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THE EFFECT OF ACCEPTANCE AND COMMITMENT THERAPY ON SELF-EFFICACY SANTRI

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ABSTRACT

Low Self-Efficacy is a problem for every new santri who lives in Islamic boarding schools. Acceptance and commitment therapy (ACT) is an empirical therapy that aims to increase psychological flexibility as a basis for handling self-acceptance, self-awareness and self-efficacy in psychotherapy. Objective: The aim of this study was to analyze the effect of acceptance and commitment therapy on self-efficacy of new santri. Methods: This study was designed as a quasi-experimental with a pre-test and post-test control group or a non-equivalent control group. The sampling technique in this study was purposive sampling with 22 treatment group respondents and 22 control group respondents. The variables are acceptance and commitment therapy as independent variables and self-efficacy as dependent variable. This study used the General Self-Efficacy Scale (GSES) instrument which has been adapted to Indonesian. The statistical test used t-test with $\alpha \leq 0.05$. Results: The treatment group showed a difference in the average value of self-efficacy between before and after participating in acceptance and commitment therapy as the results of paired sample t test obtained a value of $p = 0.000$ in treatment group and $p = 0.197$ in control group. Conclusion: Acceptance and commitment therapy has an effect on self-efficacy of new santri at Islamic Boarding School of Daruttaqwa Gresik. ACT can be used as an alternative of nursing interventions especially in islamic boarding schools.

Keywords: acceptance and commitment therapy; self-efficacy; santri

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INTRODUCTION

Low self-efficacy is a problem for every new santri living in islamic boarding schools. Low self-efficacy is triggered by the demand to live independently and adapt to a new environment, new tasks and new people after being separated from parents and family. Santri who have high self-efficacy can adapt to boarding school well, while santri who have low self-efficacy have difficulty adapting (Khamidah et al., 2017). Research on issues that can effectively improve the self-efficacy of new santri is still limited, more studies and research are needed to get better solutions for enhancing self-efficacy of santri.

According to Ministry of Religious Affairs in Januari 2022, the number of islamic boarding schools in Indonesia is 26.975 with 2.647.056 santri. The number of islamic boarding schools in East Java is 4,452 with 564,299 santri. The number of Islamic boarding schools in Gresik is 94 with 23,511 santri. Daruttaqwa Islamic Boarding School has 697 santri including new santri of senior high school level who admitted in 2022 as many as 50 santri. Nationally, the self-efficacy of new santri is unknown, however the results of previous research by Khamidah et al (2017) on VII grade of new santri showed that 21.2% had low self-efficacy while 78.8%

had good self-efficacy. The results of interviews at the boarding school to 6 santri, it was found that there were 4 new santri or 67% who said they felt hard to adapt in the new environment.

Bandura, 1997, in Novrianto et al. (2019) suggests that self-efficacy consists of 3 dimensions; (1) Level/Magnitude (the difficulty level of the task performed by a person), (2) strength (individual belief in his competence to carry out certain tasks), (3) generality (the extent of individual belief to perform certain tasks) where these three dimensions are affected by 4 factors; (1) Mastery Experience (the experience of mastering something), (2) Vicarious Experiences (experience of having role models), (3) Social Persuasion (verbal feedback from colleagues or the community) (4) Physiological and emotional state (physical and emotional conditions). Several studies on self-efficacy have been conducted by Sa'idah & Laksmiwati, (2017) analyzed the relationship between self-efficacy and adaptation in the first-year of santri and found a positive correlation where improvement of self-efficacy will have an impact on santri's ability to adapt. Research by Khamidah et al (2017) on the relationship between self-efficacy and self-adaptation in santri showed that good self-efficacy can affect the ability to adapt as well. Kamila (2020) observed the relationship between hardiness and self-efficacy in Quran memorization santri and stated that there was a positive relationship, high self efficacy higher hardiness, and vice versa.

