The Influence of Religious Well-Being on Family Resilience in Maintaining a Positive Outlook During The COVID-19 Pandemic

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ABSTRACT

Objective: Resilience is a person's ability to solve problems or adapt positively despite difficulties. Spiritual well-being (SWB) is considered a positive thing to solve various problems and is used as an alternative for self-care during the covid pandemic. This study aimed to determine the effect of religious well-being on family resilience in maintaining a positive outlook during the COVID-19 pandemic. Methods: The research design used is descriptive with a cross-sectional approach. Respondents in this study were 243 villagers in East Java Province. The Spiritual Well-Being Scale (SWBS) and Family Resilience Assessment Scale (FRAS) questionnaires were used. Data analysis used binary logistic regression and multivariate logistic regression. Results: Religious Well-being affects family resilience in maintaining a positive outlook. Families with adequate religious well-being will have one time chance of having resilience in maintaining a positive outlook compared to families with inadequate religious well-being (OR: 1.081; 95% CI: 1.038 – 1.127). Conclusion: Religious well-being factors strongly influence family resilience in maintaining a positive outlook. Strengthening the community with a religious approach is needed to support the family's line of defense against this pandemic condition.

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INTRODUCTION

COVID-19 is a global health problem, including Indonesia. This started from the information that the world health organization announced (WHO) on December 31, 2019 the emergence of a new disease in the pneumonia class with a new etiology in Wuhan City, Hubei Province, China and then growing quite quickly outside of China. According to research (Pragholapati, 2020). The total global confirmed cases of COVID-19 as of 6 May 2020 were 3,517,345 cases with 243,401 deaths (CFR 6.9%) in 214 countries. The high death rate caused by the COVID-19 pandemic clearly makes people anxious and afraid, this can cause problems for people’s welfare (Masuyama et al., 2022). The pandemic causes not only the risk of death but the pandemic also affects people’s views, especially until now the covid pandemic is still continuing, this can create stress and depression (Zhang et al., 2020). According to research conducted by (Veldhuis et al., 2021) high rates of depression reaching a 55% chance of depression occurring at the start of the COVID-19 pandemic, anxiety (65%), and risk of PTSD (51%). Almost all countries are experiencing difficulties due to distance learning and social isolation implemented by countries caused by the COVID-19 pandemic and causing an increase in symptoms of anxiety and depression (Fuehthewr et al., 2021). In the current condition, a person needs self-care to reduce stress about the pandemic, one of the actions that can be taken to reduce stress and depression levels is religious coping. Religious coping is one way to manage stress and depression, positive religious coping is one that involves religious beliefs to solve problems to prevent or reduce the emotions that are in us who are experiencing stress due to the COVID-19 pandemic, positive religious coping is also associated with beneficial outcomes such as reduced depression and anxiety and improved psychological well-being (Pirutinsky et al., 2020).

During COVID-19 pandemic in Italy, many people are experiencing a new, very different situation before the Covid-19 pandemic entered Italy which forced them to stay at home for a long time (25 February - 26 May). In this context, many people find themselves in great difficulty, not only because of fear of contagion or economic problems resulting from the shutdown of production activities, but also because the virus has profoundly changed the way people live (Coppola et al., 2021). During the COVID-19 pandemic, it caused a lot of negative things on psychology, mental health and also had an impact on economic difficulties (genzvk et al., 2021).

Resilience is a person’s ability to face problems and persist with the power to solve problems or be able to adapt positively despite facing difficulties. In the current changing situation, such as the COVID-19 pandemic, the condition of self-resistance is very important to determine how individuals respond and adapt to existing changes (Rivera et al., 2021).

