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Influence Rational Emotive Behavior Therapy (REBT) & Acceptance Commitment Therapy (ACT) on Self-Efficacy of HIV Patients

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ABSTRACT

Background: Self-efficacy is a determining factor and predictor of successful treatment for HIV patients. Self-efficacy contributes to a person's ability to overcome the challenges they face. Efforts to manage self-efficacy in HIV patients are needed to support treatment success. One approach is to use a combination of Acceptance Commitment Therapy (ACT) and Rational Emotive Behavior Therapy (REBT).

Purpose: The aim of this study was to determine the effect of providing combination therapy of ACT and REBT on increasing self-efficacy in HIV patients.

Methods: This study used a quantitative, semi-experimental, one-group pre-test and post-test method. The study population consisted of 31 respondents. The sampling method was total sampling. The study was conducted on 31 HIV patients with at least adequate self-efficacy scores. The Wilcoxon test was used for analysis because the data used were ordinal.

Results: There was an effect of combined ACT and REBT therapy on improving self-efficacy in HIV patients, as indicated by a significant value of 0.00**.** Respondents experienced an increase in efficacy values before and after with an average increase of 16 with a sig value of 0.00 where the value is less than 0.05, which means there is a difference in value between the efficacy values before and after. There is an effect of administering ACT and REBT therapy on the efficacy level of HIV patients.

Conclusion: ACT and REBT therapy have been shown to improve self-efficacy in HIV patients. Self-efficacy in HIV patients is influenced by several factors, including patient demographics and stigma. The development and implementation of therapy, particularly for vulnerable groups, is needed, taking into account each patient's characteristics.

Keywords: ACT, HIV, REBT, self-efficacy

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BACKGROUND

HIV (Human Immunodeficiency Virus) is a virus that can cause AIDS (acquired immunodeficiency syndrome) within 10 years. Patients with HIV experience a weakened immune system, making them more susceptible to infections. This condition tends to be lifelong, but with proper treatment, life expectancy can be increased.(Hosseini et al., 2024) HIV is a deadly disease, this disease attacks the immune system which results in a fairly high mortality rate for HIV patients.(WHO, 2025)The prevalence of HIV in the world is 40.8 million people with a death toll of 630,000 people.(Ministry of Health of the Republic of Indonesia, 2023)The Basic Health Research (Riskesdas) found that 515,455 people were living with HIV, and 184,890 (42%) were currently receiving ARV treatment. These figures indicate that HIV cases require specialized care. Appropriate treatment will increase the life expectancy of HIV patients.

Many factors influence the success of treatment, one of which is self-efficacy.(Wahyuni et al., 2025)explains that self-efficacy is the most important factor in changing a person's behavior, self-efficacy influences a person to try to change risky behavior and influences an individual's persistence to continue fighting.(Hosseini et al., 2024),(Luthuli & John-Langba, 2024)explains that the self-efficacy of HIV patients contributes to the success of ARV (antiretroviral therapy) treatment.(Jara et al., 2024)Self-efficacy is a determining factor and predictor of successful treatment for HIV patients. Self-efficacy contributes to a person's ability to overcome the problems they face. (Cherenack et al., 2018) Coping strategies emerge consciously or unconsciously when patients assess their ability to achieve desired outcomes and believe they will be able to implement them (self-efficacy). This explanation illustrates that efficacy plays a crucial role in the success of HIV treatment, necessitating appropriate efforts to manage HIV patients' self-efficacy.(Tan et al., 2025)explains that during the course of treatment, HIV patients will experience various challenges and obstacles that impact changes in emotions and self-confidence or self-efficacy of the patient, therefore the right effort to increase compliance is to manage these two aspects.

Various psychotherapies have been developed to improve the self-efficacy of HIV patients, including ACT (Acceptance Commitment Therapy) and REBT (Rational Emotive Behavior Therapy).(Surilena et al., 2014)explained that patients who received REBT therapy showed increased self-efficacy.(Ismoyowati & Adiyasa, 2021)explained that ACT therapy can increase the efficacy of stroke patients.(Abroshan et al., 2022)explained that REBT and ACT have an impact on increasing self-efficacy in treating diabetes patients. Both therapies have an impact on the ability to manage emotions, providing strength and reinforcement for HIV patients in undergoing treatment.(Kurniawati et al., 2024)REBT helps individuals manage their thoughts, emotions, and behaviors, aiming to help them think rationally and avoid irrational thoughts.(Gunawan & Oriza, 2023)ACT is a type of therapy that focuses on improving mindfulness, acceptance, and value components, which have a positive impact on increasing self-efficacy.

The Cepiring Community Health Center in Kendal Regency is one of the community health centers providing treatment for HIV patients. Based on preliminary studies, data from the Cepiring Community Health Center in Kendal showed that as of May 2024, the number of HIV/AIDS patients was 83. Patients with low self-efficacy and high self-efficacy were observed.

Based on the description above, it can be described that the formulation of the problem in this study is whether there is an influence of providing REBT and ACT therapy on the level of self-efficacy of HIV patients.