Those indicate a relationship between self efficacy and the ability to adapt and survive by new santri in difficult situations. However, the results of other studies related to things that can affect the self efficacy of santri have not been found. Bandura 1986 (in Indriati & Muti'ah, 2017) claimed that motivational factors, attitudes and individual behavior can affect self-efficacy. The Islamic Boarding School has made efforts to improve the belief and adaptability of new santri through clustering by placing new santri in a special place togather with fellow and separated from old santri, assisted by a dedicated teacher, praying together and retracing the founder's footsteps, yet not fully able to increase the efficacy of new santri. Acceptance and Commitment Therapy through the technique of acceptance and commitment of santri in the context of changing motivation, attitudes, and behavior can lead to sychological changes to be more flexible. Psychological flexibility can potentially improve the self-efficacy of santri. The effectiveness of ACT has been proven by Ismoyowati & Adiyasa (2021) in their research on the effect of ACT in increasing self-efficacy of patient with stroke. The aim of this study was to analyze the effect of acceptance and commitment therapy on self-efficacy of new santri.

METHOD

The study design was a quasi-experiment with control group pre-test and post-test or non-equivalent control group, its research that provides treatment or intervention to subjects then the effects of the treatment are measured and analyzed. The sample was divided into two groups (treatment group and control group) and measurements were taken before the intervention (pre-test) and after the intervention (post-test). The independent variable in this study is the implementation of Acceptance and Commitment Therapy (ACT). The dependent variable in this study is the self-efficacy of new santri. The population is the subject meets the requirements set by the researcher (Nursalam, 2020) namely new santri at Daruttaqwa Islamic Boarding School consisting of 50 new santri. The sample in this study were new santri at Daruttaqwa Islamic Boarding School who met the inclusion and exclusion criteria. The inclusions criteria are (1) New santri who stayed in the boarding school for less than 6 months, (2) 1st grade of senior high school or equal, (3) Graduated from junior high school or equal, while the exclusion criteria is santri who did not follow the acceptance and

commitment therapy (ACT) stages completely. The total sample of 44 new santri was divided into two groups, the treatment group of 22 new santri and the control group of 22 new santri. The sampling technique in this study was purposive sampling, in which a sample determination technique was used by selecting samples among the population according to the researcher's wishes (objectives / problems in the study), so that the sample can represent the characteristics of the population that have been previously recognized.

This study used the General Self Efficacy Scale (GSES) instrument which has been adapted into Indonesian in Novrianto's research (2019) with validity 0,91 and reliability 0.977. The GSES instrument consists of 10 favorable statement items measured using a Likert scale. The score of each item is Very Unsuitable = 1, Unsuitable = 2, Neutral = 3, Moderately Suitable = 4, Very Suitable =5. The GSES instrument measures the level of self-efficacy before and after acceptance and commitment therapy (ACT). The intervention for the treatment group was carried out according to the 6 stages of acceptance and commitment therapy (ACT); (1) Acceptance (exploring the problem), (2) Cognitive Defusion (releasing negative thoughts), (3) Mindfulness (present awareness), (4) Observing Self (self-viewing without judging right or wrong), (5) Valuing (setting the self-main value), (6) Commitment (determining 3 actions and implementing). Each stage was carried out for 20-30 minutes, starting with a pre-test. At the commitment stage, respondents took 3 actions for 5 days and on the fifth day a self-efficacy post test was conducted.

RESULTS

General

Based on the developmental period, WHO (2021) categorized adolescence as 10-24 years old and Monks (in Karlina, 2020) classified adolescence into three phases; early adolescence, middle adolescence and late adolescence. Kamil Sahri & Hidayah (2020) categorized the gender as male and female santri. Based on research by Setiawan et al. (2015) and Zarkasih (2019), the length of stay based on the time required by new santri to adapt at the boarding schools, which was 1 to 6 months.