Spiritual well-being (SWB) is considered a positive thing to solve various problems and is used as an alternative for self-care during the covid pandemic (Spatuzzi et al., 2019). Spiritual well-being (SWB) was also identified as one of the most important influences on quality of life (QOL) as an individual's view of life in the context of culture and value systems related to goals, expectations, and other satisfactions that concern a person (Chen et al., 2018). A person’s feeling of satisfaction that comes from within themselves and is directly related to their quality of life (Phenwan et al., 2019). Spirituality is also commonly defined as the way a person interprets their life and feelings that are directly connected to the phenomena of the universe and related to God or some conception of God (Chen et al., 2021). Spiritual well-being (SWB) has two dimensions, namely the horizontal (existential) dimension refers to the understanding of the purpose of life, peace and life satisfaction, and the vertical dimension (religious) refers to a sense of well-being that leads individuals to get closer to God such as, dhikr, don’t leave prayer, and always pray that you will always be given good things to live life (Alorani & Alradaydeh, 2018).

Spiritual well-being play an important role in reducing anxiety and stress during a pandemic (Chian & Var, 2022). Spirituality is usually used synonymously by individuals with religious beliefs, and becomes a broader and comprehensive concept that allows individuals to gain meaning for their lives where they can interpret life based on their personal values (Duran et al., 2020). Spiritual well being in everyday life can be applied because of the many positive things it contains (Sajadi et al., 2018), such as the existence of health benefits in reducing psychological and physical problems (Sleight et al., 2021). In addition, many researchers have found that spirituality and religiosity are directly related to better health outcomes, such as life satisfaction, longevity, and happiness (Saud et al., 2021). The effectiveness of such religious coping behaviors can help people to manage the feelings of depression and anxiety they experience, because they think to overcome the guilt that must be done is to submit completely to God’s will, view suffering positively, and control their fears (Rababa et al., 2021).

Spiritual well-being (SWB) and spirituality affect many benefits for our health, including mental health. Several studies have reported that SWB is associated with positive (i.e., happiness, hope, kindness, compassion, purpose in life, trust, self-esteem, and gratitude) as well as negative things that can occur during the current pandemic (i.e., depression, suicide). Such as, anxiety, psychosis, substance abuse, smoking, sexual behavior outside of marriage, delinquency/crime, and marital instability) several studies report explaining the factors that affect immunity during the covid 19 pandemic, in this study mentioning one of the influencing factors, namely spiritual well-being (Feizi et al., 2020). Spiritual well-being is measured in four domains based on one’s relationship starting with oneself or oneself, others, nature and with God (Mathad et al., 2019). A person can use spirituality and religiosity as a benefit to provide strength and support, in helping to overcome the effects of stress and psychological problems associated with anxiety, fear, depression, and reduce stress (Musa et al., 2018). In this study, I focus on how spiritual well-being affects family resilience in maintaining a positive outlook during the COVID-19 pandemic. Of course, with this research, people can get closer to God so that spiritual welfare can be achieved and can improve family welfare and resilience during the COVID-19 pandemic. 19.

MATERIALS & METHODS

Study Type: The research design used is descriptive with a cross-sectional survey approach.

Study Population: The population of this research is all Indonesian citizens living in the area of Tamanharjo Singosari Village, Malang, East Java Province. The research sample is Indonesian citizens in Tamanharjo Village Singosari District, Malang Regency with a sample size
determined by G Power version 3.1 with z test, logistic regression, odds ratio 1.5, power of 80%, and probability error of 0.05, obtained a sample size of 243 respondents. Sampling was done by non-probability sampling with accidental sampling technique.

**Study Duration:** The research will be conducted in 2021-2022.

**Study Procedure:** Researchers designed a survey in the form of an electronic questionnaire using a google form. Participants will get a link from the electronic survey. Preparation takes 30 minutes to fill out the questionnaire. To increase participation, incentives were given to participants after filling out the questionnaire.

**Ethical approval:** This study received ethical approval from the Health Research Ethics Commission of the University of Muhammadiyah Malang with protocol number E.5.a/007/KEPK-UMM/I/2022. Participants provided written consent for participation prior to data collection.

**Measures**

**Independent variable**

The main independent variable is religious well-being. There are 10 questionnaire questions with a score range of 1 – 6 (1 = often used, 6 = never used). Some questions are as follows: “I don’t feel satisfaction when I pray to God in private? I don’t know who I am, where am I from or where am I going?” The minimum and maximum scores for this questionnaire are 10 – 60. Furthermore, they are categorized into 2, namely poor (<median), good (>median).

