

Self-Efficacy and Active Listening Skills of Peer Counselors in Preventing Mental Health Problems as an Impact of Covid-19 Pandemic

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Abstract: Mental health problems are becoming a serious impact caused by the Covid 19 pandemic. Learning problems, general stress to somatic problems are psychosocial problems dominating from childhood to adulthood. The existence of early treatment is needed to prevent mental health problems, such as conducting peer counseling. Peer counseling is carried out by peer counselors who had a role in assisted and helped in problem-solving related to mental health. They are expected to have self-confidence and mastered basic techniques in counseling such as active listening skills. This study aims to determine the role of self-efficacy and active listening skills in peer counselors in their role in preventing mental health problems due to the Covid 19 pandemic. The research subjects were 27 people who were students/graduates majoring in psychology/counseling guidance and had attended peer counseling training. The research method used is a quantitative method with hypothesis testing using multiple regression analysis. The results showed that the self-efficacy and active listening ability of peer counselors partially had no role in preventing mental health problems with values of Sig 0.473 > 0.05 and Sig 0.985 > 0.05, respectively. Simultaneously, self-efficacy and active listening ability of peer counselors also did not show a significant role with a Sig F value of 0.720 > 0.05. However, it was found that the effect of self-efficacy and active listening ability on peer counselors together on the prevention of mental health problems due to the COVID-19 pandemic was 2.7%.

INTRODUCTION

The COVID-19 pandemic has caused significant disruption in the 21st century. Since the first case occurred in Wuhan City, China, this case has spread to almost every corner of the country and around the world. This necessitates changes in almost every aspect of life. Starting with the implementation of health protocols, large-scale social restrictions (PSBB), and restrictions on community activities (PPKM), the Indonesian government has taken steps to prevent the spread of communicable diseases (PP No. 21 of 2020). All activities are restricted to school and work-related learning, religious activities, and other general public activities.

The Covid-19 pandemic poses a major threat to physical and mental health due to the psychological stress associated with the economic crisis, the threat of losing a job, and the fear of losing a family

member. Emerging data from various countries show that people are more susceptible to stress and often experience anxiety due to pandemics (Bartoszek et al., 2020; Bijulakshmi et al., 2020; Ridlo, 2020; Wang et al., 2020). The Task Force for the Indonesian Association of Clinical Psychologists (*Satuan Tugas Ikatan Psikolog Klinis*) for COVID-19 Management shows data regarding the description of psychological problems in people who access clinical psychologist services during the COVID-19 pandemic, most of them at the age of children and adolescents experiencing barriers to learning. For adults and the elderly, the most common problems experienced are general stress, anxiety problems, mood problems, and somatic problems (IPK, 2020).

When it comes to mental health conditions, especially in adolescents and early adulthood, psychological treatment is required. To prevent

mental health problems from worsening, it is necessary to provide early treatment, specifically through peer counseling. Peer counseling is defined as a variety of interpersonally helpful behavior performed by non-professionals in an attempt to assist others (Tindall & Gray, 1985). There are several important elements in peer counseling, including (1) efforts to provide interpersonal assistance, (2) carried out by non-professionals, (3) the giver and recipient of assistance are roughly the same age, and (4) implementation is overseen by a qualified professional (Muslikah et al., 2016). Peer counselors serve as an intermediary between professional counselors and counselees. Peer counseling encourages adolescent individuals to open up more easily because they share similar experiences and problems, making it easier to find solutions to these issues (Salmiati et al., 2018).

Peer counselors are expected to have self-confidence in carrying out a given task well, in this case, the counseling process. This self-confidence is called self-efficacy. Self-efficacy can be interpreted as a person's belief in his ability to manage his behavior in performing a task, overcoming obstacles, and achieving predetermined goals (Bandura, 1997). Peer counselors face a variety of challenges when conducting counseling, such as the emergence of a sense of insecurity caused by a lack of sufficient knowledge about peer counseling (Ismiyati et al., 2019). Other difficulties that peer counselors face include the counselee's less open attitude, the counselor's inability to recognize and determine the types of problems faced by the counselee, and forgetting to ask the counselee's feelings after doing peer counseling (Sari et al., 2020).

It is expected of a peer counselor to have sufficient expertise in conducting the peer counseling process. According to a study conducted in Kenya, peer counselors must possess several positive characteristics, including sociability, discipline, a minimum average academic achievement, the ability to speak and listen well, and the ability to keep secrets (Arudo, 2008). Openness, understanding, good communication, humility, empathy, discipline, and good listening are all qualities that peer counselors must possess (Lutomia & Sikolia, 2002).

