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Original Article

The relationship between perceived self-efficacy and cervical cancer screening among health care providers

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ABSTRACT

Introduction: Cervical cancer ranks second worldwide as a disease that causes death in women. Healthcare providers have low cervical cancer screening behavior with the Pap smear method. This study aimed to analyze the relationship between perceptions of self-efficacy and the behavior of cervical cancer screening using the Pap Smear method for health care providers.

Methods: This descriptive observational study, namely case cross-sectional design, was applied in this study. The population in this study were all female healthcare providers at the Gotong Royong Hospital in Surabaya. The sampling method is purposive sampling. The sample in this study was 51 respondents who met the inclusion criteria. The independent variable in this study is perceived self-efficacy, using a questionnaire. The dependent variable is the screening behavior of the pap smear method using the questionnaire.

Results: The results of the analysis test were 0.866 > 0.05, which means there is no relationship between perceived self-efficacy on cervical pap smear cancer screening behavior. Spearman Rank test p> 0.05, which means there is no relationship between perceptions of self-efficacy and healthcare providers' screening behavior for cervical smears.

Conclusion: There is no relationship between self-efficacy on the behavior of cervical cancer screening using the Pap smear method. Individual intrinsic and extrinsic factors are things that influence screening behavior. So, it is necessary to do other research on the factors influencing screening behavior, both intrinsic (demographics, health beliefs, emotional, and contextual) and extrinsic (husband support, peer support and education).

Keywords: cervical cancer; medical personnel; pap smear; paramedics

INTRODUCTION

Cervical cancer ranks second worldwide as a disease that causes death in women (Rulino & Mubata, 2016). The best cancer therapy success compared to other cancers is cervical cancer. This can happen if detected early. However, this opportunity is not matched by an appropriate early detection method for the community (Sutejo & Arieska, 2021).

Women's healthcare providers, including providers, have no better awareness than the public in screening for cervical cancer. Many medical personnel did not do pap smears (Anyebe et al., 2014). High perceived self-efficacy in women of childbearing age have a greater chance of implementing cervical cancer screening (Winarti, 2019). Healthcare providers, including nurses and midwives, have a high level of knowledge about cervical cancer (Rulino & Mubata, 2016). The study's results explain no relationship between knowledge and self-efficacy (Remedina & Palupi, 2021). According to the results of research that has been carried out, there is no relationship between knowledge and attitudes to taking cervical cancer prevention actions (Aziz & Ade, 2016). The relationship between perceived self-efficacy and Pap smear screening behavior of health care providers is not yet clear. Research by Zulianty shows a relationship between self-efficacy and pap smear examination of female health care providers in Surabaya. However, this study explained that several indicators were not related, such as perceived susceptibility and perceived seriousness with the pap smear examination (Zulianty E, 2018).

The incidence of cervical cancer in ASEAN is described as follows: Singapore is 25.0 in the Chinese race, 17.8 in the Malay race, and Thailand at 23.7 per 100,000 population. For the territory of Indonesia, it is estimated that there are around 40 thousand new cases of cervical cancer each year. Cervical cancer has the highest number of sufferers in Indonesia, approximately 36%; this data is based on 13 pathology laboratory centers (Rasjidi, 2009). In the results of the Cervical Cancer Screening study with Pap Smear Examination in the Midwife Profession, it was found that 62.5% of respondents did not do routine Pap smear screening (Syaiful et al., 2018). Research on Personal Factors, Self-Efficacy and Cervical Cancer Prevention Efforts in Women of Productive Age found that 67% of women had low self-efficacy (Armini et al., 2016).

Self-efficacy is the belief to take the desired action; self-efficacy is a person's background to take action or control a

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certain situation (Bandura et al., 1999). Some of the reasons for women, especially midwives, for not having routine Pap smear screenings are shame (reluctance), fear, no complaints (abnormalities), sterility (medical devices), laziness and cost (Syaiful et al., 2018). The community's refusal to screen for cervical cancer impacts cancer being diagnosed at an advanced stage; this increases the incidence of death from cervical cancer (Susanti, 2013).

Women who believe in carrying out primary and secondary prevention of cervical cancer can increase self-efficacy and eliminate anxiety to prevent cervical cancer through cervical cancer screening (Armini et al., 2016). Early detection of precancerous lesions can help reduce the incidence of cervical cancer and decrease the mortality rate caused by cervical cancer (Peirson et al., 2013). Early detection by screening can be used with pap smear cytology (Bal et al., 2012). Based on this phenomenon, the researchers are interested in researching The Relationship of perceived Self Efficacy on The Behavior of Pap Smear Screening of Health care providers. Healthcare providers have a function as role models for the community. The hope is that when Health care providers have good cervical cancer screening behavior, they can set an example so that people can do the same thing. So that it can reduce the mortality rate of cervical cancer

METHODS

Design

This descriptive observational study, namely case cross-sectional design, was applied in this study. The sample in this study was given a self-efficacy and cervical cancer screening behavior questionnaire to be filled in completely. The data collection is carried out at the same time.

