



FACTORS AFFECTING HEALTH WORKERS' SELF EFFICACY IN DEALING WITH EARTHQUAKE AND TSUNAMI DISASTERS

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ABSTRACT

Indonesia is located along a mountainous circumference and on the equator. This topographical situation makes Indonesia a disaster-prone area, which has the potential to cause losses. Health workers have an important role in disaster preparedness, but their level of self-efficacy in dealing with disasters such as earthquakes and tsunamis can be influenced by various factors. Objective: The purpose of this study was to determine the factors that influence self-efficacy in health workers in facing earthquake and tsunami disasters. Methods: This type of research is correlational with a cross sectional approach. The population was all health workers in the Puskesmas of Sukabumi Regency Coastal Area, 512 people and a sample of 200 people using proportional random sampling. Data collection using questionnaires. Data analysis used univariate analysis with frequency distribution, bivariate analysis with Chi-Square correlation, and multivariate analysis with binary logistic regression. Results: The results showed that there was an effect of age (0.000), gender (0.000), education (0.000), marital status (0.000) and having experienced a disaster (0.000) on the self-efficacy of health workers in dealing with disasters. Conclusion: There is an influence of age, gender education, marital status, and having experienced a disaster on the self efficacy of health workers in dealing with disasters.

Keywords: disaster; health worker; respondent characteristics; self efficacy

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INTRODUCTION

Disasters are events that can occur anywhere, anytime, and happen to anyone, and often with a sudden arrival. Disasters directly have adverse effects on human life, the environment, as well as physical, biological and social aspects. They are unstoppable and their impacts are widespread, causing high rates of death, injury, significant infrastructure and economic damage, and loss of members of a community (Kayano et al., 2019; WHO, 2018; Mitchell et al., 2016 in Lainsamputty et al., 2022; Nastiti, 2022) Hermon (2015) states that Indonesia is located along the mountainous circumpolar and on the equator. This topographical situation makes Indonesia a disaster-prone area, which has the potential to cause losses (Lainsamputty et al., 2022). Data obtained from Indonesia's National Disaster Management Agency (BNPB) in 2024 recorded 3,472 natural disaster events. The high number of events caused 540 deaths, 63 missing, 11,531 injured, and 8,136,271 people displaced. The disasters included 1,420 floods, 973 forest and land fires, 733 extreme weather events, 207 landslides, and 15 earthquakes (BNPB, 2025).

Suprayitno et al. (2020); Wahidah et al. (2016) revealed that Indonesia's vulnerability to disasters has changed the approach to disaster mitigation, which initially focused on emergency management, now shifts towards disaster preparedness (Nastiti, 2022). Preparedness in LIPI-UNESCO/ISDR is an action that enables governments, organizations, communities and individuals to be able to respond to a disaster situation quickly and appropriately (Budhiana, Elengoe, et al., 2024). This preparedness is a shared responsibility across sectors, with healthcare providers as a key component. With preparedness, the impact

of disasters can be minimized, so every element of society is expected to play an active role in this activity. One element that has a vital role is health workers, who are involved in disaster management in the pre-, during, and post-disaster stages (Nastiti, 2022). Self-efficacy is an individual's belief in their ability to carry out tasks to achieve desired results. Self efficacy affects the readiness to face a problem, so that with self efficacy can make good applications in dealing with a problem (Budhiana, Amelia, et al., 2024). Low levels of self-efficacy can reduce the ability to understand, aspire and motivate, which in turn has an impact on decision-making and inappropriate attitudes, including in terms of preparation for natural disasters. Health workers who have low self-efficacy tend to be reluctant to act because they feel they do not have the ability to deal with disasters. In contrast, health workers who have high self-efficacy will be more confident and ready to face disasters (Simangunsong et al., 2023).

One of the factors that influence self-efficacy is age. Bandura states that increasing age affects the level of individual self-efficacy. Age is one of the factors that can affect a person's ability to understand and think. Age, which tends to be more mature, causes individual perceptions of abilities and self-confidence. This perception plays a role in increasing or decreasing self-efficacy. Individuals with more mature age will understand more and tend to be more anticipatory of events in their lives so that they can determine the extent to which an individual's self-confidence is able to face and solve various challenges (Sari et al., 2023). Older individuals generally have more experience and a longer time span in dealing with events than younger individuals (Simangunsong et al., 2023). Another factor that affects self-efficacy is gender. According to Bandura (1997) as cited by Mariam et al (2021) women tend to have a higher level of self-efficacy in carrying out their roles. This is because they are generally more confident in their ability to achieve goals independently than men. This stronger self-confidence makes women more confident in their ability to achieve goals without depending on others.

