

The Influence of Bedside Teaching and Interpersonal Intelligence Upon Students' Therapeutic Communication Competence in Midwifery Diploma III Program of Mitra Ria Husada School of Health Sciences (STIKes) Cibubur

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Abstract Education is a process that contains objectives and objects. This also applies to midwifery education. The midwifery competencies to achieve are comprised of knowledge, skills and behaviors in implementing safe and responsible midwifery practices in various health care settings. This research was conducted on the therapeutic communication competence in three domains, namely cognitive, affective and psychomotor domains on the students of Midwifery D-III Program of Mitra RIA Husada School of Health Sciences. The learning method was limited to bedside teaching method, coaching method and demonstration. Bedside teaching method is a teaching method which is conducted beside a client's bed, covering the learning of the client's condition and nursing care needed by the client. Coaching method is a technique of using a verbal instruction directly involving a coach who has knowledge of how to trigger the expected behavior and what is needed in an effort to achieve the desired behavior. Demonstration is the learning method used by telling and demonstrating the steps in carrying out a certain task. The method used in this research was the experimental method with the treatment design by level 3 x 2. The sample in this research was 24 students. The data analysis technique in this research was variance analysis (ANAVA). The conclusions of this research were: (1) there was increased therapeutic communication competence among students of Midwifery D-III Program of Mitra RIA Husada School of Health Sciences taught by bedside teaching method and have high interpersonal intelligence with students taught by coaching method and have high interpersonal intelligence, (2) to improve therapeutic communication competence of those with high interpersonal intelligence, coaching method was more appropriate. Thus, the lecturers are recommended to use coaching method in therapeutic communication courses, (3) to improve the result of therapeutic communication competence of those having low interpersonal intelligence, the bedside teaching method was more appropriate, (4) to improve the result of therapeutic communication competence of those having low interpersonal intelligence, the coaching method was the more precise method.

Keywords: Learning method, interpersonal intelligence and therapeutic communication competence

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1. Introduction

Education is a process that has objectives and objects [1]. The success of education is determined by the extent to which students' mastery of competence This also applies to midwifery education. The success of midwifery education is reflected in a series of professional competence held by graduates produced Midwives professional final destination midwifery education, seen from the competence of midwives must be mastered include knowledge, skills and behaviors in implementing the practice of midwifery in a safe and responsible of Java on different arrangements of health services [2].

One of the main competencies must be mastered by DIII students midwifery is therapeutic communication competence, that is basic competence becomes the foundation of therapeutic relationship between midwife and patient in midwifery, both hospital based and community based. To support this clinical counselor was not fully guided the students, especially in terms of clinical guidance because the counselor has not fully use the appropriate method of learning that is the method of bedside teaching and coaching and has always been using conventional methods.

In addition, interpersonal intelligence can affect the therapeutic communication competence of students because of the ability of mahaiswa in establishing communication effectively, able to empathize well, and

ability to develop harmonious relationship with others. Nair, Coughlan and Hensley, also noted in his research that the American report concluded bedside teaching is very effective to teach professional skills because it has four phases in the communication process: pre interaction, orientation, employment and termination phase. According Piriyasupong [3], in Thailand also reported the results of research that the method of bedside teaching effective learning evidence-based medicine: the basic concept of learning based on scientific evidence on medical students and supported by point Puji Lestari, Susilaningsih and Sri Rahayu [4] method of bedside teaching very effective to improve student psychomotor.

The main objective of this study was to determine the effect of bedside teaching methods and interpersonal communication competence therapeutic against DIII midwifery student STIKes RIA Mitra Husada 2016. Based on this phenomenon, the authors are interested in examining the effect of the use of methods of bedside teaching to mastery of therapeutic communication competence in students The DIII midwifery STIKes Mitra RIA Husada is compared with coaching methods and methods of demonstration, in terms of students' interpersonal intelligence.

2. Research Methodology

The method used in this research is experimental method with treatment design by level 3 x 2. The variable studied is the learning method as independent variable with interpersonal intelligence as attribute variable and therapeutic communication competence as dependent variable. In this study, researchers provide performance tests consisting of essay tests and tests with checklists. Practice tests are given related to therapeutic obstetric communication competency tests. The population of this research is STIKes Mitra RIA Husada student which amounts to 76 students, with sample number 48 samples.

