

RESEARCH ARTICLE

Perceptions of Healthcare Access for Patients with Soft Tissue Tumor Symptoms at Painan Hospital, West Sumatra

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Introduction: Access to healthcare services plays a crucial role in the management of patients with soft tissue tumor symptoms. Patients perceptions of healthcare accessibility may influence disease management, symptom severity, and prognosis. Easy access can facilitate early diagnosis and treatment, improve quality of life, and lead to better clinical outcomes, whereas limited access may delay care and worsen disease conditions. This study aimed to assess perceived access to healthcare services among patients with soft tissue tumor symptoms in a hospital in Painan, West Sumatra. **Methods:** A quantitative analytic observational study with a cross-sectional design was conducted among 33 patients presenting with soft tissue tumor symptoms. Data were collected using questionnaires to evaluate perceived healthcare access and symptom severity. Statistical analysis was performed using the Chi-square test. **Results:** Most respondents perceived healthcare access as easy (63.6%), while 36.4% perceived it as difficult. Severe symptoms were reported by 54.5% of patients. Patients who perceived healthcare access as difficult were more likely to experience severe symptoms compared to those who perceived easier access. Statistical analysis showed a significant association between perceived healthcare access and symptom severity ($p = 0.001$). **Conclusion:** Perceived access to healthcare services is significantly associated with the severity of soft tissue tumor symptoms. Improving healthcare accessibility may contribute to earlier management and better clinical outcomes.

Keywords: Healthcare Access, Soft Tissue Tumor Symptoms, Perception.

INTRODUCTION

Soft tissue tumors (STT) are a heterogeneous group of benign and malignant lesions that develop from

various nonepithelial, extraskelatal elements, including adipose tissue, smooth and skeletal muscle, tendons, cartilage, fibrous tissue, blood vessels, and lymphatic structures. Soft

tissue tumors may be benign or malignant, with benign soft tissue tumors being far more common than malignant ones, with a ratio of approximately 100:1.¹

Based on data from the Surveillance, Epidemiology, and End Results (SEER) program, the incidence rate of new soft tissue cancer cases is 3.4 per 100,000 men and women per year, with a mortality rate of 1.3 per 100,000 men and women per year.² The estimated global incidence of soft tissue tumors in 2024 is approximately 13,590 cases, or 0.7%.² According to the 2018 Indonesian Basic Health Research (Riskesdas), the prevalence of soft tissue tumors in Indonesia reached 1.79%.³

The highest tumor prevalence was reported in Yogyakarta Province at 4.86 per 1,000 population, followed by West Sumatra at 2.47 per 1,000 population and Gorontalo at 2.44 per 1,000 population.⁴ A previous study conducted at RSUD dr. Soeselo, Tegal Regency, reported 231 cases of STT in 2023, with a prevalence of 1.01%.⁵ Research conducted at RSUD dr. Soetomo identified 106 patients with soft tissue sarcoma (STS) between January 2012 and December 2018. More than 50% of patients presented at a late stage. During the evaluation period, 23.5% of patients died, 33.8% experienced recurrence, and 21.2% developed metastases.⁶

Public health services, as part of primary healthcare, play a crucial role in the national health system, particularly in

preventive and promotive health efforts. Barriers to healthcare access and limited resources include long distances to healthcare facilities, lack of transportation, inadequate infrastructure such as damaged roads and flooding, and the cost of healthcare services in certain facilities. Coastal communities are populations living in coastal areas who depend economically on marine and coastal resources. Most of these communities live in low socioeconomic conditions due to limited adoption of modern technology and suboptimal management of available resources. In addition, local cultural factors also influence the socioeconomic conditions of coastal communities.⁷

A study conducted by Delpa (2022) at RSUD M. Zein Painan analyzed patient perceptions of healthcare services from a primordial perspective. In-depth interviews revealed that differences in patients' human resource backgrounds influenced how they understood communication in healthcare services.⁸ Patients with lower human resource backgrounds often experienced difficulties communicating with medical personnel, resulting in unclear message delivery.⁹ This led to patients perceiving that medical services were influenced by primordial attitudes.¹⁰

West Sumatra, as a region with a predominantly Muslim population, has Islam as a major foundation of its cultural identity, particularly among the Minangkabau ethnic group. Islam in West Sumatran society functions not only as a religion but also as a

framework shaping social norms, traditions, and behavioral patterns. This is reflected in daily life, where many aspects, including customs and social interactions, are strongly influenced by Islamic values.¹¹

