



Information Literacy of Tuberculosis Patients in Hospital Health Services

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| ABSTRACT | ARTICLE INFO |
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| <p>In implementing health service management, the role of communication is needed, because it must determine the cause of a disease in a patient. Therefore, knowledge and communication skills must be possessed by all health workers, because they will influence patient perceptions, patient assessments of services, trust, and patient recovery rates. The research method used is a qualitative approach, data collection techniques through interview methods aim to obtain information from participants or sources through direct face-to-face dialogue between researchers and sources. The concept of information literacy standards is composed of three basic components, namely access, evaluation, and use. Patients in the millennial category browse the internet to find out more about this disease. On the internet site, the explanation is clearer and more detailed. Apart from that, health service information is also obtained in the form of banners, posters, pamphlets, or other printed media available at the health service facility. The research conducted showed that tuberculosis patients could develop information literacy about the need for information about the disease they were suffering from. This ability accesses, evaluates, and utilizes the required information. Fulfilling information needs related to their illness is available through information services available at the health center where their health facility is located or at the referral hospital where they seek treatment..</p> <p>© 2024 Edulib</p> | <p>Article History: <i>Submitted/Received 01 Feb 2024</i> <i>First Revised 08 Mar 2024</i> <i>Accepted 11 May 2024</i> <i>First Available online 18 May 2024</i> <i>Publication Date 31 May 2024</i></p> <hr/> <p>Keyword: <i>Tuberculosis Patient,</i> <i>Health Information Service,</i> <i>Information Literacy.</i></p> |

1. INTRODUCTION

People who come for treatment to doctors or medical services are known as patients. In an effort to recover, the patient comes to the doctor for a consultation, conveys what he feels and is suffering from in the hope of getting recommendations for treatment that can hopefully cure the disease he is suffering from. Patients have an interest or need to cure their disease while doctors have an interest in curing the disease suffered by the patient. When a patient communicates with a doctor, both parties must feel that their mutual needs have been met and that their goals have been achieved. Davis et. al (2008) stated that the optimal relationship between healthcare providers and patients is one of trust. This therapeutic relationship depends on the health care provider's ability to communicate effectively with the patient. Research shows that when medical professionals listen to patients, it leads to compliance with medical regimens (carrying out treatment in an orderly manner), patient satisfaction increases, and doctors are less vulnerable to malpractice lawsuits (Mulyana 2016: 31; Klifto et al., 2017)

Tuberculosis (TB) is an infectious disease that is quite dangerous for human survival. The Ministry of Health stated in its strategic plan for 2015-2019 to tackle TB disease which still suffers from many Indonesians. Generally, this disease is suffered by people with poor nutrition and living in poor sanitation environments. Treatment for sufferers of this disease is carried out for up to 6 months by taking medication every day continuously without interruption. If the patient forgets not to take this medicine for even one day then the administration of the medicine must be repeated.

TB is a contagious infectious disease, caused by the bacterium *Mycobacterium tuberculosis*. Transmission of germs from this disease is very easy, namely through the air, where the source of infection is TB sufferers whose phlegm contains TB germs. When TB sufferers cough, sneeze or talk they can produce droplet nuclei. Infection will occur if a person inhales air containing the phlegm of a TB sufferer. A common symptom of TB in adults is a persistent cough and phlegm for two weeks or more. If not treated, after five years fifty percent of TB sufferers will die (Ministry of Health, 2015: 1).

Controlling TB disease involves private hospitals not only in Bogor Regency and Bekasi City, in Bandung Regency the regional government also involves private hospitals, including the AMC Hospital. According to information from AMC hospital health workers, quite a lot of TB sufferers are currently coming for treatment. Moreover, after the BPJS program started, TB patients increased several times, especially since the medicine for TB was provided free of charge. It is estimated that around 90 TB patients seek treatment at AMC hospitals every month. Patients suffering from TB are handled by health workers, namely doctors and nurses, both of whom are officers in relation to health workers as stated in the PP No. 32 of 1996. For examination of TB sufferers, the hospital provides examination rooms and isolated inpatient rooms. The hospital is trying to support the government in its efforts to control TB disease, especially since Bandung Regency is in second place in West Java province in terms of the number of TB sufferers. Several health workers at the AMC hospital were included in training on TB disease management conducted by the government. Research that explores and is related to the concepts of health and illness does not just involve conditions based on biomedical measurements. Health itself can be interpreted as a perfect condition both physically, mentally and socially and not only free from disease or weakness. In simple terms, there is the concept of disease which is meant as a disturbance or irregularity in the anatomy of the human body or physique, while illness is meant as a personal, interpersonal and cultural reaction to illness or feelings of discomfort. The fact that health and illness also leads to a

variety of limitations for each individual due to the influence of social and cultural constructs in their environment. In this way, the concept of disease becomes something different from illness which is structured by culture, based on individual experience in interpreting and experiencing uncomfortable bodily conditions.

