

ORIGINAL ARTICLE

AN OVERVIEW SELF-EFFICACY AND SELF-ACCEPTANCE IN TUBERCULOSIS SUFFERERS

Eppy Setiyowati¹, Hardiyanti¹, Ferry Agus Setiawan¹, Priyo Susilo²

¹Nursing Department, Faculty of nursing and midwifery, Universitas Nahdlatul Ulama Surabaya, Indonesia

²Staff at Public Health Center in Surabaya, East Java Indonesia

ARTICLE INFO

Article history:

Received :

July 21, 2021

Received in revised form :

August 22,, 2021

Accepted :

August 28, 2021

Keywords:

Tuberculosis, self-efficacy, self-acceptance, education, sufferers

***) Corresponding author:**

eppy@unusa.ac.id

ABSTRACT

Background: Tuberculosis is still a major health problem in Indonesia, especially in the working area of the East Health Center in Surabaya, the long treatment of Tuberculosis (TB) causes sufferers to have low self-efficacy and poor self-acceptance. The purpose of this study is to analyze the relationship between self-efficacy and self-acceptance of patients with Tb.

Methods: The design research is analytic study with cross sectional approach. The study population of 46 patients with active treatment for the last 3 months in the work area of the community Health Center in Surabaya. by 46 patients.

Results: A sample from 41 respondents taken by simple random sampling technique. The independent variable is self-efficacy, the dependent variable is self-acceptance. The instrument uses a questionnaire. Data analysis used Chi Square test with significance value $\alpha = 0.05$. The results showed that of 41 respondents the majority (57.3%) had low self-efficacy, and the majority (57.3%) had poor self-acceptance. Chi Square statistical test results obtained value $p = 0.008 < \alpha = 0.05$ shows there is a relationship of self-efficacy with self-acceptance of patients with TB in the work area of the East Perak Health Center in Surabaya.

Conclusion: Conclusions of the study that the lower the self-efficacy in patients with Tb the worse the self-acceptance and vice versa. Patients with TB should further improve their efficacy by always obeying the advice of health workers, and treatment regularly. The role of nurses in improving self-efficacy by providing education to sufferers and families, working together to care more and motivate patients so that success in treatment.

Medical and Health Science Journal

Introduction

Tuberculosis is still a major health problem worldwide¹. Indonesia is at the third level (8%) highest incidence of TB cases after India (27%) and China (9%). East Java still occupies the second largest province of cases in Indonesia after West Java². Health Research Data East Java Region³, Surabaya city is at the figure of 0.3 % tuberculosis diagnosis. In 2016 TB cases in Surabaya as many as 2,382 people, with prevalence recovery 42.0%, died 2.5% and failed 0.4%¹.

A preliminary study conducted in November 2019 at the Health Center in Surabaya city obtained 160 cases of tuberculosis consisting of 28 children, tuberculosis with HIV 5 people, pulmonary tuberculosis 124 people, Multi Drug Resistance (MDR) as many as 3 people². Research on tuberculosis in puskesmas in Surabaya has been done by researchers before. But no one has done any research on self efficacy and self acceptance in tuberculosis sufferers.

Based on the data above the prevalence of failure and recovery depends on the efficacy of the patient in receiving the condition of the disease and the disease experienced, because self-efficacy is the belief of the sufferer to organize and implement the treatment program so that success in treatment is realized.

Tuberculosis is a public health problem that causes mental distress for sufferers, because it has to carry out regular treatment and control. The patient's self-acceptance that he suffers from tuberculosis will experience stress, sadness, disappointment and surrender. Perceptions shown by sufferers such as grumpy, withdrawn or even showing self-efficacy are not good³. His lack of

efficacy made him unable to do anything useful due to suffering from tuberculosis⁴.

Patients who have good self-efficacy will choose good behaviors that will improve it, thereby lowering depression and worry, increasing self-esteem and quality of life^{4,5}. Self-efficacy accompanied by the role of motivation is very important for self-acceptance of tuberculosis sufferers in conducting treatment. Some factors that affect the self-acceptance of tuberculosis sufferers in the Health Promotion Model are the benefits of direct action that provides motivation to the behavior of tuberculosis sufferers⁶. Obstacles of action known by sufferers so that tb sufferers have preparedness in doing obstacles or high obstacles are low. Self-efficacy is the ability of tb sufferers in behaving raises action, attitudes related to emotional activities arising in treatment activities and in differentiation of places and behaviors to tb sufferers⁷. The greatest interpersonal influences are the families, groups and influences of health workers, as well as situational influences that are key in the development of affective strategies for tb sufferers to facilitate and maintain health promotion behaviors in the population⁸.

