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Development of the psychoeducation model to decrease academic stress when Learning From Home (LFH)

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Abstract

This study aimed to develop and test the acceptability and effectiveness of the psychoeducation model to decrease academic stress when learning from home (LFH). This research used a development research design, with two main objectives: developing the product and testing the effectiveness of the product. The instruments used were questionnaires on rating scales about aspects of product utility, feasibility, accuracy and also stress academic scale. Data analysis was carried out quantitatively and qualitatively. Quantitative data were analysed by descriptive statistical analysis, while qualitative data in the form of comments, suggestions and criticisms were analysed qualitatively. Based on the data analysis, it can be concluded that the psychoeducation model developed fulfils the acceptability criteria which includes utility, feasibility and accuracy. The developed psychoeducation model is effective in reducing academic stress among college students when LFH.

Keywords: development, psychoeducation model, academic stress, acceptability, effectiveness

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1. Introduction

Since the announcement of the Universitas Negeri Surabaya Rector's letter number B/15254/UN.38/TU.00.02/2020 dated 14 March 2020 concerning Prevention of the spread of the Coronavirus Disease (COVID-19) at Universitas Negeri Surabaya, then lecture activities carried out face-to-face are transferred to lectures online, or often called Learning From Home (LFH). This LFH is carried out as a way to stop the spread and transmission of COVID-19.

Even though so far there have been several courses that have implemented virtual learning and blended learning, since the COVID-19 pandemic outbreak all courses have applied virtual learning and students are required to stay at home. This sudden change has caused confusion, anxiety and various problems for both lecturers and students. With the COVID-19 pandemic increasing every day, increasing red zones, a lot of assignments from lecturers, difficulty in signals, not enough money to buy internet credit and various rules that have changed are the various things that have contributed to the reduced well-being of students, which in the end has unwittingly developed into academic stress on students. The emergence of stress in students will lead to a decrease in immunity, which will make it easy to contract COVID-19.

The various changes that have occurred during the COVID-19 pandemic have a negative impact on students. In the lecture process, ideally, students should feel comfortable if they want to be able to study and to understand the lecture material well, but the fact is that just a week since the implementation of LFH has caused anxiety that can trigger academic stress. The symptoms mentioned above are indicators of academic stress in students.

During the COVID-19 pandemic period, there were various problems such as reduced physical activity, online learning and various pressures, including competition in the class, financial burdens and family-related pressures which have caused academic stress to arise in students (Chandra, 2020). Research on academic stress was also conducted by Moawad (2020) who found that the highest academic stress was in the form of uncertainty about their end semester exams and assessments. Also, the report by UCC (2020) indicated that many students have experienced and felt anxious about contracting COVID-19 and overthinking symptoms related to the pandemic.

Based on the survey, it was found that around 58.68% of the students experienced academic stress related to online lectures. The complaints that arose included many tasks, deadlines are too tight, eyes are getting tired, physically tired, especially eyes and hands, confused, unstable health, feeling unhappy, cannot sleep well, dizziness, headaches, boredom, difficulty dividing time, tired back and blurred vision. In addition to the survey results, based on UCC (2020), data have showed that some students experienced anxiety related to the COVID-19 pandemic, including some who felt anxious about being infected with COVID-19 after returning from a street vendor place, feeling anxious about being infected with COVID-19 because they had a fever and sore throat, feeling anxious about being infected with COVID-19 because of experiencing fever fluctuating, coughing, cold, sore throat, shortness of breath, feeling anxious of contracting COVID-19 and overthinking symptoms related to the pandemic.

Academic stress that appears in these students appears as a form of response to both physical and mental changes in their environment that are felt to be threatening and disturbing. The emergence of stress at a high level of severity can reduce the level of endurance or body immunity (Dietrich & Verdolini Abbott, 2014; Taylor, 2010); meanwhile, decreased immunity makes students sick and vulnerable to COVID-19. Academic stress is defined as the pressures experienced by students about

lectures, which are perceived negatively, and have an impact on their physical, psychological and learning performance (Campbell et al., 1992; Lukens & McFarlane, 2006; Ng Lai On, 2004).