Some people or societies limit it to somatic experiences, others to mental dysfunction, and in turn, the social, emotional, and cognitive aspects become inseparable aspects. This can be the main criticism of the disease-illness dichotomy, namely the existence of a body-mind dichotomy condition that is not touched by the biomedical field. Disease is rooted in bodily pain so it is considered real, concrete, scientific and objective, whereas illness is pain that is rooted in the mind so it is considered to be in the subjective category. The human way of life and lifestyle is a phenomenon that can be associated with the emergence of various diseases, besides that the results of various cultures can also cause disease (Salisah 2011: 170; Sahli, 2020; Widyaningtyas et al., 2020).

The concept of disease is more appropriate for supporters of the biomedical system and is used more often by them than the concept of illness because disease refers to a physical condition while illness refers to a physical condition as well as an emotional or mental condition. Based on their biomedical perspective, medical doctors and nurses may view diseases as mere illnesses, namely objective realities that can be diagnosed, examined, and cured by experts in clinics or laboratories, such as repairing body parts (Mulyana 2016: 87-88; Simon et al., 2017).

The process of healing TB disease takes quite a long time and requires patience and patience on the part of the patient, the patient's family, and hospital health workers. Patients suffering from TB must diligently take medication every day without stopping for six months. Health workers always ask for the role of the patient's family to remind the patient to take it every day. Apart from that, patients are asked to always consult a doctor every two weeks to monitor the progress of their treatment. Health workers need therapeutic communication skills in treating patients suffering from TB disease.

In implementing health service management, the role of communication is needed, because it must determine the cause of a disease in a patient. Therefore, knowledge and communication skills must be possessed by all health workers, because they will influence patient perceptions, patient assessments of services, trust, and patient recovery rates. For this reason, du Pre (2000), through one of his approach models, stated that to assist health workers in serving patients in basic health centers, a biopsychosocial model is needed, which is based on the premise that poor health is not only a physical phenomenon but also influenced by people's feelings, their ideas about health, and events of their lives.

West Java Province is determined to improve the health status of its people through "Accelerating the Achievement of West Java's Vision towards HDI 80 in 2010 through Health Development". This Strategic Program for Achieving HDI 80 can be realized through (i) Increasing Access and Quality of Health Services, (ii) Increasing Health Resources, (iii) Community Empowerment, and (iv) Developing Health Financing.

As an information user, the ability to manage information is very important. If every level of society has information literacy skills, people will automatically be able to easily sort out good and correct information. However, this ability is not immediately available for free. To get it, learning is needed that teaches how to recognize information needs, build information search strategies, find and access information, organize information, and evaluate the information needed (Ramadiati, 2009; Kong, 2014; Martzoukou & Sayyad, 2017). And this can be obtained through formal educational institutions such as schools. School is a formal educational institution that is prepared to produce quality and competent human resources

so that they can contribute to the progress of world development (Rindyasari, 2008; Mawardi, 2017; Arif, 2021).

The concept of information literacy was first developed in 1974 by Paul Zurkowski, a leader of the American Information Industry Association. In his proposal addressed to The National Commission of Libraries in the United States, Zurkowski said that someone needs to have skills in operating information retrieval tools and primary information sources to solve a problem (Pattah, 2014). Since the term information literacy was introduced, various definitions, standards, and models of information literacy have begun to be put forward by experts. According to the American Library Association in the Presidential Committee on Information Literacy Final Report, information literacy is stated as follows (Fajarwati: 2012):

“Information literacy is a set of abilities requiring individuals to recognize when information is needed and have the ability to locate, evaluate, and use effectively the needed information.”

Apart from that, Verzosa (in Pattah, 2014) defines information literacy as a skill in accessing and evaluating information effectively to solve problems and make decisions. Someone who has information literacy skills can understand how to learn to learn. In other words, they know how to manage information, evaluate, filter, and utilize it in accordance with applicable ethics.