The result of instrument test of cognitive communication ability of therapeutic of 70 items that have been tested there are 34 items that stated valid with value of reliability equal to 0.734. The result of therapeutic affective instrument test of therapeutic communication of 10 items that have been tested there are 9 items that are valid with validity of 0.941. The result of psychomotor therapeutic test of therapeutic communication from 17 items tested is 14 items that stated valid with the reliability value of 0.981. And the results of interpersonal intelligence instrument testing of 44 items that have been tested there are 28 items that are declared valid with the reliability of 0.971. Data analysis technique in this research is (1) requirement analysis test that is normality using Liliefors test and homogeneity using Bartlett test, and (2) Hypothesis Test by using variance analysis (ANAVA) and continued with Tukey Test.

3. Research Result and Discussion

Hypothesis testing in this research relates to the main influence free variable, the method of bedside teaching,

coaching and demonstration. The summary of hypothesis test result is as follows:

Table 1. Summary of hypothesis testing with ANOVA

Source Varians	JK	Db	RJK	F ₀	F _{tab} α = 0,05
Between A	13,57	2	6,785	10,172	3,32
Between B	2,740	1	2,740	4,108	4,07
Interaction AB	38,263	2	19,131	28,682	3,32
In	28,34	42	0,667	-	-
Total	82,913	47	-	-	-

The result of calculation of ANOVA analysis on AxB interaction variance source significantly there is interaction between learning method and interpersonal intelligence to therapeutic communication competence proved by $F_0 (A) = 28,682 > F_{tab} = 3,32$, it is necessary to do further test with Tuckey test and calculation result are presented in Table 2.

Table 2. Summary of advanced tests with Tukey test

Value Contrast	(Se)	t ₀	t _{tabel}	Decision
$\bar{Y}_{11} - \bar{Y}_{21} = 1,50$	0,408	3,676	2,0181	Significant
$\bar{Y}_{11} - \bar{Y}_{31} = 1,30$	0,408	3,186	2,0181	Significant
$\bar{Y}_{21} - \bar{Y}_{31} = 0,82$	0,408	2,021	2,0181	Significant
$\bar{Y}_{12} - \bar{Y}_{22} = 0,50$	0,408	1,22	2,0181	Not Significant
$\bar{Y}_{12} - \bar{Y}_{32} = 1,50$	0,408	3,676	2,0181	Significant
$\bar{Y}_{22} - \bar{Y}_{32} = 1,00$	0,408	2,450	2,0181	Significant

Based on the results of ANOVA and Tukey test analysis above, it can be explained as follows:

1) Differences in therapeutic communication competence in DIII students midwifery STIKes Mitra RIA Husada taught using bedside teaching method with coaching method

Based on the calculation of ANOVA as shown in Table 1, the source of variance A shows that the value of $F_0 = 10,172 > F_{tab} = 3,32$ then Hypothesis H_0 is rejected or therapeutic communication competence in DIII students midwifery STIKes Mitra RIA Husada taught using higher bedside teaching method from being taught using coaching methods.

Evidence of hypotheses based on empirical studies conducted by researchers supported by theories and concepts put forward by experts as quoted in chapter II. The objectives of the learning method of bedside teaching include developing interpersonal skills, developing teacher, student and patient interaction, developing role-modeling. Supported also by the statement that the method of learning bedside teaching can improve the active learning. In addition, the results of this study were supported by Piriyasupong research [3], examined the effect of bedside teaching in the study of evidence based medicine on the fifth-year medical student at Khon Khaen Hospital, Thailand. The results obtained from the study that the method of bedside teaching is effective for the study of evidence based medicine.

2) Differences of therapeutic communication competence in DIII students midwifery STIKes Mitra RIA Husada taught using bedside teaching method with demonstration method

Based on the result of ANOVA calculation (Table 1) on source of variance A shows that the value of $F_0 = 10,172 > F_{\text{tab}} = 3.32$ then Hypothesis H_0 is rejected or therapeutic communication competence in DIII students midwifery STIKes Mitra RIA Husada students taught using bedside teaching method is higher than taught using demonstration methods.

Evidence of hypotheses based on empirical studies conducted by researchers supported by theories and concepts put forward by experts as quoted in chapter II. Nair's research, Coughlan and Hensley [5], examines the learning of professional skills in medical students through the method of bedside teaching. The results obtained from the study that bedside teaching is very effective to teach professional skills. Also supported by the research of Solikhah and Elsanti [6] said there are differences in the influence of bedside teaching methods on the mastery of cases of nursing clinic students practice. Reinforced by Giyanto's research [7], there is a significant difference of influence between bedside teaching method and demonstration learning method to therapeutic communication comrades of students.