Education is one of the factors that influence self-efficacy. The level of education has a major influence on the way a person acts and analyzes the causes and seeks solutions to the problems he faces (Handayani et al., 2023). Individuals with higher levels of education tend to have deeper insights, so they are better able to manage themselves in dealing with various problems. In addition, they generally have a higher level of self-confidence, more experience, and a more mature thinking ability in responding to an event. The ability to understand information well also allows them to be more effective in preventing certain diseases (Yulianti, 2024). Another factor that affects self-efficacy is marital status. Individuals who are married tend to have a higher level of self-efficacy than individuals who are not married or have been married and become widows or widowers due to the loss of a partner (Yulianti, 2024). Marriage makes an individual into a couple who can share many things showing each other and expressing affection so that by getting married someone will increase an individual's self efficacy. In addition, married individuals have better self-management skills than individuals who are not married or do not have a partner (Al-Muti'ah et al., 2021).

Having experienced a disaster also affects self-efficacy. The experience of facing disasters can increase a sense of optimism and self-confidence. The sense of optimism that arises in the face of disaster, provides confidence to overcome disasters that may occur in the future (Sithoresmi et al., 2022). Disaster experience can also strengthen readiness and confidence in facing future disasters. Bandura (1997) in the analysis of social learning theory states that experience acts as a trigger for a person's self-efficacy, because success in dealing with previous problems makes a person feel more confident and motivated to achieve the next success (Zahrani & Wardhani, 2024). The coastal area of Sukabumi Regency is located in the southern part of West Java and directly faces the Indo-Australian plate boundary. In addition, this area is also traversed by the Cimandiri fault, which is one of the active zones that cause

earthquakes. Although no tsunamis have occurred to date, the potential for such disasters remains high as the surrounding areas bordering the Indo-Australian megathrust have experienced similar events several times. Seismic modeling shows that the Sukabumi coast is likely to be affected by tsunamis from megathrust earthquakes. Therefore, this study analyzed how the characteristics of health worker respondents affect self-efficacy in dealing with earthquake and tsunami disasters. The purpose of this study was to determine the factors that influence the self-efficacy of health workers in facing earthquake and tsunami disasters in the Coastal Region of Sukabumi Regency.

METHOD

This type of research is correlational with a cross sectional approach. The study was conducted from August 2023 to February 2024 at the Puskesmas of Sukabumi Regency Coastal Area. The population was all health workers at the Puskesmas of Sukabumi Regency Coastal Area as many as 512 people and a sample of 200 people using proportional random sampling. The instrument used in this study was a questionnaire which is self-efficacy variable refers to standardised instrument General Self-Efficacy Scale (GSES) with its validity and reliability referring to previous studies (Lazić et al., 2021). Data analysis used univariate analysis with frequency distribution, bivariate analysis with Chi-Square correlation, and multivariate analysis with binary logistic regression.

RESULT

Table 1.
Frequency Distribution of Variables

Variable	f	%
Age (Years)		
< 45	143	71,5
≥ 45	57	28,5
Gender		
Male	55	27,5
Female	145	72,5
Education		
Diploma	96	48,0
Bachelor/Master	104	52,0
Marital Status		
Not Yet/Are Married	39	19,5
Married	161	80,5
Ever Experienced a Disaster		
Never	55	27,5
Ever	145	72,5
Self-Efficacy		
Low	57	28,5
High	143	71,5

Table 1 shows that most respondents are <45 years old, 143 people (71.5%), female, 145 people (72.5%), have a bachelor's / master's degree, 104 people (52.0%), married, 161 people (80.5%), have experienced disasters, 145 people (72.5%), and have high self efficacy, 143 people (71.5%).

Table 2.
Effect of Age on Self-Efficacy

Age (Year)	Self Efficacy				Total	%	P-Value
	Low	%	High	%			
< 45	25	17,5	118	82,5	143	100	0,000
≥ 45	32	56,1	25	43,9	57	100	
Total	57	28,5	143	71,5	200	100	

Table 2 shows that the results of the Chi-Square statistical test obtained a p-value of 0.000 (<0.05), which means that there is an effect of age on self-efficacy.

Table 3.
Effect of Gender on Self Efficacy

Gender	Self Efficacy				Total	%	P-Value
	Low	%	High	%			
Male	30	54,5	25	45,5	55	100	0,000
Female	27	18,6	118	81,4	145	100	
Total	57	28,5	143	71,5	200	100	

Table 3 shows that the results of the Chi-Square statistical test obtained a p-value of 0.000 (<0.05), which means that there is an effect of gender on self-efficacy.