In the context of healthcare services, gender preference often becomes an important factor influencing patient comfort, especially during medical examinations involving sensitive body areas, such as in cases of soft tissue tumors. Both male and female patients often feel more comfortable being examined by healthcare providers of the same gender to maintain norms of modesty and privacy upheld by their cultural and religious values.¹²

Despite the high prevalence of soft tissue tumors in West Sumatra, limited studies have explored how patients' perceived access to healthcare services relates to the severity of their symptoms. Most existing research focuses on clinical characteristics, while patient-centered factors such as perceived accessibility remain underexplored, particularly in coastal and culturally specific settings like Painan. Therefore, this study was conducted to address this gap by examining the relationship between perceived healthcare access and symptom severity among patients with soft tissue tumor symptoms.

METHOD

The type of research used in this study is quantitative, employing numerical data and statistical methods for data collection and analysis. The study is analytic observational in nature, meaning that no intervention was administered by the researchers, and it uses a cross-sectional design, which involves observing or measuring variables in a population or sample at a single point in time. This study aims to examine how patients with soft tissue tumor symptoms access healthcare services at a hospital in Painan, West Sumatra.

The study sample consisted of patients with soft tissue tumors treated at a hospital in Painan, West Sumatra, who met the predetermined inclusion and exclusion criteria. The sample size was calculated using the Slovin formula, resulting in a total of 33 participants.

Data collection in this study was conducted using questionnaires administered to patients or their family members after obtaining informed consent. The questionnaire covered aspects of healthcare service access and soft tissue tumor symptoms.

The collected data were analyzed using univariate analysis with frequency distribution tables to describe the distribution of variables. Bivariate analysis was performed using the Chi-square test with Statistical Product and Services Solution (SPSS) software to examine the relationships between variables. If expected cell values were less than 5, Yates' correction was applied. The null

hypothesis (H_0) was rejected if $p < 0.05$ and accepted if $p \geq 0.05$.

RESULTS

The respondents in this study were patients with symptoms of soft tissue tumors, and the results include respondent characteristics as well as clinical aspects and access to healthcare services. Respondent characteristics comprised gender, age, highest level of education, and occupation. Clinical aspects included disease symptoms, diagnosis, tumor location, and duration of complaints. In addition, this study assessed respondents' perceptions of the ease of access to healthcare services and the distance to the hospital.

Table 1. Demographic Characteristics of Respondents

	N	%
Gender		
Male	14	42.4
Female	19	57.6
Age		
≤40 Years	14	42.4
41-60 Years	14	42.4
>60 Years	5	15.2
Education		
Elementary School	8	24.2
Junior High School	6	18.2
Senior High School	13	39.4
Diploma Level	1	3
Bachelor's Degree	4	12.1

	N	%
No formal education	1	3
Employment Status		
Housewife	8	24.2
Farmer	7	21.2
Self Employed	6	18.2
Civil Servant	3	9.1
Student	5	15.2
Others	3	9.1
Unemployed	1	3
Patient Status		
BPJS	33	100
General	0	0

Based on Table 1, the majority of respondents in this study were female, totaling 19 individuals (57.6%), while male respondents numbered 14 individuals (42.4%). These data indicate that females were more dominant in the respondent group.

In terms of age, respondents aged ≤40 years and 41–60 years each accounted for 14 individuals (42.4%), while those aged >60 years comprised only 5 individuals (15.2%). This indicates that most respondents belonged to the young to middle-aged adult groups.

The respondents' educational levels varied, with the majority having completed senior high school or equivalent, totaling 13 individuals (39.4%). Respondents with elementary school education numbered 8 individuals (24.2%), junior high school or equivalent 6 individuals (18.2%), bachelor's degree (S1) 4 individuals (12.1%), diploma 1 individual (3%), and no formal education 1 individual (3%).

The types of occupations among respondents were also diverse, with the largest group being housewives (24.2%), followed by farmers (21.2%), self-employed individuals (18.2%), students (15.2%), civil servants (9.1%), other occupations (9.1%), and unemployed respondents (3%). The predominance of housewives indicates that most respondents were not formally active in the workforce.

All respondents in this study (100%) were BPJS beneficiaries, indicating that BPJS served as the primary healthcare financing system for accessing health services.

In the univariate analysis, the results describe the frequency distribution of soft tissue tumor symptoms, perceptions of access to healthcare services, types of soft tissue tumor diagnoses, duration of symptoms, tumor location, and distance to the hospital.

