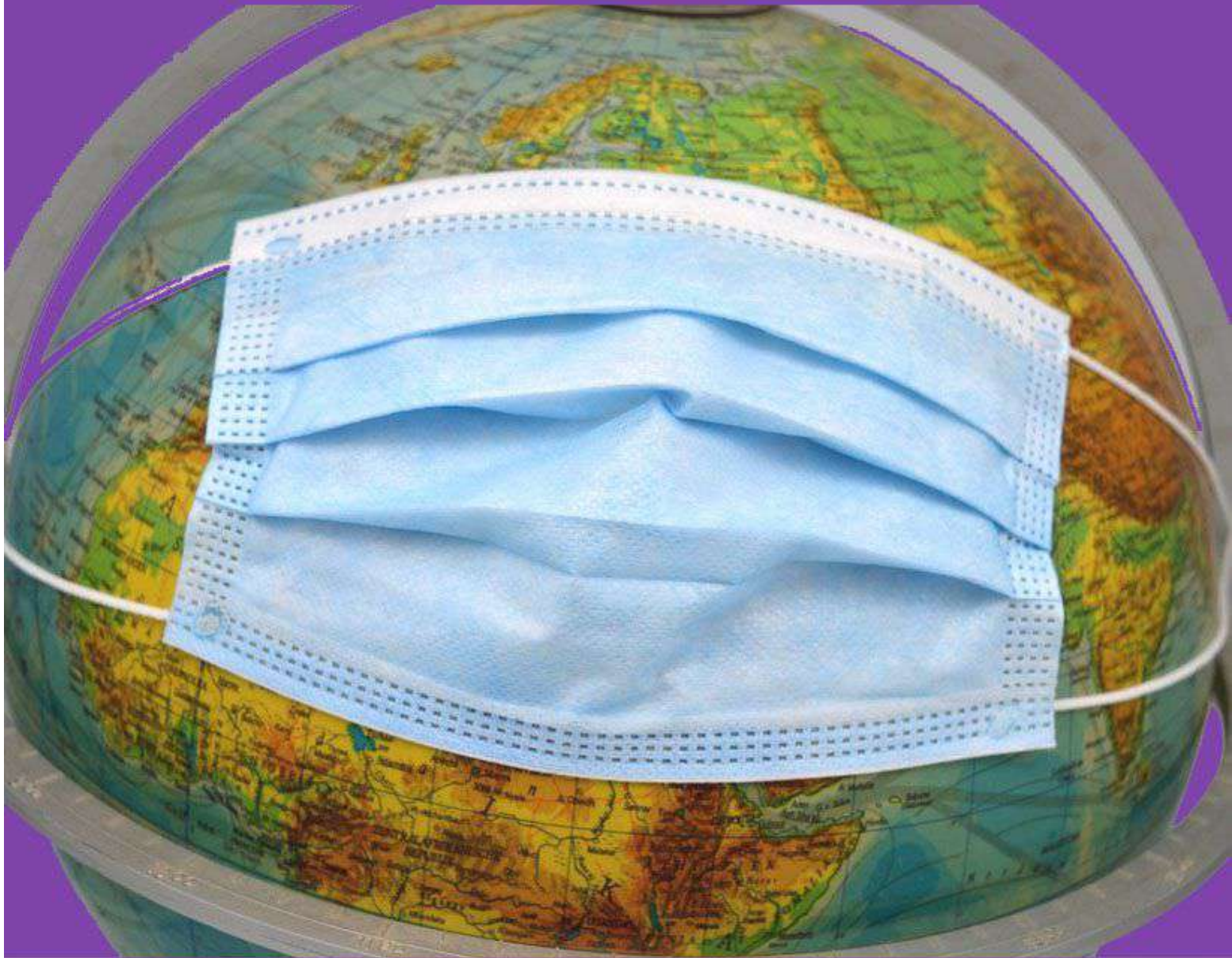


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## Bank Wakaf Mikro: The operations and its role towards Islamic Good Governance in Pandemic Era

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**Abstract:** There are many cash waqf institutions in East Java such as Islamic boarding school micro waqf banks with an entrepreneurial basis, but they have many problems, including transparency, accountability, *Nazhir's* professionalism, marketing, accessibility, asset misuse, responsibility, risk analysis skills, underwriting supervision and lack of support and participation. government. The purpose of this study is to holistically analyze the effective Islamic Good Governance (IGG) in Islamic boarding school waqf banks. The research was conducted qualitatively with a multiple case studies approach in six cash waqf institutions in East Java. It was concluded that the ICG in the six institutions had similarities in the management of funds using *qardh* which were distributed to the productive poor around the Islamic boarding school by mobilizing the entire team in the institution. No one collects waqf funds directly because only LAZNAS BSM Umat has the authority.

### 1. Introduction

The practice of cash waqf has played an important role in improving the economy and welfare of society (Çizarça, 1995; Thoarlim et al., 2017). Cash waqf is currently widely used for financing religion, education, health, employment, community empowerment, poverty alleviation (Mohsin, 2013; Thoarlim et al., 2017; Tohirin & Hudayati, 2011; سيدحسينى et al., 2014). Moreover, Marzuki et al., (2012) estimate that the practice of cash waqf can reduce the burden on state expenditures by 50 percent for poverty alleviation. Especially in Indonesia, waqf has been there as an alternative financing

for the State Budget (Anggaran Pendapatan dan Belanja Negara-APBN) in developing public infrastructures (Ryandono, 2018).

In fact, the waqf institution as a cash waqf manager experiences various limitations so that it does not have an impact according to expectations. There are limitations from the problems of transparency, accountability, *Nazhir's* professionalism, marketing, accessibility, asset misappropriation, responsibility, risk analysis skills, supervision, underwriting (Atabik, 2014; Fanani, 2011; Firdaus et al., 2019; Rusydiana, 2018; Rusydiana et al., 2018; Triwibowo, 2020), to the lack of government support and participation



(Mikail, 2013). Thus, the governance of the cash waqf management institution is an important issue to study, especially with regard to the aspects of collection, management, and aspects of distribution.

Cash waqf institution is Islamic financial institutions, so the management of cash waqf institutions should be based on the principles of Islamic law or what is known as Islamic Good Governance (IGG). Studies on the IGG cash waqf institution as a disciplinary practice in the application of Islamic values in the implementation of collecting, managing and distributing cash waqf have been carried out by several experts. Some of them are Abu-Tapanjeh (2009), Daud (2018), Hermawan (2017), Ashraf Md. (2017), and Muljawan (2016).

Tapanjeh (2009) finds three important points for success in the implementation of the IGG cash waqf institution in collecting, managing, and distributing, namely: (1) ownership of a focused and transparent strategy that can be accounted for to stakeholders and to Allah SWT; (2) holistic and integrative management supervision; and (3) report accountability that is negotiative, collaborative, and discussion of decision making with stakeholders.

Daud (2018) shows several main factors that determine the success of the ICG cash waqf institution, namely the suitability of practices with existing regulations, effective transparency, and provision of information to stakeholders. Muljawan (2016: 125) shows that the difference in risk of cash waqf productivity programs and the basic motives for IGG practice are the main urgency of researching the IGG model of the money waqf institution.

This research was conducted to examine the IGG model of Islamic boarding school waqf banks in East Java in developing entrepreneurial-based cash waqf. Previous

research is still inadequate to explain the effective IGG model for entrepreneurial-based cash waqf management institutions because entrepreneurial-based waqf money institutions require special governance that is different from cash waqf institutions in general.

## 2. Literature Review

Cash waqf is a waqaf activity carried out in the form of cash which has been practiced since the beginning of the second century Hijriyah (Az-Zuhri, 2004). Meanwhile, entrepreneurship according to the Big Indonesian Dictionary is a mutually binding agreement between the seller, namely the party who delivers the goods and the buyer as the party who pays the price of the goods sold.

Good Corporate Governance or GCG later known as the Cadbury Report (Wahyubroto & Mustamu, 2017) has three main underlying theories (Assegaf, 2015). First, agency theory which controls the relationship between principals and agents. Second, stewardship theory controls stewards) to prioritize investors rather than personal decisions (Donaldson & Davis, 1991). Third, stakeholder theory that controls the company in order to provide significance for stakeholders.

Islamic Corporate Governance (IGG) is GCG with the main principle of ownership of the Islamic worldview or the implementation of the pillars of faith of every Muslim Chapra (2007). Thus, implementing ICG means that a Muslim has implemented the pillars of his faith within the framework of an Islamic management institution. The goal of ICG is the fulfillment of the welfare principle that is oriented towards welfare and society in general (Chapra, 2007). According to Al-Kahtani (2014), the primary sources of law for the application of ICG in organizations

are the Qur'an and Hadith. Meanwhile, Ijma' and Qiyas are sources of supporting or secondary law.

ICG greatly determines the success of waqaf worship (both in raising, productivity and distributing the benefits of cash waqaf). According to Lewis & Algaoud (2001), it is important for Islamic financial institutions because Islamic financial institutions are required to comply with sharia law (Islamic law) in running their business. There is a very high possibility of information asymmetry in Islamic banking, and from the perspective of corporate culture, Islamic financial institutions must undergo a cultural transformation that makes the values of Islamic business ethics inherent in the practice of Islamic financial institutions.

### 3. Method

The research approach used in this research is a case study approach through multiple analysis units or what is popularly called multiple case studies. The informants in this study were managers, managers, administrators and supervisors of waqf institutions (Islamic boarding school waqf banks) in six cash waqf institutions, namely the Islamic money waqf institution Al-Fitrah Wawa Mandiri (Surabaya), the Islamic waqf money institution Denanyar Sumber Barokah (Jombang), the Tebuireng Mitra Sejahtera Jombang sharia money waqf institution, the Bahrul Ulum Barokah Sejahtera (Jombang) sharia money waqf institution, the Rizqi Lirboyo sharia money waqf institution (Kediri), and the Amanah Makmur Sejahtera (Kediri) sharia money waqf institution. The reason for choosing these informants is not only because of the ease of obtaining information, but also because they are key informants who understand, understand, and are even directly involved (purposive

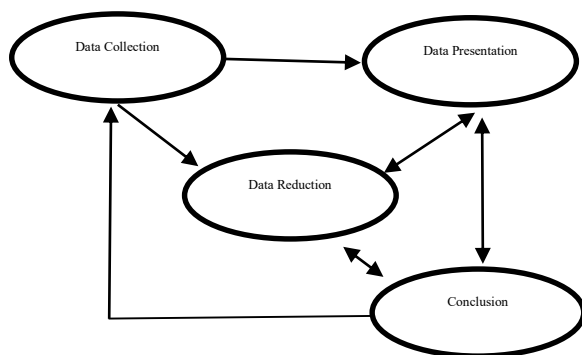
sampling) (Sugiono, 2007: 301) in the implementation of Islamic Corporate Governance activities which consist of: (1) entrepreneurial-based waqf collection scheme for each pesantren; (2) attaining a balance of material and spiritual values in the management of cash waqf; and (3) management of the distribution of benefits that recognizes the rights of others, in accordance with the provisions of Islamic law in Islamic boarding school waqf banks.

The data collection techniques used in this study were in-depth interview techniques, participant observation, and document review. Activities in data analysis in the concept of Miles and Huberman are described in three stages, namely data reduction, data display, and conclusion drawing / verification (Miles & Huberman, 1994: 16).

At the data reduction stage, the researcher carried out a process of selecting, concentrating attention and simplifying, presenting abstracts and transforming the crude data generated from written notes in the field. The research data to be reduced is obtained from interviews (recorded transcripts, interview notes), observations (transcripts of recorded images or videos, and observation notes), and documentation. After collecting all the data, the researcher selects the data needed to present the research data. In the final report, the researcher only presents the data needed to facilitate the analysis process. After that, the next step is display data (data presentation). At this stage the researcher presents the data in the form of narrative text accompanied by a summary table of the analysis obtained from the results of data collection at the Islamic boarding school's micro waqf bank money waqf institution. Even if necessary, and it is important that researchers can present the data that has been obtained in the form of images to



make it easier to understand dynamic data and make it easier to draw conclusions. In the last stage, the steps taken are conclusion drawing or verification (drawing conclusions / verification). At this stage, conclusions are drawn during the study based on data that has been reduced and presented by the researcher, which is supported by strong evidence at the data collection stage. Thus, the conclusions drawn can be the answer to the research questions that the researcher has expressed since the beginning. The stages in the research process can be seen in Figure 1.



**Figure 1. The Interactive Analysis Technique of the Miles & Huberman Model**

Testing the validity of data regarding the implementation of the entrepreneurial-based cash waqf ICG model was carried out by cross-checking the data with selected informants. Furthermore, the collected data are described and categorized based on general views to find contrasting (similarities, differences and special specifications / key factors) of views between selected informants and general views. The results of the data analysis will form a conclusion and ask for an agreement on the next process. Data triangulation can be achieved by: (1) Comparing observations with interview data; (2) Comparing what money waqf institutions do in public (recorded through print, electronic and other mass media) so that it can strengthen the data from the interview results; (3) Comparing the circumstances

and perspectives of a person with various opinions and views of the cross-answers in the waqf institution; and (4) Comparing the results of the interview with the contents of a related document (book reports, presentation slides, etc.) (Moleong, 2000: 178).

In this study, research data triangulation was carried out by cross-checking the data obtained from selected informants with existing evidence (research supporting documents, book reports, layers and website infographics and e-media). There are two strategies in the technique of testing the validity of research data through data triangulation, namely by cross-checking the degree of confidence in the findings of the results with several data collection techniques, and cross checking the degree of trustworthiness of several data sources using the same method.

#### 4. Result

In the aspect of collecting cash waqf funds, all micro waqf banks in East Java do not carry out the collection process directly. Both at Al-Fitrah Wawa Mandiri Surabaya, Denanyar Sumber Barokah Jombang, Tebuireng Mitra Sejahtera Jombang, Bahrul Ulum Barokah Sejahtera Jombang, Berkah Rizqi Lirboyo Kediri, and Amanah Makmur Sejahtera Kediri collected waqf funds from LAZNAS BSM UMAT. Because only LAZNAS BSM UMAT has the authority to carry out the process of collecting cash waqf funds, whether sourced from individuals, institutions or companies. Then the cash waqf funds that have been collected by LAZNAS BSM UMAT are channeled to the micro waqf bank to be further managed and distributed to the productive poor around the Islamic boarding school as financing business capital in the form of interest-free loans and collateral.

All micro waqf banks cannot plan to collect cash waqf. All plans for collecting cash waqf are fully controlled by LAZNAS

BSM and OJK. Meanwhile, the planning process for the collection of waqf money, starting from the analysis of needs, segmentation of waqf candidates, identifying the characteristics of the waqf candidates, providing waqf products and recording the wakaf pledge deed, and determining the price (the value of the waqf amount) are all determined by LAZNAS BSM UMAT.

In this aspect of collecting waqf funds, micro waqf banks only run a cooperation scheme with LAZNAS BSM UMAT. The cooperation is: (1) capital cooperation for establishment capital and BWM working capital; (2) receipt of permanent waqf from wakif to LAZNAS BSM UMAT which is allocated to micro waqf banks through the waqf pledge; and (3) receipt of temporary waqf by providing funds for BWM for distribution of financing to KUMPI.

Each micro waqf bank does not collect but only functions as a management and channeling institution for cash waqf funds sourced from LAZNAS BSM UMAT to finance community business activities around the cottage environment. In carrying out this function, the Al Fitrah Wawa micro waqf bank prioritizes business financing for middle and lower economic class people around the pesantren environment. In this financing, the model is in the form of micro-scale loans without collateral and interest (only the agreed amount / margin is the same). There are several conditions that must be met by customers of the Al Fitrah Wawa Mandiri Surabaya micro waqf bank, including: (1) must pass the compulsory group training process (PWK) for 5 days; (2) poor people who already have their own businesses, family businesses or leasing businesses; (3) reside in a bank-domiciled sub-district area; and (4) are willing to participate in community business groups around Indonesian pesantren (KUMPI) as well as the weekly halaqah (HALMI).

Management of cash waqf funds channeled by each micro waqf bank is in the form of

financing to the community around the pesantren with a Qardh contract. However, before disbursement is carried out, the management team must conduct compulsory group training. Groups that graduate and receive disbursements are members of KUMPI and meet regularly in HALMI (weekly halaqoh) which focuses on providing materials for business improvement, household management and strengthening of religion, such as the science of muamalah fiqh, aqidah and morality.

In the management of cash waqf funds, there is no cash waqf pledge provided by the micro waqf bank. Because the pledge of waqf is fully recorded by LAZNAS BSM UMAT. However, there are waqf pledge schemes that are little known to the micro waqf banks in LAZNAS BSM UMAT, namely: (1) there are permanent waqf contracts, namely cash waqf funds from the community to LAZNAS BSM UMAT; (2) management fee waqf, namely LAZNAS employee waqf to LAZNAS BSM UMAT; and (3) temporary waqf, namely waqf in the form of initial capital and working capital from LAZNAS BSM UMAT to micro waqf bank.