Table 1.
Respondents distribution based on Age, Gender and Period of Stay of New Santri at Darutttaqwa Islamic Boarding School Gresik

CHARACTERISTICS	Treatment Group		Control Group	
	f	%	f	%
Age				
Early adolescence (12-15)	0	0	0	0
Middle adolescence (15-18)	22	100,0	22	100,0
Late adolescence (18-21)	0	0	0	0
Gender				
Male	0	0,0	15	68,2
Female	22	100,0	7	31,9
Period of Stay				
1 month	0	0,0	0	0,0
2 months	0	0,0	0	0,0
3 months	0	0,0	0	0,0
4 months	0	0,0	0	0,0
5 months	22	100,0	22	100,0
6 months	0	0,0	0	0,0

Table 1 explains that all respondents in the treatment group and control group (100.0%) were middle adolescence. The gender of respondents was entirely (100.0%) female in the treatment

group and mostly (68.2%) male in the control group. All respondents (100.0%) in the treatment group and control group were new santri with a five months stay at the Islamic Boarding School.

Table 2.
The self-efficacy level distribution of new santri in treatment group and control group

Groups	Self Efficacy Level	Criteria	**f**	%	*Mean* (M)	SD
Treatment Group before ACT	Low	X < 18,23	5	22,7	23,9	5,3
	Moderate	18,23≤X≤29,18	14	63,6		
	High	29,18 < X	3	13,6		
	Total	-	22	100,0		
Treatment Group after ACT	Low	X < 33,90	3	13,6	36,8	3,1
	Moderate	33,90≤X≤39,90	15	68,2		
	High	39,90 < X	4	18,2		
	Total	-	22	100,0		
Control Group before ACT	Low	X < 19,29	2	9,1	26,3	5,7
	Moderate	19,29≤ X≤31,98	14	63,6		
	High	31,98 < X	6	27,3		
	Total	-	22	100,0		
Control Group after ACT	Low	X < 18,52	4	18,2	25,7	6,5
	Moderate	18,52≤X≤32,20	14	63,6		
	High	32,20 < X	4	18,2		
	Total	-	22	100,0		

The self-efficacy level was determined based on the average (mean) and standard deviation (SD) and divided into three categories; low, moderate and high according to the following formula:

Low Self Efficacy = X< (M - 1,0.SD)
Moderate Self Efficacy = (M – 1,0 SD) ≤ X ≤ (M + 1,0.SD)
High Self Efficacy = (M + 1,0.SD) < X

Table 2 illustrates that mean before acceptance and commitment therapy (ACT) in the treatment group was 23.9 with a standard deviation of 5.3 and mean in the control group was 26.3 with a standard deviation of 5.7. While mean after ACT in the treatment group was 36.8 with a standard deviation of 3.1 and mean in the control group was 25.7 with a standard deviation of 6.5.

Specific

The self-efficacy level of new santri before ACT in treatment and control groups

Table 3.
The self-efficacy level of new santri before ACT in treatment and control groups at Islamic Boarding School of Daruttaqwa Gresik

Groups	Mean	Med	SD	SE	95% CI	n	*p*
Treatment	23,91	23,5	5,27	1,12	21,57–26,25	22	0,161
Control	26,27	25	5,71	1,22	23,74–28,80	22	

According to independent t test in table 3, the mean of treatment group was 23.91 with a standard deviation of 5.27, while the mean of control group was 26.27 with a standard deviation of 5.71. The results of t test showed that p=0.161, which means that there was no difference between mean of self-efficacy in treatment and control groups prior to acceptance and commitment therapy (ACT).

Self-efficacy level of new santri after ACT in treatment and control group

Table 4.
Self-efficacy level of new santri after ACT in treatment and control groups at Islamic Boarding School of Daruttaqwa Gresik

Groups	Mean	Med	SD	SE	95% CI	n	*p*
Treatment	36,82	37	3,10	0,66	35,45–38,19	22	0,0
Control	25,73	25	6,47	1,38	22,86–28,59	22	00

According to independent t test in table 4 above, the mean value of treatment group was 36.82 with a standard deviation of 3.10, while the mean of control group was 25.73 with a standard deviation of 6.47. Based on the t test, the value of p=0.000 obtained, which means that there was a difference between the mean of self-efficacy level in treatment and control groups upon ACT.

The effect of acceptance and commitment therapy ACT) on self efficacy of new santri in treatment and control groups.

Table 5.
The effect of acceptance and commitment therapy ACT) on self efficacy of new santri in treatment and control groups.