The causes of stress can come from internal and external sources (Gadzella et al., 2012). The causes of stress are related to internal factors: 1) frustration that comes from within, for example, physical disabilities, beliefs and frustrations related to the need for self-esteem; 2) conflicts occurring when someone is under pressure to respond simultaneously to two or more strengths – opposing forces; 3) daily pressures, even if they are small, for example, a lot of homework, but if they accumulate over time it can become great stress (Sheehy & Horan, 2004); 4) self-imposed stress, which relates to how a person imposes on himself. For example, 'I have to be the most outstanding person in the class and beat other friends or I am very afraid when I failed the exam because I am afraid to fail and my parents are not proud'.

Therefore, efforts are needed to reduce stress on students in an effort to increase student immunity and improve students' ability to adapt to LFH so that students can master the expected competencies. One approach that can be used to reduce stress is psychoeducation. This study uses psychoeducation to reduce stress on students during LFH for the following reasons: 1) psychoeducation is a treatment that integrates education and psychotherapy given professionally to an individual or a group (Bordbar & Faridhosseini, 2012); 2) the target of psychoeducation is to increase the counselee's awareness, increase the counselee's participation in therapy and develop the counselee's coping ability in dealing with problems related to stress (Kwiatkowski et al., 2016).

This model combines psychotherapy and educational activities to solve problems. Psychoeducation is an educational method that aims to provide useful information and training to change an individual's mental/psychological understanding. Psychoeducation is also useful in providing knowledge/understanding as well as therapeutic strategies that are useful for improving the quality of life of individuals (Bhattacharjee et al., 2011; Supratiknya, 2011). Psychoeducation can be carried out through training with exploration, assessment, discussion, role playing and demonstration methods (Soep, 2011). The basis of psychoeducation interventions is on the strength and focus on the present (Lukens & McFarlane, 2006). This intervention not only provides important information related to individual/group problems in dealing with a problem situation but can also be applied in various age groups and educational levels. Besides, psychoeducation emphasises the learning process, education, self-awareness and self-understanding where cognition has a larger proportion than the affective component (Brown, 2011).

Psychoeducation is a form of education or training for someone which aims at the treatment and rehabilitation process. The goals of psychoeducation are to develop and increase the patient's acceptance of the disease or disorder, increase the patient's participation in therapy and develop the coping mechanisms when the patient has problems associated with the disease (Bordbar & Faridhosseini, 2012).

Psychoeducation is built on various theories including ecological systems theory, cognitive behavioural theory, learning theory, group practice models, stress and coping models, social support models and narrative approaches. Behaviourism theory emphasises the effects of environmental manipulation. Meanwhile, cognitive theory focuses on the mastery of cognitive–emotional skills which are a component of the psych training process (Lukens & McFarlane, 2006). According to Bhattacharjee et al. (2011), there are seven types of psychoeducation, namely 1) the information model, 2) the skills

training model, 3) the supportive model, 4) the comprehensive model, 5) the multiple family group therapy model, 6) the behavioural management model and (7) Peer-to-peer psychoeducation approach.

An online counselling model with a psychoeducation approach for the welfare of children and adolescents was proposed by Triyono (2020). This online counselling model is in the form of self-healing exercises consisting of affirmation exercises and exercises to overcome self-phobias by playing the ego function. Psychoeducation procedures online, in general, can be text and voice. There are online media in the form of text, including WhatsApp and email. Online voice media can use video calls on various webs. With regard to face-to-face psychoeducation, the online psychoeducation process during LFH is divided into three stages: (1) preparation, (2) implementation and (3) termination. The preparation stage includes preparing online tools to carry out psychoeducation, in addition to preparing general competencies which include knowledge, attitudes and skills, as well as how to involve family and parents in the counselling process (needed or not needed). The implementation stage includes assessing the problem of academic stress that is experienced by students, education about problems experienced by clients through an information model in the form of video tutorials on academic stress and how to manage stress, followed by two self-healing exercises, namely 1) relaxation exercises and (2) systematic desensitisation exercises. This stage of implementation also includes the empowerment of families and communities. The termination stage includes monitoring the counselee's behaviour after treatment, as well as evaluating the results of psychoeducation using Google Form, WhatsApp and email.