3) Differences of therapeutic communication competence between students of DIII midwifery STIKes Mitra RIA Husada taught using coaching method with demonstration method

Based on the results of ANOVA calculations (Table 1) on the source of variance A shows that $F_0 = 10,172 > F_{\text{tab}} = 3.32$ then hypothesis H_0 is rejected or therapeutic communication competence in DIII students midwifery STIKes Mitra RIA Husada taught using coaching method higher than taught using demonstration methods.

Evidence of hypotheses based on empirical studies conducted by researchers supported by theories and concepts put forward by experts as quoted in chapter II. Arita Murwani's research [8] reported the conclusion of his research that there is an interaction between coaching method and learning motivation toward the competence of endotracheal tube installation in nursing students. It is also supported by Turlina research [9] that the method of coaching is able to improve students' competence in installing Implants.

4) Interaction between learning method and interpersonal intelligence to therapeutic communication competence on DIII students midwifery STIKes Mitra RIA Husada

Based on the results of ANOVA calculations (Table 1) on source variance Interaction A x B shows that the value $F_0 = 28.682 > F_{\text{tab}} = 3.32$. Then H_0 is rejected. This means that the learning method has an influence on therapeutic communication competence result. Vice versa. Thus the research hypothesis states that there is interaction between learning methods and interpersonal intelligence to therapeutic communication competence tested truth.

5) Differences of therapeutic communication competence between students of DIII midwifery STIKes Mitra RIA Husada taught by bedside teaching method and have high interpersonal intelligence with students taught by coaching method and have high interpersonal intelligence

Further test results with Tukey test in Table 2 shows that therapeutic communication competence between DIII students of midwifery STIKes Mitra RIA Husada taught by bedside teaching method with students taught by coaching method and have high interpersonal intelligence

obtained value $t_0 = 3,676 > t_{\text{tab}} = 2, 0181$ H_0 is rejected, thereby it can be said that therapeutic communication competence of students taught by method of bedside teaching and have high interpersonal intelligence is higher than students who are taught by coaching method and have high interpersonal intelligence.

Evidence of hypotheses based on empirical studies conducted by researchers supported by theories and concepts put forward by experts as quoted in chapter II. Bedside teaching method is a teaching or active learning that is done using the patient directly as a medium of learning. In other words that students are directed to develop therapeutic communication competence skills and increase active participation to patients every midwife care. Coaching method empowers participants and facilitates self-learning, growth, personal and performance improvement in implementing midwifery care. In other words can improve students' independence ability to learn and overcome the problems faced. But on the other hand the method of coaching is influenced by inadequate communication skills.

Interpersonal intelligence is a person's ability to be sensitive to others, understand and interact with others so hope easy to socialize with the surrounding environment. Every individual has high and low interpersonal intelligence. In this study, bedside teaching method is more effectively applied to students who have high interpersonal intelligence than students who have low interpersonal intelligence because students who have high intelligence has three main dimensions, according to Anderson, namely (1) social sensitivity: the ability to feel and observe reactions (2) social insight: the ability to understand and seek effective problem solving in an interaction (3) social communication: the ability to communicate both verbal and non verbal [10].

6) Differences of therapeutic communication competence between students of DIII midwifery STIKes Mitra RIA Husada taught by bedside teaching method and have high interpersonal intelligence with students taught by demonstration method and have high interpersonal intelligence

Further test results with Tukey test in Table 2 shows that therapeutic communication competence among students of DIII midwifery STIKes Mitra RIA Husada taught by method of bedside teaching with students taught by method of demonstration and have high interpersonal intelligence, obtained value $t_0 = 3,186 > t_{\text{tab}} = 2, 0181$ then H_0 is rejected. Thereby it can be said that therapeutic communication competence between student of DIII Midwifery STIKes Mitra RIA Husada taught by method of bedside teaching and have high interpersonal intelligence with student taught by method of demonstration and have high interpersonal intelligence.

This result is in line with the opinion put forward by Sanjaya and Vienna [11] that the demonstration method requires more mature preparation, because without adequate preparation the demonstration can fail, which may result in ineffective methods. Preparation in question can include the skills of educators and readiness of students of interpersonal intelligence and student motivation in performing therapeutic communication to patients.