Scott Lanning (in Delima, 2018) also expressed his opinion regarding information literacy, according to him "information literacy is the ability to find, evaluate, and use information efficiently, effectively, and ethically to answer an information need." In 2003 the US National Commission on Library and Information Science explained that information literacy is knowledge about a person's information needs, the ability to identify, search, evaluate, organize and create effectively, use and communicate information to solve the problems faced; and this knowledge is a prerequisite for living in an information society and part of a person's basic right to lifelong learning (Mashuri, 2014).

Based on the previous definition, it can be concluded that information literacy is a person's ability to identify information needs, search for information, evaluate information sources, utilize that information, and develop it. If someone has information literacy skills, they will easily understand how to manage information and re-develop it into new information.

Information Literacy of Educators and Non-formal Education Teachers (PNF) in DKI Jakarta Province. Even though they understand the term information literacy and can identify the information needed, they are not yet able to evaluate and manage the information obtained. This is motivated by obstacles that originate from internally or themselves, where teaching staff have a lack of motivation and ability. The rest is caused by external factors in the form of a lack of advice or facilities in efforts to improve information literacy skills.

2. METHODS

The research method used in this research is a descriptive method with a qualitative approach. The descriptive research method according to Mely G. Tan (in Rusandi & Rusli, 2021) is a method that explains a problem in descriptive form, aiming to accurately describe the characteristics of individuals, situations, symptoms, or certain groups in society. In other words, descriptive research methods can present accurate facts related to a phenomenon.

To support research methods, an approach is needed so that the resulting data does not stray from the topic of the problem being studied. This research uses a qualitative approach, namely an approach to understanding human or social phenomena by creating a

comprehensive and complex picture that can be presented in words, reporting detailed views obtained from informant sources, and carried out in a natural setting (in Fadli, 2021).

This research uses four types of data collection techniques, namely depth interviews, observation, documentation, and literature study. (Moleong, 2004: 34). Types and sources of data, namely primary data obtained from in-depth interviews and observations, while secondary data obtained from the results of literature studies from various book and website sources. Primary data sources were obtained through direct interviews. Research data collection is related to the process of exploring answers through sources and types of data that are relevant to the research. There are several techniques for collecting data. These techniques will be used as the main data source in answering questions from the problem formulation that has been created. The data collection technique using the interview method aims to obtain information from participants or sources through direct face-to-face dialogue between researchers and sources.

3. RESULTS AND DISCUSSION

The results of research on tuberculosis patients are related to information literacy skills in searching for information about health services in health facilities and referral hospitals, namely the AMC Hospital in Bandung Regency. The results of this research will be described in this section.

According to Doyle (in Yusniah, 2016) there are several reasons related to why someone can be said to have information literacy abilities. These include if: (i) Realizing the need for information; (ii) Being aware of accurate and complete information is a basis for making the right decisions; (iii) Identify potential sources of information; (iv) Building the right search strategy; (v) Access information sources including basic technology; (vi) Evaluate information; (vii) Organizing information to apply; (viii) Integrate new information with what you already have; (ix) Use information critically to solve a problem.

This applies generally to all disciplines, learning environments, and levels of education. With information literacy, it is hoped that you can master the content of the material and expand your research, be self-directed, and have greater control over the learning process (Rindyasari, 2008; Badke, 2014; Estell, 2019).

Each individual has different needs and methods for searching for information. There are those who search for information independently, there are those who need help from parents or teachers, there are also those who use internet devices and electronic media as sources for searching for information. For this reason, Sulisty Basuki (2013) divides the types of information literacy into five parts, namely:

Visual literacy was first put forward by the writer and founder of the International Visual Literacy Association John Debes. According to him, visual literacy does not only involve thinking processes but also utilizes sight as one of the most dominant senses of all human senses. In line with this opinion, Braden describes visual literacy as the ability to understand and use images, including the ability to think, learn, and express oneself through images (Widiatmojo, 2020). Another opinion was also expressed by Ausburn who said that visual literacy is the ability to understand the messages contained in images and analyze them to build meaning from the concepts and ideas of an image seen (Widiatmojo, 2020). From the two definitions previously explained, it can be understood that visual literacy allows someone to read or interpret an image, which will then be processed and developed to create new knowledge.