Self-efficacy in behaving is the actions of individuals in carrying out activities in accordance with their expectations, efforts made in performing the desired objectives. the resilience of the individual in strengthening himself when facing failure, resistance to discomfort by assuming the situation faced is not a threat but a challenge to become a better person¹. The mindset of tuberculosis sufferers will usually see everything in their circle narrow when in difficult situations, achievement levels

manifest, and stress or depression becomes a stimulus for sufferers to feel depressed⁹.

The number of tuberculosis sufferers who do not use masks during treatment and the number of patients who do not do regular control is very problematic for someone who has poor self-efficacy that affects the self-acceptance of tuberculosis sufferers⁵. Therefore, efforts to improve the patient's self-efficacy are very important in the patient's self-acceptance, because many sufferers do not believe that they have tuberculosis so not many treatments fail¹⁰. The authors found that a lack of self-efficacy in self-acceptance is one of the causes of such failures, so it is necessary to conduct more research on the relationship of self-efficacy with self-acceptance of tuberculosis sufferers in the work area of a community health center in Surabaya.

Methods

Research design is the study of analysis with a cross sectional approach. The study was conducted in October - December 2020. Inclusion criteria, namely, adult tuberculosis sufferers, tuberculosis sufferers without any accompanying disease, tuberculosis sufferers do routine control for the last 3 months, willing to be respondents. The exclusion criteria are children with tuberculosis, tuberculosis sufferers with Multi Dark Resistance (MDR). Sampling was done in accordance with simple random sampling and sample calculation based on the slovin formula obtained by 46 respondents but at the time of the study there were 2 respondents moved to another city, 3 respondents refused to follow the research. Data collection with questionnaires circulated through google form on whatsapp group created

by researchers with the consent of respondents, considering the condition is a pandemic period where researchers can not directly meet with respondents. Questionnaire contains questions about self efficacy and self acceptance with assessors based on likert scale, 1 strongly disagree, 2 disagree, 3 agree, 4 agree once, 5 strongly agree once. The instrument used a questionnaire that was self-controlled by research and conducted validity tests and reliabilities with Cronbach alpha > 0.5. Analyze the data using the Chi Square test with a value of $\alpha = 0.05$.

Results

The results of this study include the distribution of self-efficacy, self-acceptance and statistical tests of correlation of self-efficacy and self-acceptance. As stated in the following table;

Table 1. Self-efficacy frequency distribution

No.	Self- efficacy	Frequency	(%)
1	High	20	48,8
2	Low	21	51,2
	Total	41	100

Primary data, February 19, 2020

Based on table 1 shows that out of 41 respondents, the majority (51.2%) tuberculosis sufferers have low self-efficacy.

Table 2. Self-Acceptance Frequency
Distribution

No.	Self- acceptance	Frequency	(%)
1	Good	20	48,8
2	Bad	21	51,2
	Total	41	100

Primary data, February 19, 2020

Based on table 2 shows that out of 41 respondents, the majority (51.2%) tuberculosis sufferers have low self-acceptance.

Table 3. Cross Tabulation ff Self-Efficacy with Independent Recipients in Tuberculosis Sufferers

Self-Efficacy	Self-Acceptance				Total		P
	Good		Ugly		N	%	
	N	%	N	%			
High	14	70	6	30	20	100	0,008
Low	6	28,6	15	71,4	21	100	
Total	20	48.8	21	51,2	41	100	

Primary data, February 19, 2020

Based on table 3 shows that out of 41 respondents, the majority (51.2%) Tb sufferers have poor self-acceptance.

Cross tabulation in table 3 shows that of the 21 respondents who had low self-efficacy, the majority (71.4%) poor self-acceptance, and of the 20 respondents who had high self-efficacy most (70%) with good self-receiver. Chi Square test results with *SPSS for Windows* with a meaning level = 0.05 obtained a value of $p=0.008$ ($0.008 < 0.05$) then H_0 rejected which means there is a relationship of Self Efficacy with Self-Acceptance sufferers tuberculosis.

The results of the study in table 1 showed that most (51.2%) have low self-efficacy, tb sufferers in the community health center area in Surabaya have the view that Tb disease is a test in accordance with the statement at number 10, and almost half (48.8%) has high self-efficacy, tb sufferers force themselves to take drugs in

accordance with the provisions of health services in the hope of recovering, this is in accordance with statements number 4 and 11.