Several supporting studies on stress include Roulston et al.'s (2018) study, which found that there were significant changes in students' well-being scores, stress and resilience after obtaining the mindfulness technique. The relationship between parents and children negatively affects stress levels and the mental health of children in the future (Ha & Granger, 2016). Behavioural and neurobiological stress are associated with chronic stress regarding obesity (Pervanidou & Chrousos, 2016). The intervention given to people experiencing stress due to the earthquake in Nepal showed that a single session of intervention reduced stress (Segal-Engelchin & Sarid, 2016). Meanwhile, some research were carried out on psychoeducation (Tambag & Oz, 2013). After the psychoeducation programme, there was a significant reduction in stress and an increase in a healthy lifestyle and a comfortable life. Psychoeducation can help provide information about illness and provide emotional support and implementation of coping and stress management strategies (Tabeleao et al., 2018). Psychoeducation models are also used to help victims of echoes, tsunamis and liquefaction in Palu, Sigi and Donggala (Nursalim, 2019).

2. Method

2.1.Research Design

This development research model uses Borg and Gall (1983) and Dick et al.'s (2001) studies, with two main objectives: developing the product and testing the effectiveness of the product. The development procedure is modelled as follows: (1) needs analysis, (2) planning, (3) initial product development, (3) expert testing, (4) revision, (5) small-scale field test and (6) large-scale field test (Figure 1).