Learning method of bedside teaching given to the group of students who have high interpersonal intelligence

provides an opportunity for students to learn cognitively through case analysis, effectively through direct interaction of students with patients, as well as psychomotor through direct practice in patients. On the contrary, the method of demonstration learning gives a lower result because students only have the opportunity to learn cognitively through case analysis, effectively through indirect student interaction in the patient, and psychomotor through observation of the demonstration conducted by the clinical counselor.

7) Differences in therapeutic communication competence between students of DIII midwifery STIKes Mitra RIA Husada taught by coaching method and have high interpersonal intelligence with students taught by demonstration method and have high interpersonal intelligence

Further test results with Tukey test in Table 2 shows that therapeutic communication competence among students of DIII midwifery STIKes Mitra RIA Husada taught by coaching method with students taught by demonstration method and have high interpersonal intelligence, obtained value $t_0 = 2,021 > t_{tab} = 2,0181$ H_0 rejected. There by, therapeutic communication competence in DIII midwifery students STIKes Mitra RIA Husada taught by coaching method and have high interpersonal intelligence higher than students taught by demonstration method and have high interpersonal intelligence.

These results are in line with the opinions expressed in chapter II, that the benefits of coaching methods are that learners feel more motivated and responsible for performing newly learned skills because the guidance is continuous and personal. So that students can practice well to patients. This is in line with the Lestari and Kartini research, that there are significant differences in learning by coaching and demonstration methods on the ability to perform leopold examination [12]. Based on this it can be concluded that coaching method is more effectively used in learning rather than demonstration methods.

8) Differences in therapeutic communication competence between students of DIII midwifery STIKes Mitra RIA Husada taught by bedside teaching method and have low interpersonal intelligence with students taught by coaching method and have low interpersonal intelligence

Further test results with Tukey test in Table 2 shows that therapeutic communication competence among students of DIII Midwifery STIKes Mitra RIA Husada taught by bedside teaching method with students taught by coaching method and have low interpersonal intelligence, obtained value $t_0 = 1,22 < t_{tab} = 2,0181$ H_0 rejected. Thus, there is a difference of therapeutic communication competence between students of DIII midwifery STIKes Mitra RIA Husada taught by method of bedside teaching and have low interpersonal intelligence with students who are taught by coaching method and have low interpersonal intelligence.

This result is in line with the opinion expressed in chapter II that the method of bedside teaching is active learning. Active learning is a learning that provides an opportunity for students to actively build their own concepts and meaning through various activities. This active learning requires high-level thinking activities. According to Suardana research, Wiarta and Sujana [13]

there is a relationship of significance jointly between interpersonal intelligence and learning motivation with learning outcomes.

9) Differences in therapeutic communication competence between DIII students midwifery STIKes Mitra RIA Husada taught by bedside teaching method and have low interpersonal intelligence with students taught by demonstration method and have low interpersonal intelligence

Further test results with Tukey test in Table 2 shows that the difference of therapeutic communication competence between the students of DIII midwifery STIKes Mitra RIA Husada taught by the method of bedside teaching with students taught by demonstration method and have low interpersonal intelligence, obtained value $t_0 = 3,676 > t_{tab} = 2,0181$ H_0 accepted. Thus, there is no difference in the therapeutic communication competence between the DIII students of midwifery STIKes Mitra RIA Husada taught by bedside teaching method and having low interpersonal intelligence with students taught by demonstration method and having low interpersonal intelligence.

This result is in line with the opinion expressed in chapter II that bedside teaching is a direct learning in front of the patient. With bedside teaching students can apply science, implement communication skills, clinical skills and professionalism, discover the art of medicine, learn how to behave and approach the doctor/midwife to the patient. The basic principle of bedside teaching is the physical and psychological readiness of clinical counselors, learners and clients. One of the psychological factors is intelligence which is among the various factors that can influence bedside teaching, intelligence factor is very big influence in process and progress learners learners. If students have high intelligence will be easy to obtain good learning results and vice versa if learners have low intelligence less learning outcomes.

The demonstration method is a teaching method by using a demonstration to clarify an understanding or to show how a particular forming process proceeds to the learners [14]. In teaching learners more easily given lessons by imitating what his mentors did. In this case, the tutor teaches through demonstrations. Demonstration means showing, working and explaining. Methods of demonstration need to be done in order to develop the motivation of learners because remembering the tendency of children to imitate or imitate others as one of the very strong instincts. One of the shortcomings of demonstration methods is that demonstrations require the skills and skills of more professional educators. In addition, demonstration methods require good will and motivation for the success of the learning process. If it is not owned by students hard to absorb the learning process well especially in students who have low interpersonal intelligence. Because it takes two-way communication between patients and students in doing practical learning.