Discussion

Tuberculosis sufferers in the work area of a community health center in Surabaya in Surabaya, most have low self-efficacy and most have poor self-acceptance.

The results of this study are in line with the research of ¹¹ which found the majority (57.3%) patients tend to have low self-efficacy because they are not sure to complete tuberculosis treatment. While the results of ¹² found some respondents (66.67%) have sufficient self-efficacy. That self-efficacy is the consideration a person has in carrying out certain behaviors ¹³. Tuberculosis sufferers who are not emotional tend to have high expectations but tuberculosis sufferers with high emotional levels have low expectations ¹⁵.

Tuberculosis sufferers who are not emotional tend to have high expectations but tb sufferers with high emotional levels have low expectations. Patients who have low self-efficacy and high emotional level will feel depressed and have a high restless attitude especially with the habit of having to take medication every day during the treatment process until cured, and the use of masks as personal protection and people around and differentiation of places to eat to bed that cause tb stress and this is in accordance with ¹⁴. Self-efficacy is self-confidence with optimism and hope to be able to solve problems, when the individual is faced with health problems, there will be stress on him and the occurrence of

reactions to the situation he experienced so that he can not condition between his emotions in the face of difficulties ¹⁵.

Identification of Self-Acceptance in Tuberculosis Sufferers

The results of the study in table 2 showed that the majority (51.2%) have bad self-acceptance. The results of the observations of researchers found that tuberculosis sufferers feel minder with themselves and prefer to be alone in the room, this is in accordance with statements 8 and 9, according to one cadre of tuberculosis many tb sufferers do not want to come to the community health center themselves so that cadres educate sufferers, if the sufferer does not want to come to take drugs then it can be taken by the family or assisted by tuberculosis cadres in the community health center area in Surabaya, and almost half (48.8%) have good self-acceptance, the result of the observation of researchers tuberculosis sufferers can adapt to the disease because they routinely take drugs in accordance with statements number 1 and 3, when me and the cadre come to the patient's house, they accept us with joy and explain their grievances in taking drugs and behavior at home, so that cadres always provide motivation for sufferers and families to better supervise the administration of drugs to sufferers. This study is in line with the research of ¹⁵ found that the most self-acceptance is self-acceptance enough, patients who have enough or less self-acceptance caused by most patients have a persistent cough makes it difficult for patients to get along in the community environment, the patient feels minder with the disease experienced and causes

a sense of insecurity can be cured in carrying out treatment. Treatment will be successful depending on the attitude and support of the family, the main source of interpersonal support for tuberculosis sufferers is the family so that the family has an important role in the recovery of tuberculosis sufferers but if the family does not care then there will be other tuberculosis sufferers in one house ⁸.

Comfort to yourself obtained from the closest person will increase self-confidence in overcoming the problems faced, tuberculosis sufferers who can accept themselves will have life satisfaction either directly or indirectly because self-acceptance means having accepted the shortcomings in him ¹⁶.

Research from setyowati ¹⁶ explained from 3 determinant factors tb namely activities, feelings and abilities that strongly affect the occurrence of Tb disease is feelings towards itself. Kurniawati et al, ¹² explained that tb sufferers who have severe emotional feelings will become stressed and gradually depressed because they have not been able to accept the situation that they experience so it is difficult in self-acceptance. Jang et al mentioned that a bad concept of self will result in rejection of oneself, so tb sufferers who have unstable self-concept will refuse to take medication, or still take medication but do not follow the advice of health workers despite always being reminded¹³.

Relationship of Self-Efficacy with Self-Acceptance In Tuberculosis Sufferers

The results of the study in Table 3 Cross tabulation between Self-Efficacy and Self-Acceptance of TB sufferers in the work area of a

community health center in Surabaya using the Chi *Square* test. The research hypothesis obtained the results of $\rho < \alpha$ or $0.008 < 0.05$ which means there is a relationship between Self-Efficacy and Self-Acceptance of TB sufferers in the work area of a community health center in Surabaya.

This can prove that there is a link between Self-Efficacy and Self-Acceptance of tuberculosis sufferers in the working area of the Center for Public Health in Surabaya. This can be seen from the cross-tabulation analysis that of the 21 respondents who had low self-efficacy, most (71.4%) poor self-acceptance, and of the 20 respondents who had high self-efficacy most (70%) have good self-acceptance.

