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## SURAT TUGAS

Nomor : 0474/K.6.4/FP/X/2018

Wakil Dekan Bidang Administrasi Umum Fakultas Psikologi Universitas Katolik Soegijapranata Semarang memberikan tugas kepada yang tersebut dibawah ini :

- Nama : **Dr. M. SIH SETIJA UTAMI, M.Kes**
- Status : Dosen Fakultas Psikologi  
Universitas Katolik Soegijapranata
- Tugas : Menghadiri The 6th International Health Literacy Conference: *"A Health Literate Asia and Beyond"* di Chung Shan Medical University, Taichung City, Taiwan.
- Waktu : Kamis-Sabtu, 25-27 Oktober 2018
- Tempat : Chung Shan Medical University, Taichung City, Taiwan
- Lain – lain : Harap melaksanakan tugas dengan sebaik – baiknya dan penuh rasa tanggung jawab.

Demikian surat tugas ini dibuat untuk diketahui dan dipergunakan sebagaimana mestinya.



Semarang , 23 Oktober 2018

Wakil Dekan  
Bidang Administrasi Umum,

*[Signature]*  
Dr. Augustina Sulastri, Psi

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Telah melaksanakan tugas,  
Mengetahui :

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- Nama : **Dr. M. SIH SETIJA UTAMI, M.Kes**
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Universitas Katolik Soegijapranata
- Tugas : Menjadi peserta Pre-Conference Workshop: "**Health Literacy Measurement**" di Chung Shan Medical University, Taichung City, Taiwan.
- Waktu : Kamis, 25 Oktober 2018
- Tempat : Chung Shan Medical University, Taichung City, Taiwan
- Lain – lain : Harap melaksanakan tugas dengan sebaik – baiknya dan penuh rasa tanggung jawab.

Demikian surat tugas ini dibuat untuk diketahui dan dipergunakan sebagaimana mestinya.



Semarang, 23 Oktober 2018

Wakil Dekan  
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Dr. Augustina Sulastri, Psi

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Telah melaksanakan tugas,  
Mengetahui :

# Correlations between Self-Efficacy, Health Worker-Patient Communication, and Health Literacy of Patients

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# Background

- There are some question marks about the health literacy of patients in hospitals.
- Does health worker-patient communication have relationship with health literacy of patients
- Does patients' efficacy have relationship with their health literacy?



# The purpose of this research

- To study the relationship between self-efficacy, health worker-patient communication and health literacy of patients.



# The subjects of this research

- 39 patients of two hospitals in Semarang, Indonesia.
- The range of their age was 17-81 year old.



# The measurements

- Self-efficacy scale -> MUSE (Medication Understanding and Use Self Efficacy Scale) that is modified from 18 items to be 11 items because of the similarity of some items.
- Worker-patient communication scale-> M-PICS (Modified Perceived Involvement in Care Scale). From 19 items to be 11 items.
- Health literacy scale -> HELMA (Health Literacy Measure for Adolescents) that is already adapted for students, lecturers, and administration workers of university (Utami, Rahayu, and Parmitasari, 2017). From 41 items to be 36 items.



# The results

1. There were significant correlations between self-efficacy and health literacy of patients ( $r_{xy}=0.576$ ,  $p=0.000$ )
2. There were significant correlations between health worker-patient communication and health literacy of patients ( $r_{xy} = 0.541$ ,  $p=0.000$ ).





# Additional Results

1. There was also significant correlation between self-efficacy and health worker-patient communication ( $r_{xx}=0.879$ ,  $p=0.000$ ). -> **High co-linearity** between independent variables.
2. When we did partial correlations, the results showed that there was **no significant correlation** between self-efficacy and health literacy of patients when we controlled health worker-patient communication ( $r_{x1y-x2}=0.250$ ,  $p=0.129$ ),
3. There was **no significant correlation** between health-worker-patient communication and health literacy of patients when we controlled self-efficacy ( $r_{x2y-x1}=0.088$ ,  $p=0.598$ ) either.



# Additional Results

4. When we did Regression Analysis, the result showed that self-efficacy together with health worker-patient communication **significantly predicted health literacy** of patients ( $R=0.580$ ,  $F=9.140$ ,  $p=0.001$ ).
5. There was **no differences** between male and female patients on self efficacy, health worker-patient communication, neither on health literacy ( $t = 0.109$ ,  $p=0.913$ ;  $t=-0.203$ ,  $p=0.840$ ;  $t=0.536$ ,  $p=0.593$ ).



# Additional Results...

6. There was significant differences between Type B-Hospital patients (N= 23, Mean=71.13, SD=8,925) and Type C-Hospital patients (N= 16, M=53.75, SD= 14.229) on **health worker-patient communication** (t=4.962, p=0.000). Score of health worker-patient communication of Type B-Hospital patients **was higher than** that of Type C-Hospital patients.
7. There was also **significant differences** between Type B-Hospital patients (N= 23, Mean=149.57, SD=24.418) and Type C-Hospital patients (N= 16, M=123.19, SD= 30.902) on **health literacy** (t=2.975, p=0.000). Score of health literacy of Type B-Hospital patients was higher than that of Type C-Hospital patients.



# Additional Results

8. There was **no significant differences** between Type B-Hospital patients (N= 23, Mean=30.35, SD=3.749) and Type C-Hospital patients (N= 16, M=29.50, SD= 3.847) **on Self Efficacy** (t=0.687, p=0.496).
9. There **was negative significant** correlation between patient **age and self-efficacy** (r =- 0.483, p=0.002) and **health literacy** (r=-0.633, p=0.000). The older the patients to be, the lower score of self-efficacy and the health literacy they have.



# Additional Results

10. But, there was **no significant correlation** between patient age and the score of health worker-Patient communication ( $r=-0,188$ ;  $p=0,252$ )
11. There was **no significant correlation** between **period** in the hospital nor the **frequency** of being hospitalized with health literacy, health worker-patient communication, and self efficacy.



# Discussion

1. It is high co-linearity between self-efficacy and health worker-patient communication. To improve health literacy of patients we need both self-efficacy and the quality of health worker-patient communication. It means nothing if only one of them emerges.
2. There was no difference between male and female patients on health literacy, health worker-patient communication, neither on self efficacy. It means there was no gender based differences on the three variables.



# Discussion

3. Although there **was no significant difference on score of self efficacy** of the patients, but there was significant differences on score health literacy as well as score of health worker-patient communication between patients of the type B-Hospital and patients of type C-Hospital. It might show that the quality of services of type B-hospital is better than that of type C-hospital.
4. Unfortunately, there was **no correlation between period neither the frequency** being hospitalized with the health literacy, the self efficacy, nor the worker-patient communication. Could we conclude that there was no improving on health literacy, self efficacy, nor health worker-patient communication during in the hospitals?



Thank you





**A·H·L·A**

Asian Health Literacy Association



# CERTIFICATE OF PARTICIPATION

This is to certify that

MARGARETHA SIH SETIJA UTAMI

attended the

**6th AHLA International Health Literacy Conference:  
Toward health literate Asia and beyond**

October 26, Taichung, Taiwan

*Ming-Che Tsui*

President

*Ko-Huang Lue*

CSMU President



*Wanisa*

Vice-President

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Vice-President