





Original Research

The Relationship Between Procrastination, Self-Efficacy, and Self-Control in Relation to Anxiety Among Medical Students

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Abstracts

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Introduction: Anxiety is a condition characterized by apprehension and the persistent concern that something negative is about to occur, accompanied by physical, cognitive, and behavioral symptoms. There are two main factors influencing anxiety: internal and external factors. However, other contributing factors include procrastination, self-efficacy, and self-control. **Methods:** This study used an observational analytic design with a cross-sectional approach. A stratified random sampling technique was employed, yielding a sample size of 83 respondents. The data collected were analyzed using the chi-square correlation test. **Results:** The prevalence of high procrastination levels was observed in 37 respondents (44.6%). Low self-efficacy was reported in 49 respondents (59%), and low self-control in 41 respondents (49.4%). A total of 47 respondents (56.6%) experienced anxiety. There was a significant association between procrastination and anxiety, with a p-value of 0.000 ($p < 0.05$). Similarly, significant associations were found between self-efficacy and anxiety (p-value = 0.000, $p < 0.05$) and between self-control and anxiety (p-value = 0.000, $p < 0.05$). **Conclusions:** Significant associations were observed between procrastination, self-efficacy, and self-control with anxiety among students of the Faculty of Medicine at Universitas Islam Al-Azhar.

Keywords: Anxiety, Procrastination, Self-Efficacy, Self-Control, Mental disorder

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INTRODUCTIONS

Anxiety disorders are among the most common mental health disorders. According to Nevid et al. (2002), anxiety is a condition of apprehension or worry, accompanied by the sense that something negative is imminent, along with associated physical, cognitive, and behavioral symptoms [1]. Data from the World Health Organization (WHO) indicates that 26.67%, or 4 out of every 15 healthy individuals, suffer from anxiety and depression [2]. WHO also reports that around 10% of individuals in North America, Western Europe, Australia, and New Zealand experience clinical anxiety, compared to approximately 8% in the Middle East and 6% in Asia [3].

Indonesia is one of the Asian countries with an anxiety prevalence rate of 11.6% of the total population, amounting to approximately 24,708,000 individuals [4]. Data from the Ministry of Health (Kemenkes, 2023) indicates several provinces with the highest number of mental disorder cases, including DKI Jakarta (24.3%), Aceh (18.5%), West Sumatra (17.7%), West Nusa Tenggara (10.9%), South Sumatra (9.2%), and Central Java (6.8%). Consequently, West Nusa Tenggara ranks fourth among the regions with the highest prevalence of severe mental disorders [5].

College students are a group highly vulnerable to anxiety, with anxiety prevalence among students ranging from 15% to 64.3% across universities [6]. Medical students, in particular, are at high risk for anxiety [7]. The prevalence of anxiety among medical students remains considerably high, ranging from 30% to 70%. A study on anxiety involving 90 medical students at an Indonesian university reported an anxiety rate of approximately 71% [7]. Anxiety can affect students throughout the various stages of medical education, which employs a learning method distinct from other faculties. Research has highlighted that stress and anxiety are particularly prevalent among first-, second-, and third-year students [7].

Freud (2009) proposed two theoretical perspectives to explain the concept of anxiety: psychodynamic theory and behavioral theory. According to psychodynamic theory, anxiety arises from unconscious mental conflict. In contrast, behavioral theory suggests that anxiety results from a response to specific stimuli (facts) that persist long enough for an individual to develop a conditioned response to these significant stimuli [7]. Factors influencing anxiety are categorized into internal and external types. Internal factors include gender, age, education level, and experiences with hospitalization, while external factors encompass medical conditions or diagnoses, access to information, therapeutic communication, the environment, and healthcare facilities [8].

Other studies have also identified procrastination as a contributing factor to anxiety. Steel defines procrastination as the intentional delay of desired activities, despite knowing the potential negative consequences of such behavior. The term “procrastination” was first introduced by Brown and Holzman in 1967, derived from the Latin word *procrastinare*, meaning “to postpone until the next day” [8]. Steel (2006) further explains that procrastination comes from the Latin components *pro*, meaning “forward, ahead, or favoring,” and *crastinus*, meaning “tomorrow” [9]. It refers to the intentional postponement of tasks, even when individuals are aware of the possible negative outcomes. According to Solomon and Rothblum (1984), procrastination is often driven by a fear of failure. Students who procrastinate are typically linked to higher levels of anxiety, depression, and significantly lower self-esteem [9]. Research by Gautama and Hadi (2022) and Mulyana et al. (2022) demonstrates a significant correlation between academic procrastination and student anxiety. However, conflicting evidence exists, as Rahayu et al. (2021) found no significant relationship between academic procrastination and student anxiety.