	Kelompok	Mean	SD	SE	95% CI	t	*p value*
Treatment	Self efficacy pre	23.91	5.27	1.12	(-15.22) - (-10.60)	-11.64	0.000
	Sefl efficacy post	36.82	3.10	0.66			
Control	Self efficacy pre	26.27	5.71	1.22	(-0.31) – 1.40	1.33	0.197
	Sefl efficacy post	25.73	6.48	1.38			

Based on the paired t test results in table 5, the mean of treatment group before ACT was 23.91 and the mean after ACT was 36.82. p value = 0.000 of treatment group means that there was a difference in the mean between before and after ACT and p value = 0.197 of control group means that there was no difference in the mean before and after ACT.

DISCUSSION

The results explain that there is no difference of self-efficacy mean value of new santri both treatment group and control group. The absence of differences illustrates that new santri in both groups have similar levels of self-efficacy before acceptance and commitment therapy. According to Bandura 1997 in Lopez-Garrido (2020), a psychological factor is one of factors that affects self-efficacy. The age of 15-18 years of new santri categorized as middle adolescents (Monks in Karlina, 2020) are looking for self-identity and undergo new roles. This period is very crucial and determines the future according to Erick H. Erikson's 1994 psychosocial development theory in Rusuli (2022). Middle adolescence thought abstractly but not capable to do it, they try to think and act independently (Allen & Waterman, 2019). The new santri role requires an effort in dealing with changes, previously they lived with their parents, closed to their family, then they have to be far away and demanded to be able to survive in the new role or task as new santri. This situation causes psychological vulnerability which lead to a lack of self-confidence. In some cases, new santri ceased and opted to return home.

The results indicate that there is a difference in the mean value of self-efficacy of new santri in treatment group and control group upon acceptance and commitment therapy. The difference in the mean value of self-efficacy illustrates that new santri in treatment group has a higher level of self-efficacy than the control group. Acceptance and commitment therapy aim to improve psychological flexibility and better ability to undergo the changes (Hayes, 2012, in B. Thompson et al., 2022). The more psychologically flexible a person is, the easier to accept existing conditions and move towards to achieve the goals (Ardhani & Nawangsih,

2020). New santri in treatment group experiences a better self-confidence upon completing 6 stages of acceptance and commitment therapy, it is indicated by an increased sense of optimism and willingness to achieve learning goals, while new santri in control group does not show any changes. The results of the study suggested that new santri in treatment group has a mean difference of self-efficacy between before and after the provision of acceptance and commitment therapy, indicates that there is an effect of acceptance and commitment therapy on self-efficacy of new santri at Daruttaqwa Islamic Boarding School.

Research conducted by Narullita & Yuniati, (2021) stated that ACT is taken as the basis for handling self-acceptance, self-awareness and self-efficacy in transpersonal psychotherapy. ACT aim to improve psychological flexibility (Faizah et al., 2021), where psychological aspects have an impact on self-efficacy. Self-efficacy is interpreted as a belief of an individual to face difficulties, made individuals work hard and persisted to do the task completely as an effort to overcome the stressors. This belief is important in behavior since it is able to affect the way individuals overcome their obstacles (Wulansari & Dinie Ratri Desiningrum, 2013). New santri in treatment group followed the 6 stages of acceptance and commitment therapy (ACT) until the end. The stages are acceptance, cognitive defusion, mindfulness, observing self, values and commitment. At the acceptance stage, new santri experienced and accepted new situations and roles currently being lived, those are the role of learning and living independently away from family. New santri also commit to determine 3 actions in accordance with personal values. The commitment stage has a significant impact on self-efficacy of santri, indicated by the mean self-efficacy value is higher than santri who did not attend ACT.

CONCLUSION

The self-efficacy of new santri does not demonstrate a difference of mean value before implementing acceptance and commitment therapy (ACT). Conversely, there is a difference in the mean value after ACT. Acceptance and commitment therapy (ACT) has an effect on self-efficacy of new santri at Islamic Boarding School of Daruttaqwa Gresik. ACT improve the psychological flexibility and self-efficacy of new santri. ACT can be used as an alternative nursing intervention in the islamic boarding school. Suggestions for further research are to involve respondents who have more varied demographics with a larger number.

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