Tabel 2. Distribusi Karakteristik Penyakit Soft Tissue Tumor

	N	%
Symptom STT		
Mild	15	45.5
Severe	18	54.5
Diagnosis STT		
Hemangioma	5	15.2
Limfangioma	1	3
Lipoma	20	60.6
Neurofibrom	4	12.1
Osteosarcom	1	3

	N	%
Rhabdomyosarcoma	2	6.1
Lokasi STT		
Axilla	1	3
Collum	1	3
Abdominall Wall	2	6.1
Femur	4	12.1
Frontalis	2	6.1
Gluteus	4	12.1
Humeri	2	6.1
Nuchae	1	3
Pedis	4	12.1
Retroauricula	1	3
Thoraks Anterior	2	6.1
Thoraks Posterior	9	27.3
Duration Of STT		
<1 Years	8	24.2
1 Years	6	18.2
2 Years	7	21.2
3 Years	5	15.2
5 Years	3	9.1
6 Years	2	6.1
7 Years	1	3

Based on Table 4.2, the majority of respondents experienced severe symptoms, totaling 18 individuals (54.4%), while 15 individuals (45.5%) experienced mild symptoms.

Out of a total of 33 patients, the most commonly found tumor type was lipoma (60.6%), followed by hemangioma (15.2%), neurofibroma (12.1%), rhabdomyosarcoma (6.1%), and both lymphangioma and osteosarcoma at 3% each.

Most respondents experienced tumors for varying durations. The largest group had

tumors for less than 1 year (24.2%), followed by a duration of 2 years (21.2%), 1 year (18.2%), and 3 years (15.2%). Meanwhile, a smaller proportion experienced tumors for 5 years (9.1%), 6 years (6.1%), and 7 and 10 years at 3% each.

The most common tumor location was the posterior thorax (27.3%). Other locations with high prevalence included the femur, gluteus, and foot, each at 12.1%. Meanwhile, the abdominal wall, frontalis, humerus, and anterior thorax were found in 6.1% of respondents, whereas the axilla, neck (collum), nape (nuchae), and retroauricular area were each found in only 3% of respondents.

Table 3. Distribution of Health Care Access Characteristics

	N	%
Perception of Health Care Access		
Easy	21	63.6
Difficult	12	36.4
Distance to the Hospital		
≤40 km	15	45.5
41-80 km	6	18.2
81-120 km	4	12.1
121-160 km	6	18.2
>160 km	2	6.1

The majority of respondents in this study perceived access to health care as easy (63.6%), while 36.4% considered it difficult. A total of 45.5% of respondents lived within a distance of ≤40 km from the hospital, making it the most common distance category. Meanwhile, 18.2% lived

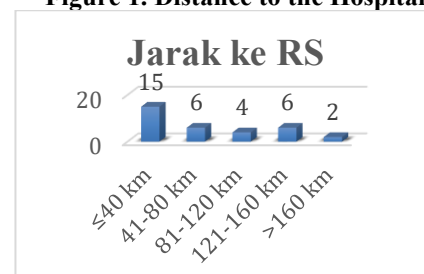
within the ranges of 41–80 km and 121–160 km, 12.1% were at a distance of 81–120 km, and 6.1% had to travel more than 160 km.

Table 4. Distribution of Distance to the Hospital

Deskriptive	Distance to the Hospital
Min	1
Max	184
Mean	68.3

Descriptively, the minimum distance to the hospital was 1 km, while the maximum distance reached 184 km, with an average of 68.3 km. This indicates that most respondents had to travel a considerable distance, which may affect their perception of health care accessibility.

Figure 1. Distance to the Hospital



The figure above provides a visualization of the distribution of distances to hospitals, which supports the data in the table. Most respondents live within ≤40 km, but there is significant dispersion at longer distances.

Figure 2. Relationship between Perception of Access to Health Services and Soft Tissue Tumor Symptoms

		Persepsi Akses Pelayanan Kesehatan		
		Mudah	Sulit	Total
Ringan	n	14	1	15

Gejala	%	93.3	6.7	100.0
Penyakit	n	7	11	18
Soft	Berat	% 38.9	61.1	100.0
Tissue				
Tumor				
P-Value		0,001		

Figure 2 shows the relationship between perceived access to healthcare services and soft tissue tumor symptoms among respondents. Of the 33 respondents, the majority of those who perceived easy access to healthcare services (66.7%) experienced mild symptoms, while only 33.3% experienced severe symptoms. Conversely, the majority of respondents who perceived difficult access to healthcare services (91.7%) experienced severe symptoms, while only 8.3% experienced mild symptoms. This indicates a link between perceived access to healthcare services and the severity of patients' symptoms.

