Forming and strengthening factors of personal growth initiatives in life

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Abstract
Personal Growth Initiative (PGI) helps individuals become mentally healthy because PGI is an active and conscious process by which individuals develop into better people. This study aims to determine the factors that form PGI in individuals at each stage of human development. The research subjects were 141 men and 256 women, taken by stratified random sampling. The research method used was a mixed method. Research data were collected using the PGI scale and analyzed using descriptive and correlational statistics; qualitative questions were analyzed using thematic analysis. Based on the results of the quantitative analysis, it is known that the more an individual matures, the better his PGI. In adolescence and middle adulthood, PGI is related to gender, while in early adulthood, it is related to education. The results of the qualitative analysis show that the personal growth initiatives forming factors in the participants' lives are religiosity, achievement goals, pro-sociality, social support, self-esteem, and personal responsibility. Furthermore, the reinforcing factors of PGI are self-reflection and self-efficacy, modeling, religiosity, and self-control.

Keywords
Personal growth initiatives, internal factors, and external factors

Introduction

Individuals will grow and develop from the stage of conception to death. The process of individual development has its own challenges at each stage. These challenges cause individuals to have different responses. There are individuals who give up on fighting; there are also individuals who continue to try and develop into better people by facing the challenges in their lives. Developing to become a better person means that the individual is actively and continuously trying to be good. This is in line with the opinion that Personal Growth Initiative (PGI) is an individual who is actively and consciously involved in the process of growing himself to become a better person (Robitschek, 1998; Koller et al., 2018). Individuals who have a high PGI feel that they constantly develop, realize their own potential easily, and are able to see their behavioral development over time (Beri & Jain, 2016).

Having a good PGI will have an impact on a person's happiness, ability to solve problems, and ability to survive in facing problems. Previous research state that PGI can have an impact on psychological well-being, social well-being, emotional well-being, psychological stress, depression, and one's ability to face challenges in his life (Weigold et al., 2018; Shigemoto et al., 2017; Robitschek & Keyes, 2009; Blackie et al., 2015). At this stage of child development, children who have good PGI will have the readiness to complete their tasks and will become more independent both in education and in their relation to parents and family (Weigold et al., 2018; Shigemoto et al., 2017; Robitschek & Keyes, 2009; Blackie et al., 2015). This is in line with research which states that PGI is related to individual engagement in learning (Chang & Yang, 2016). Nevertheless, based on our observations and interviews during the psychological counseling process, there are still many children who do not have good PGI because the parenting style of their parents tends to spoil or ignore them. This has an impact on children's reluctance to learn and lack of enthusiasm to complete their tasks.

In adolescence, individuals who have good PGI will be able to solve problems related to education and social interaction, including in the family. This is in line with research results that state that a good PGI can improve the psychological, emotional, and social well-being of students (Robitschek & Keyes, 2009; Weigold et al., 2018). In addition, a good PGI can also reduce dissatisfaction among female students (Vartanian et al., 2014). PGI has a positive relationship with expectations and goal-setting (Klockner & Hicks, 2008). PGI also has a positive relationship with emotional self-efficacy and general well-being in students and their academic achievements (Beri & Jain, 2016; Malik et al., 2015). Based on the results of our observations, in the counseling room, adolescents feel hopeless and give up on the problems they face, both in terms of school or college, friendship problems, and problems with their parents. This makes teenagers feel inadequate and unworthy to survive, and it is common for these teenagers to blame other people for the failures and problems they face. These phenomena

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indicate that adolescents lack PGI, especially before they seek psychological counseling.

In the adult phase, a good PGI will help an individual optimize his potential and solve various problems he faces, helping him to make more sense of their lives and accept their current conditions because PGI has a relationship with the meaning of one's life and life satisfaction (Borowa et al., 2020). Even so, there are individuals who have poor PGI; they experience difficulties in completing their tasks and have difficulty in achieving happiness. This can be seen from the constraints faced by individuals that make them experience hardships because they easily give up and lack the desire to develop.