The methods used in the management of cash waqf funds include the method of distributing business financing as well as group-based mentoring with the principle of joint responsibility as designed by the founders of micro waqf banks, namely LAZNAS BSM UMAT, OJK, Dinkop and the Small Business Incubation Center (PINBUK). This is because all operational and transaction processes are designed by PINBUK, including making administrative slips, contract financing agreements. Therefore, the micro waqf bank, which is a product of the Cooperation Agency for the Cooperative Agency, LAZNAS BSM, and OJK only runs and reports according to the operational process directives issued by PINBUK. Thus, micro waqf banks are not allowed to open savings books, but only

installment books. In its distribution, micro waqf banks channel financing to the middle to lower economic class, using a micro-scale loan model without collateral and interest.

For direct method management using a scheme for channeling financing to the community. The 1 billion fund specifically is intended to provide low-cost financing, without collateral and meet the operational requirements of micro waqf banks. The indirect method of managing cash waqf is carried out with a 3 billion fund deposit scheme to Bank Syariah Mandiri (the special ratio is then used to close the micro waqf bank operations). There is assistance for new entrepreneurs (establishing businesses) and old entrepreneurs (developing businesses). At the KUMPI micro waqf bank Al-Fitrah Wava Mandiri Surabaya, many are new. The initial stage of our socialization is aimed at mothers.

In the aspect of distribution, all micro waqf banks distribute cash waqf funds to finance the business capital of productive poor communities around Islamic boarding schools or micro waqf bank offices. The distribution of cash waqf is provided in the form of loans without interest and collateral.

Micro waqf banks provide a qardh al-hasan contract financing scheme or social loans. This scheme assumes a low yield return equivalent to 2.4 percent to 3 percent without interest and collateral under the principle of joint responsibility. Therefore, the welfare conditions of KUMPI members are the responsibility of other members.

## 5. Discussion

Overall, entrepreneurship-based money waqf institutions still do not have a good ICG. In terms of collection, there are still eleven components that must be owned, namely transparency, accountability, responsibility, independence, fairness, equality, investment guarantee, financial stability, business integrity, strengthening

growth, and eradicating an inclusive society. LAZNAS BSM Ummat as an institution that has the authority to collect waqf funds can distribute cash waqf funds to Micro Waqf Banks as establishment capital and working capital.

First, transparency. There are still many cash waqf institutions that still have not reported their finances transparently. There are still many cash waqf institutions that do not submit their financial reports to members, so this makes members not aware of the condition of the money waqf institutions. The number of cash waqf institutions that make decisions not with the approval of members and only taken from the management and managers only. The need for member involvement in making decisions is very important to build trust which is one of the main factors for someone to want to do waqf (Fandini & Ratnasari, 2019). The unavailability of stakeholder data and data for monitoring is also an indicator of the openness of Micro Waqf Banks. The way that can be done to solve this problem is by making decisions that have passed the Group Compulsory Training by the manager of the Micro Waqf Bank and must have stakeholder data and data for monitoring.

Second, accountability. One of the reasons why managers and administrators are not transparent is because they have not reported their finances properly. Accountability problems can be overcome by giving full confidence to participants who pass mandatory group training and a joint responsibility system is created in KUMPI. The importance of data compliance with transactions to members and accuracy of principal disbursement with margin agreement at the beginning of the financing contract. Broken deposits can also be used as a solution to the existence of financial facts. In addition, there needs to be a system or application that can be used to record reports so that everything is systematized automatically.



Third, responsibility. The sense of responsibility of the board and managers can also be an important thing in a money waqf institution. As a form of the government's seriousness in regulating waqf in Indonesia, several regulations were issued. These rules include PJOK Number 61 of 2015, Law no. 21 of 2008 concerning the distribution of Sharia funds, as well as the DSN MUI fatwa on *yad amanah* and *yad dlomanah* financing. 36 of 2002. Managers and managers must be responsible from beginning to end for the use of wakif funds and are responsible for a series of weekly *halaqoh* activities. This idea in line with a study by Hadi Ryandono & Hazami (2016) that nadzir must have strong spiritual mental, trustworthy, professional, and hardworking in handling waqf funds. Knowledge related to waqf is also important for nazhir to be sure to endow his money in the waqf institution (Nafik, Ratnasari, 2012).

Fourth, independence. The importance of independence because managers and members have a close relationship but cannot be independent. Independence is seen from the results of an objective assessment of participants who pass mandatory group training by looking at the frequency of attendance. The existence of OJK intervention in governance supervision is also a major factor in the independence of Micro Waqf Banks. As an effort to increase independence, expertise is needed to make a unique decision to break up deposits in each micro waqf bank, and collaboration between the management team and the head of group compulsory training is needed.

Fifth, fairness. Fairness must occur as one of the indicators to create ICG in Micro Waqf Banks. The fairness that must occur, such as in determining the participants to pass the PWK, in the fulfillment of a financing cooperation partnership, being reasonable in the allocation of the amount of funds, being reasonable in the use or

productivity of funds, and being reasonable in determining halal transactions.

Sixth, equality. The number of contributions made by the community must be equal to the expectations of the funds provided. Communities also have the same rights and obligations including stakeholders, no one has only one of them. All the rules in PJOK also apply to the whole community without exception. However, there is a slight waiver for members who commit force majeure or mistakes made outside of their control will get justice that is adjusted to their respective levels.

Seventh, investment guarantee. A financial institution is required to have a scheme for investment guarantees so that funds are safer and the use of a deposit scheme with a margin for operations will be more appropriate to implement. Another way that can be used is the principle of joint responsibility as cooperatives to minimize NPF due to bad loans, investing money waqf funds for the real sector and the value of financing guaranteed principal returns, and the need for submission of temporary waqf contracts from LAZNAZ to Micro Waqf Banks delivered at the beginning to minimize the risk of misuse of funds.

Eighth, financial stability. Financial stability is needed so that financial institutions are able to withstand stress so that the financial intermediation process runs smoothly and is not disrupted. Efforts that can be made to maintain financial stability are being careful in choosing customers, being careful in order to pay off and maintaining productivity values, being vigilant in determining additional capital and recording two sides of both customers and micro waqf banks.

Ninth, business integrity. Integrity is part of the process to build something better in the family, organization, and country (Redjeki and Heridiansyah, 2013). Business integrity in the ICG of micro waqf banks includes

Sharia compliance in maintaining religion and maintaining *maqashid Sharia*.

Tenth, strengthening growth. There are five steps that can be taken to strengthen growth in micro waqf banks, namely making guarantees for capital development originating from waqf funds through halal transactions, members must be responsible for capital growth, capital growth is supervised by managers in HALMI, growth of waqf funds must be balanced with the spirit of re-waqf, and must be independently controlled by each PWK responsibly.

Eleventh, eradication of inclusive society. There are five ways that can be done to eradicate an inclusive society, namely prioritizing poor communities around Islamic boarding schools who have the desire to open a business, strengthening the knowledge of worship and *muamalah* to an inclusive society, orienting the world to meet the needs of *maqashid Syariah*, strengthening inclusion with a balanced approach between business and prayer, and apply the principles of effort and prayer to change the inclusiveness of society with the motivation of strengthening *wasatiyah Islam*.

## 6. Conclusion

The main objective of this research is to analyze ICG in micro waqf banks in East Java in six micro waqf banks. The resulting conclusion is that each micro waqf bank has many similarities, which is only responsible for managing and distributing. The respective micro waqf banks are not authorized to collect cash waqf directly. The contract used in the distribution of waqf funds is the *qardh* contract, while the target for distribution is the community around the Islamic Boarding School or micro waqf bank offices who are productive poor, as well as mothers who own businesses as a form of women's empowerment.

It is recommended that the cooperation of other Amil Zakat Institutions (LAZ) (besides LAZNAS BSM UMAT) as donors of waqf funds. This LAZ collaboration is deemed necessary in order to minimize the monopolistic practices of Islamic banks. In addition, each Sharia bank also has a special LAZ as its partner, such as LAZ Dompot Dhuafa BRI, LAZ Rumah Wakaf BNI and so on. On the management aspect, ICG's recommendations for micro waqf banks in East Java are as follows: (1). management needs analysis is reported regularly, monthly and quarterly. Prospective customer segmentation, characteristics and financing products are conveyed in a more varied form, adjusting the contract and customer needs (*salam* and *istisna* or other contracts). The determination of the value of management funds can also be improved more for micro waqf bank customers who have good collaborative experience. Regarding the distribution element, recommendations are submitted on the ICG model (both needs analysis, segmentation of wakif candidates, identification of the characteristics of waqf candidates, provision of waqf products and recording of waqf pledge deeds, and pricing (value of waqf amount) which can be specified later). Waqf for the development of the service sector, waqf for the development of the trade sector, waqf for the agricultural sector and so on.

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# Adherence to Taking Medication in Patients with Hypertension with Self Care Theory

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**Keywords** : Hypertension, Compliance with Medication, Knowledge, Attitude, Family Support

## Abstract

Hypertension is a degenerative disease that can affect anyone. Serious complications can occur in people with hypertension so that it needs to be handled quickly and appropriately, namely by taking medication. Therefore, adherence to medication is necessary in controlling blood pressure and preventing complications. The purpose of this study was to analyze medication adherence in patients with hypertension in Tegalsari Village, Kepanjen District. The design of this study used Analytical Observation with the Cross-Sectional method. The sample used is 92 people using Non Probability Sampling with Purposive Sampling technique. The process of collecting data using a questionnaire, then processing the data and continuing with linear regression statistical tests using the help of a computer program. The results of the Linear Regression test showed that the most influential variable on medication adherence was the attitude variable with a p-value <0.001. Based on these results, it is known that attitude is one of the most influential factors in medication adherence for patients with hypertension, so it is necessary to increase medication adherence for patients in their health behavior to prevent an increase in blood pressure and prevent complications.

## INTRODUCTION

Hypertension is a disease of degenerative who can strike anyone alone. Hypertension is the increased pressure of blood in a person who is more than 140/90 mm Hg with at least 2 times pengkuran pressure of blood in the period were different (Fikriana, 2018). Hypertension can lead to attack the heart, stroke, CHF ( *Chronic Heart Failur* ), CRF ( *Chronic Renal Failur* ) and death if not detected and dealt with as quickly and precisely. Compliance drinking medication in patients with hypertension is important because it can reduce and control the pressure of the blood to take medication antihypertensive be organized and precise, so that the risk of the occurrence of complications in patients with hypertension can be reduced. Non-compliance with hypertension patients can cause the goals of drug therapy to be not achieved (Aulia, 2018; Fikriana, 2018).

According to data from the WHO, it is estimated that as many as 7.5 million people in the world die from hypertension or about 12.8 %, deaths occur due to hypertension. The number of

people with hypertension continues to increase every year, it is estimated that in 2025 there will be 1.5 billion people who will be affected by hypertension and it is estimated that every year 9.4 million people die from hypertension and its complications (Fikriana, 2018). Based Research Health Association (Riskesdes) the prevalence of hypertension is based on the results of measurements of the population aged 18 years in Java East Amounting to 36.32% occupy sequence number 6 in Indonesia (Depkes RI, 2013). Hypertension occurs in the age group 31-44 years (31.6%), age 45-54 years (45.3%), age 55-64 (55.2%). From the prevalence of hypertension of 34.1% is known that amounted to 8.8% undiagnosed hypertension and 13.3% of people diagnosed with hypertension do not take drugs and 32.3% do not regularly take medications (Kemenkes RI, 2019). Based on the results of studies preliminary were conducted in the village of Tegalsari obtained the data of patients with hypertension amounted to 120 people with the number of population of 3062 people population.

Controlling the pressure of blood in the



run length is supported by compliance in the use of the drug antihypertensive . Lack of compliance is the cause most often to failure of therapeutic drug antihypertensive (Adikusuma, Qiyaam and Yuliana, 2015). Adherence to taking medication can be influenced by factors of knowledge , attitudes and family support that play an important role in controlling blood pressure . According to the research that is carried out by (Hendesa et al, 2018). There is influence that significantly between knowledge , attitudes and support for families with adherence to drink medicine . Based on the theory of nursing *Self Care* were raised by Dorothea Orem mention that man on basically have the ability in himself to be able to care for themselves alone are called the *Self Care Agency*. *Self Care Agency* may change every time that could be affected by beberapa factors are factors predisposing ( *predisposing factors* ) which includes knowledge , attitudes , beliefs , education and employment . Factor two is a factor enabling ( *enabling factors* ) which includes a means of infrastructure and distance to the ministry of health , all three are factors driving ( *reinforcing factor* ) which form the role of support for the family and their rules (Nursalam, 2013; Mbakurawang and Augustine, 2016)

Based on the foundation of the theory of the above researchers are interested to do research on Analysis of Compliance Drink Drugs in Patients with Hypertension with Approach Theory of *Self Care* in Rural Tegalsari District of Kepanjen . The purpose of the study is to analyze the compliance of drinking medication in patients with hypertension with the approach of the theory of *self-care* in the village Tegalsari sub district Kepanjen .

## METHODS

Designs that use observational analytic with approach Cross-Sectional . The population in the study of this is the whole people with hypertension that exist in the village of Tegalsari District of Kepanjen which amounted to 120 people. Then the sampling using the technique of purposive sampling as many as 92 people. Instruments of research using a questionnaire which consisted of the data characteristics of the respondent, the questionnaire attitudes, knowledge and support of the family. Furthermore, the data that has been obtained in the analysis of univariate and analysis of multivariate using regression linear. This data analysis was carried out with the help of a

computer using SPSS for Windows 2007.

## RESULTS

Results of the study appear in the tables that describe the frequency characteristics of respondents by socio- demographics, overview of common variables independent and dependent as well as the results of the analysis of regression linear multiple .

### 1. Socio - Demographic Characteristics of Hypertensive Patients

Based on Table 1, show that almost the whole of respondents women (81.5%) where the age of the lot is 45-59 years (53.3%) with education on average graduates of elementary school (41.3%) and work as farmers (38 %) and most of the respondents were cared for by their husbands ( 46.7% ). Patients with hypertension is highest in stage 1 is the pressure d direction of 140-159 / 90-99 mmHg (88.1%).

**Table 1 : Socio-Demographic Characteristics of Hypertension Patients in Tegalsari**

Characteristics of Respondents		Frequency (n)	Presentage (%)
Age	45-59	49	53,3
	60-74	37	40,2
	75-90	6	6,5
Total		92	100
Gender	Male	17	18,5
	Female	75	81,5
Total		92	100
Education	University High	2	2,2
	Elementary School/Equivalent	38	41,3
	Middle School/Equivalent	12	13,0
	High School/Equivalent	0	0
	No school	40	43,5
Total		92	100
Profession	Factory Workers	7	7,6
	Farmer	35	38
	entrepreneur	15	16,3
	IRT/ Not Working	35	38,1
Total		92	100
Family the Caring	Child	32	34,8
	Wife	15	16,3
	people Tua	2	2,2
	Husband	43	46,7
Total		92	100
Blood Pressure	Stage 1 (140-159/90-99 mmHg)	81	88,1
	Stage 2 ( $\geq$ 160/ $\geq$ 100 mmHg)	11	11,9
Total		92	100

(Source: Primary Data 2020)

### 2. Overview of Independent and Dependent

### Variables

The results of the knowledge variable in the good category are 77.2%, the attitude variable is in the good category 97.8%, the family support variable is in the good category 97.8%, and the medication adherence variable is in the non-adherent category 58.7%. Data independent and dependent descriptions are shown in tabel 2.

Table 2 : Distribution of Respondents Based on Knowledge, Attitudes, Family Support and Compliance with Taking Medicines in Patients with Hypertension In the village of Tegalsari District of Kepanjen

Variable	Hypertension Patient Score		
	Classification	Frequency (n)	Percentage (%)
Knowledge	Good	71	77,2
	Less	21	22,8
Attitude	Good	90	97,8
	Less	2	2,2
Family support	Good	90	97,8
	Less	2	2,2
Medication Compliance	Obey	38	41,3
	Not obey	54	58,7

(Source: Primary Data 2020)

### 3. The Result of the Analysis of Drug Adherence in Patients With Hiypertention

To find out the relationship between the independent variable and the dependent variable, Pearson's analysis test was conducted to determine the independent variables that affect the dependent variable, then multiple linear regression analysis was performed with the results as shown in Tables 3 and 4.

Table 3. Results of Pearson Test Analysis of the Relationship Between Knowledge, Attitude, Family Support on Compliance with Taking Medicines in Patients with Hypertension in Tegalsari Village, Kepanjen District

Variable	Medication Compliance		
	Pearson Correlation (r)	Frequency (n)	p-value
Knowledge	-0,157	92	0,135
Attitude	-0,383**	92	0,000
Family Support	-0,186	92	0,075

(Source: Primary Data 2020)

Table 4. Results of Multiple Linear Regression Test

Analysis to determine the most influential independent variables (knowledge, attitudes and family support) to the dependent variable (adherence to taking medication)

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	26.672	2.936		9.089	.000
Knowledge	-.257	.210	-.122	-1.228	.223
Attitude	-.372	.108	-.403	-3.429	.001
Family Support	.039	.076	.062	.552	-.603
2 (Constant)	27.110	2.802		9.675	.000
Knowledge	-.240	.206	-.114	-1.166	.247
Attitude	-.341	.090	-.370	-3.777	.000
3 (Constant)	25.859	2.594		9.969	0.000
Attitude	-0.353	0.090	-0.383	-3.931	0.000

(Source: Primary data 2020)

In Table 3 shows that the variable attitudes associated with compliance with drinking the drug with less value p - value of <0.001., Then at the table 4 shows that the variable attitudes have value p - value < 0.001 which can be explained that attitudes can be influenced towards adherence to drink medicine . Where are the statistics attitude had the effect of large against variable dependent is the variable adherence to drink medicine .