Sample and Setting

The population in this study were all female healthcare providers who worked at the Gotong Royong Hospital in Surabaya. This research method is done by taking the sample used is purposive sampling. The samples in this study met the inclusion criteria: female healthcare providers of childbearing age, married women, and willing to be respondents. Exclusion criteria: diagnosed with cervical cancer. The number of samples in this study amounted to 51 respondents.

Variables

The independent variable in this study is perceived self-efficacy and the dependent variable is the behavior of the pap smear screening method.

Instruments

The perceived self-efficacy questionnaire was adopted from previous research by referring to the health promotion model theory, with indicators namely level, strength, generality of support from husband and costs (Malehere et al., 2019). It consists of 8 questions, with the answer choices for each favorable question being strongly agree (4), agree (3), disagree (2) and strongly disagree (1). In contrast, the unfavorable questions have the opposite score. The lowest score is 8, and the highest score is 32. The category of low self-efficacy is the score obtained between 8-20, while for high self-efficacy, the score obtained is between 21-32. The questionnaire was modified and adjusted regarding cervical cancer screening using the Pap smear method. This questionnaire has met the validity and reliability test with Cronbach's Alpha 0.899. The dependent variable is the behavior of the pap smear screening method, whether the respondent has ever screened a pap smear using a questionnaire. The pap smear behavior questionnaire was given 1 question related to participation in cervical cancer examinations with yes and no answer options.

Procedure

This research proposal was submitted to the Widya Mandala Catholic University Research and Community Service Institute (LPPM) to be validated through a review process. After the researcher's proposal was accepted, the researcher continued processing a research permit through the submission of the RSGR proposal. The next researcher determines the research population. After obtaining prospective respondents and determining respondents who meet the research criteria, the researcher and the team provide information related to the research to be carried out, including the objectives, schedule of implementation, and the things carried out during the research, namely the benefits of the research. After the prospective respondent understands the information related to the research, the researcher and the team provide informed consent, which the respondent candidate signs. The procedure for collecting data is by giving a self-efficacy questionnaire to respondents. After the prospective respondent understands the information related to the research, the researcher and the team provide informed consent, which the respondent candidate signs. The procedure for collecting data is by giving respondents a self-efficacy and behavior of cervical cancer screening through Pap smear questionnaire. After the respondents fill out the questionnaire, the data will be edited, scored and tabulated for further statistical testing.

Data Analysis

Data were analyzed using univariate and bivariate tests. Respondents' characteristic data includes age, occupation, education level, marital status and family history of cancer using descriptive statistics for special data, namely self-efficacy and cervical cancer screening behavior using the Spearman Rank test with a significance value of 5%.

Ethical Considerations

he research has passed the ethics test, which was carried out at the Widya Mandala Catholic University Faculty of Medicine, Surabaya, with Ref: 139/WM12/KEPK/DOSEN/T/2021.

RESULTS

Based on Table 1, most of the respondents' ages are 26-35 years, totaling 38 respondents (74.5%), almost half of the respondents' occupations are nurses 24 respondents (47.1%), most of the respondents' last education is Diploma III as many as 38 respondents (74.5%), almost all respondents have a marital status is married as many as 50 respondents (98.1%) and almost all respondents do not have a family history of cancer of 47 respondents (92.2%).

Based on Table 2, it is explained that most (82.36%) respondents who have never had a Pap smear have low self-efficacy (43.14%). The results of Spearman's rank with a p-value of 0.866 > 0.05 mean no relationship exists between perceived self-efficacy and Pap smear cervical cancer screening behavior.

Table 1. Characteristics of Respondents (N=51)

No	Characteristics	n	%
1	Age		
	<26	3	5.9
	26-35	38	74.5
	36-45	8	15.7
	46-55	2	3.9
2	Occupation		
	Medical	3	5.9
	Paramedic	48	94.1
3	Education		
	Diploma III	38	74.5
	Diploma IV	5	9.8
	Bachelor	8	15.7
4	Marital status		
	Married	50	98.1
	Widow	1	1.9
5	Family history of cancer		
	Yes	4	7.8
	Not	47	92.2

Table 2. Cross Tabulation of Perceived Self Efficacy with Pap Smear Participation (N=51)