Some evidence showing an implicitly low PGI can be seen from survey data from the World Health Organization, which explains that 4.4% of the world's population experiences depression (WHO, 2017). In a WHO article published in 2023, it was written that 3.8% of the human population experienced depression, of which 5% were adults and 5.7% were adults over the age of 60 (WHO, 2017). Meanwhile, based on data from Basic Health Research, the Indonesian population experiencing emotional disturbances has increased from 6% to 9.8% from 2013 to 2018 (Badan Penelitian dan Pengembangan Kesehatan Kementrian Republik Indonesia, 2013; Ismandari, 2019). Based on data from the Center for Data and Information of the Ministry of Health, nearly 800,000 individuals commit suicide each year. Based on data from the Ministry of Health in Indonesia, as many as 265 million individuals died as a result of suicide, and most of them occurred at the age of junior high school through senior high school (Alam, 2020; Ismandari, 2019).

Individuals with a low PGI level will usually experience psychological problems such as being unable to solve problems or adapt (Umandap & Teh, 2020). In addition, their low PGI will have an impact on a lack of psychological, social, and emotional well-being (Weigold et al., 2018). Another impact is that they are more susceptible to depression and have lower resilience compared to individuals with high PGI levels (Weigold et al., 2018).

Based on the individuals' low PGI, the impact of their low PGI, and the importance of PGI for their lives, this study aims to determine the relationship between demographic data and PGI and the factors that influence PGI in the adolescent and adult phases. We still have not found many previous studies that discuss in details about what, who, why, when, and how PGI appears in individuals at every stage of human development. The results of this research are expected to be useful for the development of psychological theory, especially PGI theory. In addition, this research is expected to assist in the development of individuals to become better in various life settings, such as in the family, in education, in the workplace, and in society.

Method

Participants

The subjects of this study were adolescents and adults with an age range of 14 to 60 years living in Indonesia. The total number of subjects involved in this study was 397, who were obtained using a stratified random sampling technique. This sampling technique began with selecting the sample level. Then, we chose a comparable number of samples at each level using a simple random sampling technique before finally combining all samples (Gravetter et al., 2012). In this study, first, we chose subjects based on the stages of developmental age, namely adolescence, early adulthood, middle adulthood, and the young elderly. Second, we chose to calculate the number of subjects based on their age level; that was, 50 respondents at each stage of development were then randomly selected. In the last part, we combined all existing data for analysis.

Research Instruments

This mixed-method research instrument, in the quantitative method, uses the PGIS-II scale owned by Robitschek (2008). This scale, which has been translated into Indonesian, has a validity ranging from 0.314 to 0.601 and a validity of 0.806 (Saraswati & Amalia, 2020). This scale measures two PGI dimensions, namely the cognitive dimension and the behavioral dimension. This scale has 16 items with 4 answer choices: SS (very appropriate), S (appropriate), TS (inappropriate), and STS (very inappropriate). The way to calculate the score from this scale is to calculate the subjects' answers to each item. If a subject answers SS, he will get a score of 4, S answers get a score of 3, TS answers get a score of 2, and STS answers get a score of 1. The overall score is then added up and divided by 16. If the subject's score range is 1-2, then the PGI level is in the low category, while a score of 3–4 means the PGI level is in the high category. Furthermore, the instruments for obtaining demographic data are questions related to age, gender, education level, and religion.

Qualitative data were obtained by providing open-ended questions based on the 4W and 1H questions. In order to answer the questions about factors which form PGI, they were asked by the questions started with "what, who, when, and why," whereas to answer the research questions about factors which reinforce PGI, they were asked by the questions started with "how." These questions include: 1) what makes you want to be a better person? 2) who helped you to be a better person? 3) since when have you changed to be a better person? 4) why do you try to change to be a better person? 5) how do you change to be a better person? This quantitative and qualitative data collection instruments are presented in the form of a Google Form. This Google Form was distributed to respondents according to the criteria for research subjects during the COVID-19 pandemic.