The statistical analysis showed a p-value of 0.001, indicating a significant relationship between perceived access to healthcare services and soft tissue tumor symptoms at the 0.05 level of significance. Therefore, patients who perceived difficult access to healthcare services were significantly more likely to experience severe symptoms than those who perceived easier access.

DISCUSSION

The demographic characteristics of respondents showed that the majority of patients participating in the study were

women (57.6%), while men only made up 42.4%. This female predominance may reflect their tendency to be more active in accessing health services, in line with the literature stating that women are generally more concerned about their health conditions than men.¹³ In terms of age, the distribution was almost even between ages ≤ 40 years (42.4%) and 41–60 years (42.4%), with a smaller proportion in ages > 60 years (15.2%). This finding reflects that soft tissue tumor symptoms can occur in various age groups, especially in adulthood.¹⁴

In terms of education, the majority of respondents had a secondary education background, namely high school or equivalent (39.4%), followed by elementary school (24.2%) and junior high school or equivalent (18.2%). Conversely, respondents with higher education, such as a bachelor's degree (12.1%) and a diploma (3%), were relatively few. This situation indicates the importance of efforts to increase access to health information that is easily understood by groups with lower education. Furthermore, the presence of respondents who did not attend school (3%) presents a challenge in itself because limited education can affect understanding and decision-making when seeking health services.¹⁵

Respondents occupational backgrounds were quite varied, with housewives (24.2%), farmers (21.2%), and self-employed (18.2%) dominating the population. This suggests that access to healthcare services may also be influenced by the type of employment,

particularly those involving physical activity or specific environments that increase the risk of soft tissue trauma. Those unemployed (3%) may face economic challenges in accessing healthcare services.¹⁶

The relationship between perceived access to healthcare services and soft tissue tumor symptoms provides important insights in this study. The majority of respondents with perceived easy access to healthcare services reported mild symptoms (66.7%), while those who perceived difficulty accessing healthcare services experienced more severe symptoms (91.7%). This was demonstrated by statistical testing using the chi-square test, which obtained a p-value of 0.001, indicating a significant relationship between perceived access to healthcare services and soft tissue tumor symptoms at the 0.05 level of significance.¹⁶

These results are consistent with Ruffli's (2024) study of cancer patients, which showed that the decision to seek formal healthcare is often not a simple one. Several factors influence patient behavior, including a tendency to choose traditional medicine over formal healthcare even when signs and symptoms of cancer are present.^{17,18}

This research is also supported by the findings of Lombe (2023), who revealed that various social, economic, geographic, and cultural factors contribute to delayed diagnosis and poor treatment

outcomes, particularly in cancer cases. These factors depend not only on the country or region context but also on the specific tumor type. Aspects such as accessibility of health services (including distance and cost), quality of care, coordination between primary, secondary, and tertiary health sectors, and education and training of health workers are important elements that must be considered.^{19,20}

Cultural factors and social norms in West Sumatra, such as patients' preference for being examined by medical personnel of the same gender, also influence patient comfort in receiving healthcare services. This can be a barrier that reduces the effectiveness of healthcare services, especially in areas with limited medical personnel.¹² In addition, patient perceptions of health services are influenced by their communication experiences with medical personnel, which are often influenced by the patient's educational background, as found in Delpa's (2022) research at Painan Regional Hospital.^{21,22}

CONCLUSION

Based on the results of this study, the majority of the study subjects were female, under 60 years old, with educational and occupational backgrounds generally in the middle class. The majority of the patients in the study experienced severe symptoms of soft tissue tumors, indicating the severity of this condition in the study population. Furthermore, patient perceptions of access to healthcare services were dominated by the

view that access to healthcare services was relatively easy.

This study demonstrated a significant relationship between perceived access to healthcare services and the severity of soft tissue tumor symptoms. The statistical analysis showed a p-value of 0.001, indicating a significant relationship between perceived access to healthcare services and soft tissue tumor symptoms. Patients who perceived access to healthcare services as difficult were more likely to experience severe symptoms compared to patients who perceived access to healthcare services as easy.