The ability to hear is an important skill that is frequently overlooked (L Arnold, 2014). Active listening stems from the humanistic theory of

person-centered from Carl Rogers, which is the most basic attitude in listening to others effectively and not passively (Rogers, 1979). Active listening includes activities to formulate appropriate questions, paraphrase and summarize, state comments, express a more complete understanding, and verify what has been said. This includes making and maintaining eye contact, using non-verbal gestures such as nodding or smiling, and not interrupting the speaker (Weger et al., 2010). Active listening was created as one of the fundamental counseling techniques with therapeutic properties (Rogers, 1979). So this study aims to determine the role of self-efficacy and active listening ability of peer counselors in their role in preventing mental health problems due to the Covid 19 pandemic.

METHODS

This study uses two independent variables, namely self-efficacy (X1) and active listening ability (X2), and a dependent variable, which is mental health problems (Y). The research population is students or graduates from the majors in psychology and counseling guidance. This is because counseling courses were only available to students or graduates of two majors. The criteria for the sample were derived from psychological training and counseling guidance, as well as having received peer counseling in the previous four years and having been a peer counselor. The people who provided the samples ranged in age from 19 to 25 years old. Data is collected using an online scale, which allows participants to work on it from anywhere in the world. The sampling technique used is simple random sampling.

The self-efficacy variable is measured using the general self-efficacy scale, which is a measuring tool to assess the beliefs held by someone that is useful in overcoming problems that exist in life. Matthias Jerusalem and Ralf Schwarzer created this scale in 1981. This scale originated in German and has been translated into 32 languages including Indonesian (Born, et.al, 1995). There are four answer choices that have a range between disagree, somewhat agree, agree, and strongly agree. The number of items on this scale is 10 items. This scale has a reliability coefficient between 0.75 – 0.90. Meanwhile, the validity is 0.373-0.573.

To assess active listening skills, an adaptation of the Active Listening Attitude Scale (ALAS) from Greece was used, which consists of 29 items with alternative answers ranging from Disagree to Slightly Disagree to Somewhat Agree to Agree. There are three subscales in the ALAS: (1) Attitude

of Listening, which is defined as "empathic understanding" or "unconditional positive appreciation." (3) Conversation Opportunity, which measures when the moment takes the opportunity to speak and listen actively, and (2) Listening Skills, which describes more of the technical aspects of active listening (Kourmoussi et al., 2017). This scale has a reliability coefficient of 0.72, and the intercorrelation values of the three subscales range from 0.20 to 0.42, all of which are positive and significant ($p < 0.001$).

Meanwhile, according to the Covid 19 Prevention Task Force from the GPA, the mental health problem prevention scale consists of 32 items compiled by researchers with reference to the five psychosocial problems that were most commonly reported during the pandemic, namely learning barriers, general stress, anxiety problems, mood problems, and somatic problems. This scale has a reliability coefficient between 0.894 and validity of 0.73. Data analysis used multiple linear regression analysis techniques to determine the role of each variable X either partially or simultaneously on variable Y.

RESULT

The classical assumption test was carried out before performing the regression analysis, the results were 1) the normality test with Kolmogorov Smirnov showed the data had a normal distribution with $p = 0, 2 > 0.05$. Furthermore, 2) the multicollinearity test showed the tolerance value was $0.780 > 0.1$ and VIF value $1.282 < 10.00$, which means the variable does not experience multicollinearity. For 3) autocollinearity test with Durbin Watson, p -value = 1.453 indicates the relationship between the independent variable and the dependent variable is linear where. Next 4) the heteroscedasticity test shows that there are no symptoms of heteroscedasticity so that a regression test can be performed.

Based on calculations that have been carried out with the SPSS for Windows 26.0 program, research results were found which showed that partially the self-efficacy of peer counselors had no role in preventing mental health problems with a Sig value of $0.473 > 0.05$. Likewise, active listening skills partially do not have a significant role in mental health prevention with a Sig value of $0.985 > 0.05$. Meanwhile, simultaneously, self-efficacy and active listening ability of peer counselors also did not show a significant role with a Sig F value of $0.720 > 0.05$.

However, it was discovered that the combined effect of self-efficacy and peer counselors' active

listening ability in preventing mental health problems as a result of the COVID-19 pandemic was 2.7 percent.