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OBJECTIVE

The purpose of this study was to determine the effect of combined ACT and REBT therapy on the self-efficacy of HIV patients at the Cepiring Community Health Center in Kendal, Central Java. This study provides an overview of the application of ACT and REBT therapy methods for HIV patients. This research can be used to guide psychosocial support, particularly regarding self-efficacy in HIV treatment. In addition, the results of this study are expected to contribute information regarding the development of therapy for accompanying HIV patients in order to support the advancement of nursing practice science in the development of nursing personnel.

METHODS

Study Design

The design of this research is comparative research, this research method is adapted to the research objective, which is to determine whether REBT and ACT therapy have an effect on improving the self-efficacy of HIV patients. Therefore, this study uses a semi-experimental quantitative research method with a pre-test and post-test.

Population and sample

The study population consisted of 31 HIV patients with low self-efficacy. The sampling method used was total sampling, meaning the study was conducted on the entire population of 31 respondents.

Research Instruments

The research instrument was in the form of a 34-question HIV-SE patient self-efficacy questionnaire. Fitriani (2016) in(Yanti, 2017) This questionnaire has a Cronbach's alpha coefficient value of 0.96, which means it is very reliable.

Method of collecting data

The study began by identifying patients who met the inclusion and exclusion criteria. Five enumerators were employed. These enumerators were nurses from the Cepiring Community Health Center who had received prior training and had their therapy skills tested. After identifying suitable patients, the initial efficacy assessment was used as a pre-test score. The patients then underwent ACT and REBT therapy by the enumerators and researchers. The therapy was evaluated seven days after completion.

The following details the therapy implementation. ACT and REBT therapy are implemented in five sessions (in session 3, REBT can be continued until the patient is able to develop positive beliefs in various situations). Each session lasts 20-30 minutes. 2 ACT sessions 1) identification of events, thoughts, feelings, desires, hopes and values based on experience, 2) Cognitive diffusion by helping clients to recognize acceptance and desires (practice accepting events with chosen and committed values). 3 REBT sessions 1) Discuss the relationship between thoughts, feelings, and behavior Introduce the ABC REBT model: A = Activating event (example: HIV diagnosis), B = Belief (example: “I will definitely be abandoned”), C = Consequence (example: depression, withdrawal). 2) Identify irrational thoughts related to self-efficacy and the impact on emotions and behaviors that arise from irrational thoughts, 3) Practice the ACBs Cognitive Model (rational self-analysis) on self-efficacy.

Analysis

This study used univariate analysis to describe client characteristics and self-efficacy before and after treatment using frequency distributions. Bivariate analysis was then used to

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test the effect of ACT and REBT on HIV patients' self-efficacy using Wilcoxon rank sum analysis.

RESULTS

Table 1. Frequency Distribution Table of Respondent Characteristics Including Sex, Education, Marital Status, and Duration of Illness.

Characteristics	Frequency	%
Sex		
Woman	5	16.1
Man	26	83.9
Education		
Elementary School	9	29
JUNIOR HIGH SCHOOL	6	19.4
SENIOR HIGH SCHOOL	13	41.9
PT	3	9.7
Marital status		
Not married yet	19	61.3
Marry	8	25.8
Widow/Widower	4	12.9
Length of Illness		
Less than 1 year	7	22.6
1-5 th	9	29.0
6-10 years old	13	41.9
>10 years	2	6.5
Age		
Adults: 19-44 years	22	71
Pre-elderly: 45-59 years	7	22,6
elderly: >60 years	2	6,4

Table 1 explains the characteristics of the respondents, where the largest number of respondents were male, with the highest education being high school, marital status being unmarried, and the longest duration of illness being between 6-10 years.th, and the most common age is adulthood.

Table 2. Description of HIV Patient Self-Efficacy Before and After

Characteristics	Frequency	%
Self-Efficacy before		
not enough	10	32.3
Enough	21	67.7
Self-Efficacy After		
Enough	9	29.0
Good	22	71.0

Table 2 explains the picture of self-efficacy before the most was in the sufficient category and after the action, the most efficacy was good, with 22 respondents.

Table 3. Effect of ACT and REBT Therapy on the Efficacy Level of HIV Patients

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		N	Mean Rank	Sig. (2-tailed) CI 95%
post - pre-efficacy	Negative rank	0	16.0	,000
	Positive rank	31		
	Ties	0		

Table 3 shows that all respondents experienced an increase in efficacy values before and after with an average increase of 16 with a sig value of 0.00 where the value is less than 0.05, which means there is a difference in value between the efficacy values before and after or the hypothesis Ha is accepted "there is an effect of administering ACT and REBT therapy on the efficacy level of HIV patients.