REFERENCES

1. Anindhita Pangestika Lwrdrn. Soft Tissue Tumor. *J Syntax Fusion*. 2021;1(12):1–9. doi:10.54543/Fusion.V1i12.115
2. National Cancer Institute. Soft Tissue Cancer – Cancer Stat Facts. Published online 2024.
3. Kruiswijk AA, Dorleijn DMJ, Marang-Van de Mheen PJ, van de Sande MAJ, van Bodegom-Vos L. Health-Related Quality of Life of Bone and Soft-Tissue Tumor Patients Around the Time of Diagnosis. *Cancers (Basel)*. 2023;15(10):1–13. doi:10.3390/cancers15102804
4. Sbaraglia M, Bellan E, Dei Tos AP. The 2020 WHO Classification of Soft Tissue Tumours: News and Perspectives. *Pathologica*. 2021;113(2):70–84. doi:10.32074/1591-951X-213
5. Faozan AN, Zakiudin A, Baso YS. Nursing Care for Mr. A with a Medical Diagnosis of Postoperative Soft Tissue Tumor (STT) of the Left Flank at Mawar 2 Ward, Dr. Soeselo Regional Hospital, Tegal Regency. *Vitam: Journal of General Health Sciences*. 2024;2(4):419–430.
6. Mahyudin F, Edward M, Basuki MH, Basrewan Y, Hernugrahanto KD, Wahyudiputra AG. Analysis of Prognostic Factors in Soft Tissue Sarcoma: A Cancer Registry from a Single Tertiary Hospital in Indonesia. *Annals of Medicine and Surgery*. 2020;57:257–263.
7. Roswati, Yuniar NJ. Analysis of the Effect of Accessibility of Coastal Communities on Outpatient Health Service Satisfaction. *Nursing Update*. 2022;13(3).
8. Statistics Indonesia (BPS). Health Indicators. Published 2023.
9. M. Zein Regional Hospital, Painan. Participation in the 2023 Excellent Service and Public Service Innovation Competition. Published 2023.
10. Delpa. Patient Perceptions of Health Care Services Using a Primordial Approach. *Proceedings of the Perintis Health Seminar*. 2022;5(2):35–41.
11. Shalihin N, Iskandar N, Amri MU. Mapping of Religious Life Issues in West Sumatra. Imam Bonjol Press; 2015.
12. Mahayosnand PP, Gomez S, Ahmed S, Sabra ZM. Muslim Women Have a Gender Preference for Female Physicians. *Journal of the British Islamic Medical Association*. 2024;16(1).
13. Mahyudin F. Diagnosis and Therapy of Musculoskeletal Tumors (Multidisciplinary Approach). 2017.
14. Ameliah WR, Razak A, Rusydi AR. Effect of Health Service Quality on Outpatient Satisfaction at Barana Primary Health Center, Jenepono Regency. 2023.

15. Zaini R, Parinduri SK, Dwimawati E. Factors Associated with Utilization of Health Services at Tegal Gundil Primary Health Center, Bogor City. 2022. perspectives. Pathologica. 2021;113(2):70–84.
16. Susilawati, Azzahra D. Factors Influencing Utilization of Health Services in Coastal Areas. 2023.
17. Ruffli A, Afyanti Y, Hargiana G. Health-Seeking Behavior in Cancer Care. *Journal of Telenursing*. 2024;6(1):1221–1230.
18. Lombe DC, Mwamba M, Msadabwe S, et al. Delays in Seeking, Reaching, and Accessing Quality Cancer Care in Sub-Saharan Africa: A Systematic Review. *BMJ Open*. 2023;13(4).
19. Lyratzopoulos G, Neal RD, Barbiere JM, Rubin GP, Abel GA. Variation in number of general practitioner consultations before hospital referral for cancer. *Br J Cancer*. 2012;107(3):476–83.
20. Unger JM, Moseley AB, Cheung CK, Osarogiagbon RU, Symington B, Ramsey SD, et al. Geographic distribution and survival outcomes for patients with cancer treated in rural areas. *JAMA Netw Open*. 2018;1(4):e181235.
21. Neal RD, Tharmanathan P, France B, Din NU, Cotton S, Fallon-Ferguson J, et al. Is increased time to diagnosis and treatment in cancer associated with poorer outcomes? *Br J Cancer*. 2015;112(S1):S92–107.
22. Sbaraglia M, Bellan E, Dei Tos AP. The 2020 WHO Classification of Soft Tissue Tumours: news and