Table 4.
Effect of Education on Self Efficacy

Education	Self Efficacy				Total	%	P-Value
	Low	%	High	%			
Diploma	50	52,1	46	47,9	96	100	0,000
Bachelor/Master	7	6,7	97	93,3	104	100	
Total	57	28,5	143	71,5	200	100	

Table 4 shows that the results of the Chi-Square statistical test obtained a p-value of 0.000 (<0.05), which means that there is an effect of education on self-efficacy.

Table 5.
Effect of Marital Status on Self Efficacy

Marital Status	Self Efficacy				Total	%	P-Value
	Low	%	High	%			
Not Yet/Are Married	29	74,4	10	25,6	39	100	0,000
Married	28	17,4	133	82,6	161	100	
Total	57	28,5	143	71,5	200	100	

Table 5 shows that the results of the Chi-Square statistical test obtained a p-value of 0.000 (<0.05), which means that there is an effect of marital status on self-efficacy.

Table 6.
The Effect of Ever Experiencing a Disaster on Self Efficacy

Ever Experienced a Disaster	Self Efficacy				Total	%	P-Value
	Low	%	High	%			
Never	36	65,5	19	34,5	55	100	0,000
Ever	21	14,5	124	85,5	145	100	
Total	57	28,5	143	71,5	200	100	

Table 6 shows that the results of the Chi-Square statistical test obtained a p-value of 0.000 (<0.05), which means that there is an effect of having experienced a disaster on self-efficacy.

Table 7.
Effect of Age, Gender, Education, Marital Status and Ever Experienced Disaster on Self Efficacy

Variable	B	P-Value	OR
Age	-1,962	0,000	0,141
Gender	1,446	0,006	4,247
Education	1,879	0,000	6,547
Marital Status	1,282	0,038	3,603
Ever experienced a disaster	1,183	0,018	3,265
Constant	-1,895	0,003	0,150

R Square = 0,599

Table 7 shows that the results of the Logistic Regression statistical test obtained a p-value of <0.05, which means that there is an effect of age, gender, education, marital status, and having experienced a disaster on self-efficacy. Based on the results of statistical tests obtained R Square 0.599 means that all variables contribute to influencing the self-efficacy of health workers by 5.59% and 40.1% is influenced by other factors not examined. The most dominant variable influencing is the education variable. The education variable has an Odds Ratio of 6.547, meaning that health workers with a bachelor's / master's degree have a chance of having self efficacy 6.574 times higher than health workers with diploma education

DISCUSSION

The Effect of Age on Health Workers' Self Efficacy in Facing Earthquake and Tsunami Disasters

The results showed that there was an influence of age on the self-efficacy of officers in dealing with earthquake and tsunami disasters. In line with Zhou et al. (2021) who said that the middle adult age group has higher self-efficacy compared to the older age group. Age is defined as a person's life span which can be chronologically in the form of hours showing similar levels of anatomical and physiological development between individuals. Age also affects self-efficacy because in the adult age range, individuals have a high degree of self-efficacy when dealing with everyday life (Rosdianto, 2023). Erickson explains that early adulthood becomes a productive age stage which is defined as the degree to which success refers to feeling useful and having a high sense of achievement. In this age range, a person tends to take part in careers, social interactions, and personal development that can develop confidence in their abilities. Success in achieving one's goals can increase confidence in their capabilities (Ortan et al., 2021).

The Effect of Gender on Health Workers' Self Efficacy in Facing Earthquake and Tsunami Disasters

The results showed that there was a relationship between gender and self-efficacy in facing disasters in health workers. This research is supported by Darmareja et al. (2022) which reveals that disaster response attitudes in the field are often dominated by men in decision making and coordinating resources. Women tend to play a role in the team providing food in public kitchens and caring for children who are victims of disasters. In terms of thinking, women tend to be more confident in their abilities and more thorough in carrying out tasks. However, women are physically weaker than men in dealing with hazardous situations. The results of this study are in line with Nastiti (2022) who revealed that most women tend to have high self-efficacy in facing disasters, due to their natural characteristics in the form of a sense of care related to the environment, saving concern for environmental issues, and believing in their ability to manage and improve environmental quality. This may make women more confident in facing disasters than men. In fact, women are more vigilant and conscientious when given a task or doing something.