Perceived Self-Efficacy	Cervical Cancer Screening Behavior Pap Smear		Total	Spearman's rho
	Negative	Positive		
High	20	4	24	0.866
	39.22%	7.84%	47.06%	
Low	22	5	27	
	43.14%	9.80%	52.94%	
Total	42	9	51	
	82.36%	17.64%	100.0%	

DISCUSSION

In the results of the study, it was found that the majority of respondents had low perceived self-efficacy by 27%. The researcher argues that this is due to the sufficient level of knowledge due to the high level of education as seen from the demographic data that all respondents have the last education in college. A person's belief that an individual can carry out a task at a certain level is called self-efficacy (Bandura et al., 1999). The study's results explain that good knowledge is one factor that increases self-awareness in terms of health so that it can change one's lifestyle towards a more healthy, obedient to therapy and of high quality (Masyafahani et al., 2020). The level of education influences a person's ability to process information. Knowledge can help mothers in changing behavior and increase self-efficacy. The link between education and self-efficacy is that the higher a person's level of education, the higher the quality of his knowledge, the more mature his intellectual skills will be so that he has high self-efficacy (Laursen, 2005).

The research data shows that the majority of respondents for the pap smear method of screening behavior are negative, which means that the respondents have never checked themselves; the researchers argue that this is because most of the respondents do not have families with a history of cancer (92.2%) even though all respondents work in the health services. Based on the results of qualitative research, it can be seen that all informants believe that cervical cancer is a dangerous disease, but they do not do screening (Rio & Suci, 2017). The results of the study show that the high level of individual knowledge is not directly proportional to the attitude of the individual to move to carry out HPV vaccination (Yantho, 2012). This opinion is in line with research conducted that there is a relationship between a family history of cancer and cervical cancer screening. Respondents with cancer patients with no family history of cancer experienced delays in the treatment of health services. Mothers with a cervical cancer diagnosis of 65.5% came to health services already in an advanced stage (Surbakti et al., 2020). According to Abraham & Sheeran, belief is an enduring individual character that shapes behavior and is acquired through socialization. Beliefs related to the effectiveness, ease, and consequences of doing or not doing a certain behavior will determine whether the individual does or does not perform the behavior (Abraham & Sheeran, 2005).

The statistical test results show no relationship between self-efficacy and the behavior of cervical cancer screening using the Pap smear method, according to (Mishali et

al., 2011). Decreased self-efficacy can reduce individual adherence to chronic disease treatment regimens. This opinion aligns with the research results, which explain that self-efficacy is very influential in the obedience of Diabetes Mellitus patients in doing the right diet, foot care, physical activity checking blood sugar (Mishali et al., 2011). Someone who has low self-efficacy will see his life as something outside of himself (Bhat et al., 2013). Researchers have the opinion that low self-efficacy makes respondents not adhere to health behaviors that should be implemented even though; respondents are aware of the importance of these behaviors but do not want to do these positive things, so there is no desire to take screening actions.

The statistical test results show no relationship between self-efficacy and the behavior of cervical cancer screening using the Pap smear method. Bandura revealed that several factors influence the difference in Self efficacy in each individual. The three components referred to by Bandura consist of magnitude, strength, and generality (Bandura et al., 1999). If you look at the respondents' work, all respondents have sufficient knowledge about cervical cancer and screening. All respondents work in the health sector, but most of the work environment does not do the screening. The results showed that cervical cancer screening carried out by women of childbearing age was influenced by many factors, not only from within themselves but also aspects of support from the environment. In addition, qualitative research related to the factors that influence cervical cancer screening in midwives found the conclusion that the factors that influenced respondents not to screen were fear, feeling ashamed, feeling that there were no complaints, laziness, sterility of tools, costs (Syaiful et al., 2018). Researchers believe that the positive behavior of cervical cancer screening is supported by intrinsic (demographics, health beliefs, emotional, and contextual) and extrinsic factors (husband support, peer support and education). If these factors collaborate well, they will impact cervical cancer screening behavior.

CONCLUSION

There is no relationship between self-efficacy on the behavior of cervical cancer screening using the Pap smear method. Individual intrinsic and extrinsic factors are things that influence screening behavior. So, it is necessary to do other research on the factors influencing screening behavior, both intrinsic (demographics, health beliefs, emotional, and contextual) and extrinsic (husband support, peer support and education).

Limitations in this study were the population and sample used were limited to one hospital setting. So similar research is still needed in a larger population scope so that the results can be generalized.

Declaration of Interest

The authors declare no conflict of interest.

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Author Contribution

The author's contribution to this study was that the first author, LJ was in charge of developing research concepts and questions, conducting research, and writing reports. The second writer, NAP, did statistical analysis and helped do the writing report; also PP helped make the writing report and was the writing editor.

Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

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