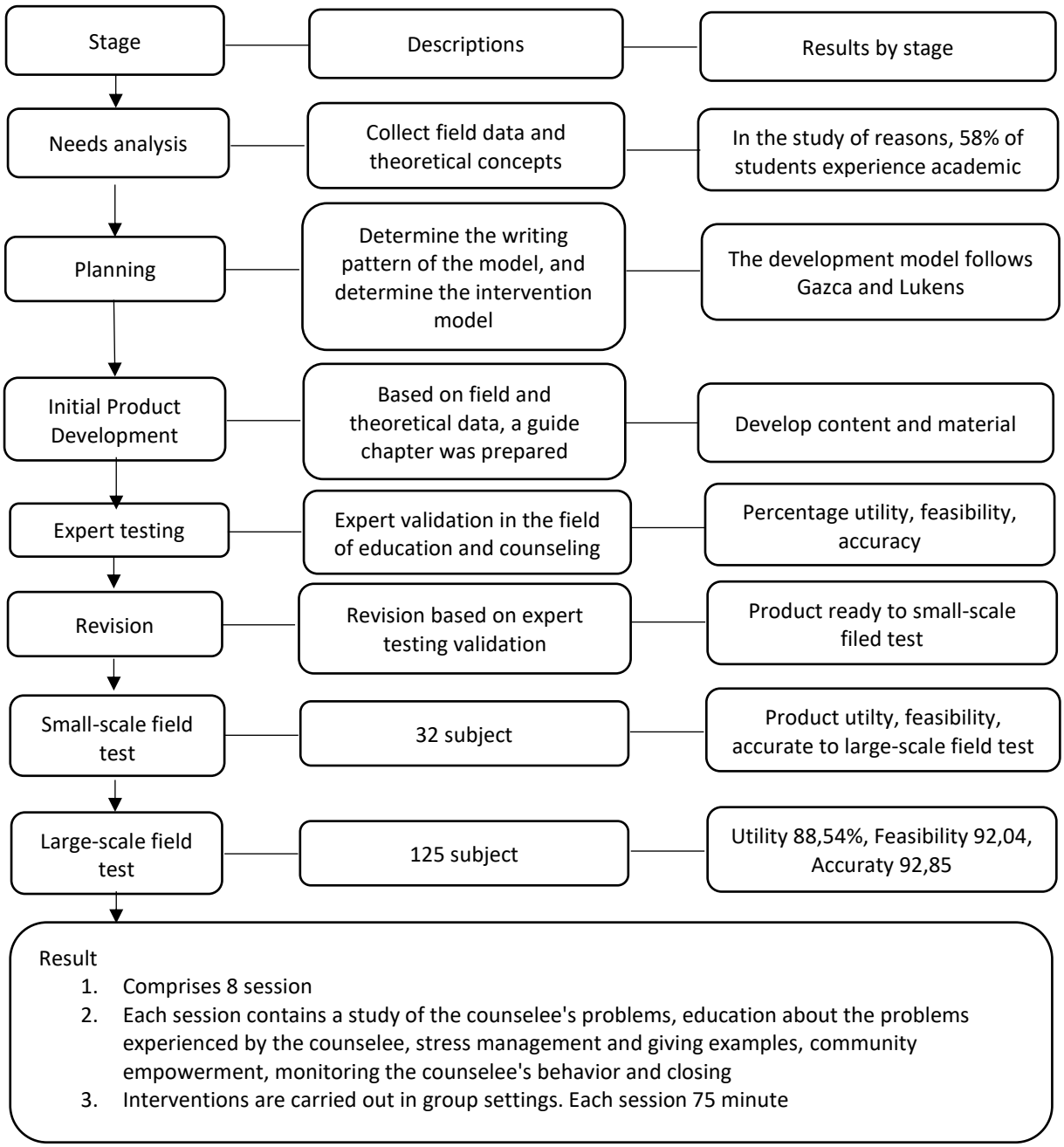

Figure 1. The development research model and expert judgment in order to test the acceptability of the psychoeducation model

2.2.Research Participant

The expert's judgment is the first stage of the trial which is carried out after the prototype model is arranged. The design of this expert assessment is descriptive to determine the degree of acceptability

according to the expert and to obtain feedback on the deficiencies of the theoretical scientific model of psychoeducation. The subjects of expert assessment are three counselling and psychology guidance.

In order to obtain an adequate level of acceptability for the developed psychoeducation, in addition to an expert's judgment, an assessment is also carried out by potential product users (in this case the counsellor at Universitas Negeri Surabaya. There are six Universitas Negeri Surabaya counsellors who acted as user subjects who provide an assessment of the product being developed. This user test was intended to test the level of acceptability of the psychoeducation model according to counsellors in tertiary institutions and to get back the deficiencies of the psychoeducation model scientifically.

Limited group assessment is the implementation of the product on the target to determine the effectiveness of the developed psychoeducation intervention. Participants in this limited group test were students who experienced high category academic stress.

2.3.Research instrument and procedures

The participants were asked to fill in the product development questionnaire instrument with reference to a rating scale of 0–4. This assessment scale is a measure of acceptability with three assessment indicators covering aspects of utility, feasibility and accuracy.

The instruments used were questionnaires on rating scales about the aspects of product use, feasibility and accuracy. Data analysis was carried out quantitatively and qualitatively. Quantitative data were analysed by descriptive statistical analysis, while qualitative data in the form of comments, suggestions, and criticisms were analysed qualitatively. To evaluate the effectiveness of the model to reduce academic stress on college students, pre-test and post-test to a control group were conducted.

The results of the development are in the form of a psychoeducation mode carried out by expert tests and user tests which are intended to obtain data in the form of responses, suggestions, criticism and input to the developed psychoeducation model. Expert and user validation are used as a way to obtain product acceptability. After the expert and user tests, revisions were made based on the analysis of expert and user assessments based on the criteria of accuracy, feasibility and usability. Meanwhile, the limited group test was implemented to the product on the target to determine the effectiveness of the intervention.