Information literacy competencies are often put forward by experts and institutions or organizations and the understanding related to these competencies has the same context even though they are covered in different explanations. Of the many competencies available, there is a standard published by IFLA (International Federation of Library Associations and Institutions) which is called information literacy standards. The standard concept includes information literacy and competency standards that can be used to view individual information literacy in general. The concept of information literacy standards is composed of three basic components, namely access, evaluation, and use. These three basic components can be useful for identifying the information and technology needed, building strategies for searching for information, evaluating information and its sources, and making maximum use of information to create new knowledge. The following will explain in detail the three basic components of information literacy standards.

- **Determining Information Needs**

The first thing that needs to be done before searching for information is to know what information is needed. The process of realizing the need for information is important because if someone realizes what information they need, then that information will become useful in solving everyday problems. Because information plays a vital role in the process of creativity, innovation and learning for the development of human thinking. Thus, the process of determining information needs becomes the first component in information literacy. This is also reinforced by Jesus Lau's (2006) statement regarding information literacy as a tool that every individual needs to help with activities in various areas of life, both in terms of education, health, social and work. The ability to identify information needs needs to continue to be honed, the help of adults who are experts in their field is needed to teach this skill. One way is through educators or teachers. Educators or teachers take part in introducing information literacy to students, therefore it is hoped that teachers can apply information literacy in every learning activity so that they can be a good example for students.

- **Information Retrieval**

A literate person will utilize various forms of media to disseminate information for the continued preservation of information so that people can find and update information when needed. This definition can describe the role of a teacher in providing learning. When learning takes place, the teacher is not only limited to delivering learning material, more than that, the teacher also needs to develop the topic of presentation so that the discussion being studied can develop into a broad scope. So that students can have an enjoyable learning experience and can at the same time express it back in written form or other media.

It is generally known that TB in the past was a frightening disease and ended in the death of the sufferer. In the past, before the world of medicine and the drug industry were not yet so developed, TB disease was often associated with mystical things, such as magic or witchcraft. The connection between TB and metaphysical matters often makes TB sufferers objects of stigmatization in society and excluded from social life.

Nowadays, TB is no longer seen as a frightening disease and sufferers are not stigmatized by society. This is influenced by the increasing level of public health resulting from advances in the world of medicine and also advances in the pharmaceutical industry. Apart from that, people's knowledge has changed, from a metaphysical approach to a rational approach. Therefore, TB to a certain extent has been ignored by society at large and is seen as only being part of the past of society's civilization. However, this view is not entirely correct, starting from the fact that TB sufferers are still found, especially in communities with tropical climates

(CDC, 2016). In fact, Indonesia is ranked first and has received world attention since 2000 regarding high-burden countries (HBC) for TB (Irianti, et al. 2016).

Irianti et al (2016) summarized 2015 data which showed the discovery of 330,319 new TB cases in Indonesia. In this data, the number of TB sufferers in Indonesia is reported from the 3 (three) most populous provinces, namely West Java, Central Java and East Java. These three provinces are areas with the highest potential for TB and it is feared that there will be an endemic due to the large and close population, as well as the high level of interaction within the community.

Regarding the experiences of TB sufferers, the informants indicated that they had escalating knowledge about TB.

This escalation is formed from assuming symptoms of influenza, and suffering from flu, to suspecting that he is suffering from tuberculosis. This knowledge was formed after they became aware of the symptoms of TB in the form of coughing up blood, but previously the informants did not realize that they were infected with TB bacteria. Likewise, family members of informants generally do not realize that one of their family members has TB.

Research informants provided insights into why they were exposed to TB bacteria. These causes include:

- Home Environmental Sanitation.

The informant stated that the environmental conditions were humid. Ventilation and reception of sunlight in the house are considered inadequate because houses are close together or blocked by other taller houses, making it difficult for solar radiation. In general, informants live in densely populated settlements which are characterized by houses that are close together and only separated by walls. The new multi-story building being built in front of the informants' house also makes it difficult for airflow and reduces the entry of sunlight, especially in the morning.