In addition to the main variable, there are other independent variables including: age, education, family type, income, occupation. Age was categorized into 6 categories (1 = 17 – 25 years; 2 = 26 – 35 years; 3 = 36 – 45 years; 4 = 46 – 55 years; 5 = 56 – 65 years; 6 = >65 years). Education includes: 0: no school; 1: SD; 2: Middle school; 3: high school; 4: PT. Family types are divided into: nuclear family = 1; extended family = 2; and single parent = 3. Income is divided into 2, namely: less than 3 million = 1; more than 3 million = 2. Jobs

**Dependent variable**

The dependent variable of this study is family resilience in maintaining a positive outlook. There are 6 questionnaire items including: belief in problem solving, ability to survive in the face of problems, belief in successfully overcoming problems and others. The questionnaire uses a Likert scale of 1 – 4 (1 = disagree; 4 = strongly agree). The composite score is between 12 – 108. Furthermore, it is categorized into 2, namely adequate (>median), inadequate (<median).

**Data analysis**

All data were analyzed using SPSS (Statistical Package for Social Science) version 21 software (IBM USA). Descriptive analysis was used to identify religious coping, age, age, education, family type, income, occupation and family resilience with frequency and percentage. Logistic binary analysis was used to select candidate variables. Variables with p < 0.25 were included in the modeling. Multivariate analysis was used to analyze the effect of candidate variables on family resilience in communicating and solving problems during the COVID-19 pandemic. The degree of freedom used is 95% with a standard error of 0.05.

**RESULTS**

Most of the age ranged from 46 to 55 years as much as 30.9%, with a high school education level (47.7%). The most common type of family is nuclear family (66.7%). Some residents earn less than 3 million rupiah (90.5%). Residents who work by 33.3%. Good religious well-being 51% and adequate family resilience in maintaining a positive outlook 51.4% (table 1).

**Table 1 Characteristics of Respondents (N=243)**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17-25</td>
<td>19</td>
<td>7.8%</td>
</tr>
<tr>
<td>26-35</td>
<td>57</td>
<td>23.5%</td>
</tr>
<tr>
<td>36-45</td>
<td>56</td>
<td>23.0%</td>
</tr>
<tr>
<td>46-55</td>
<td>75</td>
<td>30.9%</td>
</tr>
<tr>
<td>56-65</td>
<td>27</td>
<td>11.1%</td>
</tr>
<tr>
<td>&gt;65</td>
<td>9</td>
<td>3.7%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No school</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>SD</td>
<td>46</td>
<td>18.9%</td>
</tr>
<tr>
<td>JUNIOR HIGH SCHOOL</td>
<td>55</td>
<td>22.6%</td>
</tr>
<tr>
<td>SENIOR HIGH SCHOOL</td>
<td>116</td>
<td>47.7%</td>
</tr>
<tr>
<td>Work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working</td>
<td>81</td>
<td>33.3%</td>
</tr>
<tr>
<td>Doesn’t work</td>
<td>162</td>
<td>66.7%</td>
</tr>
<tr>
<td>Religious well-being</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>119</td>
<td>49%</td>
</tr>
<tr>
<td>Good</td>
<td>124</td>
<td>51%</td>
</tr>
<tr>
<td>Resilience maintain a positive outlook</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate</td>
<td>118</td>
<td>48.6%</td>
</tr>
<tr>
<td>Adequate</td>
<td>125</td>
<td>51.4%</td>
</tr>
</tbody>
</table>

Table 2 shows the average value of family resilience in maintaining a positive outlook between the ranges of 1.23 – 1.86, meaning that community members still have a positive outlook in dealing with the COVID-19 pandemic. Meanwhile, the standard deviation value and the mean standard error below the mean value can describe the condition of a positive view of the community. The strongest positive view is on community members who believe that God judges humans individually and knows what humans do (Mean 1.23).