DISCUSSION

The presence of the Covid-19 pandemic has resulted in psychological issues among the global population. Children, adolescents, adults, and the elderly are all included. This also happens to students who are required to study online at home by their schools. Although it has proven to be the most effective alternative to face-to-face learning, online learning is a major source of mental health problems for students, especially during the senior year (Akpınar, 2021; Zeng et al., 2021). People are more susceptible to stress and anxiety as a result of pandemics, according to data from several countries (Bartoszek et al., 2020; Bijulakshmi et al., 2020; Ridlo, 2020; Wang et al., 2020). Learning barriers, general stress, anxiety problems, mood problems, and somatic problems are the most common psychosocial problems in Indonesia.

Early treatment needs to be done to prevent deeper mental health problems, one of which is by conducting peer counseling. Peer counseling has a significant role in mental health (Salsabila et al., 2020). This is because in the counseling process there will be an exchange of information from counselors and counsees who have similar experiences and the age difference is not far, causing a process of understanding in it.

Peer counselors are expected to be self-assured in their ability to complete the tasks they are given. Peer counselors face a variety of challenges during the process, including the emergence of a sense of insecurity stemming from a lack of knowledge about peer counseling (Ismiyati et al., 2019). Other challenges faced by peer counselors are the attitude of the counselee who is less open, the counselor is less able to recognize and determine the types of problems faced by the counselee, and forget to ask the counselee's feelings after doing peer counseling (Sari et al., 2020). The findings of this study, however, show that peer counselor self-efficacy plays no role in preventing mental health problems caused by the COVID-19 pandemic.

According to some studies, self-efficacy interacts with challenging stress, which is thought to affect students' mental health (Zeng et al., 2021). To put it another way, everyone requires self-efficacy to complete a task successfully. These difficulties can include stress that students experience while learning, as well as difficulties that peer counselors, face while going through the peer counseling

process. Some studies show that people with higher self-efficacy are more successful at managing incoming stress when they are faced with high levels of stress (Zhao, et. al, 2015). Self-efficacy, on the other hand, has been shown to have no effect on stress and mental health among Chinese school teachers in various studies (Chan, 2002). In this case, peer counselors must first have a high level of self-efficacy to overcome personal challenges. However, this does not always make him have high self-efficacy in carrying out his role as a peer counselor.

Peer counselors are expected to be knowledgeable about how to conduct peer counseling sessions. Participants in the study had a background in counseling and had received their education from the department of psychology and counseling guidance. One of the many skills required is active listening, which is frequently overlooked (L Arnold, 2014). Active listening entails activities such as formulating appropriate questions, paraphrasing, and summarizing with nonverbal gestures like nodding and smiling (Weger et al., 2010). Active listening is a therapeutic technique that was developed as one of the basic counseling techniques (Rogers, 1979). Active listening is a micro skill that novice counselors should focus on to improve their efficiency and ability to listen to their clients. According to research, emphasizing active listening skills in the peer counselor supervision challenge process can improve active listening skills, self-efficacy, and other skills such as feeling reflection and attendance. This shows that both the ability to listen to self-efficacy and active counselors are important in reducing anxiety in the counseling experience (Levitt, 2002).

However, peer counselors' active listening skills do not play a significant role in preventing mental health problems caused by the covid 19 pandemics. This could imply that, despite the fact that active listening has a therapeutic effect in the counseling process, peer counselors' active listening skills are unimportant. There are other basic skills that also need to be mastered, namely the presence of empathy, the ability to be present, ask questions, and pay attention to non-verbal gestures that are raised by the counselee during the counseling process. According to some studies, counseling success is more dependent on the counselor's personal qualities than on the correct application of a technique (Tyler, 1961).

However, simultaneously self-efficacy and active listening ability in peer counselors have an effective contribution of 2.7% in preventing mental

health problems due to the Covid 19 pandemic. There are other factors from 97.3% that need to be explored more deeply regarding the role of peer counselors in preventing mental health problems.

CONCLUSIONS AND SUGGESTIONS

The existence of peer counseling conducted by peer counselors is a step that can be taken in conducting early intervention in mental health problems due to the covid 19 pandemic. In this case, self-efficacy and active listening skills do not have a significant role in preventing mental health problems in individuals. There is a need for further research related to providing more structured and systematic skills to peer counselors and conducting a program that begins with a screening on the characteristics of individuals who have the expertise as peer counselors to be involved in the process of preventing mental health problems.

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