Level II Hospital.

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