The Effect of Education on Health Workers' Self Efficacy in Facing Earthquake and Tsunami Disasters

Education is one of the factors that influence self-efficacy. The level of education a person has will respond to something and greatly influence how a person acts and looks for causes and solutions in his life (Winangrum & Hutasoit, 2022). The higher a person's level of education, the higher the quality of knowledge and intellect, which causes higher self-efficacy. This affects how to respond to information that comes from outside (Remedina & Palupi, 2021). Those with higher education will respond to information well and rationally than those with lower education. This will also apply when health workers who have higher education will provide high confidence in responding and responding to matters related to disasters because they have high self-efficacy.

The Effect of Matril Marriage on Health Workers' Self Efficacy in Facing Earthquake and Tsunami Disasters

Marital status also affects self-efficacy. Marriage is defined as a physical and mental relationship between the opposite sex as husband and wife which aims to form a happy and lifelong family or household based on God Almighty. A married person is more likely to have higher self-efficacy than an unmarried individual, a divorced couple, or the onset of widow and widower status due to a deceased spouse. Married couples will support each other so that individuals will have more confidence in dealing with something (Yulianti, 2024). Couples who support each other will present a positive environment that motivates a person to be

more confident in making decisions that lead to increased self-efficacy. Marriage unites two individuals and a family so that it can be interpreted as a family support that can increase the degree of self-efficacy of individuals (Ahmed, 2022).

The Effect of Ever Experienced a Disaster on Health Workers' Self Efficacy in Facing Earthquake and Tsunami Disasters

The results showed that there was a relationship between having experienced a disaster and self-efficacy in facing disasters in health workers. This research is supported by Vranada et al. (2024) which states that the experience of experiencing disasters over the years appears as a significant contributor to self-efficacy in dealing with disasters. Health workers who have experienced disasters show greater confidence, due to repeated exposure to the critical situations they face (Murphy et al., 2021). Health workers who have experience working to deal with previous disasters tend to be more confident and better prepared to deal with the next disaster. Health workers with high flying hours facing previous disasters have more knowledge and are skilled to carry out disaster prevention and control measures, so that confidence in facing disasters will be maintained consistently. Health workers with high self-efficacy will believe that their role as health workers is not just a job, but a responsibility to serve and protect the community before, during and after a disaster (Hassmiller & Wakefield, 2022).

Simultaneous Effect of Age, Gender, Education, Marital Status and Having Experienced Disasters on Health Workers' Self Efficacy in Facing Earthquake and Tsunami Disasters.

The results of multivariate analysis conducted in this study indicate that age, gender, education, marital status, and having experienced a disaster affect the self-efficacy of health workers in facing earthquake and tsunami disasters significantly with a p value <0.05. The most dominant variable is education. The education variable has an Odds Ratio of 6.547. Self-efficacy refers to an individual's belief in their ability to motivate themselves, utilize cognitive resources, and control events (Permana, 2022). In Boylan's research, it is explained that individuals who believe in their physical ability to deal with disaster situations tend to be more able to manage emotions effectively when disasters occur, as experienced by health workers when facing events such as earthquakes and tsunamis. This shows that the greater a person's self-confidence, the better their psychological preparedness in the face of disasters. Self-efficacy plays a role in supporting health workers to control emotions, think clearly, and manage themselves effectively in disaster situations (Fa'uni & Diana, 2021).

Education affects the self-efficacy of health workers in dealing with disasters. According to Ningsih & Isnaini (2020); Rahmat & Kurniadi (2020), the higher the level of education a person gets, they become more responsive and efficient in absorbing information from outside and are more likely to think innovatively, including in communication, rational thinking, and skills in dealing with emergency situations. Formal education can develop critical thinking skills, which enable individuals to better analyze situations and make informed decisions, as well as the ability to access relevant information about disaster preparedness. Individuals with higher levels of education tend to better understand risks as well as mitigation strategies, which can increase self-efficacy in facing challenges and emergencies. Therefore, higher education not only expands technical knowledge and skills, but also equips individuals with the ability to overcome various obstacles in extreme situations (Sugiri & Fatmawati, 2025). Education is the dominant variable affecting health workers' self-efficacy in dealing with disasters because the higher the education, the faster they receive information, think critically and make the right decisions. Education also helps understand risks and mitigation strategies, improve disaster management skills, and strengthen mental preparedness in emergency situations.

CONCLUSION

There is an influence of age, gender, education, marital status, and having experienced a disaster on health workers in the Coastal Region of Sukabumi Regency and the most dominant variable is education.

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