In addition to procrastination, low self-efficacy can also contribute to anxiety. Individuals with low self-efficacy and high levels of anxiety often exhibit avoidance behaviors [10]. The concept of self-efficacy was first introduced by Albert Bandura, who defines it as an individual's belief in their ability to perform tasks or actions required to achieve specific outcomes [11]. It also involves evaluating one's competence in completing tasks, reaching goals, and overcoming obstacles [12]. Studies by Purnamasari et al. (2020) and Singoro (2021) have shown a negative relationship between self-efficacy and anxiety, indicating that individuals with lower self-efficacy are more likely to experience higher levels of anxiety, and vice versa. However, research by Famarzi and Khafri (2017) found no significant association between self-efficacy and anxiety.

Low self-control also plays a significant role in the development of anxiety. Anxiety in individuals may arise from poor self-regulation [13]. Averill (2011) defines self-control as the ability to modify behavior, manage both desired and undesired information, and make decisions based on personal beliefs [12]. Widianita et al. (2004) describe self-control as a mechanism that helps regulate and direct individual behavior. Research by Fachrozzi et al. (2021) shows a strong relationship between self-control and anxiety, suggesting that lower levels of self-control are associated with higher levels of anxiety. However, a study by Hakim (2018) found no significant relationship between self-control and anxiety.

Based on the background and previous research data, it can be concluded that anxiety levels among medical students remain considerably high, affecting both early- and late-stage students, which can have a negative impact on them. Research on the relationship between procrastination, self-efficacy, and self-control with anxiety among first, second, and third year medical students has not yet been conducted.

Therefore, addressing this research gap, the researchers are interested in studying the relationship between procrastination, self-efficacy, and self-control with anxiety among students in the Faculty of Medicine at Universitas Islam Al-Azhar.

METHODS

This study employs an observational analytic method with a cross-sectional research design. It was conducted in August 2024 at the Faculty of Medicine, Universitas Islam Al-Azhar. The study population includes all academic-phase medical students from the 2021, 2022, and 2023 cohorts who meet the inclusion criteria. A stratified random sampling technique was used to select the sample, which consisted of 83 respondents. The sample size was calculated using the Slovin formula with a 10% margin of error. The study was conducted online via Zoom, utilizing research instruments including the Hamilton Anxiety Rating Scale (HARS) with 14 items, the Academic Procrastination Scale (APS) with 25 items, the General Self-Efficacy Scale (GSES) with 10 items, and the Brief Self-Control Scale (BSCS) with 13 items. Data collected from the study will be analyzed using the Statistical Package for the Social Sciences (SPSS) software, version 26. The analysis includes both univariate and bivariate analyses, with the bivariate analysis conducted using the Chi-square statistical test.

RESULTS

This study was conducted online via Zoom with respondents from the Faculty of Medicine at Universitas Islam Al-Azhar. According to the sample size calculations, the required number of respondents for this study was 83 individuals. The researchers successfully obtained 83 respondents who agreed to complete the questionnaires and met the inclusion criteria. The distributed questionnaires aimed to measure levels of procrastination, self-efficacy, self-control, and anxiety. The collected data can be categorized based on gender, age, and cohort. The results are presented in Table 1.

Table 1. Respondent Characteristics Based on Gender, Age, and Student Cohort

Gender	Frequency	
	n	(%)
Male	33	39.8
Female	50	60.2
Total	83	100
Age		
18 Years	1	1.2
19 Years	25	30.1
20 Years	26	31.3
21 Years	26	31.3
22 Years	5	6.0
Total	83	100
Cohort		
2021	27	32.5
2022	27	32.5
2023	29	34.9
Total	83	100

Among the total sample of 83 respondents, a significant majority were female, comprising 50 respondents (60.2%), while male respondents constituted 33 (39.8%). In terms of age distribution, the largest groups were 20 years old (31.3%) and 21 years old (31.3%), followed closely by those aged 19 years (30.1%). In contrast, respondents aged 18 and 22 years represented smaller proportions, accounting for only 1.2% and 6%, respectively. Furthermore, an analysis of the respondents based on their academic cohort revealed that there were 27 individuals (32.5%) from the 2021 cohort, 27 individuals (32.5%) from the 2022 cohort, and 29 individuals (34.9%) from the 2023 cohort.