Data Analysis Technique

Data analysis in this study was carried out separately because this study used a convergent parallel mix-method design. Quantitative data was analyzed using descriptive method and correlational statistical test. Descriptive testing was carried out for demographic data such as age, gender, education level, religion, and PGI. Correlational testing was carried out using product-moment correlation statistical techniques with the help of SPSS software. A correlation test was conducted to see the relationship between gender, religion, level of education, and PGI. Before conducting a correlation test, we conducted an assumption test first.

In this study, qualitative data was converted into calculations and then integrated into quantitative data (Dawadi

Table 1. PGI Data for Age and Sex (N=397)

Category	Freq	%	Mean (PGI)
Adolescence (13 - 17)			
Male	33	8.31	4.14
Female	43	10.83	3.71
Early Adulthood (18 - 39)			
Male	86	21.66	4.01
Female	191	48.11	3.96
Middle Adulthood (40 - 65)			
Male	20	5.04	4.09
Female	21	5.28	4.36
The Young Adulthood (66 - 70)			
Male	2	0.5	4.87
Female	1	0.25	4.62

et al., 2021). Next, we calculated the code that identified or coded the theme (Dawadi et al., 2021). The data coding process was carried out based on the same meaning in the subject's answers (Belotto, 2018). The way to provide code was by using structural coding, namely labeling answers using terms related to research questions, so that it could reduce the large number of codes and provide context for creating code categories related to research questions (Belotto, 2018).

In analyzing qualitative data, reliability was checked using the triangulation method (Belotto, 2018). The coding of the research data was carried out by the using Excel software. In the reliability section of data analysis, we used triangulation, namely with the help of reviews and opinions from colleagues, to interpret the research data and then evaluate it with theoretical studies.

We coded all existing respondent data into Excel software. On questions related to "what," we coded them in 8 codes; questions related to "who" data were coded in 7 codes. Furthermore, there were 6 codes for questions related to "when," 6 codes for questions related to why," and 5 codes for "how"-related questions. To change from code to theme, we referred to psychological constructs in psychological theories. Next, we calculated the percentage of the subjects' answers to be sorted based on the highest number. In this convergent parallel design, the qualitative data is converted into numbers and then integrated into quantitative data (Dawadi et al., 2021).

Result

Based on the calculation of the mean, it is known that the higher the age or stage of development, the higher the average PGI score. In adolescence, the mean of PGI was 3.905; in early adulthood, the mean of PGI was 3.982; in middle adulthood, the mean of PGI was 4.23; and in the young elderly, the mean of PGI was 4.79.

Table 1 shows that the subjects in this study consist of 76 adolescents with an age range of 13–17 years (33 males and 43 females), with the mean of PGI of 4.14 (male) and 3.71 (female). This means that PGI in male teenagers are better than PGI in female teenagers. Early adult subjects were 277 people with an age range of 18–39 years old (86 males and 191 females); the PGI was 4.01 for male and 3.96 for female. Just like in adolescence, in early adulthood, PGI in male subjects is better than in female subjects. There were 41 middle-aged adult subjects (40–65 years) (20 males and 21 females), with the mean of PGI of female higher than male ($4.36 > 4.09$). Finally, for young elderly subjects (65 years and over), there were only 3 people (2 male and 1 female). The mean of PGI for male is better than for female, it is the same as in adolescence and early adulthood.