Factors that influence family resilience in maintaining a positive outlook is religious well-being. Families that have adequate religious well-being will have a 0.163 times chance of having resilience in maintaining a positive outlook compared to families with inadequate religious well-being (OR: 0.163; 95% CI: 0.093 – 0.284) (table 3).
Table 2 Scores of family resilience questionnaire items in maintaining a positive outlook in the midst of the COVID-19 pandemic (N=243)

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>St. Error of Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel satisfaction when I pray to God personally</td>
<td>1.26</td>
<td>0.062</td>
<td>0.962</td>
</tr>
<tr>
<td>I know who I am, where I’m from or where I’m going</td>
<td>1.42</td>
<td>0.072</td>
<td>1.123</td>
</tr>
<tr>
<td>I believe that God loves and cares for me</td>
<td>1.24</td>
<td>0.059</td>
<td>0.918</td>
</tr>
<tr>
<td>I feel that life is a valuable experience</td>
<td>1.29</td>
<td>0.063</td>
<td>0.983</td>
</tr>
<tr>
<td>I believe that God judges humans individually and knows what His servants do everyday</td>
<td>1.23</td>
<td>0.058</td>
<td>0.902</td>
</tr>
<tr>
<td>I feel confident about my future</td>
<td>1.46</td>
<td>0.065</td>
<td>1.013</td>
</tr>
<tr>
<td>I feel closeness when I worship God</td>
<td>1.26</td>
<td>0.057</td>
<td>0.893</td>
</tr>
<tr>
<td>I feel satisfied and successful with the life I have</td>
<td>1.86</td>
<td>0.087</td>
<td>1.359</td>
</tr>
<tr>
<td>I get enough personal strength and believe that God will always help</td>
<td>1.24</td>
<td>0.061</td>
<td>0.951</td>
</tr>
<tr>
<td>I feel that the direction of my life is clear, namely to achieve prosperity</td>
<td>1.41</td>
<td>0.064</td>
<td>0.998</td>
</tr>
</tbody>
</table>

Table 3 The final multivariate logistic regression model of family resilience in maintaining a positive outlook

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE</th>
<th>Wald</th>
<th>p-value</th>
<th>OR</th>
<th>95%CI for Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious well-being</td>
<td>-1.817</td>
<td>0.284</td>
<td>40.914</td>
<td>0.000</td>
<td>0.161</td>
<td>0.093 - 0.284</td>
</tr>
<tr>
<td>Constant</td>
<td>2.817</td>
<td>0.457</td>
<td>37.986</td>
<td>0.000</td>
<td>16.728</td>
<td></td>
</tr>
</tbody>
</table>

The selection of candidates who entered the model was religious well-being, education with a p value <0.25 respectively 0.000, 0.059, while the variables were not included in the model because they had a p>0.25 value, namely age (p: 0.653), family type (p: 0.916), income (p:0.760), job (p:0.341).

DISCUSSION

Spiritual well-being is defined as matters related to religion and spirituality that can function to reduce anxiety, depression, and psychological disorders(Akkul et al., 2022). During the pandemic, people are required to self-isolate at home, which causes people to have to work from home, home schooling with children, and people definitely feel a lot of pressure and things like this can increase stress in the long term(Altena et al., 2020). Factors such as social isolation, stress, and lifestyle changes experienced during the COVID-19 pandemic can affect their mental state.(Durmush & Durar, 2022).

Spiritual Well-being has a positive influence on resilience, hope, optimism, peace, and comfort, indicating that spirituality is a vital dimension in managing people’s lives.(Jamaluddin et al., 2022).and Spiritual well-being has also been assessed as an important factor for physical and mental recovery(Gültekin & Kavak Slaves, 2022). According to research that has been done (Durmush et al., 2022). Spirituality can facilitate the process of overcoming mental problems such as depression and loneliness, and existential symptoms such as meaninglessness in life, Spirituality contributes to health promotion and stress reduction.