Table 2. Results of Univariate Analysis Procrastination, Self-Efficacy, Self-Control, and Anxiety

Procrastination	(n)	(%)
High	37	44.6
Moderate	25	30.1
Low	21	25.3
Total	83	100
Self-Efficacy		
High	34	41.0
Low	49	59.0
Total	83	100
Self-Control		
High	23	27.7

Table 2. Results of Univariate Analysis Procrastination, Self-Efficacy, Self-Control, and Anxiety

Procrastination	(n)	(%)
Moderate	19	22.9
Low	41	49.4
Total	83	100
Anxiety		
Anxious	47	56.6
Non Anxious	36	43.4
Total	83	100

Table 2 presents the distribution of frequencies for each of the studied variables, namely procrastination, self-efficacy, self-control, and anxiety. In the distribution of procrastination levels among the research sample, the majority of respondents, totaling 37 (44.6%), exhibited high levels of procrastination. Meanwhile, 25 respondents (30.1%) reported moderate procrastination, and 21 respondents (25.3%) indicated low procrastination levels. Furthermore, the distribution of self-efficacy reveals that a significant number of respondents have low self-efficacy, with 49 respondents (59%), while 34 respondents (41%) exhibit high self-efficacy. In terms of self-control levels within the research sample, it is noted that the majority of respondents demonstrate low self-control, with 41 respondents (49.4%). In contrast, 23 respondents (27.7%) exhibit high self-control, and 19 respondents (22.9%) display moderate self-control. Lastly, the distribution of anxiety indicates that the majority of respondents experience anxiety, with 47 respondents (56.6%), while 36 respondents (43.4%) do not report experiencing anxiety.

Table 3. Results of Bivariate Analysis on the Relationship Between Procrastination, Self-Efficacy, and Self-Control with Anxiety

		Anxiety					P-Value
	Yes		No		Total		
Procrastination	n	(%)	n	(%)	n	(%)	
High	34	91.9	3	8.1	37	100	0.000
Moderate	8	32.0	17	68.0	25	100	
Low	5	23.8	16	76.2	21	100	
Total	47	56.6	36	43.4	83	100	
Self-Efficacy							
High	6	17.6	28	82.4	34	100	0.000
Low	41	83.7	8	16.3	49	100	
Total	47	56.6	36	43.4	83	100	
Self-Control							
High	4	17.4	19	82.6	23	100	0.000
Moderate	5	26.3	14	73.7	19	100	
Low	38	92.7	3	7.3	41	100	
Total	47	56.6	36	43.4	83	100	

Table 3 presents the results of the bivariate analysis comparing the independent variables with the dependent variable in this study. In the bivariate analysis concerning the level of procrastination and anxiety among the 83 respondents, it was found that of the 37 respondents exhibiting high procrastination, 34 respondents (91.9%) reported experiencing anxiety, while 3 respondents (8.1%) did not experience anxiety. Additionally, among the 25 respondents demonstrating moderate procrastination, 8 respondents (32%) experienced anxiety, and 17 respondents (68%) did not. For the 21 respondents with low procrastination, 5 respondents (23.8%) reported anxiety, while 16 respondents (76.2%) did not. Statistically, using the Chi-Square test, a p-value of 0.000 ($p\text{-value} < 0.05$) was obtained, indicating a significant relationship between procrastination and anxiety.

Based on the bivariate analysis concerning the level of self-efficacy and anxiety among the 83 respondents, it was found that of the 49 respondents with low self-efficacy, 41 respondents (83.7%) reported experiencing anxiety, while 8 respondents (16.3%) did not experience anxiety. In contrast, among the 34 respondents with high self-efficacy, 6 respondents (17.6%) experienced anxiety, and 28 respondents (82.4%) did not. Statistically, using the Chi-Square test, a p-value of 0.000 ($p\text{-value} < 0.05$) was obtained, indicating a significant relationship between self-efficacy and anxiety.

The bivariate analysis examining the relationship between self-control and anxiety among the 83 respondents revealed that of the 41 individuals exhibiting low self-control, 38 respondents (92.7%) reported experiencing anxiety, while 3 respondents (7.3%) did not. Among the 19 respondents with moderate self-control, 5 respondents (26.3%) reported anxiety, whereas 14 respondents (73.7%) did not. Furthermore, of the 23 respondents demonstrating high self-control, 4 individuals (17.4%) experienced anxiety, and 19 respondents

(82.6%) reported no anxiety. Statistical analysis using the Chi-Square test yielded a p-value of 0.000 ($p\text{-value} < 0.05$), indicating a significant association between self-control and anxiety.

DISCUSSIONS

The Relationship Between Procrastination and Anxiety

Based on the results of the bivariate analysis (Table 3) regarding the relationship between procrastination and anxiety among 83 students from the Faculty of Medicine at Al-Azhar Islamic University, it is evident that there is a significant relationship between the independent variable and the dependent variable. This finding aligns with research conducted by Gautama and Hadi (2022) and Mulyana et al. (2022), which indicates a significant relationship between academic procrastination and student anxiety. The results suggest that the more frequently a student procrastinates on their assignments, the more often they experience anxiety.