2.4.Data analysis

Data in the form of acceptability scale results were analysed using descriptive statistics in the form of the mean. Data in the form of academic stress scores before and after the psychoeducation treatment were analysed using *t*-test statistical analysis and descriptive statistics in the form of graphs. The next section presents the results of calculations using the paired two sample for means *t*-test.

3. Results

This expert test was intended to test the acceptability level of the psychoeducation model according to the expert and obtain the deficiencies of the psychoeducation model. Based on the results of the analysis of the data from experts and users, the psychoeducation model developed can be described as follows.

The acceptability level of the psychoeducation model developed is based on three indicators, namely aspects of utility, feasibility and accuracy. To obtain acceptability levels, expert judgment and user

judgment were carried out. The results of expert and user assessments are manifested on quantitative and qualitative data, which are explained as follows.

The results of the assessment by expert judgment and user judgment are shown in Figure 2.

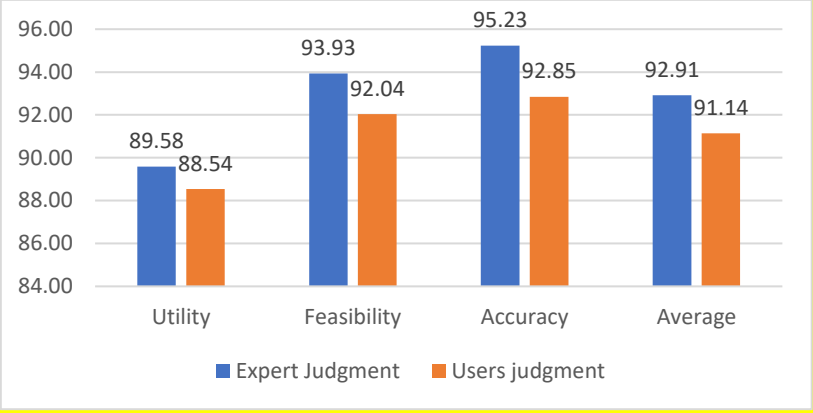

Figure 2. Expert judgment and user judgment

The results of the assessment on the expert judgment show that the psychoeducation model developed was very useful and applied to students. The results of the assessment indicate that the average score of the experts is 92.91%. The results when consulted with the criteria developed in this study indicate that the psychoeducation model developed is very useful so that the psychoeducation model can be further developed to reduce academic stress. This result is in line with and supported by an assessment on user judgment which shows that the average score of the students is 91.14% The results were consulted with the criteria developed to show that the model developed is very useful.

The results of the assessment on the feasibility aspect show that the psychoeducation model developed meets the feasibility aspect. Based on the results of an expert assessment, it can be concluded that the psychoeducation model developed was included in the feasible category, with an average score of 3.43. Meanwhile, the results of the feasibility assessment conducted by students show that the psychoeducation model developed was included in the feasible category with an average score of 3.54. The assessment of the indicator of accuracy is based on two sub-indicators, namely the accuracy of the object and the accuracy of the formulation of objectives and procedures. The results of the expert assessment note that the average accuracy aspect is 3.47. By looking at the average score of the appraisal accuracy from the expert and classifying the score on the aspect of accuracy, it can be seen that the psychoeducation developed is included in the right category.

The results of the *t*-test analysis of the academic stress scores of subjects treated by psychoeducation are presented in Table 1.

Table 1. T-test Analysis

	Pre-test	**Post-test**
Mean	108,6818	26,81818
Variance	83,27489	175,2035
Observations	22	22
Pooled Variance	129,2392	

Hypothesized Mean Difference	0
df	42
t Stat	23,88308
P(T<=t) one-tail	2,3E-26
t Critical one-tail	1,681952
P(T<=t) two-tail	4,6E-26
t Critical two-tail	2,018802

From Table 1, it can be seen that the *t*-test values were $T = 23.883$, df = 42 and sig = 0.0. The significant test shows that the difference between the mean values of the post-test and pre-test among groups of subjects treated by is strongly significant. Figure 3 shows the comparison score of academic stress before and after treatment.