Table 2. PGI Data from the Recent Education (397)

Development	Freq	%	Mean (PGI)
Adolescence			
Primary and Middle School	43	10.83	3.79
Senior High School	33	8.31	4.04
Early Adulthood			
Primary and Middle School	0	0	0
Senior High School	138	34.76	3.90
Undergraduate	128	32.24	4.05
Post graduate	11	2.77	4.13
Middle Adulthood			
Primary and Middle School	0	0	0
Senior High School	2	0.5	4.59
Undergraduate	22	5.54	4.13
Post graduate	17	4.28	4.31
The Young Elderly			
Primary and Middle School	0	0	0
Senior High School	0	0	0
Undergraduate	1	0.25	4.62
Post graduate	2	0.5	4.87

Table 3. PGI data from the religious level

Development and Religions	Freq	%	Mean (PGI)
Adolescence			
Islam	76	19.14	3.90
Other religions	0	0	0
Early Adulthood			
Islam	276	69.5	3.98
Other religions	1	0.25	4.00
Middle Adulthood			
Islam	39	9.82	4.24
Other religions	2	0.5	3.96
The Young Elderly			
Islam	3	0.75	4.79
Other religions	0	0	0

Based on the education distribution data in Table 2, it is known that the mean PGI of adolescents (13–17 years) who have completed high school education is higher than that of those who have completed primary and middle school ($4.04 > 3.79$). Furthermore, the PGI score in early adulthood (18–39 years) with postgraduate education is higher than those with undergraduate and high school education ($4.13 > 4.05 > 3.90$). The order of PGI scores from highest to lowest in middle adulthood (40–65 years) based on last education is high school, postgraduate, and undergraduate ($4.50 > 4.31 > 4.13$). Finally, for the young elderly (over 65 years), the PGI ability is highest at the end of postgraduate education compared to undergraduate ($4.87 > 4.62$).

Statistical data analysis in Table 3 shows that the PGI score for the subject of Muslim youth is 3.90. while the PGI scores of non-Islamic religions could not be known because no non-Muslim youth subjects participated in this study. Furthermore, in the early adulthood category, the PGI score for non-Muslim

subjects was higher than that of Muslims (4.00 > 3.98). In middle adulthood, the PGI score for Muslim subjects is higher than that for non-Muslims (4.24 > 3.96). Finally, in the young, elderly category, Muslim subjects have a PGI score of 4.79 and cannot be compared with non-Muslim subjects because there were no non-Muslim subjects who participated in this study.

Furthermore, the correlation test results showed that in the adolescent category, only gender was significantly related to PGI (0.003 <0.05). Meanwhile, education is not significantly related to PGI (0.083 > 0.05). Furthermore, the results of the correlation test in early adulthood showed that there was a significant relationship between education and PGI (0.011 <0.05), meaning that the higher the level of education, the higher the ability of PGI in early adulthood individuals. Nonetheless, gender and religion did not have a significant relationship with PGI (0.536 > 0.05; 0.973 > 0.05). Meanwhile, the results of the correlation test showed that in middle adulthood, sex was significantly related to PGI (0.19 < 0.05) but not significantly related to religion or education (0.306 > 0.05 and 0.632 > 0.05).

The results of coding the data and grouping the themes obtained from the results of the qualitative data can be seen in Table 4. The qualitative data of the PGI forming factors in Table 4 shows that the dominant contributing factors, when viewed from their frequency, are religiosity, achievement goals, pro-sociality, social support, self-esteem, and personal responsibility. However, in the forming factors of PGI, there is a different pattern when viewed from the stages developmental age between adolescents, early adults, middle adults, and the elderly. Furthermore, the strengthening factors of PGI in all stages of development are self-reflection and self-efficacy, modeling, religiosity, and self-control.

Discussion

Based on the results of this study, it is known that the more mature the age and education of the subjects, the higher the PGI score. This is due to the increasing age of the individual; the more experience he gets and the more stimulation from education he gets, the better his cognitive development will be. In his writings, (Sanghvi, 2020) writes that mature individuals will use their inductive and deductive thinking skills and apply this knowledge to solve problems. In the PGI dimension, there is a cognitive dimension, in which individuals will use their thinking skills to prepare themselves for the process of change for the better and plan what they will do or strategies to change into a better person, in accordance with Koller et al. (2018), on some aspects of his life or all aspects of his life. Therefore, the older you get, the more experience you get, the more educational stimulation you get, and the more individual cognitive abilities you develop, the better your PGI will be.