The results of this study are in line with the research conducted ³ the higher the value of self-efficacy the better self-acceptance, and vice versa the lower ¹⁴ the value of self-efficacy the worse self-acceptance. In addition, research conducted by states that self-efficacy is a concept of a person's ability to perform the desired action, self-efficacy becomes an amplifier of the reason a person performs for his or her own good.

From the data obtained, the higher self-efficacy the better self-acceptance. Good self-efficacy occurs because of the belief of tuberculosis sufferers to recover which is accompanied by self-acceptance in tuberculosis sufferers. On the contrary, if the efficacy of him is low then the self-acceptance of tuberculosis sufferers is also bad.

Conclusion

Tuberculosis sufferers in the work area of a community health center in Surabaya in

Surabaya, most have low self-efficacy and most have poor self-acceptance. This is evidence from research stating that there is a relationship of self-efficacy to self-acceptance in people with pulmonary tuberculosis.

Conflict of Interest

The author stated there is no conflict of interest

References

1. Kemenkes RI. Tuberkulosis (TB). Tuberkulosis **1**, 2018 (2018).
2. Andajani, S. Determinant of Latent Pulmonary Tuberculosis Incidence among Health Workers in Community Health Centers in Surabaya, Indonesia. Folia Medica Indones. **55**, 139 (2021).
3. Yang, Y., Dongdong, Y. & Yu, H. Comparative Study on Relationship Between Inconsistent Online-Offline Social Performance and Self-Efficacy of University Students Based on Types of Social Activity. Front. Psychol. **12**, 747 (2021).
4. Setiyowati, E., Hanik, U., Juliasih, N. N. & Wahdi, A. Self-Management Education for the Quality of Life of Patients with Pulmonary Tuberculosis. J. Qual. Public Heal. **4**, 10–19 (2020).
5. Kim, S., Roh, H. J. & Sok, S. Empathy and Self-Efficacy in Elderly Nursing Practice among Korean Nurses. Int. J. Environ. Res. Public Health **18**, (2021).
6. Colvin, C. J. et al. 'It has become everybody's business and nobody's business': Policy actor perspectives on the implementation of TB infection prevention and control (IPC) policies in South African public sector primary care health facilities. Glob. Public Health **0**, 1–14 (2020).

7. Li, J.-B. et al. Chinese public's knowledge, perceived severity, and perceived controllability of COVID-19 and their associations with emotional and behavioural reactions, social participation, and precautionary behaviour: a national survey. *BMC Public Health* **20**, 1589 (2020).
8. Banu, S. et al. Social Enterprise Model (SEM) for private sector tuberculosis screening and care in Bangladesh. *PLoS One* **15**, 1–17 (2020).
9. Recabarren, R. E., Gaillard, C., Guillod, M. & Martin-Soelch, C. Short-Term Effects of a Multidimensional Stress Prevention Program on Quality of Life, Well-Being and Psychological Resources. A Randomized Controlled Trial. *Front. psychiatry* **10**, 88 (2019).
10. Santos, C. D., Santos, A. J., Santos, M., Rodrigues, F. & Bárbara, C. Pulmonary rehabilitation adapted index of self-efficacy (PRAISE) validated to Portuguese respiratory patients. *Pulmonology* **25**, 334–339 (2019).
11. Hallford, D. J., Ricarte, J. J. & Hermans, D. Perceived Autobiographical Coherence Predicts Depressive Symptoms Over Time Through Positive Self-Concept. *Front. Psychol.* **12**, 674 (2021).
12. Kurniawati, A., Padmawati, R. S. & Mahendradhata, Y. Acceptability of mandatory tuberculosis notification among private practitioners in Yogyakarta, Indonesia. *BMC Res. Notes* **12**, 543 (2019).
13. Jang, I., Oh, D. & Kim, Y. S. Factors associated with nursing students' willingness to care for older adults in Korea and the United States. *Int. J. Nurs. Sci.* **6**, 426–431 (2019).
14. Yada, H., Abe, H., Odachi, R. & Adachi, K. Exploration of the factors related to self-efficacy among psychiatric nurses. *PLoS One* **15**, 1–11 (2020).
15. Mata, Á. N. de S. et al. Training in communication skills for self-efficacy of health professionals: a systematic review. *Hum. Resour. Health* **19**, 30 (2021).
16. Setiyowati, E. Determinants of the Quality of Life of Pulmonary Tuberculosis (Ptb) Patients in Surabaya City. *J. Heal. Sci.* **13**, 116–123 (2020).