DISCUSSION

The research results showed that the majority of respondents were men. One of the causes of HIV transmission is promiscuity, one of the vulnerable groups is homosexuals (men who have sex with men). As researchers found, the largest group suffering from HIV is men.(Hafid et al., 2024) (Gunawan & Oriza, 2023) (Magdalena & Hasanat, 2024)explained to researchers that gay groups or same-sex relationships are more vulnerable to HIV transmission.(Haq et al., 2024)Transmission is more likely to occur if the partner is already carrying the germs of the disease, where the disease will be more easily transmitted through wounds after intercourse with the partner's semen.(Luthuli & John-Langba, 2024)related to self-efficacy, this group is vulnerable to experiencing low self-efficacy, one of which is related to the psychosocial challenges experienced in managing HIV infection, such as sexual minority pressure and HIV-related stigma. Minority pressure and stigma affect the low self-efficacy of HIV patients in this group. The results of interviews with respondents in this study also found that most HIV sufferers are homosexuals.

The majority of respondents' education levels were secondary or lower. Educational level is related to cognitive ability and respondents' level of understanding of the information provided.(Jara et al., 2024)(Abdisa et al., 2024),(Takahashi et al., 2006)explained that education plays a crucial role in the self-efficacy of HIV patients. The ability to seek information related to treatment is influenced by, among other things, the ability to read and understand. Education is a crucial factor to consider when managing the self-efficacy of HIV patients.

Age is also said to be a predictive factor in HIV patient self-efficacy. (Gao et al., 2025) Age is related to a person's ability to seek information, younger HIV patients are more able to obtain information related to treatment than older HIV patients. (Bako, 2021) In terms of age, the majority are adults, in other words, the age of the virus incubation period is approximately adolescence. Youth is one of the vulnerable groups who have risky behaviors that can cause HIV transmission. In previous studies, it was also found that most HIV patients were in the adult age range. (Cardoso et al., 2025) (Sharrow et al., 2014) explained the increase in the number of HIV patients, both women and men, in the adult age range and experienced a decrease in the elderly age range.

The description of the pre-test efficacy level shows that HIV patients experience a low level of self-efficacy in treatment. (Zahara et al., 2021) (Sitorus, 2021)Obtaining an overview of low self-efficacy, which will affect the success of HIV patient treatment. Many factors contribute to this.(Starks et al., 2022)explained that socio-structural factors can influence self-efficacy, including experiences of stigma and discrimination both within healthcare settings and within the wider community, other life demands, and environmental characteristics. These conditions can influence the self-efficacy of HIV patients. Evaluation of the research

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questionnaire also revealed that stigma and social components of patients, such as feelings of being unaccepted, fear of others discovering the disease, and ostracism, are factors contributing to low self-efficacy in treatment.(Jia et al., 2022)Some HIV patients report experiencing double stigma, which contributes to low self-efficacy. Another factor that can influence self-efficacy is HIV patient self-acceptance. Interviews with community health center nurses often revealed low self-efficacy when patients are unable to accept their condition.(Tan et al., 2025) (Yolandha, 2021)The study's results revealed that several factors occupation, age, self-acceptance, and emotional regulation were significantly associated with self-efficacy in HIV patients' treatment adherence. Specifically, self-acceptance and emotional regulation were positively correlated with self-efficacy in treatment adherence.

Bivariate results showed that ACT and REBT therapy influenced the self-efficacy of HIV patients. As described above, self-efficacy in HIV treatment is largely influenced by both therapies, which focus on emotional management and self-acceptance, enabling clients to commit to their treatment. During HIV treatment, patients often experience stress, demands, and obstacles. All of these factors will respond to the patient's ability to manage positive emotions. It is hoped that positive emotions will determine positive treatment behavior. This principle can be managed with ACT therapy, which is used to correct self-acceptance, so that once the patient is able to accept themselves, they will commit to treatment. Meanwhile, REBT therapy teaches patients to practice managing their emotions, enabling them to overcome any obstacles during treatment.(Surilena et al., 2014)explains that REBT can manage, improve and change irrational and negative perceptions, behaviors, and attitudes of HIV patients, especially regarding the ART therapy they have received, into rational and logical perceptions and beliefs; thus, patients are able to increase their self-confidence and motivation in adherence to treatment.(Gunawan & Oriza, 2023)ACT therapy can be used to increase self-efficacy. This occurs because ACT can increase individual flexibility, thereby increasing self-acceptance. This will help individuals to be more able to accept their experiences and act according to their values mindfully, thereby increasing self-efficacy. (Noya & Taihuttu, 2023) (Abroshan et al., 2022) (Ismoyowati & Adiyasa, 2021) (Kurniawati et al., 2024) The results of this study explain the influence of ACT and REBT on self-efficacy, where this therapy can show an increase in self-efficacy values after therapy.

CONCLUSION

ACT and REBT therapy have been shown to improve self-efficacy in HIV patients. Self-efficacy in HIV patients is influenced by several factors, including patient demographics and stigma. Further development and implementation of therapies, particularly for vulnerable groups, are needed, taking into account each patient's individual characteristics.

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CONFLICTS OF INTEREST

We declare that there is no conflict of interest in this research.

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