## DISCUSSIONS

Compliance with taking medication in patients with hypertension is influenced by several factors, including knowledge , attitudes and family support . In research it obtained the factors that influence on the compliance of drinking the drug that is the attitude with p-value <0.001 (p <0.05).

The attitude of the compliance of patients with hypertension have influence which is significant to the adherence to drink medicine . Attitude is regularity among the components of thinking ( cognitive ), things feeling ( affective ) and actions ( psychomotor ) which mutually interact in understanding the , feel and behave towards an object in the environment around . Attitude that the bad will effect also on the behavior of the patient in taking medication . It is appropriate from the research is obtained the results of value p-value of 0.001 <0.05 means that there is a relationship that significant between attitudes to compliance drink medicine . It is demonstrated that the attitude is one of the factors that influence on the compliance of drinking medicine for patients with hypertension . So that a person 's good attitude will increase adherence to taking medication for hypertension sufferers (Dhewi, Gendhis Indra, 2013; Hendesa et al, 2018)

Results of the study is in accordance with the theory of nursing Self Care were raised by Dorothea Orem man on basically have the ability to take care of his own which is called the Self Care Agency . Self Care Agency may change at any time which is influenced by predisposing factors which consist of knowledge , attitude , belief , education and occupation . selanjutya factors enabling that consists of a means of infrastructure and distance to the ministry of health . the last is the driving factor which includes the role of the family and the role of health workers (Nursalam, 2013; Mbakurawang and Agustine, 2016).

## CONCLUSION

From the results of the study variables that most influence on the compliance of drinking medication in patients with hypertension in the village of Tegalsari District of Kepanjen is variable attitude . On the results of the study have demonstrated that the importance for patients with hypertension to improve the attitude of people with hypertension to compliance drink medication that can reduce and control the pressure of the blood and prevent the occurrence of complications in patients with hypertension . So should the increase in the attitude that positive in improving compliance in patients with hypertension to take medications as regularly , the right time and the appropriate dosage that has been prescribed .

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# An Exploratory Study of Beliefs Relating to The Covid-19 Health Protocols: Roles of Value and Demographic Factors

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**Keywords:** value, belief, meaning, Covid-19 pandemic.

**Abstract:** The implementation of Covid-19 health protocol has become a collective movement. Although vaccination is still in progress, health protocols are still becoming the main strategy. This study aimed to discover the values and beliefs of the people in health protocols during the Covid-19 pandemic. There were 73 participants with an average age of 16.85 years old ( $SD=7.710$ ), which were gathered conveniently. Most of them (69.9%) were female, and 46% of them were high school graduates. The *Basic Value* scale (Schwartz et al., 2012) with 52 items ( $=.940$ ) was used to reveal the participants' values and *open-ended questions* were used to explore beliefs relating to the Covid-19 health protocols. Result showed the values that the participants held were mostly maintenance of relationship by showing obedience, courtesy towards other people, honor, tolerance, and protection of the welfare of humans and nature. The female participants had higher average *value conservation* ( $mean=74.034$ ;  $SD=8.71$ ) than the male ones ( $mean=67.54$ ;  $SD=10.58$ ). There was a quite significant difference in *value self-enhancement* ( $F=2.711$ ;  $p<.05$ ) viewed based on education level. Education, sex, and age were good predictors in explaining the values of self-enhancement ( $F=3.631$ ;  $p<.05$ ), and *openness to change* ( $F=3.200$ ;  $p<.05$ )

## 1 INTRODUCTION

The covid-19 pandemic is a crisis that brings broad implications on humanity and affects development progress, stability, and security across the world. The simultaneous impacts on every field of development such as education, health, and economy are so real that the pandemic has seriously affected every aspect of life. The government and various parties have been trying to do promotional and curative efforts to overcome the problems caused by the pandemic. One of the promotional efforts is the enforcement of Covid-19 health protocols like wearing a mask, washing hands with soap, and social distancing. The implementation of health protocols has become a compulsion in every event or daily activity (the Ministry of Health of the Republic of Indonesia, 2020).

The implementation of Covid-19 health protocols has not given optimum results. It is shown

in the Covid-19 spread map published on the page <https://covid19.go.id/peta-sebaran-covid19>. Until December 1<sup>st</sup>, 2020 the confirmed cases numbered 543,975 with an average addition of 5,449 cases in the last two weeks. Collective awareness is one of the factors that can optimize a change of behavior during such a crisis. It cannot be obtained if individuals as parts of a group or community do not have the same understanding in valuing the importance of awareness of the health protocols (South, Meah, Bagnall, & Jones, 2013).

How does it go in the level of the individual? During a pandemic, feeling threatened is one of the factual perceptions an individual has of the situation. An individual can experience a conflict cognitively because their already settled beliefs in something in normal order are being threatened. Often a crisis is interpreted as a discontinuity of the normal order so that it demands individuals to be aware and to make efforts to do adaptations. Adjustments must be done

to face uncertain situations. Meaning is a basic feature in humans because it is a linguistic representation that creates an individual's viewpoint on reality, which eventually will determine behavior. Social analysis often considers the meaning as an idea built consciously and selected as the important aspect of reality such as culture, norm, belief, and view of the world.

Constructivists state that a process of shaping a meaning-making process may be expressed through a narrative aspect of memory because humans are motivated to build and maintain their meaningful self-narration. Thought, behavior, and knowledge are stimulated by meaning (Richards, 2011). Park (2013) stated that meaning has two levels, namely global and situational meanings. The former emerges early in life but it takes into account subjective experiences. It influences the thoughts, behaviors, and emotional responses of an individual to a higher level of thinking. It also refers to the universal orientation system of an individual, including the most substantial belief and goal (for instance, relation or achievement). The belief and global goal shape the pattern that underlies the interpretation of an individual on their experiences. They will understand their meanings and life goals in this world. This makes them cognitively regulate their experiences and orientations to their goals. An unexpected or dangerous event has the potential to contradict the validity of the existing beliefs.

Situational meaning refers to meaning within a certain context, which is limited to a certain time and space. It will begin with a particular situation and the meaning made is very much determined by one's global meaning. When an event having the potential to cause stress occurs, an individual will try to understand their interest by interpreting it. When an individual has already given meaning, the difference between global and situational meanings may happen. Maybe an individual will ask for the global meaning because of the situation being experienced. The individual will ask why an event takes place, who is responsible, how life means to them and their viewpoints, and how they have to behave towards the situation (Park, 2013). Based on the previous analysis, how does an individual interpret the awareness of health protocols? What values and beliefs do underlie the meaning?

Covid-19 health protocols is a promotional effort done by all parties to decrease the spread of Covid-19. The study on this can be shown in literary studies related to health promotion. The studies show that dynamic changes take place in the content, shape, media, and place of health promotion. At the same time, values, beliefs, and norms in people also change as a result of changes in their knowledge and skills related to health. Every dynamic change is an indicator of an individual or a group of people's active effort to find the significance of health-promoting activities (Alldred, Fox, & Kulpa, 2016; Bayer et al., 2014; Colarossi, Betancourt, Perez, Weidl, & Morales, 214; D. Y. C. Huang, Murphy, & Hser, 2011; Karoly, Callahan, Schmiede, & Feldstein Ewing, 2015; Keijsers, 2015; Tabak et al., 2012; Valenzuela, Bachmann, & Aguilar, 2016).

The effort to discover the significance of the daily activities shows that value as a part of a culture is an adaptive tool for the people. Culture can be an adaptive tool and be used as an approach in health promotion. Therefore, it can be developed based on the interrelation of the factors such as the actors, goals, values, beliefs, and social and interaction pattern with the health promotion (Cooper & Denner, 1998). People's participation in developing the shared goals of health promotion based on the values, beliefs, and norms becomes the important factor that determines the sustainability of an activity.

Based on the depiction in the background, the formulation of the problem of this study analyzed two things, namely value, and belief. Value is an individual's outlook that contains the constant drive and determines their behaviors, and belief is the result of an individual's situational valuation of the Covid-19 pandemic. The interaction of the value and belief is studied to discover the meaning-making process. As for the elaboration of the research formula as follows: What are the values that individuals have as a global perspective on the world (world view)? What does underlie individuals' beliefs regarding the Covid-19 health protocol? How do the values and beliefs interact in the meaning-making process related to the covid-19 health protocol?

## 2 METHODS

This study is a research survey using quantitative and qualitative design (Elliot in Ivankova, 2015). This design involves quantitative and qualitative methods in the process of collecting data and analyzing them separately. The goal of the design is to compare the results of both quantitative and qualitative methods to gain pieces of evidence from two different sources that complement each other.

### 2.1 Variables of the Study

#### 2.1.1 Values

*Values* are the viewpoints to which an individual looks up and they contain motivation towards behaviors. The values of a culture (Schwartz, 1992; Schwartz & Sagie, 2007) can be grouped into:

*Self-direction*: emphasis on independent thoughts and actions. An individual can control and master their goal.

*Stimulation*: emphasis on the need for different stimulations to achieve an optimum action. This value is conditioned with social experiences.

*Hedonism*: emphasis on the satisfaction of enjoying life.

*Achievement*: emphasis on the accomplishment or achievement. Every culture has certain standards related to competence. This value can be associated with the value of self-direction.

*Power*: emphasis on the achievement of social status, controlling and mastering resources.

*Security*: emphasis on safe, harmonious, and stable social relationships.

*Conformity*: emphasis on the importance of maintaining the relationship by showing obedience, respect, and courtesy to other people.

*Tradition*: emphasis on the commitment, acceptance of the existing habits in a culture.

*Benevolence*: emphasis on the importance of preserving and increasing other people's welfare.

*Universalism*: emphasis on the understating, honor, tolerance, and protection to human and nature's welfare.

#### 2.1.1 Beliefs

Belief is an individual's valuation of the benefits, party who determines and controls the situation. In this study, belief (Fishbein & Ajzen, 2010; Ramdhani, 2011) consists of:

*Behavioral beliefs*: subject's belief in the results of the implementation of Covid-19 health protocols.

*Normative beliefs*: individual or group of people who are considered significant in determining the participant to implement the Covid-19 health protocols.

*Control belief*: the participant's valuation of the availability of factors that facilitate or hinder Covid-19 health protocols.

### 2.2 Participants

The participants of this study were 73 people who were selected conveniently based on the networks that the research team had. The average age of the participants was 26.85 (SD=7.710) from the age range of 17-51 years old. Most of them (69.9%) were female and 46% were high school graduates. The more detailed data can be shown in the following demographic table.

Table 1: Demographic data of the participants of the study

Demographic Aspects		Number	Frequency
Sex	Male	22	30.1
	Female	51	69.9
Education	High School	46	63.0
	Associate Degree	6	8.2
	Bachelor's, Master, PhD	21	28.8
	Not mentioned	1	1.4
Religion	Islam	69	94.5
	Christian	2	2.7
	Roman Catholic	1	1.4
Ethnicity	Not mentioned	4	5.5
	Javanese	58	79.5
	Madurese	10	13.7
	Others	1	1.4
Occupation*	Students	21	28.8
	Employee	26	35.6
	Entrepreneur and others	14	19.2
	Unemployed	12	16.4
Total		73	100.0

Note: \*employees are those working as employees of private companies or governmental offices. Entrepreneurs and others are those working in the sector of independent businesses.

## 2.3 Method of Data Collecting

The data were collected using two methods as follows:

The measuring instrument used in this study was the *Portrait Values Questionnaire* (PVQ) (Schwartz, 2017; Schwartz et al., 2012). The use of measuring instruments obtained permission from Shalom H. Schwartz through e-mail on January 6, 2021. The letter also included the Indonesian version instrument. For content validity, the experts conducted an assessment to determine whether the items that had been written represented the construct to be measured. The expert judgment was then calculated using statistical procedures. Aiken's V formula (L. R. Aiken, 1985) was used to calculate the content-validity coefficient which was based on the results of an assessment by a panel of n people on an item in terms of the extent to which the item represents the construct being measured. The formula proposed by Aiken is as follows:

$$V = \sum s / [n(C-1)] \quad (1)$$

$$S = r - lo;$$

Note:

Lo: the lowest rate of assessment

C: the highest rate of assessment

r: the rate given by the researcher

Aiken's V coefficient values ranged from 0 - 1. The closer to 1, the validity of the content of each item is more adequate. There were 5 students and 3 lecturers in the panel of experts to carry out the legibility test. Based on the results of the calculation of Aiken's V value, it was shown that Aiken's V value was 0.62-0.95. The researcher corrected the items for the Aiken's V value which was below 0.8. Based on the provisions of Aiken (Lewis. R. Aiken, 1985), if the number of items is more than 25, the following formula applies:

$$\text{Index } \delta = 0,5\sqrt{c+1}/3m(c-1) \quad (2)$$

$$\text{Theorem } z = 0,2(V - 0,5)\sqrt{3mn(c-1)/(c+1)}$$

Note:

$\delta$  = the average expected value and standard deviation of the index V

c = number of answer choices

m = number of items

n = number of raters

The basis for decision making was as follows: if the z value is more than 1.645 (p = 0.05) or 2.33 (p = 0.01). The calculation result showed that the value of  $\delta = 0.029$  and the value of  $z = 2.05$ . This indicated that the items of the PVQ scale had good content validity. Furthermore, the researcher conducted an open question legibility test and made a format in google form. Based on these valid items, the researcher conducted an item reliability analysis. The results of the reliability analysis showed that the PVQ with 52 items had a reliability coefficient of = 0.940. Therefore, the PVQ scale had high reliability.

*Open-ended questions* were used to reveal the participants' beliefs in the Covid-19 health protocols. Both measuring instruments were delivered to the participants offline and online using google form.

## 2.4 Method of Data Analysis

Descriptive analysis was used to determine the demographic profiles, values, and beliefs of the participants regarding the health protocol. Regression analysis was used to discover the contribution of demographic factors in determining the values. The program used for statistical analysis was JAMOV version 1.6.18.0.

## 3 RESULTS

In Table 2, the mean and standard deviation of each value is presented. In addition, reliability analysis for each value is also presented to determine the quality of the item at each value (Schwartz et al., 2012).

Based on Table 2 (see appendix), it can be seen that there were two aspects of value that had low-reliability values, namely value power dominance ( $\alpha=.156$ ) and value humility ( $\alpha=.106$ ). The other 17



values had a reliability coefficient that ranged from .519 to .776. This showed that the items of the other 17 values were considered reliable. In addition, the values of personal security, societal security, universalism nature, universalism concern, and universalism tolerance were values that had a higher average tendency compared to other values. This showed the values that emphasize the importance of maintaining relationships by showing obedience, respect, and courtesy to others and those that emphasize understanding, respect, tolerance, and protection for the welfare of humans and nature.

Table 3 (see appendix) presents the mean and standard deviation of the values grouped into 4 higher order values (Blackwell, Burgess, & Schwartz, 1994; Owens et al., 2001; Schwartz, 1992, 2007). In this case, the calculation of the reliability of each group of values was also carried out.

Table 3 shows that value openness to change ( $\alpha=.823$ ), self-enhancement ( $\alpha=.607$ ), conservation ( $\alpha=.843$ ) and self-transcendence ( $\alpha=.899$ ) had good reliability. The self-transcendence value was the value that had a higher average than the other values. Self-transcendence value is a value that emphasizes understanding, honor, tolerance, and protection for the welfare of humans and nature and a value that emphasizes the importance of preserving and improving the welfare of others.

The values of face and humility are 2 values that are recommended to be analyzed separately because they are the limiting values between the other values. Humility value is between self-transcendence and conservation while face value is between self-enhancement and conservation (Cieciuch, Schwartz, & Vecchione, 2013; Schwartz, 1992).

### 3.1 The Contribution of Demographic Factor to the Four Higher Order Values

The ANOVA test results regarding the *higher order values* based on sex showed that there was no difference in the values of *openness to change* ( $F=.186$ ;  $p>.05$ ), *self-enhancement* ( $F=.315$ ;  $p>.05$ ), and *self-transcendence* ( $F=.091$ ;  $p>.05$ ). However, there is a difference in the *conservation* value ( $F=7.486$ ;  $p<.05$ ). The female participants had a higher mean of the *conservation* value (mean=74.034;  $SD=8.71$ ) than the male ones (mean=67.54;  $SD=10.58$ ).

The ANOVA test results regarding the higher order values based on education level showed that there was no difference in the values of openness to change ( $F=1.916$ ;  $p>.05$ ), Conservation ( $F=.140$ ;  $p>.05$ ) and self-transcendence ( $F=.164$ ;  $p>.05$ ). However, there was a significant difference in self-enhancement ( $F=2.711$ ;  $p=.05$ ) in terms of education level. The participants with a high school education level showed higher self-enhancement (mean=21.98;  $SD=3.23$ ).