- Social Hygiene

The informants admitted that they lived in an atmosphere of relatively low social hygiene. This hygiene is demonstrated by living together with active smokers. It is suspected that they were exposed to TB bacteria from active smokers either directly or indirectly. Informant Hn stated that her husband was an active smoker who experienced symptoms of TB but instead, he tested positive for TB

In the initial phase, when the informant contracted TB, isolation measures were not carried out. In this phase, the informant considered that the illness he was suffering from was not a dangerous disease so he lived with and interacted with his family members to a high degree. On the other hand, the absence of isolation could pose a risk of transmitting TB from the informant to his family members. Isolation is carried out when the informant is medically declared to be suffering from TB. When at home, the informant is kept away from other family members to avoid infection. Likewise, with eating utensils, informants received different treatments with the aim of preventing transmission of TB bacteria.

Knowledge about TB disease is also obtained using the internet. The relatively young informant in his 20s, took the initiative to obtain information related to TB disease by browsing the internet to find out more about the disease. On the internet site, the explanation is clearer and more detailed. By also informing about the lifestyle of TB sufferers. Apart from that, knowledge about this disease comes from mass media such as television, although the information is brief, it is enough to provide an overview of TB disease and its symptoms. Other knowledge is also obtained from print media in the form of banners and posters containing information related to TB disease. Direct knowledge is also obtained from doctors and nurses starting from treatment methods which must be carried out continuously

for at least 6 months, and how to avoid spreading the disease to other people. It's just that the information given by doctors is still one-way. Charles et al. (2004) call the paternalistic model of doctor-patient communication where information flows one way from doctor to patient without allowing sufficient time for and encouraging patients to ask necessary questions about their illness. Information about the disease suffered by the patient is instead obtained by searching for it yourself, such as browsing the internet or information in the form of printed media displayed in hospitals or other health institutions. For many patients and their families, the satisfaction of therapeutic communication obtained through a medical/healthcare provider is very important. Therapeutic communication is a matter of trust; it relies heavily on the ability of medical staff to communicate effectively with patients.

Family support for informants is very high. The family strives for the informant to recover completely from the TB disease he is suffering from. The treatment of families and community members is shaped by an attitude that does not consider informants as bearers of shame but rather victims of exposure to pathogenic microorganisms that originate from the decline in environmental sanitation around them and low social hygiene. When the informant was diagnosed with TB, family members quickly reacted to seek health services, namely by undergoing treatment at the hospital for his recovery. Of all the informants interviewed in this research, none sought alternative metaphysical treatment but instead underwent medical treatment.

Informants received support for medical treatment at health institutions such as general practitioners, community health centers, and hospitals. Public knowledge has grown as correct information regarding TB disease has increased, making them responsive to its treatment. The existence of relatively affordable health services allows people to get medical treatment quickly. AMC Hospital as a referral hospital in the Cileunyi sub-district, Bandung district also has special TB services (Poli DOTS) which are also available at other referral hospitals.

Even though TB is classified as an easily contagious disease and the bacteria spread easily, in reality, the people around TB sufferers are very likely not to suffer from TB disease. This is due to 2 (two) factors, namely:

- A person is exposed to TB bacteria but does not infect other people. This phenomenon is declared as Latent Tuberculosis Infection (LTBI). TB bacteria in the body trigger an immune response; White blood cells kill TB bacteria so that the development of the disease can be prevented (CDC, 2016).
- A person who is exposed to TB bacteria infects other people. This phenomenon is declared as TB disease, namely TB bacteria can defeat the body's immune system and multiply so that there is a progression from LBTI to active TB. A person who has active TB can infect the people around him. (CDC, 2016).