Other results in this study state that gender has a relationship with PGI in adolescents and middle-aged adults. Men have a better PGI than women. This is following the results of research, which inform us that women have a higher personal growth score than men (Matud et al., 2019). Meanwhile, men have higher scores on self-acceptance and independence. Women have higher scores on personal growth because they have better access to education and have the same opportunities as men to develop and grow (Matud et al., 2019). In the male subjects' case, in their teens, they have a higher PGI score because they are more able to accept their condition and the changes that occur to them in their teens and have a higher level of independence than females. When individuals have access to education and an equal opportunity to develop, accept their condition, and be independent, they will have a more significant opportunity to grow into better people because they have the readiness, knowledge, plans, strategies, and ways to change into better people. This is consistent with the PGI dimension that an individual with good PGI will be ready to change to become a better person and use planning and strategy in the change process. In addition, individuals with good PGI are also willing and courageous to seek sources to become better individuals and implement these changes in behavior, not just plans (Matsuo, 2019).

Some factors make individuals want to change to become better people. The results of data analysis show that the two most common answers to each question are belief in God and the desire to achieve goals. The goal is to benefit others. Achieving goals is the answer that always exists at every age stage because achieving goals or in psychological terms, achievement goals (AG), are goals set by individuals to achieve their achievements. According to Pintrich (2000), individuals will achieve achievement goals, and individuals try to achieve these goals as best as possible according to the standards or criteria for success. In previous research, we found that achievement goals have a relationship with PGI (Saraswati, 2019). When viewed from the definition of PGI, which states that PGI is an individual's intentional effort to change and develop into a better person in various aspects desired by the individual, individuals with AG or clear goals in achieving success will support the PGI they have.

Belief in God is what drives individuals to change for the better. Belief in God is referred to as religiosity in psychology. Religiosity is a religious appreciation and depth of belief that are expressed by performing daily worship, praying, and reading holy books (Hawari, 1996). This belief in God happens in individuals who understand the contents and teachings of their religion and will eventually be applied to their daily lives (Wahidin & Supriatna, 2019). Individual experiences in religion will make them more developed and can be used as a great potential for healing psychological wounds (Wahidin & Supriatna, 2019). This is because religious teachings will teach good things along with ways and strategies, such as self-purification and repentance, to make them better. In PGI on the behavioral dimension, namely looking for resources to change to become a better person (Koller et al., 2018), religious teachings are in line with the dimensions of behavior in PGI, so it is not surprising that religiosity is one of the things that makes individuals better.

Being helpful to others in psychological terms is prosocial. Prosocial behavior is behavior that is intentionally aimed to help others. Individuals who carry out prosocial behavior are caused by empathy-altruism, which has three components: emotional empathy, empathic accuracy, and empathic concern. Emotional empathy is sharing feelings and emotions with others, while empathic accuracy is understanding other people's thoughts and feelings precisely. The last component is empathic concern, in which individuals are emotionally involved in the welfare of others. In addition, individuals will