The ANOVA test results regarding the higher order values based on ethnicity showed that there was no difference in the values of openness to change ( $F=.860$ ;  $p>.05$ ), *self-enhancement* ( $F=1.327$ ;  $p>.05$ ), *conservation* ( $F=.735$ ;  $p>.05$ ) and *self-transcendence* ( $F=.387$ ;  $p>.05$ ).

### 3.2 The Contribution of Demographic Factor to the Four Higher Order Values

The regression test results showed that education, sex, and age were good predictors in explaining the value of self-enhancement ( $F=3.631$ ;  $p<.05$ ) and they contributed as much as 13.6%. Age was the best predictor ( $t=-2.131$ ;  $p<.05$ ) compared to sex and education.

The results of the regression test showed that education, sex, and age were good predictors in explaining the value of openness to change ( $F=3.200$ ;  $p<.05$ ) and they contributed as much as 12.2%. Age was the best predictor ( $t=-2.677$ ;  $p<.05$ ) compared to sex and education.

The regression test results showed that education, sex, and age were not good predictors in explaining the value of conservation ( $F=2.541$ ;  $p>.05$ ), and the value of openness to change ( $F=1.084$ ;  $p>.05$ ).

### 3.3 The Participants' Beliefs in the Implementation of Covid-19 Health Protocols

#### 3.3.1 Beliefs in The Advantages and Disadvantages of The Implementation of Covid-19 Health Protocols

Based on the answers given by the participants, it was found that caring about clean and healthy living habits, avoiding exposure to Covid-19, and

feeling safer are the benefits they believe to get when they implement the Covid-19 health protocols. Regarding the participants' belief in the harm obtained when implementing the health protocols, most of the participants believed that no harm would be obtained when implementing the Covid-19 health protocol. However, the participants also believed that implementing the Covid-19 health protocol means that they have to deal with the restrictions on activities outside the home, being not free to breathe, limited interaction, and the increasing price of the supporting resources for implementing the Covid-19 health protocols.

### **3.3.2 Individual or Group of People Who Are Considered Significant in Determining The Participant to Implement The Covid-19 Health Protocols.**

Family, friends, co-workers, and neighbours are parties who are believed to have a strong influence on the participants in implementing the Covid-19 health protocols. Most of the participants believed that no parties are blocking the implementation of the Covid-19 health protocols. However, friends, people who do not believe in Covid-19, traders, and neighbours can be the parties who can prevent the participants from implementing the Covid-19 health protocols.

### **3.3.3 The participant's Valuation of The Availability of Factors that Facilitate or Hinder Covid-19 Health Protocols.**

The results of the content analysis showed that the availability of masks, hand sanitizers, and means of washing hands were the factors that made it easier for the participants to implement the health protocols. Regarding the means that were believed to be able to prevent them from implementing the Covid-19 health protocols, most of them believed that there were no obstacles in implementing the Covid-19 health protocols. However, there were additional costs that they had to spend to buy the apparatus needed and the incomplete health protocol facilities in the public area. These two beliefs were the strongest beliefs held by the participants.

## **4 DISCUSSIONS**

This study showed that the values of personal security, societal security, universalism nature, universalism concern, and universalism tolerance were those having the highest mean compared to the other values. In terms of the higher order values, the self-transcendence value was the value that had a higher mean than the other values. Based on this, it can be said that the participant's perspective on the world emphasized the values of maintaining relationships with others, tolerance, respect, and protection of the welfare of others and nature.

The findings of this study also stated that the conservation value held by the female participants was higher than that of the male ones. This means that the female participants had a higher tendency to be associated with obedience, respect, and courtesy to others as a manifestation of maintaining relationships with others. This finding was in line with previous research that there is a tendency that women have a higher tendency towards the value of conservation (Schwartz & Rubel, 2005). Social role theory (Eagly & Wood, 1988) can be a reference to explain differences in values based on sex differences.

The theory of social role provides an alternative to explain the substantial cross-cultural variation in sex differences with variations in the division of labour and gender hierarchies across countries. The explanation for this variation refers to the specific role in the occupation and family performed by women and men in each society. Although the representation of types of occupation in this study did not meet the requirements, through the theory of social role, the difference in roles for each sex is a social construct. Men are positioned as breadwinners who will then influence the relationships existing between men and women, within both the family and the wider social environment (Koenig et al., 2014; Masolo, Vieu, Bottazzi, & Catenacci, 2004). This interesting finding can be followed up by ensuring the representation of men and women in the types of work included in the research sample.

Age is the most significant predictor in explaining the self-enhancement value, which emphasizes success or achievement, status accomplishment, and control of resources owned.

Although this study did not directly categorize age, by taking into account the mean age of the participants of 26.85 years – who were of productive age - it can be understood that productive age is the age for building independence through either occupation or other achievements. This finding also confirmed the previous research that the cooperative relationship of family and the wider environment is the main factor that becomes a requirement for these values (Fischer & Schwartz, 2011). This further strengthened the previous findings of this study that the value of maintaining relationships with other people was the dominant value of the participants of this study.

In the study of positive psychology, values are parts of the global meaning which includes the individual's perspective on the world (world view). This point of view becomes a framework for individuals to interpret the situation that surrounds them. What becomes the reality for an individual is a construction of their perspective on the world (Park, 2008, 2013). Constructivists add that the process of interpreting is likely expressed through the narrative aspect of memory because humans are motivated to build and maintain meaningful self-narratives. Thoughts, actions, and knowledge are motivated by meaning (Antlová, Chudý, Buchtová, & Kučerová, 2015; Ertmer & Newby, 2013). Park (Park, 2008) states that meaning occupies two levels, namely global and situational meanings. Global meaning emerges early in life but takes into account subjective experiences. Global meaning influences the thoughts, actions, and emotional responses of an individual to a higher level of thinking. The global interpretation also refers to a system of the universal orientation of an individual, including the most substantial or core beliefs and goals.

As a point of view, a value has implicit characteristics in the form of beliefs related to emotions, referring to goals that direct behavior, going beyond certain actions and situations, becoming a standard for evaluating events and having an impact on decision making. Included in this are beliefs related to the implementation of the Covid-19 health protocol.

Belief in research is a cognitive basis for attitudes, subjective norms, self-control, intention, and behavior. A person tends to evaluate the

consequences of a behavior, parties that encourage them to behave, and situations that facilitate or hinder behavior. As explained by Theory of Planned Behavior (Ajzen, 1991, 2012; Fishbein & Ajzen, 1981), belief will determine the attitude, subjective norm, and assessment of perceived behavioral control, intention, and behavior itself (Ajzen, 2005; Dennett, 1981; de Leeuw, Valois, & Seixas, 2014).

If associated with the process of interpretation, it can be seen that cognitive evaluation of a current situation is a process of interpretation in a situational manner. This means that the situational interpretation is directly related to the situation being faced by people, namely the Covid-19 pandemic. It should be stated that the indicators of the interpretation process can be seen from the acceptance that what is happening now is something that makes sense (Kaminker & Lukoff, 2013; Park, 2010; Xu, Oei, Liu, Wang, & Ding, 2014). This study has not been able to explain further how the strength of this belief made the situation of this pandemic could be understood as a reasonable occurrence. Any subsequent research can reveal the strength of beliefs, attitudes, subjective norms, and perceived behavioral control as intraindividual processes related to individual willingness to implement the Covid-19 health protocols.

This study has several limitations that need to be examined critically for future studies. First, the characteristics of the respondents in this study did not represent all the criteria that had been determined in the study. The obstacles in collecting the data in an online manner during the pandemic made the study bias that was difficult to control. Second, this study did not provide a complete picture of the profiles of the values based on the characteristics of the participants. Third, the dynamics of the active interpretation process had not involved more advanced statistical testing to provide adequate information.

## 4 CONCLUSIONS

Self-transcendence was the value that had the highest mean compared to the other values. It is the value that emphasizes understanding, honor, tolerance, and protection of the welfare of humans and nature and the importance of preserving and increasing the

welfare of other people. The female participants had the mean conservation value higher ( $mean=74.034$ ;  $SD=8.71$ ) than the male ones ( $mean=67.54$ ;  $SD=10.58$ ). Age was the best predictor ( $t=-2.131$ ;  $p<.05$ ) compared to sex and education. Age was the best predictor ( $t=-2.677$ ;  $p<.05$ ) compared to sex and education.

The characteristics of the participants of this study had not represented the entire criteria that the researcher had set. Any successive study can add the representations of the sample in each sample's characteristics. This study has not been able to give a complete depiction of the profiles of the values based on the participants' characteristics. Any subsequent study can use multiple discriminant analyses to obtain such a complete depiction. The dynamics of the process of interpretation need a more advanced statistical test so that it can give adequate information. For any study in the future, to measure the strength of beliefs, attitude, subjective norm, and perceived behavioral control related to the implementation of Covid-19 health protocols, value can be taken into account as a background factor.

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## APPENDIX

Table 2: The mean and standard deviation of the 52 items dan reliability of the 19 values

Aspects	Values	Item	M	SD	Cronbach ( $\alpha$ )
Self-Direction	Self-Direction Thought (1 <sup>st</sup> Value)	item1	4.7945	1.23557	.613
		item23	4.8356	.97202	
		item39	4.9452	.88019	
	Self-Direction Action (2 <sup>nd</sup> Value)	item16	4.8904	1.11258	.567
		item30	4.8493	.98137	
		item56	4.9863	.96455	
Stimulation	Stimulation (3 <sup>rd</sup> Value)	item10	4.2877	1.38924	.650
		item28	4.2192	1.37686	
		item43	4.8904	1.10002	
Hedonism (4 <sup>th</sup> Value)		item3	5.0685	1.32632	.644
		item36	4.8493	1.29820	
		item46	3.8356	1.39457	
Achievement (5 <sup>th</sup> Value)		item17	4.7945	1.04028	.519
		item32	5.4932	.78392	
Power	Power Dominance (6 <sup>th</sup> Value)	item6	3.1233	1.39389	.156
		item29	2.8356	1.47209	

	Power Resources (7 <sup>th</sup> Value)	item20	5.0274	.94241	
Face (8 <sup>th</sup> Value)		item9	4.4795	1.43478	.670
		item24	4.5205	1.25951	
		item49	4.3562	1.33718	
Security	Personal Security (9 <sup>th</sup> Value)	item13	5.2603	1.02777	.699
		item26	5.1096	1.02146	
		item53	5.1370	.94744	
	Societal Security (10 <sup>th</sup> Value)	item2	4.3973	1.64772	.620
		item35	5.0959	1.23788	
		item50	4.7123	1.28538	
Conformity	Conformity rules (12 <sup>th</sup> Value)	item15	4.9315	.94764	.776
		item31	4.8904	.89072	
		item42	4.9589	.94924	
	Conformity interpersonal (13 <sup>th</sup> Value)	item4	4.9178	1.48841	.525
		item22	5.192	1.0091	
		item51	4.7671	1.09950	
Tradition (11 <sup>th</sup> Value)		item18	3.6575	1.30404	.665
		item33	4.3562	1.22893	
		item40	4.6986	1.00947	
Humility (14 <sup>th</sup> Value)		item7	3.3562	1.27334	.106
		item38	5.2877	1.06039	
Benevolence	Benevolence-Care (18 <sup>th</sup> Value)	item11	3.9863	1.26374	.626
		item25	5.1918	.98118	
		item47	4.9178	.96829	
	Benevolence-Dependability (19 <sup>th</sup> Value)	item19	4.4932	1.16813	.613
		item27	5.1918	.98118	
		item55	4.5890	1.12837	
Universalism	Universalism-Nature (15 <sup>th</sup> Value)	item8	5.2192	1.08329	.705
		item21	5.1233	1.01304	
		item45	5.0959	.83607	
	Universalism-Concern (16 <sup>th</sup> Value)	item5	5.1507	1.12634	.647
		item37	5.2055	.95683	
		item52	5.1233	.95663	
	Universalism-Tolerance (17 <sup>th</sup> Value)	item14	5.2466	.99695	.728
		item34	5.0000	.92796	
		item57	4.6986	1.04993	

Note:

M: Mean

SD: Standard deviation

Alpha ( $\alpha$ ): Cronbach alpha coefficient

Table 3: Mean dan standard deviation of the 52 items and reliability of higher order value

Higher Order Value	Value	Item	M	SD	Cronbach ( $\alpha$ )
Openness to change	Self-Direction Thought	item1	4.7945	1.23557	.823
		item23	4.8356	.97202	
		item39	4.9452	.88019	
	Self-Direction Action	item16	4.8904	1.11258	
		item30	4.8493	.98137	
		item56	4.9863	.96455	
	Stimulation	item10	4.2877	1.38924	
		item28	4.2192	1.37686	
		item43	4.8904	1.10002	
	Hedonism	item3	5.0685	1.32632	
		item36	4.8493	1.29820	
		item46	3.8356	1.39457	
Self-Enhancement	Achievement	item17	4.7945	1.04028	.607
		item32	5.4932	.78392	
	Power	item6	3.1233	1.39389	
		item29	2.8356	1.47209	
		item20	5.0274	.94241	
Conservation	Personal Security	item13	5.2603	1.02777	.843
		item26	5.1096	1.02146	
		item53	5.1370	.94744	
	Societal Security	item2	4.3973	1.64772	
		item35	5.0959	1.23788	
		item50	4.7123	1.28538	
	Tradition	item18	3.6575	1.30404	
		item33	4.3562	1.22893	
		item40	4.6986	1.0947	
	Conformity rules	item15	4.9315	.94764	
		item31	4.8904	.89072	
		item42	4.9589	.94924	
	Conformity Interpersonal	item4	4.9178	1.48841	
		item22	5.1918	1.00909	
		item51	4.7671	1.09950	
Self-Transcendence	Universalism nature	item8	5.2192	1.08329	.899
		item21	5.1233	1.01304	
		item45	5.0959	.83607	
	Universalism concern	item5	5.1507	1.12634	
		item37	5.2055	.95683	
		item52	5.1233	.95663	
	Universalism tolerance	item14	5.2466	.99695	
		item34	5.0000	.92796	
		item57	4.6986	1.04993	
	Benevolence care	item11	3.9863	1.26374	
		item25	5.1918	.98118	
		item47	4.9178	.96829	
	Benevolence dependability	item19	4.4932	1.16813	
		item27	5.1918	.98118	
		item55	4.5890	1.12837	
Face		item9	4.4795	1.43478	.670
		item24	4.5205	1.25951	
		item49	4.3562	1.33718	



<i>Humility</i>	item7	3.3562	1.27334	.106
	item38	5.2877	1.06039	

Note

M : Mean

SD : Standard deviation

( $\alpha$ ) : Cronbach alpha coefficient

## ***Literature Review: Resilience Factors In Service Sector Employees In The Covid-19 Pandemic***

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**Keywords** : resilience, employees, pandemic, Covid-19

**Abstract** : The Covid-19 pandemic has become a global pandemic that makes all people feel great fear because of its rapid spread. This virus has a variety of effects on mental health, physical health, finances, and how people act on a daily basis. Work from home (WFH) activities started to be introduced across the organization, including employees in the service sector. As a result, employees must quickly adjust to potentially dangerous and unclear conditions. The right variable in this case is resilience. The goal of this literature review is to see what factors influence employee resilience in the service industry. A literature study was conducted based on the topic, technique, and research journal similarities. Eight of the ten papers chosen utilized quantitative methods, one used mixed methods, and one used experimental methods. Employees who worked as nurses, doctors, health care workers, teachers, and frontline workers made up the study's population. The study was carried out in a number of nations, including Indonesia, Turkey, Thailand, Sweden, and the United Kingdom. Sleep quality, positive emotions, life satisfaction, age, employee tenure, work experience, and individual character are all characteristics that promote resilience, according to the findings of eleven studies. If an employee cannot be a resilient person, it will be easy to experience stress and the employee's performance will decrease. If an employee can develop resilience, they will work more calmly, have higher subjective well-being, and be able to deal with potentially dangerous situations.

### **INTRODUCTION**

Based on news reported by Time which stated that the World Health Organization (WHO) announced the corona virus (Covid 19) is a global pandemic for the whole world (Ducharme, 2020). This pandemic has become a great fear because it has spread throughout the country and is a new disaster that has never happened before in the history of human life. The Covid-19 pandemic is still going on, and it's affecting people all around the world. As evidence, everyone is undergoing changes in numerous parts of their lives, including health, employment, and family life (Gangopadhyaya & Garret, 2020). This pandemic period has also had a significant impact on mental health, exacerbating individual psychopathology (Adhanom, 2020). The occurrence of lockdowns and quarantines in numerous countries is also a result of this pandemic period. Parents have struggled as a result of the lockdown and quarantine. Struggle to care for children while working (Chen & Bonanno, 2020).

Apart from having an influence on physical health, the Covid-19 pandemic also has an impact on individual mental health. Every individual is confronted with a new life system shift, such as social limits, employee

termination of job contracts, working from home (WFH), reduced working hours, large-scale social restrictions (PSBB), and health protocols that must be followed at all times. The existence of these policies has an impact on an organization's ability to achieve its objectives (Sutrisno, 2009). Some people will unavoidably have to adjust to a new reality characterized by dread and the spread of the virus (Tim Redaksi, 2020). Individuals suffering from mental health issues such as worry and stress as a result of this influence are more likely to engage in unproductive conduct. This shifting work pattern may have a direct or indirect impact on employees' motivation to do their best work, be healthy, safe, and comfortable (Sedarmayanti, 2009).