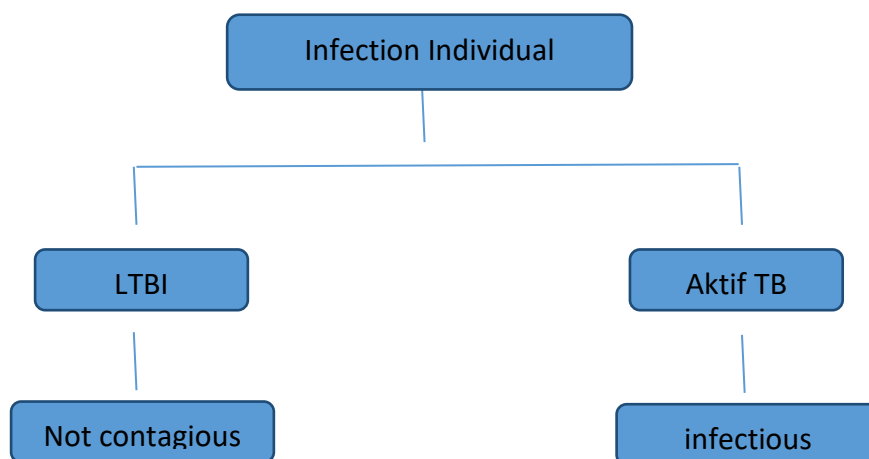


Figure 1. Tuberculous Infection

The informants in this study were individuals belonging to the active Tuberculous category. The informants' immune systems were weakened by Tuberculous bacteria and Tuberculous bacteria progressed to active Tuberculous. In other words, the informants' bodies become hosts and also vectors for Tuberculous bacteria. When there is continuous contact or interaction with people around the informants, these people have the potential to be exposed to Tuberculous bacteria.

The informants experienced the same symptoms of Tuberculous, namely coughing, accompanied by fever, shortness of breath and dizziness. To relieve coughs, the informants treated themselves with shop medicines but the coughs did not subside. During this symptom period, the informants continued to work and did not realize that they were infected with Tuberculous, but instead considered it as a symptom of influenza. As stated by informants Dn and Ft, they experienced a common cough like that which commonly accompanies flu.

The next symptom is a prolonged cough for 2 (weeks) which is sometimes accompanied by blood spatter, shortness of breath, fever and pain in the ribs. Apart from these symptoms, the informant also experienced drastic weight loss. With symptoms of a cough accompanied by blood splashes, the informants woke up and suspected that they were infected with TB bacteria. This shows that the informants have knowledge that TB is synonymous with coughing up blood.

Table 1. Phases, Symptoms, and Informant Awareness of Tuberculous Disease

| Fase | Symptoms | Informant Awareness |
|----------|--|------------------------|
| Early | Cough, fever, congestion, dizziness | Suspect flu symptoms |
| Advanced | Cough, fever, shortness of breath, dizziness, weakness, pain in the ribs | Suspecting flu |
| End | Coughing up phlegm accompanied by splashes of blood/lump on the back of the neck/weight loss | Suspected of having TB |

Source: results of interviews with informants 2019

Referring to table 1 above regarding the phases, symptoms and awareness of the informants shows the abstraction that the informants only became aware of TB disease if they had experienced a cough accompanied by blood spatter. Before coughing up blood, the informant's knowledge did not indicate any awareness that he had been exposed to TB bacteria, due to the similarities between TB symptoms and influenza symptoms.

The knowledge that TB is related to coughing up blood is common in society. The researcher reflected on the researcher's knowledge which also showed that TB is a disease of coughing up blood. To confirm the knowledge of researchers and research informants, researchers conducted a series of light questions to random people the researchers knew about what they knew about TB. Generally, they answered that TB is characterized by coughing up blood. This is in line with intersubjectivity or the assumption of the general public who simply recognizes TB as a bloody cough.

4. CONCLUSION

The experience of tuberculosis sufferers in seeking health services is obtained by getting good and clear information from health workers. However, the experience of seeking health services varies from one patient to another. There are patients who, once they seek treatment or seek information on health services, can immediately find out the cause of their illness. However, there are also patients who find out the cause of their disease after visiting different health services several times. Information literacy is a set of abilities that requires individuals to recognize when information is needed and have the ability to find, evaluate, and use the needed information effectively.

Three basic components in information literacy, namely access, evaluation, and use. These three basic components can be useful for identifying the information and technology needed, building strategies for searching for information, evaluating information and its sources, and making maximum use of information to create new knowledge. The following will explain in detail the three basic components of information literacy standards.

In the research carried out, it was found that tuberculosis patients can have information literacy about the need for information about the disease they suffer from. This ability accesses, evaluates, and utilizes the required information. Fulfilling information needs related to their illness is available through information services available at the health center where their health facility is or at the referral hospital where they seek treatment. Patients who are millennials who were born in the 2000s browse the internet to find out more about this disease. On the internet site, the explanation is clearer and more detailed. By also informing about the lifestyle of TB sufferers. Apart from that, knowledge about this disease comes from mass media such as television, although the information is brief. Apart from that, Health service information is also obtained in the form of banners, posters, pamphlets, or other printed media available at the Health service facility.

5. AUTHORS' NOTE

The authors declare that there is no conflict of interest regarding the publication of this article. Authors confirmed that the paper was free of plagiarism.

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