During the COVID-19 pandemic crisis, the most important coping mechanism used is the psychological one. Through good religious well-being, a person will have better hopes for the Covid-19 condition, and that hope is what helps individuals overcome difficult times with positive perspectives and views, as well as hope for a good future as well.(Rivera et al., 2021). Positive religious coping functions as a prevention of negative behavior(DeRossett et al., 2021). In one study, it was explained that individuals with high levels of religiosity and spirituality tend to have positive perceptions in interpreting the COVID-19 condition.(Counted et al., 2018). This is in accordance with research(Bentzen, 2020) which explains that a high level of religious and spirituality will be directly proportional to the increase in family resilience in positive thinking and vice versa.

During the pandemic, many studies have been carried out on the community, research shows that work does not affect family resilience because during this pandemic a policy has emerged to quarantine and carry out all activities from home, including school, work, worship, and many have been quarantined, quit his job(Harini et al., 2021). During the pandemic, it harms workers a lot because after the implementation of quarantine and regional restrictions to prevent the spread of the COVID-19 virus, governments in several countries have temporarily closed schools, universities, and workplaces so that many people are forced to be unemployed, this can affect their psychological and well-being turn(Chan & Var, 2022). According to research(Sunarti et al., 2022) The bad impact of COVID-19 is the decline in family income. In addition, it is likely that families with income will experience a decrease in income during this pandemic. To overcome family psychological problems, religious coping is very necessary to create family resilience and improve family welfare during the COVID-19 pandemic. Public belief in religion has an important role in the development of community spirituality. From the researcher’s explanation, it can be assumed that the participants in this study used their religious views in responding to their illness and assumed that their illness was God’s will(Sustainable & Nugroho, 2022). Previous research has proven that work has no effect on family resilience during the COVID-19 pandemic(Gayatani & Irawaty, 2022). In the study, it was found that age, family type, family income and education level did not have a strong influence on family resilience. The age factor cannot be said to affect family resilience, in this study the average age of respondents aged 46-55 this age is included in the adult category, where at an adult age the respondents already have mature thoughts to solve a problem that occurs in the family. In adulthood, there is still stress that comes at any time, as during this pandemic, many adults are stressed because their family needs are not being met(Riehm et al., 2021).

This study also explains that education does not affect family resilience, high education and the amount of knowledge obtained does not allow it to affect family...
resilience, and also low education does not necessarily strengthen family resilience. (Khesroh et al., 2022). Basically family resilience is influenced by one’s belief in family resilience, and good thinking to overcome any existing problems, family resilience can also be influenced by spiritual beliefs and one’s religious beliefs will become a broader and comprehensive concept that allows individuals to gain meaning for themselves, their lives where they can interpret life based on their personal values (Braam & Koenig, 2019).

The type of family and income also does not affect family resilience, sometimes high incomes can make a person forget the creator, family resilience is related to our belief in God Almighty, no matter how big the problems that are coming to the family will feel light if we believe in God One Supreme Being, spiritual belief also has two dimensions, namely the horizontal (existential) dimension refers to the understanding of the purpose of life, peace and life satisfaction, and the vertical (religious) dimension refers to a sense of well-being that leads individuals to draw closer to God such as, dhikr, don’t leave prayer, and always pray that you will always be given good things to live in peace (Gayatri & Irawaty, 2022).

Conclusion

Family resilience in maintaining a positive outlook is strongly influenced by religious well-being factors. Strengthening the community with a religious approach is needed to support the family’s line of defense against this pandemic condition.

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Conflict of Interest

The authors declare no conflicts of interest in this study.

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Author Contribution

YBP: Conceptual, study design, analysis, data interpretation, and overall guidance; FR: Consultant in the field of religious and conceptual research frameworks; NLM: supervision from research conception to final approval of the proposed version; NMZ: Compilation of articles, overall guidance and facilitation in article revision for content accuracy; ADL: contribution in writing manuscript content and reviewing the results of writing; YA: Data collection, article writing under the supervision of all authors;

Ethical Consideration

This study received ethical approval from the Health Research Ethics Commission of the University of Muhammadiyah Malang with protocol number E.5.a/007/KEPK-UMM/I/2022. Participants provided written consent for participation before data collection.

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