Table 4. Qualitative data

Open Questions	Codes	Themes	Ad (f)	EA (f)	MA(f)	TYE (f)
Forming Factors:						
What makes the subject try to be a good person	There is nothing that makes (the subject) must try	No motivation	19.7	12.7	4.9	0
	Mistakes/sins	Guilty feeling	15.8	10.5	2.4	0
	Copying or imitating other people/books	Modelling (social learning theory)	2.6	9.5	2.4	0
	Faith/religion/prayer	Religiosity	23.7	12.7	36.6	50.0
	Death	Death	1.3	1.8	2.4	0
	Confused/No idea	Confused	3.9	0	0	0
	Useful for others	Prosocial	11.8	22.5	24.4	0
	Achieving goals	Achievement goal	21.1	30.2	26.8	50.0
Who supports the subject to be a better person	No one who supports	No one who supports	6.5	5.0	3.3	0
	Self	Self	30.4	21.4	10.0	25.0
	Parents	Social support	32.6	22.9	6.7	0
	Relatives/family		19.6	31.4	63.3	75.0
	Friends/ best friends		4.3	6.4	10.0	0
	God	Religiosity	2.2	0	3.3	0
	Examples from others	Modelling	4.3	12.9	3.3	0
When the subject decided to keep trying to be a better person	Does not know/does not know yet when (the subject) will try to be a better person	Does not know himself/herself	10.8	4.4	0	0
	Now	Now	16.2	4.0	5.1	0
	Later	Another time in the future	4.1	0.7	0	0
	Anytime/always	Always	31.1	35.3	35.9	0
	When there is a problem	When there is a problem	16.2	23.5	12.8	0
	In the past	In the past	21.6	32.0	46.2	100
Why the subject keeps trying to be a good person	Does not know the reason to change to be a better person	Confused	4.8	2.9	0	0
	Not repeating mistakes	Self-reflection	14.3	8.6	2.6	0
	Proud of himself/herself	Self-esteem	42.9	38.1	26.3	0
	Proud of others		27.0	31.1	28.9	0
	Because of religious teachings	Religiosity	7.9	15.2	31.6	50.0
	Forced/obliged	Personal responsibility	3.2	4.1	10.5	50.0
Strengthening Factor:						
How the subject keeps trying to be a better person	Does not know/does not know yet	Does not know himself/herself	2.9	2.3	0	0
	Learning from mistakes/learning from others	modelling	15.7	6.0	33.3	25.0
	Drawing closer to God	Religiosity	14.3	14.0	30.0	25.0
	Introspection/self-confidence	Self-reflection and self-efficacy	44.3	45.1	3.3	25.0
	Seeking support from others	Social support	4.3	5.6	3.3	0
	Focusing on goals and achieving them	Achievement goal	11.4	7.0	30.0	0
	Maintaining behaviors so as not to hurt others	Self-control	7.2	20.0	0	25.0

Note: Ad = Adolescence, EA = Early adulthood, MA = Middle Adulthood, TYE = The young elderly.

enjoy helping others more when the assistance is effective in helping the individual being helped (Baron, 2012). Thus, they will feel better as individuals; in other words, they will try to grow to become good people or have a PGI that continues to grow.

Parties involved in supporting individuals to be better at all stages of development, with the most answers, are parents and family. In psychology, it is referred to as family and parental social support. Social support itself has two categories, namely, objective and subjective. Objective social support includes material assistance in the social environment and community relations, while subjective social support is to appreciate and understand an individual's emotional experiences and satisfactions and relates to an individual's subjective feelings (Qi et al., 2020). This social support is related to and can predict a person's mental health (Qi et al., 2020). Social support and PGI have a significant positive relationship; the higher the social support, the higher the PGI (Pol & Chandani, 2018).

The most common answer that causes individuals to change for the better in adolescence and early adulthood is the desire to be proud of themselves, also called self-esteem. Self-esteem

is the extent to which an individual views himself positively or negatively, or the overall attitude of the individual towards himself (Baron, 2012). In this study, the cause of individual change is the desire for positive self-esteem. Positive self-esteem fosters a sense of superiority; in addition, positive self-esteem is related to self-confidence, persistence toward tasks, and the desire to face new challenges (Baron, 2012). With this psychological condition, it is not surprising that individuals who have positive self-esteem are related to efforts to become better people. This is because PGI is an individual effort made intentionally to become a better person by continuing to try, plan, find resources, and implement these plans.

In middle adulthood and the young elderly, the most common answers for the cause of individuals changing to become better people is because they believe in the religion they adhere to, or religiosity. As described in the explanation above regarding what makes individuals change for the better, religiosity is the application of religious appreciation and belief in daily behavior (Wahidin & Supriatna, 2019). So, it is not surprising that individuals try to be better personally.

