

The Relationship Between Self-Acceptance and Treatment Compliance Levels of Pulmonary Tuberculosis Patients

Gevi Melliya Sari¹, Enny Puspita¹, Nanang Bagus Sasmito¹, Dwi Uswatun Sholikhah¹

Sekolah Tinggi Ilmu Kesehatan Husada, Jombang, Indonesia,

Correspondence : gevilie.lie@gmail.com

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ABSTRACT

Pulmonary tuberculosis (TB) was an infectious disease caused by a rod-shaped bacterium (bacillus) known as Mycobacterium tuberculosis. It is transmitted through the saliva or phlegm of an infected person, which contains the pulmonary tuberculosis bacillus. Mycobacterium tuberculosis often attacks the lungs but can also affect the skin, lymph nodes, bones, and meninges. TB is both curable and preventable. The purpose of this study was to determine the relationship between self-acceptance and treatment adherence in patients with pulmonary tuberculosis.

This study used a quantitative approach with a cross-sectional design. The population was all pulmonary tuberculosis patients within the Nguling Pasuruan Community Health Center (Puskesmas). A purposive sampling technique was used to select 30 respondents. The study instrument used the MMAS-8 self-acceptance questionnaire. Data analysis used the Chi Square test with a p-value ≤ 0.05 .

The Spearman Rank test results yielded a p-value of 0.000, meaning a p-value <0.05 , indicating a strong relationship between self-acceptance and treatment adherence in pulmonary tuberculosis patients.

Healthcare professionals are expected to assist patients by increasing their knowledge, providing psychological support, and fostering self-acceptance regarding their illness. It is hoped that with good self-acceptance, patients will be able to optimally comply with treatment.

Keywords : Pulmonary Tuberculosis, Self Acceptance, Compliance

Introduction

Mycobacterium tuberculosis often attacks the lungs, but can also affect the skin, lymph nodes, bones, and meninges. TB is both curable and preventable. TB can be transmitted from person to person through the air. When a patient coughs, sneezes, or spits, they propel TB germs into the air, and if someone accidentally inhales the TB germs, they can become infected. Patient self-acceptance of their disease is crucial to preventing the spread of this bacterium. Positive self-acceptance encourages patients to adopt preventive behaviors and optimally adhere to treatment, thereby breaking the chain of bacterial transmission.

In 2020, Indonesia ranked third in terms of the number of cases, and 2021 is clearly no better. There are an estimated 969,000 TB cases in Indonesia (one person every 33 seconds) [1]. This figure represents a 17% increase from 2020, when there were 824,000 cases. The incidence of TB cases in Indonesia is 354 per 100,000 population, meaning that for every 100,000 people in Indonesia, 354 suffer from TB [2]. There were 88,000 cases of tuberculosis (TB) detected throughout 2024 [3]. The highest number of cases in East Java was in Surabaya City, with 10,741 cases. The top five regions with the most TB cases are Surabaya (10,741), Jember Regency (5,481), Sidoarjo Regency (5,229), Pasuruan Regency (3,486), and Gresik Regency (3,215).

In addition to physical factors, it is also important to consider psychological factors for clients with pulmonary TB, including individual understanding, which can influence perceptions of the disease and the duration of treatment [4]. Individual confidence in treatment is crucial for achieving recovery from pulmonary tuberculosis.

Treatment adherence will impact a patient's health status. Patients who regularly take their medication will have better health status than those who do not [5]. Lack of medication adherence in tuberculosis patients is a problem that hinders their recovery. Several factors can influence medication adherence, including social support from family members and self-efficacy [5]

Negative acceptance upon learning they have pulmonary TB can lead to negative emotional states such as anger, anxiety, worry, fear, and even a crisis of self-confidence. Excessive worry when patients experience side effects from medication will affect their mood, thus impacting subsequent medication-taking behavior. Self-acceptance can influence pulmonary tuberculosis patients' perceptions of self-acceptance, which can foster positive behaviors during treatment [6]. Based on the above description, researchers are interested in conducting a study entitled "The Relationship Between Self-Acceptance and the Level of Treatment Adherence in Pulmonary Tuberculosis Patients."

METHODS

This study used a quantitative approach with a cross-sectional design. This allows for simultaneous measurement of variables, making it quite effective and efficient [7]. The population in this study was all pulmonary tuberculosis patients within the Nguling Pasuruan Community Health Center (Puskesmas) working area, with a sample size of 30 respondents. Purposive sampling was used as the sampling technique. The following are the inclusion and exclusion criteria:

The sample criteria for this study were:

1. Pulmonary tuberculosis patients
2. Able to communicate well
3. Able to read and write
4. Willing to be a respondent

The exclusion criteria for this study were:

1. Pulmonary tuberculosis patients with multidrug resistance
2. Pulmonary tuberculosis patients with comorbidities

The variables in this study were self-acceptance and medication adherence in new TB patients. The instruments used in data collection were the self-acceptance questionnaire and the MMAS-08 medication adherence questionnaire. To measure self-acceptance, the researcher used Berger's Self-Acceptance Scale. Berger modified the instrument to measure Self-Acceptance from the definition of Self-Acceptance according to the Shee Medication Adherence Questionnaire using MMAS-8 (Morisky Medication Adherence Scale). The Morisky Medication Adherence Scale-8 (MMAS-8) questionnaire is a measuring tool used to measure the level of medication adherence or taking medication in patients with chronic diseases [8] The instrument consists of 36 items [9]. Data analysis in this study used the statistical analysis Chi-Square Test.