Based on the above statement therapeutic communication competence can be improved if students have high interpersonal intelligence with appropriate learning method, on the contrary if students have low interpersonal intelligence, therapeutic communication competence is less if the learning method used less precise. It can be concluded that the therapeutic communication competence

between students taught by bedside teaching method and having low interpersonal intelligence is more effective than with students taught by demonstration method and having low interpersonal intelligence.

10) Differences in therapeutic communication competencies between students of DIII midwifery STIKes Mitra RIA Husada taught by coaching method and have low interpersonal intelligence with students taught by demonstration method and have low interpersonal intelligence.

The test results further by Tukey's test in Table 2 shows that the difference in competence of therapeutic communication between students DIII Midwifery STIKes Mitra RIA Husada taught with methods of coaching with students who are taught by the method of demonstration and have interpersonal intelligence low, the value $t_0 = 2,450 > t_{tab} = 2,0181$ H_0 is rejected. Thus that, there are differences in therapeutic communication competence between students DIII midwifery STIKes Mitra Husada RIA taught with methods of coaching and has low interpersonal intelligence with students who are taught by the method of demonstration and has low interpersonal intelligence.

This result is in line with the opinion expressed in chapter II that the inhibiting factors in using coaching methods are the confidence of learners influenced by the facilitator, lack of motivation from the facilitator and inadequate student communication skills. The limitation factor of demonstration method is if the student is not active then the demonstration method becomes ineffective [14]. Interpersonal intelligence relates to the ability to work together and communicate both verbally and non-verbally with others. The low level of students' interpersonal intelligence when the learning process triggers lazy students to ask, so that students only wait that instructed supervisor and interaction only goes one way.

Referring from it the main task of a supervisor should be able to plan a variety of learning methods so that in the learning process can be achieved optimal learning outcomes because through a variety of learning methods will create an interactive atmosphere between students and mentors. Interpersonal intelligence also has an important role for students because the learning method that is used with the support of interpersonal intelligence can affect the learning process of students so that learning outcomes will be achieved in accordance with expectations.

4. Conclusions, Implications, and Suggestions

4.1. Conclusion

1. Increased therapeutic communication competence between DIII students midwifery STIKes Mitra RIA Husada taught by bedside teaching method and have high interpersonal intelligence with students who are taught by coaching method and have high interpersonal intelligence.
2. Increasing therapeutic communication competence that has high interpersonal intelligence hence, the student more precisely teaches coaching learning method. Thus the lecturers recommended using coaching learning method in therapeutic

communication courses. Increasing the result of therapeutic communication competence having low interpersonal intelligence hence, the student is more appropriately taught learning method of bedside teaching.

3. Increasing the result of therapeutic communication competence having low interpersonal intelligence hence, the student is more appropriately taught coaching learning method.

4.2. Implications

1. The use of bedside teaching method can make the students instruct the practice learning well although in its implementation it is often time constraint and made into obligatory method in midwifery practice.
2. Lecturers are recommended to use coaching learning methods in therapeutic communication courses.
3. Lecturers are strongly recommended to use bedside teaching methods in therapeutic communication courses in improving liveliness in learning.
4. Lecturer recommended to use coaching method in therapeutic communication course and also help to increase student motivation so that therapeutic communication learning can be optimal.

4.3. Suggestion

Suggestions that can be submitted are:

1. The lecturer of therapeutic communication subject of midwifery should use bedside teaching and coaching method in giving therapeutic midwifery communication materials to the students besides using the method of demonstration which has always been used.
2. The lecturer of therapeutic communication subject of midwifery should be able to consider students' interpersonal intelligence, so they can choose the right method of learning so that the learning can be maximized.
3. Training of mentor preceptor for land supervisors who do not have the competence to guide student practice.
4. In addition to lecturers pengawa therapeutic communication subject midwifery should the supervisor of the land can use the method of bedside teaching to students so that students can improve therapeutic communication competence midwifery with real.
5. To students who have high interpersonal intelligence should be able to use bedside teaching method.
6. To students who have high interpersonal intelligence should be able to use coaching method.

To the student should be able to hone skills through through the responsibility and good effort and own motivation to improve the ability.

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