This also supports Rothblum's theory, which states that students exhibiting avoidance behaviors through academic procrastination tend to experience heightened fear and anxiety due to the limited time remaining for completing tasks or upcoming deadlines. The anxiety arising in relation to academic procrastination may be attributed to the procrastinator's fear of the daunting thoughts associated with academic assignments perceived as overly difficult and burdensome [13] [14].

Individuals who engage in procrastination often struggle to manage their time effectively when it comes to completing tasks, even if they have made plans to start working on them. Instead, they are more likely to engage in unrelated activities, such as playing, watching TV, or participating in organizational activities, which can trigger feelings of enjoyment and distract them from their responsibilities. This tendency to prioritize pleasurable activities over task completion can further exacerbate feelings of anxiety and stress as deadlines approach

[15].

The Relationship between Self-Efficacy and Anxiety

Based on the results of the bivariate analysis (Table 3) regarding the relationship between self-efficacy and anxiety among 83 students from the Faculty of Medicine at Al-Azhar Islamic University, there is a significant relationship between the independent variable and the dependent variable. These findings are consistent with the research conducted by Purnamasari et al. (2020) and Singoro (2021), which indicates a negative relationship between self-efficacy and anxiety. This means that students with low self-efficacy tend to experience higher levels of anxiety, and vice versa. Individuals with low self-efficacy often exhibit avoidant behavior, as they lack confidence in their ability to cope with the challenges that may arise [16].

Individuals with low self-efficacy tend to focus on various possible failures in a task that may threaten their self-esteem [17]. One reason for this is their negative perception of their abilities. Students with low self-efficacy may view challenging experiences as threats and ruminate on the possibility of failure, which in turn increases their anxiety [18]. Conversely, individuals with high self-efficacy maintain a positive outlook toward success and have confidence in their capabilities. This confidence fosters motivation to strive for task completion and a strong desire to achieve the goals they have set, even when faced with challenges [16].

Therefore, the relationship between self-efficacy and anxiety is evident: when a student lacks adequate self-efficacy in meeting academic demands, they are more likely to experience anxiety. Conversely, if a student possesses strong self-efficacy, they are better equipped to handle problems that arise and can maintain focus on their academic tasks, even amidst challenges. This ability to navigate difficulties effectively contributes to a healthier academic experience and reduces the likelihood of anxiety [19].

The Relationship of Self-Control to Anxiety

Based on the results of the bivariate analysis (Table 3) regarding the relationship between self-control and anxiety among 83 students from the Faculty of Medicine at Al-Azhar Islamic University, it is evident that there is a significant relationship between the independent variable and the dependent variable. This finding is consistent with research conducted by Fachrozie et al. (2021), which indicates a strong relationship between self-control and anxiety. This suggests that as students' self-control decreases, their levels of anxiety tend to increase.

This is closely related to procrastination behavior in individuals who tend to lack high self-control. When individuals possess good self-control and can manage and suppress stimuli that trigger emotions, they are less likely to experience anxiety [20]. Consequently, this leads to students often being unable to complete academic tasks on time. High self-control can help students prioritize their tasks effectively, reducing the tendency to procrastinate and, in turn, mitigating anxiety related to academic pressures [21].

A student with high self-control can regulate their behavior to complete academic tasks promptly. Such an individual can manage stimuli effectively, understanding how and when to address unwanted stimuli, and is capable of confronting those triggers [22]. Conversely, a student with poor self-control may procrastinate, delaying the completion of their academic assignments. This tendency to postpone tasks can lead to increased feelings of anxiety among some students, as they struggle with the pressure of unfinished work and looming deadlines. Therefore, fostering self-control is essential for managing academic responsibilities and reducing anxiety levels [21].

This study has several limitations: (1) The data collection process was conducted online via Zoom meetings because the

researcher had to adjust to the conditions of the participants, who were not within the researcher's reach or were returning home due to the start of the semester break; (2) The number of male and female respondents in this study was not equal, which could affect the results of the research; (3) The conclusions drawn are based solely on data analysis, so further research is encouraged on the same variables using different research methods and a broader sample size.

CONCLUSIONS

This study indicates that students at the Faculty of Medicine, Al-Azhar University, who exhibit high levels of procrastination (44.6%), low self-efficacy (59%), and low self-control (49.4%) experience anxiety. Each variable showed a p-value of 0.000 (p-value < 0.05). Therefore, there is a significant relationship between procrastination, self-efficacy, and self-control regarding anxiety in students at the Faculty of Medicine of Al-Azhar University. It is recommended that the Faculty of Medicine of Al-Azhar University provide support and facilities to help students reduce their anxiety levels by utilizing the resources offered by Bioeti.

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CONFLICT OF INTEREST

There is no conflict of interest regarding the publication of this article.

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