RESULT

Table 1 Respondent Characteristics Data

Characteristics	Frequency	Percentage (%)
Gender		
Male	17	57
Female	13	43
Age		
< 40 years	3	10
41-50 years	9	30
51-60 years	14	47
> 60 years	4	13
Education		
SD	2	7
SMP	13	43
SMA	15	50
Job		
Working	19	63
No Working	11	37
Previous Information		
Ever	19	63
Never	11	37
Source of information		
Health Workers	11	37
Other	8	26
Never	11	37
Total	30	100

Based on Table 1, the majority of respondents were male, namely 17 respondents (57%). Most respondents were aged 51-60 years, with 14 respondents (47%) falling within this age range. Based on educational characteristics, the majority were high school (15 respondents, 50%). Based on occupation, some respondents were working (19 respondents (63%). Based on previous information received, the majority had received information (19 respondents, 63%). The source of information was from health workers as many as 12 respondents (40%). Respondent characteristics.

Tabel 2 Special Data

Self Acceptance	Frequency	Percentage (%)
High	5	14,3
Medium	18	60,7
Low	7	25,0
Treatment compliance		
High	5	14,3
Medium	20	67,9
Low	5	14,3
Total	30	100
P Value	0,000	

Based on Table 2, the data shows that the majority of respondents had a moderate level of self-acceptance (18 respondents (60.7%). The majority of patient compliance levels were moderate (20 respondents (67.9%). The statistical test results obtained a P-value of 0.000, indicating a relationship between self-acceptance and treatment compliance in pulmonary TB patients.

DISCUSSION

According to Hurlock (Rizka, 2018), self-acceptance is defined as the extent to which a person considers their personal characteristics so that they are able and willing to live with those characteristics. A person's personal character consists of their strengths and weaknesses. If someone has accepted themselves, both their strengths and weaknesses, they will appreciate all their limitations and weaknesses without blaming themselves, thus forming personal integrity [10]

Researchers argue that acceptance depends on being independent. Self-integrity involves considering one's own character, such as having a positive self-regard and not blaming oneself for any shortcomings or limitations. High self-acceptance improves the patient's response to problems. Conversely, low self-acceptance can lead to a negative self-perception and a burden on the patient's limitations.

The first factor related to self-acceptance is age. Half of the 14 respondents (50%) of pulmonary tuberculosis patients were aged 51-60 years. Age can influence self-acceptance. The older a patient is with pulmonary tuberculosis, the better their self-acceptance. This is because as they mature, they gain more experience, allowing them to evaluate themselves and lead to positive behavior [11]

Researchers argue that the older a patient with pulmonary tuberculosis is, the better their self-acceptance. This is because their extensive life experiences make it easier for them to adapt to the challenges they face, allowing them to improve their behavior.

The second factor related to self-acceptance is gender. The data obtained shows that the majority of pulmonary tuberculosis patients are male. Gender indicates that men have better self-acceptance than women, as men are more accepting of their condition [12]

Researchers argue that when someone can accept their condition, self-acceptance improves. This is because the more pulmonary tuberculosis patients who can accept their condition, the less burden they face and the more motivated they are to get better.

The third factor related to self-acceptance is education. Data obtained from the education of pulmonary tuberculosis patients shows that almost half have a basic education (junior high school to high school). Higher levels of education provide more opportunities to develop their potential and abilities, resulting in higher self-satisfaction. A satisfied person will naturally be able to accept themselves realistically [13]

Researchers believe that education is crucial for improving self-acceptance in pulmonary tuberculosis patients. Good education fosters a more positive outlook and facilitates realistic acceptance, especially when facing challenges.

Interviews revealed that pulmonary tuberculosis patients with moderate self-acceptance reported having had tuberculosis for a long time, putting them in the acceptance phase, which allows them to become accustomed to their illness. Conversely, patients newly diagnosed with pulmonary tuberculosis experience a period of denial, which contributes to low self-acceptance. The results of the chi-square statistical test obtained a p value = 0.000, meaning the p value < 0.05, thus it can be concluded that H0 is rejected and H1 is accepted, meaning there is a strong relationship between self-acceptance and adherence to treatment of pulmonary tuberculosis patients.

Self-acceptance is a condition in which a patient has high self-esteem or is not cynical about themselves. This is where a person has recognized their personal characteristics, both strengths and weaknesses, and can accept these characteristics, thus fostering personal integrity [14]. Patients who understand and accept themselves in their current condition, which differs from their previous health, accept changes such as lifestyle changes, changes in daily

activities, and changes in their self-concept, which is an explanation of good self-acceptance. Patients are expected to have the desire and ability to live well and responsibly [12]

Conversely, pulmonary tuberculosis patients with high self-acceptance will have good mental health and can be motivated them to adhere to therapy and adhere to therapy regularly[15]

Pulmonary tuberculosis patients with low self-acceptance will be less compliant with therapy, influenced by emotional factors such as self-acceptance, stress, and depression. Patients with low self-acceptance tend to feel worthless, which impacts their psychological well-being. Lower self-acceptance leads to poor psychological adaptation, making it difficult for patients to effectively undergo therapy. Conversely, patients with high self-acceptance undergo treatment routinely and consistently. This means that the better the self-acceptance of pulmonary tuberculosis patients, the more compliant they will be with therapy [16]. Researchers believe that self-acceptance plays a significant role in adherence to therapy in pulmonary tuberculosis patients. As healthcare workers, in addition to providing education about pulmonary tuberculosis, psychological support and family empowerment are essential for pulmonary tuberculosis patients during treatment.

CONCLUSION

Patients with high self-acceptance and regular and consistent treatment. This means that the better the self-acceptance of pulmonary tuberculosis patients, the more compliant they will be with therapy. Nursing implications for improving treatment adherence include providing education and psychological support to pulmonary tuberculosis patients.

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