Employees' ability to quickly adjust to new situations and emotions of worry that develop from time to time as a result of the Covid-19 pandemic causes them to change their behavioral routines, which can have detrimental effects on their health and performance (Dewayani, 2020). Examples of jobs that require employees to be able to adapt quickly are employees who provide services for customers, be it frontliners, nurses, waiters, and so on. Service standards become a standard guideline utilized by employees at work, and if

they are not followed consistently, customers may be dissatisfied with the services provided by employees (Ellyanawati, 2018). The introduction of tight health regulations in each profession shows the shape of changes in behavior and new habits.

The consequences of this pandemic have been severe, with employees suffering significant bodily, psychological, and social consequences. Because of the severity of the pandemic's impact, people who can adapt and learn to adjust to new ways of life are in high demand. Resilience is one of the principles that explains this ability (Astika & Saptoto, 2016). According to McEwen (2011), resilience is defined as the ability to survive or overcome adversity as well as successfully adapt to change and ambiguity (Steven & Prihatsanti, 2017). Block (Matulesky & Maisyarah, 2015) defines resilience as ego-resilience, which means a general ability that involves great adaptation and flexibility. Reivich and Shatte (2002) describe resilience as the ability to adapt and persevere in the face of adversity (Matulesky & Masyarah, 2015).

Resilience refers to a person's ability to rebound from life's crises, hardships, and obstacles (Herdiana & Suryanto, 2018). According to Reivich & Shatte (Matulesky & Maisyarah, 2015), the function of resilience is to address problems by analyzing the situation and changing one's perspective to a more positive one (overcoming), convincing oneself that one can master the environment and solve problems (steering through), giving confidence that one can overcome all problems and return to normal life (bounce back), and providing more and more (reaching out). Karen Reivich and Andrew Shatte (2002) argue that there are 7 (seven) important factors which are human internal strengths that directly affect a person's resilience ability. The seven aspects are emotion regulation, *impulse control*, problem analysis, optimism, empathy, self-efficacy, and *reaching out* (Reivich & Shatte, 2002).

Employees must be able to recognize the level of their resilience qualities in order to become resilient. Knowing the internal strength profile of humans can reveal this ability to be resilient (Wediyaswari, Cahyadi, Susiati, & Yuanita, 2019). According to research by NJ Roberts, K. McAloney-Kocaman, K. Lippie, E. Ray, L. Welch, and C. Kelly (2020), psychological support for a person is required

to lower stress, depression, and anxiety levels, as well as to maintain a person's resilience (Robert, et al., 2020). According to studies conducted on Swiss health workers, improving managerial skills, communication, and social support will increase decision-making, cooperation, and conflict resolution. This can also help health staff be more resilient in anticipating future catastrophes (Juvet, et al., 2021).

As a result, it is necessary to carry out an in-depth analysis to determine the resilience or resilience of employees, both those in the service sector or others. Every employee must be a person who is resilient to his work so that every job he does continues to run well, maximally, comfortably, and healthy. This serves as a reminder to employees to continue working properly so that they do not experience prolonged stress or unproductive work. As a result, it's critical to understand what factors influence employee resilience as well as the impact of resilience on employees. A literature review was used to perform this research.

## RESEARCH METHODS

This study used approach literature review. This method is a research method that uses library research as a reference for reference materials, such as articles, scientific journals, and books on the topic being researched (Estheriani & Muhid, 2020). Approach literature review was employed in this study. This is a research method that employs library research to locate reference resources such as articles, scientific journals, and books on the subject at hand (Estheriani & Muhid, 2020). At this point, the researcher used a database to gather information from a variety of sources, including science direct, PubMed.gov, and Google Scholar. Researchers searched keywords like "resilience," "resilience employee," "resilience worker," "resilience worker during a pandemic," and "resilience employee during a pandemic" to discover materials that fit the research theme. After finding the right publication or source, the researcher uses judgment and selection to find sources that are relevant to the research goals. Researchers found 19,637 journals in Science Direct, then limited it down to locate the most recent journals, resulting in 7,717 journals. Researchers discovered 258 journals on PubMed.gov, which is the most recent journal.

Google Scholar researchers discovered 17,400 journals from the years 2019 to 2021 on the website.

## **RESULT**

### **1) The emphasis of the topic to be investigated**

Barita Ulina Mariani (2020) in her research brings up the issue of the endurance required by the nurses of the Rumah Sakit Penyakit Infeksi Prof. Dr. Sulianti Saroso (RSPI-SS) to be able to work well in the midst of the Covid-19 pandemic. In addition to the researchers above, there are several other researchers who have studied health care workers. Bozdag & Ergun (2020), Juvet, et al., (2021), and Robert, et al., (2020) also investigated how nurses and medical personnel adapt to unexpected situations. The research conducted in several countries such as Sweden, United Kingdom, Turkey, and Thailand. The researchers believe that nurses need good resilience to unexpected situations. This endurance is required in order to strike a balance between job performance, personal issues, and the daily workload. Endurance, or commonly called resilience, is a quality that a nurse must possess in order for their work to remain effective. This is also in line with research conducted by Ocktafian (2021) which aims to ensure that employees can perform productively and have a high level of life satisfaction even if they are in the midst of a Covid-19 epidemic. The resilience factor also has a positive and significant effect on life satisfaction (Prayag, Spector, & Orchiston, 2019).

The problems of previous research are also almost the same as the research conducted by Hakim & Rizky (2021) regarding the description of resilience experienced by employees of the customer service department at PT. X area of East Java during the Covid-19 pandemic. Employees engaged in the service sector also really need to be able to adapt quickly to changing conditions. According to McEwen (2011), resilience involves the ability to survive or overcome adversity and successfully adapt to change. Resilience itself can also be generated from a person's personal and environmental characteristics (McEwen, 2011). In meeting the demands of work, a customer service does not always serve with a comfortable work situation. When consumers

complain furiously or berate, customer service must continue to provide excellent service. Resilience is required in this critical situation so that customer service may provide the best possible service. Resilience is also needed when individuals are faced with challenging situations (Zellars, Justice, & Beck, 2011).

Siliyah & Hadi (2021) emphasize research on aspects of resilience experienced by educators at SMAN 1 Bangil. In the Covid-19 setting, an instructor must also be able to perform well despite the numerous hurdles. The goal of this study is to find out how teachers' resilience affects their work engagement. Gurman et al., (2021) investigated the impact of the Inquiry-Based Stress Reduction (IBSR) intervention on well-being, resilience, and burnout among Jerusalem teachers during the Covid-19 pandemic. This study aims to determine how resilient teachers are in the face of stress, trauma, or circumstances that generate stress. This study aims to determine how resilient teachers are in the face of stress, trauma, or circumstances that generate stress.

### **2) The research steps or procedures that were utilised.**

Mariani (2020) employs a non-experimental quantitative approach with a descriptive analytic type and a cross sectional design in her research. Mariani's research (2020) uses random sampling. Ocktafian (2021), Hakim & Rizky, (2021), Siliyah & Hadi, (2021), Robert, et al., (2020), Coulombe, et al., (2021), Ojo, Fawehinmi, & Yusliza, (2021), dan Bozdag & Ergun, (2020) use a quantitative approach by distributing questionnaires through google forms, taking data directly. SPSS is the software used to process the data from the research. The research in which the researchers used 2 or more variables that were related or compared to the resilience variable. Researchers employed two or more factors that were connected to or compared to the resilience variable in this study. The variables used to be tested are work stress, work engagement, anxiety, depression, burnout, and psychological well-being.

Juvet, et al., (2021) employed a mixed techniques, quantitative and qualitative study approach. The study used open-ended questions and used analysis using SPSS for Windows. Gurman, et al., (2021) used an



experimental strategy in their research. In this study, intervention approaches are used in the experiments.

## DISCUSSION

### 1) Analysis of each study's similarities and differences

Nurses and doctors are two professions that are most susceptible to infection by the Covid-19 virus. As a result, they continue to experience anxiety, panic, trauma, despair, and bewilderment, among other mental health issues (Bozdag & Ergun, 2020). According to research conducted by Bozdag & Ergun (2020), three model factors were tested: 1) Population demographics 2) Sleep quality, age, and fears of becoming infected with the virus are all factors to consider 3) Sleep quality, positive emotions and negative emotions, and life satisfaction are all factors to consider. The study discovered that sleep quality, positive emotions, and life satisfaction must all be enhanced in order for health care employees to be resilient. In contrast, the research conducted by Mariani (2020) on nurses did not involve demographic factors in it. Mariani's research (2020) reveals that a person's tenure is a crucial component in their resilience to hard events like the Covid-19 pandemic. The longer a person's working period, the individual can increase his or her resilience in the face of pressure (Mariani, 2020). This could be attributed to the process of adjusting to a new field of work in order for nurses to become more resilient in their jobs.

This research from Bozdag & Ergun (2020) and Mariani (2020) has almost the same results as research from Robert, et al., (2020) which examines the level of resilience with other variables such as anxiety and depression. In his research, Robert, et al., (2020) stated that resilience can also be influenced by individual character factors, age, and length of service of nurses. Hope, self-efficacy, and a work-life balance are all examples of resilience (Robert, et al., 2020). The study was processed using simple regression and found that nurses in the UK have high resilience based on their age and length of service. In addition to these findings, Coulombe, et al., (2020) discovered that the trait resilience factor is one of the more dominating variables encouraging individuals to minimize stress and raise the meaning of life in order to become resilient. Family function, high social support from friends, social

participation, and trust in health institutions are the other aspects (Coulombe, et al., 2020). Trait resilience is a phenomenon in which people approach and react to unfavorable experiences and then assess their ability to recover from them (Maltby, Day, & Hall, 2015). The resilience trait is believed to be able to generate feelings of meaning in life and reduce a person's stress level (Coulombe, et al., 2020).

Resilience is also related to job stress on service employees. Research conducted Hakim & Rizky (2021) found that there is a relationship between resilience and stress. A correlation test was used to evaluate the study. According to Hendriani (Hakim & Rizky, 2021), employees can adjust to issues and develop a resilient attitude at work if they can find coping stress that suits them. Someone who is capable of resilience experiences low work stress, while someone who is less capable of resilience experiences high work stress (Hakim & Rizky, 2021).

Resilience is a term used to describe a person's ability to adapt well when confronted with stress, adversity, trauma, tragedy, or threats (American Psychological Association, 2014). Gurman, et al., (2021) discovered that resilience can be one of an individual's strength aspects in producing positive mental processes and developing effectively, as well as overcoming negative emotions, poor ideas, and non-compliant behavior. In threatening and dangerous situations, such as the Covid-19 epidemic, resilience can lessen the hazards of stress on mental health and lead to good actions and attitudes, according to the study's findings (Gurman, et al., 2021).

Ojo, Fawehinmi, & Yusliza (2021) in their research said that resilience can help employees overcome and recover from crises and unexpected situations like the Covid-19 pandemic. This study examines resilience with work engagement. The findings from this study suggest that for teachers, support from family and friends will improve their ability to manage with stress caused by the Covid-19 pandemic. Teachers who receive support from family and friends will be better able to cope with stress during the Covid-19 pandemic, according to this study. (Ojo, Fawehinmi, & Yusliza, 2021). As a result, a teacher's ability to recover from a slump can be enhanced by spending time with family or colleagues in order to become a more resilient person, which might affect a teacher's

professional engagement. This research is also in accordance with Siliyah & Hadi (2021), which looked at the impact of resilient work involvement on teachers. Resilience has a favorable impact on professional engagement, according to this study. That is, every increase in the resilience variable is accompanied by an increase in the work engagement variable.

Employee performance is also influenced by resilience. This is supported by Ocktafian's (2021) which examines the effect of resilience on employee performance. Based on the results of the study, it was found that employee

resilience has a positive and significant effect on employee performance. The results of this study are the same as research from Mayangsari & Millanintyas, (2020) which shows that resilience has a positive and significant effect on employee performance. Juvet, et al., (2021) found research results revealing strategies that employees can also do to be better at being resilient. Employees' emotions (fear of being infected with the Covid-19 virus and unpredictable situations) can be managed, and work and personal life can be balanced.

Table 1. Literature Review table

No	Authors	Title	Design	Participants	Results
1	Faruk Bozdag, Naif Ergun	Psychological Resilience of Healthcare Professionals During Covid-19 Pandemic	Kuantitatif	Nurses, doctors and health staff	This study found that in order to increase employee resilience, good sleep quality, positive emotions, and life satisfaction must be developed. These three elements are thought to have an impact on the quality of health-care employees' services and their ability to perform at work.
2	Barita Ulina Mariani	Faktor-Faktor Personal sebagai Prediktor terhadap Resiliensi Perawat di Rumah Sakit Penyakit Infeksi Prof. Dr. Sulianti Suroso	Quantitative non-experimental descriptive analytical type with cross sectional design	239 nurses	In the RSPI-SS, there is a correlation of 0.022 between tenure and resilience. This demonstrates that the longer a nurse works, the higher the amount of subject resilience. A longer working period can improve a person's ability to cope with stress. This could be attributed to the process of adjusting to the sector of work and gaining experience, which can help nurses become more resilient in their profession.
3	N. J. Roberts, K. McAloney-Kocaman, K. Lippiett, L. Welch, C. Kelly	Level of Resilience, Anxiety, and Depression in Nurses Working in Respiratory Clinical Areas During the Covid Pandemic	Descriptive quantitative	255 nurses	The study found that nurses who were more resilient were nurses who were older and had longer experience as a nurse. Resilience can also be influenced by social characteristics and social environment
4	Simon Coulombe, Tyler Pacheco, Emily Cox, Christine Khalil, Marina M. Doucerain, Emilie Auger, dan Sophie Meunier	Risk and Resilience Factors During the Covid-19 Pandemic: A Snapshot of the Experiences of Canadian Workers Early on in the Crisis	Descriptive quantitative	Minimum age 18 years, living in Canada, working at least 20 hours per week	Except for social distancing, every risk factor associated with the pandemic had a minimal link with mental health and subjective well-being, according to this study. Mental health and well-being are favorably associated to resilience qualities. Trait resilience is the most common type of resilience seen. This is the primary factor that causes a person's sense of well-being to emerge.
5	Gamma Rahmita Ureka Hakim,	Hubungan Resiliensi dengan Stres Kerja Karyawan	Quantitative with descriptive	38 employees	According to the findings, 52.63% of the study's participants experienced

	dan Dinda Kurnia Rizky	Bagian Layanan Pelanggan PT. X Area Jawa Timur di Masa Pandemi Covid-19	and correlational analysis		significant work stress and 57.89% had low resilience. The correlation between resilience and work stress is $-0.576$ , which is higher than the $R_{table}$ value of $0.320$ with a significant level of $0.05$ , indicating that the hypothesis is correct. At PT. X Area East Java's customer service department, it was discovered that there was a significant negative correlation between resilience and job stress.
6	Tzofnat Zadok-Gurman, Ronit Jakobovich, Eti Dvash, Keren Zafrani, Benjamin Rolnik, Ariel B. Ganz, dan Shahar Lev-Ari	Effect of Inquiry-Based Stress Reduction (IBSR) Intervention on Well-Being, Resilience and Burnout of Teachers during the COVID-19 Pandemic	Experiment	Intervention group: 32 participants, control group: 35 participants	The study's findings revealed that participants who received the intervention experienced increased psychological and subjective well-being, mindfulness, and resilience. Participants who were not exposed to the intervention, on the other hand, had lower self-esteem and subjective well-being, as well as higher degrees of emotional weariness. Psychological well-being was found to have a positive relationship with subjective well-being, resilience, and mindfulness ( $r = 0.39 - 0.66$ $p < 0.01$ ). In threatening and dangerous situations, such as the Covid-19 epidemic, resilience can lessen the hazards of stress on mental health and lead to good behavior and thoughts, according to the study's findings.
7	Adedapo Oluwaseyi Ojo, Olawole Fawehinmi, dan Mohd Yusoff Yusliza	Examining the Predictors of Resilience and Work Engagement during the COVID-19 Pandemic	Quantitative, by distributing surveys online	274 participants	During the Covid-19 epidemic, the study discovered the relevance of self-support and the capacity to promote self-resilience in dealing with anxiety and unpredictable situations, hence enhancing work engagement. Researchers also discovered that having support from family and coworkers can help employees cope with the stress caused by the Covid-19 pandemic.
8	Na'imatus Siliyah dan Cholichul Hadi	Pengaruh Resiliensi terhadap <i>Work Engagement</i> pada Guru	Quantitative	74 teachers	The findings of this study show that resilience has an influence on work engagement of ( $F(1.72) = 16.8$ ; $p < 0.01$ ; $R^2 = 0.189$ ). That is, an individual's level of resilience can predict and define 18.9% of their job participation goals.
9	Qikki Ocktafian	Pengaruh Resiliensi Karyawan terhadap Kinerja Karyawan Melalui Kepuasan Hidup	Quantitative	71 nurses	Employee resilience affects employee performance in a favorable and meaningful way. Nurses' high level of resilience will have an impact on their ability to perform at a higher

					level. Furthermore, because employee welfare is judged as an internal component from within the individual, resilience has a positive and significant effect on life satisfaction, which indicates that strong nurses will tend to have better life satisfaction.
10	Typhaine M. Juvet, Sandrine Corbaz-Kurth, Puline Roos, Lamyae Benzakour, Sara Cereghetti, Gregory Moullec, Jean-Claude Suard, Laure Vieux, Hannag Wozniak, Jacques A. Pralong, Rafael Weissbrodt	Adapting to the Unexpected: Problematic Work Situations and Resilience Strategies in Healthcare Institutions during The COVID-19 Pandemic's First Wave	<i>Mixed-Methodology</i>	15,272 participants who are all staff nurses, doctors, health staff in Switzerland	According to the findings, resilience methods can be implemented in four different ways: organization, equipment, groups, and individuals. Resilience can exist in organizations based on organizational structure, relationships, and individual factors. Equipment preparation, informing management about equipment use, preparations and planning, management formation, governance procedures, leadership practices, organizational culture, social networks, and collaboration are all examples of activities that can be carried out on equipment. Individuals can develop resilience if they acquire techniques to manage their emotions, receive education on how to increase self-efficacy, care for others, and maintain a healthy work-life balance.