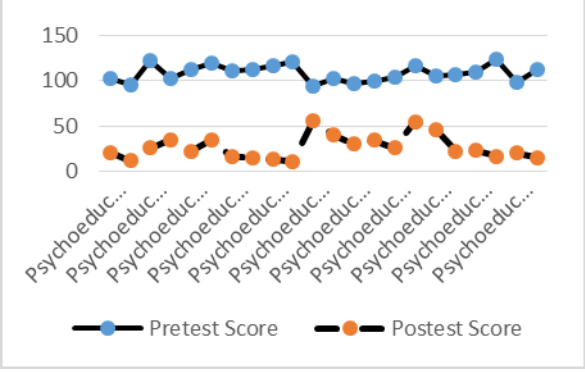

Figure 3. Score of academic stress before and after treatment

4. Discussion

It has been shown that there is a significant difference in the academic stress of pre-test scores compared to the academic stress of post-test scores. It has been proven that psychoeducation is able to decrease the academic stress of subjects. This finding is in accordance with the previous research results conducted by Tambag and Oz (2013), Tabeleao et al. (2018) and Nursalim (2019) who stated that psychoeducation was able to decrease different types of academic stress of persons from different levels of age.

The low post-test scores of the experimented subjects show the healing of academic stress is caused by the treatment of psychoeducation. Moreover, the research shows that the hypothesis of psychoeducation is effective. This is in accordance with other studies which show that psychoeducation can increase student resilience and avoid difficult and painful experiences related to race issues (Stevenson, 2018).

Some reasons why psychoeducation is the most effective in healing academic stress subjects is because during the counselling process, the main cause and source of academic stress can be solved. Clients are highly motivated to carry out their assignment since they want to reduce their academic stress. Tutorial video've the best information and the best solution such that the clients can change optimally (Sun et al., 2011; Topkaya, 2015).

The results of the descriptive analysis show that subjects in the experimental have tried to practice the treatment to decrease their academic stress and almost all subjects are highly motivated to change.

Therefore, it makes sense if the academic stress scores are decreasing. It is similar to another study that the success of therapy is mostly dependent on the motivation and involvement of the clients during the therapy processes (Bachelor et al., 2007; Beutler et al., 1991).

Even though psychoeducation is effective in treating academic stress, however, there are some limitations, Firstly, this research does not use a control group and a follow-up for testing the effectivity of the treatment, therefore, in the next research, a follow-up should be included. Secondly, this research uses cyber psychoeducation; therefore, in the next research hybrid psychoeducation needs to be conducted. Even though there are some limitations in this research, the results of this research give a substantial contribution related to treating academic stress college students by using cyber psychoeducation. Third, as this intervention lasted only 8 weeks, future research should discuss whether it is necessary to combine multiple treatments and provide a prolonged or post-follow-up treatment. Replication of this study in large numbers will provide clarity about the clinical implications of this study. The results of this research are consistent with other findings related to affection and psychoeducation to heal academic stress (Gu et al., 2015; Monteiro et al., 2014).

5. Conclusion

The conclusion of this study determines the following: 1) a psychoeducation model has been produced that can be used to reduce student academic stress; 2) the psychoeducation model developed has fulfilled the acceptability criteria which include utility, feasibility and accuracy and 3) psychoeducation models are effective in reducing academic stress of college students.

6. Recommendations

Some suggestions are as follows: psychoeducation is effective in treating academic stress; however, there are some limitations. Firstly, this research does not use a control group and a follow-up for testing the effectiveness of the treatment; therefore, in the next research, a follow-up should be included. Secondly, this research uses cyber psychoeducation; therefore, in the next research, hybrid psychoeducation needs to be conducted. Dissemination of these results needs to be conducted, mainly with a counsellor in high schools such that these methods can be applied to help traumatic high school students.

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