Furthermore, in the young elderly, apart from religiosity, what causes most individuals to change for the better is an obligation or a feeling of being forced to change for the better. In psychology, it is called personal responsibility, where responsibility is the essence of well-being. Responsibility has a positive impact on life satisfaction and has a negative relationship with psychological stress (Arslan & Wong, 2022). Personal responsibility is a binder for the individual toward something and directs the individual's behavior. Individuals are said to have personal responsibility when they must solve the problems they have, know about what actions are needed to change or overcome the problem at hand and feel that this action can bring about change (Ng & Basu, 2019). Thus, an individual with a good PGI has a continuous and intentional desire and effort to change to become a better person. The individual is responsible for what he is facing and feeling, so he tries to solve it by becoming a better person.

Furthermore, among the factors that strengthen individuals' ability to always change for the better in their teens and early adulthood, the most frequent answers are self-introspection and convincing oneself to be able to change. In the psychological construct, self-introspection is called self-reflection, and self-confidence is self-efficacy. Self-reflection is the examination and evaluation of individual thoughts, feelings, and behaviors that lead to directed goals (Grant et al., 2002). Self-reflection consists of self-judgment and self-reaction. Self-assessment consists of self-evaluation and the evaluation of causal attributions (Fauzi & Widjajanti, 2018). Meanwhile, self-reaction consists of self-satisfaction and adaptability (Fauzi & Widjajanti, 2018). When an individual deliberately wants to change himself to become a better person (PGI), he will prepare himself to change, plan, look for sources that support him in changing to be a better self-assessment and carry out his plans. This requires good self-assessment and good self-reaction. With proper self-reflection (self-assessment and reaction), it will be easier for individuals to make changes in the right direction (PGI). Furthermore, self-efficacy is an individual's belief in his ability or capacity to achieve the expected goals or standards (Freire et al., 2019). If individuals have confidence in their abilities to achieve their goals, this will support them in PGI. On the cognitive dimension, namely readiness in carrying out PGI, when individuals feel ready, they also have the confidence to change for the better. In the middle adult phase, the best way to become a better person is by modeling. Furthermore, in the young elderly, besides modeling, there are also self-reflection and self-efficacy, religiosity, and self-control.

Modeling in psychology can be explained by social learning theory. Learning through observation begins with individuals paying attention to or focusing on the model, then imitating the behavior of the observed model, and finally being motivated to do so (Schunk & DiBenedetto, 2020). By imitating someone with good behavior and a good personality, they will try to do the same things as the model does so that a good PGI is also formed.

This study has limitations, namely in the proportion of the number of subjects based on gender and age level. In addition, data collection in this study was carried out via Google Forms during the COVID-19 pandemic, so the qualitative data obtained was not in-depth. Based on the limitations, so that the proportion of the number of subjects based on gender and age becomes balanced, it is suggested for the following researchers to expand the scope of the scale distribution. In addition, qualitative data will be more detailed if obtained through interview techniques conducted directly with a sample of respondents who meet the criteria.

Conclusion and Implications

This study concluded that an individual's PGI improves with age. Based on the data taken from the most answers to each question related to the forming factor, it can be concluded that the factors that shape an individual's desire to change into a better person are due to his belief in God and the teachings of the religion he believes in (religiosity); the individual's desire to achieve his goal (achievement goal); as well as the individual's desire to benefit others (prosocial), social support, self-esteem, and responsibility (personal responsibility). Then the strengthening factors are self-reflection and self-efficacy, modeling, religiosity, and self-control.

The implications of this research for individuals to become better people are 1) increasing belief in God and increasing and internalizing the practice of religious teachings; 2) doing self-introspection; 3) self-control; 4) self-assurance of one's abilities and strengths (positive side) to increase self-esteem and self-confidence; 5) imitating the behaviors of successful people in becoming a better person; 6) making realistic goals to achieve in life; 7) looking for people who can support self-development to become a better person; and finally, 8) being responsible for the choices that have been chosen and made.

Declaration

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Author contributions

The author(s) conducted the study involving literature studies, data collection, processing, analysis, reporting, and publication.

Conflict of interest

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