## CONCLUSIONS AND SUGGESTIONS

According to the academics that discussed the 10 studies above, there are a variety of elements that can effect employee resilience. Sleep quality, positive emotions, and life satisfaction can actually influence a person to become resilient (Bozdag & Ergun, 2020). Mariani (2020) states that age, years of service, work experience, individual character (Robert, et al., 2020) are also factors in the formation of resilience in employees, especially in the health sector.

During the Covid-19 epidemic, the resilience attribute was also one of the protective factors against mental health disorders and stress (Coulombe, et al., 2020). Trait resilience is a phenomenon in which people approach and react to unfavorable experiences and then assess their ability to recover from them (Maltby, Day, & Hall, 2015). Someone who is resilient will be able to grow to their full potential, reducing unpleasant emotions, poor thoughts, and inappropriate

activities. In unclear and hazardous situations, resilience can reduce stress and lead to positive conduct (Gurman, et al., 2021). Employees that are resilient and can manage their stress are more involved in their work (Siliyah & Hadi, 2021) and perform better (Ocktafian, 2021).

From the results of the literature review conducted, the researcher recommends that the factors that form the resilience can be supported and endeavored to occur within the individual. These things can support employees to work more calmly, comfortably, and safely. Social support is also felt to be very necessary for individuals, groups, and organizations. This is done in order to anticipate, monitor, and train themselves from threatening situations such as the Covid-19 pandemic.

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# Psychological Health Of Elderly People In The Covid-19 Pandemic

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**Keywords:** psychological health, the elderly, the Covid-19 pandemic

**Abstract:** The pandemic has hit the world which has implications for all aspects of life, including the lives of the elderly. During the Covid-19 pandemic, this has also become an extraordinary adaptation process for other elderly people, which has an impact on their psychological health. This study aims to provide an overview of the psychological health of elderly people related to their psychological problems, during the Covid-19 pandemic. This is a descriptive study with quantitative methods, using a questionnaire as a data mining tool. Conducted on a sample of 96 elderly people in the age range 55-75 years. The results of the study in general that the elderly who experience psychological problems in general show that 15% are very suitable, 66% are suitable, 18% are not suitable and 1% are not very suitable. The problem with the largest percentage is the increase in negative emotions and death anxiety, which are 75% and 69%, respectively.

## INTRODUCTION

Pandemics have swept the world, infecting people, causing death, focusing hospital capacities to care for the sick, and significantly disrupting many domains of human activity. This has implications for public health authorities regarding social distancing arrangements in an effort to slow the speed of transmission of the virus. This condition has changed the entire life of all mankind, including the elderly. This makes the elderly feel isolated and confined, which also has implications for the psychological health of the elderly, because they cannot function and interact normally as before.

During the Covid-19 pandemic, the elderly group (> 60%) was still the group that contributed the most deaths due to Covid-19 (50%) even though only 11.3% of all positive cases existed. The case fatality ratio of the elderly group is also the highest (12%) compared to other age groups, even 4 times the national figure. According to the analysis of mortality by age and history of comorbidities, the elderly have a 19.5-fold higher risk than other age groups (<https://promkes.kemkes.go.id/tetap-sehatkan-lansia-di-masa-pandemi-covid-19>).

The pandemic has a significant psychosocial impact on the elderly, including health anxiety, panic, adjustment disorders, chronic stress. All of this stems from a sense of loneliness as a result of social distancing restrictions during the Covid-19

pandemic. It also raises cognitive and emotional disturbances, which makes the elderly become irritable and irritable (Banerjee, 2020). The current Covid-19 crisis can be expected to cause psychological trauma (Lange, 2021).

Older people experience increased clinical susceptibility, among them addiction and/or death when exposed to stressors. Elderly people who are easily sick with only mild stressors, the illness can become severe and are at risk of death. Vulnerability/frailty is a process that is in line with the decreasing capacity of body functions in the aging process (<https://promkes.kemkes.go.id/tetap-sehatkan-lansia-di-masa-pandemi-covid-19>).

When you get older, your physical and mental strength decreases a lot, not only your endurance is getting weaker but your memory is also getting weaker. Not even a few elderly people who experience senility. The strong force turned sluggish. Even a sharp mind becomes dull. Physiological decline with psychological and mental decline that accompanies the elderly, is closely related to the slowing down of the regeneration process of body cells, which are also nerve cells or neurons in the elderly (AC Rosen et al., 2002; Rossi et al., 2004, in Kalat, 2010).

The age limit for the elderly according to the World Health Organization (WHO) for the elderly includes: (1) Middle age, namely the age group of 45 to 59

years; (2) Elderly = between 60 to 74 years; (3) Elderly (old) = between 75 to 90 years; (4) Very old = above 90 years (Nugroho, 2012)

During the Covid-19 pandemic, many efforts were made to maintain and optimize the quality of life of the elderly. Efforts are made not only from the aspect of nutritional intake and physical health, but also psychological health. It's just a fact on the ground that psychologically, the elderly are the most vulnerable individuals to be exposed to the Covid-19 virus. This phenomenon causes them to experience deep anxiety.

The aging process is also known as "senescence". This word is taken from the Latin "senescere" which means to grow old. The aging process is a life cycle characterized by the stages of decline in various organ functions, for example in the cardiovascular system and blood vessels, respiration, digestion, endocrine and so on. Various functions of organs in an elderly person are not the same, and from one elderly person to another the aging process is also not the same (Kaplan, et al., 2006).

Aging is a cumulative change in living things, including the body, tissues and cells, which experience a decrease in functional capacity. In humans, aging is associated with degenerative changes in the skin, bones, heart, blood vessels, lungs, nerves and other body tissues. With limited regenerative abilities, they are more susceptible to various diseases, syndromes and illnesses than other adults.

This decrease is mainly a decrease in the ability of the brain. As Allah says: "Allah created you, then died you; And some of you have been brought back to the age of the weakest (senile), so that He may no longer know anything that he once knew. Verily, Allah is All-Knowing, All-Powerful (Surah An-Nahl: 70.)

According to Safitri, 2018 (in <http://yankes.kemkes.go.id/read-problem-kesehatan-pada-lansia-4884.html>) that health problems that often occur in the elderly are different from adults, which is often called the syndrome Geriatrics is a collection of symptoms regarding health that are often complained of by the elderly and or their families, namely:

Immobility (less moving); Instability (easy to fall); Incontinence; Intellectual impairment (intellectual impairment/dementia); Infection (infection); Impairment of hearing, vision and smell (impaired hearing, vision and smell); Isolation (Depression); Inanition (malnutrition); Impediment (poverty); Iatrogenic (suffering from drug-induced illness); Insomnia (difficulty sleeping); Immuno-deficiency

(decreased immune system); Impotence (Sexual disorders); Impaction (difficult bowel movements).

The psychological problems in the elderly are seen as a result of the changes they experience that accompany the aging process and the reactions to these changes also vary depending on the personality of the individual concerned. The increased emotional tendency makes them experience these changes as a problem, resulting in the emergence of mental health disorders which include anxiety, fear in dealing with it (Kaplan, et al., 2006).

In general, there are several forms of psychological problems that exist in the elderly, including:

(1) The problem of work, with its slowness, elderly people feel less appreciated and not needed in work; (2) Interest problems, elderly people feel apathetic and bored more quickly in trying new things; (3) Isolation and loneliness, with the decline in intellectual qualities make it difficult for elderly people to adapt to new ways of thinking and new styles of the younger generation, and vice versa. This includes the loosening of family ties and the family's indifference to the elderly, which forced them to be isolated in a nursing home; (4) Disinhibition, the older a person gets, the less capable they are in controlling their feelings and less able to restrain themselves in their actions, so that small things that shouldn't be a problem, but for them can evoke emotional outbursts and even outbursts of anger; (5) Mood changes, due to physiological changes in the brain and nervous system that occur in the elderly are one of the causes of mood swings and changes in some aspects of behavior (McGhie, 1996).

Examining the data on the problems of the elderly above, which is related to the condition of the Covid-19 pandemic, the elderly group (> 60%) is still the group that contributes the most deaths due to Covid-19. Also policies related to social distancing restrictions in the community, of course, will raise anxiety that affects psychological health which has implications for the physical health of the elderly. So for now it is necessary to conduct research to find out the real picture of the psychological health of the elderly during the Covid-19 pandemic.

## METHOD

The research design is descriptive and uses quantitative methods. Quantitative data were obtained from questionnaires filled out by 96 elderly people in the age range of 55-75 years. The selection of participants by purposive sampling method. That purposive sampling is a sampling technique for data sources with certain considerations, so that it will



make it easier for researchers to explain the object/social situation under study (Sugiyono, 2018). The data collection technique used in this study was through filling out questionnaires by the elderly. The mechanism for filling out questionnaires by the elderly is carried out individually with assistance, because the elderly have several limitations due to the decline in their body, memory and intellectual functions.

The development of the instrument in the research was developed from the theoretical construct, the main indicators and realized in the research instrument in the form of a questionnaire, using a Likert scale. This questionnaire was given 4 answer choices, namely for the favorable statement, 1 (very unsuitable), 2 (not appropriate), 3 (appropriate), and 4 (very appropriate). Meanwhile, the unfavorable statements are 4 (very inappropriate), 3 (not appropriate), 2 (appropriate) and 1 (very appropriate). The scale is used as an answer to the statement instrument. This research questionnaire consists of 15 statement items about the psychological problems of the elderly that have implications for the psychological health of the elderly, with indicators of interaction with family, interaction with friends, unhappiness, negative emotions and death anxiety.

The data that has been obtained is then analyzed using descriptive statistics. In this case the researcher will present the data obtained from the questionnaires filled out by the elderly. Then the data will be used to describe the object under study, which is to provide an overview of the real psychological health of the elderly during the Covid-19 pandemic.

## RESULT

The results of the study using descriptive statistics that 96 elderly who experienced psychological problems during the Covid-19 pandemic showed 15% very suitable, 66% suitable, 18% not suitable and 1% very inappropriate. For research results related to indicators of family interaction problems, the elderly who experienced it during the Covid-19 pandemic showed 18% very suitable, 37% suitable, 36% inappropriate and 9% very inappropriate.

While the results of research related to indicators of interaction problems with friends, the elderly who experienced it during the Covid-19 pandemic, showed that 11% was very suitable, 3% was suitable, 76% was not suitable and 10% was very inappropriate. The results of research related to indicators of the problem of unhappiness, the elderly who experienced it during the Covid-19 pandemic

showed 11% very suitable, 52% suitable, 18% inappropriate and 19% very inappropriate.

Furthermore, the results of research related to indicators of negative emotional problems, the elderly who experienced it during the Covid-19 pandemic showed 14% very suitable, 75% suitable, 7% inappropriate and 4% very inappropriate. And on the indicator of the problem of death anxiety, the elderly who experienced it during the Covid-19 pandemic showed 11% very suitable, 69% suitable, 18% inappropriate and 2% very inappropriate.

## DISCUSSION

After obtaining the results of a descriptive study to examine the psychological health picture of the elderly during the Covid-19 pandemic, it turned out that the percentage of psychological problems felt by the elderly was relatively high. Mainly on the emergence of negative emotions and anxiety about death. This is related to the psychological problems of the elderly in disinhibition and mood swings. The older a person gets, the less able they are to control their feelings and less able to restrain themselves in doing so, so that small things that shouldn't be a problem for them can evoke emotional outbursts and even outbursts of anger and irritation.

During the Covid-19 pandemic, the policy of limiting social activities prevented the elderly from being able to carry out normal activities as they usually do, which in turn made them feel bored, resulting in angry and irritable behavior. This symptom arises because of the emotional pain associated with sadness and boredom that gives rise to feelings of being excluded, isolated from others, because they feel different from others (Probosuseno, 2007).

Likewise, the number of comorbid cases experienced by the elderly will decrease their immunity, so that even when they feel mild pain, the elderly consider it a serious disease that accelerates death (Fang, 2020). These two indicators are interrelated which in turn results in a decline in the level of psychological health of the elderly during the Covid-19 pandemic.

Restrictions on activities in all aspects of life make the elderly interact more at home with their families. The results of the research on indicators of interaction problems with families, showed that some felt a problem and others with approximately the same percentage did not feel there was a problem. If the elderly are in a harmonious family and positive family ties, they will not feel any problems in family ties. On the other hand, for the elderly who are in families with weak emotional ties



between family members and indifference to the elderly, they will feel the problem of family ties. Associated with the problem of loneliness or isolation in the elderly, making them feel unhappiness in their lives, especially during this Covid-19 pandemic. However, this study still shows positive things related to the psychological health of the elderly, namely the interaction indicator with friends which shows that the elderly do not feel a problem in terms of interaction with friends. This is possible with the help of technological tools, namely cellular phones, so it is still possible for the elderly to still be able to interact with friends. In addition, emotional ties with friends are relatively closer and less likely to cause conflict, because among them the elderly will have a dialogue with the same topic.

## CONCLUSION AND SUGGESTIONS

Reviewing the results of this study, it was concluded that the Covid-19 pandemic had a tremendous influence on the psychological health of the elderly. Along with the aging process and the decline in cell function, the elderly experience physical and psychological health problems. So the various psychological problems felt by the elderly ranging from interactions with family, unhappiness, anxiety about illness and death, to the biggest problem, namely the increasing emergence of negative emotions.

The negative response of the elderly to the psychological problems they face should not be ignored. This is because failure to address the psychological health problems stemming from the pandemic is likely to prolong its impact. For this reason, it is necessary to design steps to deal with this problem proactively.

There are several things that can be done to help the elderly in overcoming their psychological problems in order to promote the psychological health of the elderly, especially during the Covid-19 pandemic, which until now has not known the total expiration date. Timely preventive and therapeutic psychological health care for the elderly is very important. Increase family support by educating families at the lowest organizational level, namely the RT level, by providing awareness of the nature of parents in the family.

Activate elderly posyandu cadres to conduct home visits to the elderly. It aims to reduce the loneliness felt by the elderly, as well as to check the physical health condition of the elderly. In addition, because the elderly are currently also living in the era of technology, it is possible to use digital technology to

increase social support for the elderly. All of these efforts aim to facilitate the resilience of the elderly to the adverse psychological health effects during the Covid-19 pandemic.

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## Factors Related To The Burnout Of Heart Hospital Nurse Hasna Medika Cirebon During The Covid-19 Pandemic

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**Keywords:** Burnout, Nurses, Covid-19

**Abstract:** *The current Covid-19 pandemic is still occurring in Indonesia causing health workers, one of whom is a nurse who intervenes directly in the hospital at high risk of contracting the Covid-19 virus. Burnout in nurses occurs when faced with difficulties, workload, and high stress. The impact of burnout on nurses is emotional distress, dissatisfaction at work, life-threatening and safety, and can be a consequence of mental illness such as depression and even suicide. The purpose of study was to identify burnout-related factors in nurses of Hasna Medika Cirebon Heart Hospital during the Covid-19 pandemic. The study was conducted from August 4 to August 30, 2021, and is a descriptive study using a google form that is distributed to all nurses of Hasna Medika Cirebon Heart Hospital. A total of 65 nurses were involved in the study. The research instrument is the Maslach Burnout Inventory (MBI). The results showed that burnout in Hasna Medika Cirebon Heart Hospital nurses was in a low category by 33.8% and the moderate category by 66.2%. Age, gender, education and length of work are factors that cause burnout in nurses. In conclusion, most nurses show burnout at moderate levels and several factors were found to correlate with burnout. Prevention efforts are needed to reduce the risk of burnout in nurses of Hasna Medika Cirebon Heart Hospital.*

### 1. INTRODUCTION

Indonesia is still fighting the coronavirus or what is also known as Covid-19, not only in Indonesia, other countries are the same. Every day, the number of cases exposed to the Covid-19 virus continues to grow with several reports of recovery but it is also stated that not a few have died. This is even more so for health workers around the world who are currently facing more challenging conditions than usual due to the Covid-19 pandemic. Health workers experience stress due to work due to the high number of patients, inadequate hospital facilities and the high risk of exposure to disease. One of the professions that are high risk, full of pressure and tends to have a high workload is nurse. The entry of the Covid-19 virus is new and unexpected for hospitals around the world and challenges various aspects of hospital care (Zerbini et al., 2020). Employees working in the health sector who are currently on the front line to fight the Covid-19 virus, both in all fields and specialities, are facing unprecedented challenges, this poses a risk of transmission and psychological stress (Firew et al., 2020). According to Lai et al., (2020) health workers who directly intervene in hospitals

face difficulties and workloads, as well as a large number of high stresses, that cause health workers prone to burnout (fatigue).

Burnout occurs due to time pressure and high workload, high work stress and poor organizational support (Dugani et al., 2018). According to Maslach, burnout is a psychological syndrome that has characteristics in the form of emotional exhaustion, depersonalization and a decrease in personal accomplishment (Chemali et al., 2019). Various professions that work in the fields of health, social and educational services are at great risk of experiencing burnout. Burnout can be experienced by individuals who have professional relationships with other people, one of which is health workers, especially nurses. One study reported that 40% of nurses experienced high levels of burnout (Ramirez et al., 2019). If the nurse experiences burnout, then the nurse can provide less efficient care to patients compared to nurses who are far from burnout. In addition, nurses who experience burnout can also harm patients with their mistakes. Therefore, during the pandemic, it is important to recognize and detect burnout immediately (Sahin et al., 2020). The factors related to burnout include intensive patient care, high

patient mortality, high workload, role conflict and lack of time to meet patient needs (Khamisa et al., 2013).

Based on study data in Singapore, burnout followed by anxiety and depression has a fairly high value, namely 67% of employees working in hospitals (Denning et al., 2021), especially health workers during the Covid-19 pandemic. Supported by research data by Kisely et al., (2020) a high workload and fear of being infected with a virus can increase burnout, anxiety and emotional stress on health workers who work during a pandemic. Health workers who experience burnout can lead to the consequences of mental illness and even suicide. Based on several research results, it shows that burnout will have an impact on the quality of life of workers. These impacts will result in mental health disorders, feeling depressed and lethargic and dissatisfied at work, so that all will affect the work performance of the employees themselves (Amin, 2011). Supported by research by Deying Hu et al., (2020) as many as 35% of nurses reported not wanting to practice because they experienced burnout. According to Huarcaya and Calle (2021), burnout that occurs in service workers is triggered by low ability to manage stress, lack of self-confidence and difficulty adapting so that it can cause anxiety and prolonged stress which then leads to burnout. Added to the research of Swasti et al., (2018) that burnout that occurs in most individuals is caused by emotional exhaustion and prolonged stress that triggers burnout. In addition, according to Muna (2020) that burnout occurs in a person due to a lack of relationships with family, work friends and the work environment. Because if someone has a lack of role from the environment, it will make them feel bored, easily tired and underappreciated, thus triggering burnout.

The increased burden on the health care system during the Covid-19 pandemic includes increasing the burden on health workers. This poses the heaviest risk to the safety of the health workers themselves because the Covid-19 virus spreads very quickly and it can threaten the lives and safety of health workers in hospitals during a pandemic. In addition to threatening the health and personal safety of health workers, it also has the potential to affect mental health which can be at risk of mental fatigue or also known as burnout syndrome (FKUI, 2020). According to research from the Faculty of Medicine, the University of Indonesia, 83% of doctors and other health workers experience burnout syndrome due to working during the Covid-19 pandemic. The details show that 17% light burnout, 82% moderate burnout and 1% heavy burnout. When viewed from the type

of profession, 81% of general practitioners experienced burnout, 80% of specialists experienced burnout, 82% of dentists experienced burnout, 84% of nurses experienced burnout, 83% of midwives experienced burnout, 87% of laboratory workers experienced burnout and 84% of pharmacists experience burnout (CNN, 2020). In the research of Maben and Bridges (2020), it is said that not a few medical personnel work more than the shift they should have. Because of this, not a few medical personnel are placed in new specialties, even those with higher difficulties than before. Therefore, of course, it becomes a burden for medical personnel who experience it.

Burnout is a serious problem in hospitals because it can cause various negative impacts both for nurses, patients and the workplace. Burnout in high-intensity workers such as health workers illustrates the symptoms that arise due to chronic stress (Katsounari, 2015). According to research by Chou et al., (2014) nurses and physician assistants are believed to suffer from the highest fugitives when compared to doctors, administrative staff and medical technicians in hospitals. It was found that research that discussed the condition of nurses during the Covid-19 pandemic, that nurses experienced acute stress with a prevalence rate of around 57% (Shechter et al., 2020). This is due to concerns for personal safety, concerns about transmitting the virus to family members and the high mortality rate of patients who have been exposed to hospitalization. In addition, they feel tired due to increased working hours, lack of personal protective equipment while caring for patients and nervous because they are afraid of being infected while in the treatment room (Cai et al., 2020). From the results of interviews with some nurses at the Hasna Medika Cirebon Heart Hospital, it can be seen that they also show symptoms of burnout. Worries about the rapid transmission of Covid-19, feeling that the workload is too heavy, stress due to the ongoing Covid-19 cases, the use of personal protective equipment (PPE) and the number of nurses who are not proportional to the number of patients who can make fatigue and make stress levels higher because eating and drinking are sometimes postponed if there is a buildup of work demands.

Hasna Medika Cirebon Heart Hospital is the only heart hospital located in Region III Cirebon. Cirebon District, Cirebon City, Indramayu District, Majalengka District and Kuningan District are included in Region III Cirebon (Sekilas Jabar, 2017). During the Covid-19 pandemic, Hasna Medika Cirebon Heart Hospital became a referral hospital for Covid-19 patients due to the soaring number of

exposed patients (Baihaqi, 2021). Because it is a referral hospital, it becomes a challenge for employees who work in hospitals and patient vigilance, where patients who visit must have a history of heart disease. People with a history of heart disease are more likely to experience worse Covid-19 symptoms. Reporting from detikHealth, heart health and its relation to the Covid-19 virus are related to the tendency of blood vessel clots in patients. If blood clots occur in patients who already have a history of heart disease, it will result in an increased risk of heart problems, so they will be more susceptible to worsening and even death (Azizah, 2020). Data obtained from one of the employees of the Hasna Medika Cirebon Heart Hospital, there are approximately 20 nurses who have been exposed to the Covid-19 virus. According to the research of Shiao et al., (Utama et al., 2020) it is said that nurses are health workers who have the most frequent contact with patients. This has a high risk of contracting the Covid-19 virus. The high risk of contracting the Covid-19 virus can cause nurses to be afraid to make direct contact and treat patients. This shows that nurses in charge of caring for Covid-19 patients are faced with difficult situations where they can experience stress, anxiety which can lead to burnout.

Based on the background explanation above, burnout is a syndrome that involves emotional exhaustion, depersonalization and a reduced sense of personal achievement. Burnout can affect the endurance of health workers during a pandemic like this, which is nurses. Nurses who experience burnout will feel frustrated, feel a sense of loss of control and decreased morale and can cause consequences for mental illness. This research was conducted because the Covid-19 pandemic still happening has made nurses who directly intervene in hospitals face high workloads, difficulties and stress and are prone to burnout. Therefore, the purpose of this study was to identify factors related to burnout in nurses at the Hasna Medika Cirebon Heart Hospital during the Covid-19 pandemic.

## 2. METHODS

This study uses descriptive quantitative research methods. The population in this study were 65 nurses of the Hasna Medika Heart Hospital, Cirebon. The sampling technique used in this study is total. According to Sugiyono (2013), total sampling is a sampling technique if all members of the population are used as samples. The data collection technique in this study was obtained by using a survey using The Maslach Burnout Inventory (MBI) scale to measure

burnout in the Hasna Medika Heart Hospital nurses. The study was conducted from August 4 to August 30, 2021, researchers distributed questionnaires to respondents using a google form after obtaining permission from the Hasna Medika Cirebon Heart Hospital. MBI is a questionnaire whose use has been widely used to measure burnout in a person (Antari et al., 2021). The MBI consists of 22 items that include three subscales, namely Emotional Exhaustion (EE) consisting of 9 items, Depersonalization (DP) consisting of 5 items and Personal Accomplishment (PA) consisting of 8 items. Each item has a 7-point Likert scale with a detailed score of 0 (never), a score of 1 (at least a few times a year), a score of 2 (at least once a month), a score of 3 (a few times a month), a score of 4 (once a week), a score of 5 (several times a week) and a score of 6 (every day). The technique used to analyze MBI data is by using the percentage technique (%) because the data used are ordinal and quantitative. And the data were analyzed using crosstab analysis which displays cross-tabulation to identify factors related to nurses at the Hasna Medika Heart Hospital Cirebon. The software used in this research is SPSS 16.0. Before being used, the research instrument was tested for validity and reliability to the extent to which the instrument could be trusted. The reliability test in this study using the Cronbach's Alpha coefficient formula got a value of 0.772 which means high reliability according to the criteria for the reliability level of Sugiyono (2013). According to Azwar (2012) the higher the reliability coefficient, which is close to 1.00, the better.

## 3. RESULT

This research was conducted in the Hasna Medika Cirebon Heart Hospital, to see factors related to burnout among nurses at the Hasna Medika Cirebon Heart Hospital during the Covid-19 pandemic. The results obtained are as follows.

Table 1: Characteristics of Respondents

		N	%
Age	22 – 28	35	53.8%
	29 – 35	28	43.1%
	36 – 42	2	3.1%
Gender	Male	12	18.5%
	Female	53	81.5%
Education	Diploma	45	69.2%
	Bachelor	10	15.4%
	Nurse Profession	10	15.4%
Length of Work	< 1 Year	10	15.4%
	1-5 Year	32	49.2%
	6-10 Year	17	26.2%

>10 Year	6	9.2%
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Respondents in this study were nurses from the Hasna Medika Heart Hospital, Cirebon. It can be seen from Table 1 that the majority of respondents are female as many as 53 people (81.5%) with the highest age group being 22 to 28 years (53.8%), this age includes early adulthood. This shows that respondents already can decide what their goals are in life. The most recent education of respondents is Diploma (69.2%). Diploma Education (D-3) Nursing is the first level of vocational nursing education that can be recognized as an implementing nursing profession which is by the standards of the Nursing Directorate of the Ministry of Health of the Republic of Indonesia in 2004 (Asi, 2014). The respondent's length of service is at most 1 – 5 years (50%).

Table 2: Categorization of Burnout Score

Description	Frequency	Percentage
Low	22	33.8 %
Moderate	43	66.2 %

Burnout scores in this study obtained results that were divided into two categories, namely low and moderate. The classification of burnout levels is divided into three categories. The low category has an interval value of 0 – 44, the moderate category has an interval value of 45 – 88 and the high category has an interval value of 89 – 132 (Nurjanah, 2018). It can be seen from Table 2 that 43 people (66.2%) have a moderate burnout level and 22 people (33.8%) have a low burnout level.

Table 3: Cross Tabulation of Age with Burnout

		Burnout	
		Low	Moderate
Age	22 – 28 year	8 12.3%	27 41.5%
	29 – 35 year	14 21.5%	14 21.5%
	36 – 42 year	0 0%	2 3.1%

Table 3 is a cross-tabulation that describes the age of nurses at the Hasna Medika Cirebon Heart Hospital with burnout. The burnout condition in the moderate category was experienced by subjects aged 22 – 28 years, 29 – 35 years and 36 – 42 years. However, the number of people aged 22-28 years is more, namely 27 people (41.5%). While in the age range 29-35

years, there are 14 people (21.5%) and in the age range 36-42 years there are 2 people (3.1%).

Table 4: Cross Tabulation of Gender with Burnout

		Burnout	
		Low	Moderate
Gender	Male	4 6.2%	8 12.3%
	Female	18 27.7%	35 53.8%

Table 4 is a cross-tabulation that presents burnout data by gender of nurses at the Hasna Medika Heart Hospital, Cirebon. Burnout conditions in the moderate category were experienced by male and female subjects. However, the number of female subjects was more, namely 35 people (53.8%). While male subjects amounted to 8 people (12.3%).

Table 5. Cross Tabulation of Education with Burnout

		Burnout	
		Low	Moderate
Education	Diploma	20 30.8%	25 38.5%
	Bachelor	2 3.1%	8 12.3%
	Ners Profession	0 .0%	10 15.4%

Table 5 is a cross-tabulation that presents burnout data with the education of nurses at the Hasna Medika Heart Hospital, Cirebon. The burnout condition in the moderate category is experienced by subjects with diplomas, bachelor degrees and nursing professions. However, the number of subjects with diploma graduates is more, namely 25 people (38.5%). While the subject of undergraduate graduates amounted to 8 people (12.3%) and the subject of nursing profession graduates amounted to 10 people (15.4%).

Table 6. Cross Tabulation of Length of Work with Burnout

		Burnout	
		Low	Moderate
Length of Work	< 1 Year	0 .0%	10 15.4%
	1-5 Year	12 18.5%	20 30.8%
	6-10 Year	8	9



	12.3%	13.8%
>10 Year	2	4
	3.1%	6.2%

Table 6 is a cross-tabulation that presents burnout data with the length of work nurses at the Hasna Medika Heart Hospital Cirebon. The burnout condition in the moderate category was experienced by subjects whose length of work was < 1 year, 1 – 5 years, 6 – 10 years and > 10 years. However, the number of subjects who worked longer was 20 people (30.8%). Meanwhile, 10 people (15.4%) for subjects with less than 1 year of work, 9 (13.8%) subjects with 6-10 years working, and 4 (6.2%) subjects.

#### 4. DISCUSSION

Most of the nurses in this study had a moderate burnout level. Ema (Hamami and Noorrizki, 2021) says that a condition caused by unsupportive work conditions and not by what is expected and needed is called burnout. Burnout is considered prone to occur in work related to helping others. It can be seen that burnout can be experienced by nurses at the Hasna Medika Cirebon Heart Hospital because they are one of the professions that serve others in the face of this unexpected pandemic condition. When nurses work in this Covid-19 pandemic situation, the excess workload can be seen from demands that are different from reality. The high workload can cause fatigue both physically and psychologically for nurses, where they can do more shifts than usual. Nurses should also always be vigilant and wear personal protective equipment (PPE). In addition, emotional exhaustion can arise from working in a hospital to treat Covid-19 patients who do not subside resulting in separation from family members (Artiningsih and Chisan, 2020). In the study of Sunjaya et al., (2021) employees at hospitals who treat and have direct contact with Covid-19 patients experience higher depression, anxiety and burnout due to having a higher risk of psychological trauma than their usual job. Many types of professions are more likely to experience burnout, but the types of work professions in hospitals, especially doctors and nurses, have higher burnout rates. Because, in general, doctors and nurses are professions that have duties and responsibilities to be involved with patients.

In this study, age is a factor in the occurrence of burnout, which has a moderate level of burnout, namely nurses aged 22-28 years. According to Maslach & Jackson (Santoso, 2021) that high burnout occurs in younger workers than older workers. Because at a young age a person is more filled with

expectations that are sometimes unrealistic. Unlike the case with someone older, in general, someone who is older will be more mature, more stable, more determined so that they will have a more mature and realistic point of view (Diatry and Dwityanto, 2018). In line with the research of Al-Hanawi et al., (2020) that it was found that young people had a higher burnout. This is because young people are still less mature in managing stress better, in the form of knowledge and attitudes towards the Covid-19 pandemic.

According to Sunbul (Suwanto and Fitriyadi, 2019) that young workers tend to show higher anxiety and burnout scores than older workers. Suwanto and Fitriyadi's research (2019) showed that older workers were considered more capable of dealing with burnout. Maslach (Fatmawati, 2018) found a relationship between age and burnout, it was found that young people had a greater likelihood of experiencing burnout than older people. The age factor shows that the high experience in life makes a person have a greater ability to deal with pressure or problems that will later lead to burnout. In Hou's study (2021) younger medical employees faced with severe illnesses such as people exposed to Covid-19 had a more severe burnout syndrome because these employees were afraid to be close to infected people.

In this study, gender is a factor in the occurrence of burnout, which has a moderate level of burnout, namely female nurses. In line with the research of Kavurmaci et al., (2014) that female have a higher risk of experiencing burnout levels than male. When female and male work in a profession or job that is considered feminine or masculine, that is where they will experience pressure to adjust. In the process, female will experience more burnout events, because female often experience emotional exhaustion than male (Dewi and Paramitha, 2013). The demands of work also make female and male forced to adapt to behaving and behaving according to their work, which can cause them to get pressured. A worker who cannot cope with the existing pressure will be vulnerable and prone to burnout (Hamama, 2012).

Schultz (Eliyana, 2018) states that female have a greater frequency than male to experience burnout. Because in dealing with problems, female and male are also different socially and psychologically and that makes them have different perspectives. The study of Sriharan et al., (2021) also said that the female sex had a higher burnout rate than male during the Covid-19 pandemic. Both at home and work female must be able to adjust what they should be doing, this makes a female have multiple roles. So that it increases the workload for a person (Duarte et

al., 2020). In contrast to the research conducted by Eliyana (2018), most of the respondents were female (57.4%) who had a low burnout rate of 87% but fewer than male who had a moderate burnout rate of 12.9%. In conclusion, male nurses experience moderate burnout because they are more reliable in treating patients. It also happened in a study conducted by Farber (Fatmawati, 2018) regarding burnout and stress among teachers, that male are prone to burnout and stress than female. Because male are expected to be straightforward, firm, tough and unemotional. In contrast to female who are expected to have an attitude of guiding, affectionate, helpful, empathetic and gentle. These differences have a different impact on male and female in overcoming and dealing with burnout. In Garner's research (Suwanto and Fitriyadi, 2019) burnout is more common in female, a number of male and female. Therefore, the results of research on the level of burnout by gender tend to be varied and inconsistent.

In this study, education was a factor in the occurrence of burnout, which had a moderate level of burnout, namely nurses whose education was a diploma. It is said in Eliyana's research (2018) that the implementing nurses at the West Kalimantan Provincial Hospital who have a D3 Nursing education background experience burnout because D3 graduates have deficiencies in patient handling skills.

In this study, length of work is a factor in the occurrence of burnout, which has a moderate level of burnout, namely nurses whose length of work is from 1 to 5 years. It is the same with Eliyana's research (2018) on nurses in the Mental Hospital of West Kalimantan Province, where data obtained for a length of work under 4 years experienced moderate burnout (28.2%). In Tumpitsteed's research (Eliyana, 2018) it was previously said that workers who have worked for a long time have realistic views when faced with the existing situation. In other words, workers who had worked longer hours showed lower levels of emotional exhaustion. In addition, according to Lee (Eliyana, 2018) nurses who lack experience can result in easy burnout. Working in a hospital during a pandemic situation like this is of course different from usual. The patients faced are patients who are exposed to the virus where it can threaten the safety of the nurses themselves.

Maharani and Triyoga (2012) say that burnout tends to occur in workers with a minimum working period. Because nurses are just starting to learn to adapt to their work and environment. That becomes a workload for nurses and will have an impact on decreasing nurse performance. In contrast to the research conducted by Siagian (Santoso, 2021), the

longer a person works, the more at risk of experiencing burnout. Because the length of time someone works makes them accustomed to their work and it can be a cause of boredom due to monotonous work.

## 5. CONCLUSIONS AND SUGGESTIONS

The results showed that the burnout of the Hasna Medika Cirebon Heart Hospital nurses based on the MBI (Maslach Burnout Inventory) instrument in the low category was 33.8% and the moderate category was 66.2%. Most nurses experience burnout caused by various factors, namely age, gender, education and length of work. Nurses aged 22-28 years are greater (41.5%) experiencing moderate burnout because a person's younger age is more fulfilled with expectations that are sometimes unrealistic. Nurses who are female are larger (53.8%) experiencing moderate burnout because in dealing with problems, female and male have different points of view, where female often use their feelings. Nurses whose education was D3 nursing were greater (38.5%) experienced moderate burnout due to lack of skills and skills in dealing with patients. Nurses whose length of work spanned 1-5 years were greater (30.8%) experienced moderate burnout because nurses were just starting to learn to adapt to their work and environment, as well as the lack of ability and skills in dealing with patients.

In the Covid-19 pandemic situation, an effort and policy to facilitate health management in determining preventive, curative and rehabilitative steps for burnout is a must for the health professional who is at the forefront. Maintaining health by eating nutritious foods, exercising regularly, getting enough sleep and enjoying favourite hobbies as well as increasing self-competence in handling patients are ways to prevent the spread of Covid-19 and prevent the risk of burnout during the Covid-19 pandemic.

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## Self-Efficacy and Active Listening Skills of Peer Counselors in Preventing Mental Health Problems as an Impact of Covid-19 Pandemic

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**Keywords:** self-efficacy, peer counselor, mental health, covid-19

**Abstract:** Mental health problems are becoming a serious impact caused by the Covid 19 pandemic. Learning problems, general stress to somatic problems are psychosocial problems dominating from childhood to adulthood. The existence of early treatment is needed to prevent mental health problems, such as conducting peer counseling. Peer counseling is carried out by peer counselors who had a role in assisted and helped in problem-solving related to mental health. They are expected to have self-confidence and mastered basic techniques in counseling such as active listening skills. This study aims to determine the role of self-efficacy and active listening skills in peer counselors in their role in preventing mental health problems due to the Covid 19 pandemic. The research subjects were 27 people who were students/graduates majoring in psychology/counseling guidance and had attended peer counseling training. The research method used is a quantitative method with hypothesis testing using multiple regression analysis. The results showed that the self-efficacy and active listening ability of peer counselors partially had no role in preventing mental health problems with values of Sig 0.473 > 0.05 and Sig 0.985 > 0.05, respectively. Simultaneously, self-efficacy and active listening ability of peer counselors also did not show a significant role with a Sig F value of 0.720 > 0.05. However, it was found that the effect of self-efficacy and active listening ability on peer counselors together on the prevention of mental health problems due to the COVID-19 pandemic was 2.7%.

### INTRODUCTION

The COVID-19 pandemic has caused significant disruption in the 21st century. Since the first case occurred in Wuhan City, China, this case has spread to almost every corner of the country and around the world. This necessitates changes in almost every aspect of life. Starting with the implementation of health protocols, large-scale social restrictions (PSBB), and restrictions on community activities (PPKM), the Indonesian government has taken steps to prevent the spread of communicable diseases (PP No. 21 of 2020). All activities are restricted to school and work-related learning, religious activities, and other general public activities.

The Covid-19 pandemic poses a major threat to physical and mental health due to the psychological stress associated with the economic crisis, the threat of losing a job, and the fear of losing a family

member. Emerging data from various countries show that people are more susceptible to stress and often experience anxiety due to pandemics (Bartoszek et al., 2020; Bijulakshmi et al., 2020; Ridlo, 2020; Wang et al., 2020). The Task Force for the Indonesian Association of Clinical Psychologists (*Satuan Tugas Ikatan Psikolog Klinis*) for COVID-19 Management shows data regarding the description of psychological problems in people who access clinical psychologist services during the COVID-19 pandemic, most of them at the age of children and adolescents experiencing barriers to learning. For adults and the elderly, the most common problems experienced are general stress, anxiety problems, mood problems, and somatic problems (IPK, 2020).

When it comes to mental health conditions, especially in adolescents and early adulthood, psychological treatment is required. To prevent

mental health problems from worsening, it is necessary to provide early treatment, specifically through peer counseling. Peer counseling is defined as a variety of interpersonally helpful behavior performed by non-professionals in an attempt to assist others (Tindall & Gray, 1985). There are several important elements in peer counseling, including (1) efforts to provide interpersonal assistance, (2) carried out by non-professionals, (3) the giver and recipient of assistance are roughly the same age, and (4) implementation is overseen by a qualified professional (Muslikah et al., 2016). Peer counselors serve as an intermediary between professional counselors and counselees. Peer counseling encourages adolescent individuals to open up more easily because they share similar experiences and problems, making it easier to find solutions to these issues (Salmiati et al., 2018).

Peer counselors are expected to have self-confidence in carrying out a given task well, in this case, the counseling process. This self-confidence is called self-efficacy. Self-efficacy can be interpreted as a person's belief in his ability to manage his behavior in performing a task, overcoming obstacles, and achieving predetermined goals (Bandura, 1997). Peer counselors face a variety of challenges when conducting counseling, such as the emergence of a sense of insecurity caused by a lack of sufficient knowledge about peer counseling (Ismiyati et al., 2019). Other difficulties that peer counselors face include the counselee's less open attitude, the counselor's inability to recognize and determine the types of problems faced by the counselee, and forgetting to ask the counselee's feelings after doing peer counseling (Sari et al., 2020).

It is expected of a peer counselor to have sufficient expertise in conducting the peer counseling process. According to a study conducted in Kenya, peer counselors must possess several positive characteristics, including sociability, discipline, a minimum average academic achievement, the ability to speak and listen well, and the ability to keep secrets (Arudo, 2008). Openness, understanding, good communication, humility, empathy, discipline, and good listening are all qualities that peer counselors must possess (Lutomia & Sikolia, 2002).

The ability to hear is an important skill that is frequently overlooked (L Arnold, 2014). Active listening stems from the humanistic theory of

person-centered from Carl Rogers, which is the most basic attitude in listening to others effectively and not passively (Rogers, 1979). Active listening includes activities to formulate appropriate questions, paraphrase and summarize, state comments, express a more complete understanding, and verify what has been said. This includes making and maintaining eye contact, using non-verbal gestures such as nodding or smiling, and not interrupting the speaker (Weger et al., 2010). Active listening was created as one of the fundamental counseling techniques with therapeutic properties (Rogers, 1979). So this study aims to determine the role of self-efficacy and active listening ability of peer counselors in their role in preventing mental health problems due to the Covid 19 pandemic.

## METHODS

This study uses two independent variables, namely self-efficacy (X1) and active listening ability (X2), and a dependent variable, which is mental health problems (Y). The research population is students or graduates from the majors in psychology and counseling guidance. This is because counseling courses were only available to students or graduates of two majors. The criteria for the sample were derived from psychological training and counseling guidance, as well as having received peer counseling in the previous four years and having been a peer counselor. The people who provided the samples ranged in age from 19 to 25 years old. Data is collected using an online scale, which allows participants to work on it from anywhere in the world. The sampling technique used is simple random sampling.

The self-efficacy variable is measured using the general self-efficacy scale, which is a measuring tool to assess the beliefs held by someone that is useful in overcoming problems that exist in life. Matthias Jerusalem and Ralf Schwarzer created this scale in 1981. This scale originated in German and has been translated into 32 languages including Indonesian (Born, et.al, 1995). There are four answer choices that have a range between disagree, somewhat agree, agree, and strongly agree. The number of items on this scale is 10 items. This scale has a reliability coefficient between 0.75 – 0.90. Meanwhile, the validity is 0.373-0.573.

To assess active listening skills, an adaptation of the Active Listening Attitude Scale (ALAS) from Greece was used, which consists of 29 items with alternative answers ranging from Disagree to Slightly Disagree to Somewhat Agree to Agree. There are three subscales in the ALAS: (1) Attitude

of Listening, which is defined as "empathic understanding" or "unconditional positive appreciation." (3) Conversation Opportunity, which measures when the moment takes the opportunity to speak and listen actively, and (2) Listening Skills, which describes more of the technical aspects of active listening (Kourmoussi et al., 2017). This scale has a reliability coefficient of 0.72, and the intercorrelation values of the three subscales range from 0.20 to 0.42, all of which are positive and significant ( $p < 0.001$ ).

Meanwhile, according to the Covid 19 Prevention Task Force from the GPA, the mental health problem prevention scale consists of 32 items compiled by researchers with reference to the five psychosocial problems that were most commonly reported during the pandemic, namely learning barriers, general stress, anxiety problems, mood problems, and somatic problems. This scale has a reliability coefficient between 0.894 and validity of 0.73. Data analysis used multiple linear regression analysis techniques to determine the role of each variable X either partially or simultaneously on variable Y.

## RESULT

The classical assumption test was carried out before performing the regression analysis, the results were 1) the normality test with Kolmogorov Smirnov showed the data had a normal distribution with  $p = 0, 2 > 0.05$ . Furthermore, 2) the multicollinearity test showed the tolerance value was  $0.780 > 0.1$  and VIF value  $1.282 < 10.00$ , which means the variable does not experience multicollinearity. For 3) autocollinearity test with Durbin Watson,  $p$ -value = 1.453 indicates the relationship between the independent variable and the dependent variable is linear where. Next 4) the heteroscedasticity test shows that there are no symptoms of heteroscedasticity so that a regression test can be performed.

Based on calculations that have been carried out with the SPSS for Windows 26.0 program, research results were found which showed that partially the self-efficacy of peer counselors had no role in preventing mental health problems with a Sig value of  $0.473 > 0.05$ . Likewise, active listening skills partially do not have a significant role in mental health prevention with a Sig value of  $0.985 > 0.05$ . Meanwhile, simultaneously, self-efficacy and active listening ability of peer counselors also did not show a significant role with a Sig F value of  $0.720 > 0.05$ .

However, it was discovered that the combined effect of self-efficacy and peer counselors' active

listening ability in preventing mental health problems as a result of the COVID-19 pandemic was 2.7 percent.

## DISCUSSION

The presence of the Covid-19 pandemic has resulted in psychological issues among the global population. Children, adolescents, adults, and the elderly are all included. This also happens to students who are required to study online at home by their schools. Although it has proven to be the most effective alternative to face-to-face learning, online learning is a major source of mental health problems for students, especially during the senior year (Akpınar, 2021; Zeng et al., 2021). People are more susceptible to stress and anxiety as a result of pandemics, according to data from several countries (Bartoszek et al., 2020; Bijulakshmi et al., 2020; Ridlo, 2020; Wang et al., 2020). Learning barriers, general stress, anxiety problems, mood problems, and somatic problems are the most common psychosocial problems in Indonesia.

Early treatment needs to be done to prevent deeper mental health problems, one of which is by conducting peer counseling. Peer counseling has a significant role in mental health (Salsabila et al., 2020). This is because in the counseling process there will be an exchange of information from counselors and counsees who have similar experiences and the age difference is not far, causing a process of understanding in it.

Peer counselors are expected to be self-assured in their ability to complete the tasks they are given. Peer counselors face a variety of challenges during the process, including the emergence of a sense of insecurity stemming from a lack of knowledge about peer counseling (Ismiyati et al., 2019). Other challenges faced by peer counselors are the attitude of the counselee who is less open, the counselor is less able to recognize and determine the types of problems faced by the counselee, and forget to ask the counselee's feelings after doing peer counseling (Sari et al., 2020). The findings of this study, however, show that peer counselor self-efficacy plays no role in preventing mental health problems caused by the COVID-19 pandemic.

According to some studies, self-efficacy interacts with challenging stress, which is thought to affect students' mental health (Zeng et al., 2021). To put it another way, everyone requires self-efficacy to complete a task successfully. These difficulties can include stress that students experience while learning, as well as difficulties that peer counselors, face while going through the peer counseling

process. Some studies show that people with higher self-efficacy are more successful at managing incoming stress when they are faced with high levels of stress (Zhao, et. al, 2015). Self-efficacy, on the other hand, has been shown to have no effect on stress and mental health among Chinese school teachers in various studies (Chan, 2002). In this case, peer counselors must first have a high level of self-efficacy to overcome personal challenges. However, this does not always make him have high self-efficacy in carrying out his role as a peer counselor.

Peer counselors are expected to be knowledgeable about how to conduct peer counseling sessions. Participants in the study had a background in counseling and had received their education from the department of psychology and counseling guidance. One of the many skills required is active listening, which is frequently overlooked (L Arnold, 2014). Active listening entails activities such as formulating appropriate questions, paraphrasing, and summarizing with nonverbal gestures like nodding and smiling (Weger et al., 2010). Active listening is a therapeutic technique that was developed as one of the basic counseling techniques (Rogers, 1979). Active listening is a micro skill that novice counselors should focus on to improve their efficiency and ability to listen to their clients. According to research, emphasizing active listening skills in the peer counselor supervision challenge process can improve active listening skills, self-efficacy, and other skills such as feeling reflection and attendance. This shows that both the ability to listen to self-efficacy and active counselors are important in reducing anxiety in the counseling experience (Levitt, 2002).

However, peer counselors' active listening skills do not play a significant role in preventing mental health problems caused by the covid 19 pandemics. This could imply that, despite the fact that active listening has a therapeutic effect in the counseling process, peer counselors' active listening skills are unimportant. There are other basic skills that also need to be mastered, namely the presence of empathy, the ability to be present, ask questions, and pay attention to non-verbal gestures that are raised by the counselee during the counseling process. According to some studies, counseling success is more dependent on the counselor's personal qualities than on the correct application of a technique (Tyler, 1961).

However, simultaneously self-efficacy and active listening ability in peer counselors have an effective contribution of 2.7% in preventing mental

health problems due to the Covid 19 pandemic. There are other factors from 97.3% that need to be explored more deeply regarding the role of peer counselors in preventing mental health problems.

## CONCLUSIONS AND SUGGESTIONS

The existence of peer counseling conducted by peer counselors is a step that can be taken in conducting early intervention in mental health problems due to the covid 19 pandemic. In this case, self-efficacy and active listening skills do not have a significant role in preventing mental health problems in individuals. There is a need for further research related to providing more structured and systematic skills to peer counselors and conducting a program that begins with a screening on the characteristics of individuals who have the expertise as peer counselors to be involved in the process of preventing mental health problems.

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# The Psychological Effects of Covid-19 Pandemic on The Hotel Employees: A Case Study in Makassar, South Sulawesi, Indonesia

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**Keywords:** Covid-19, hotel employees, Makassar, psychological

**Abstract:** This study sought to identify the anxiety level of the hotel employees in Makassar due to the Covid-19 pandemic, and then explored the factors that influence it. The structured questionnaire in the Google form containing demographic characteristics and the 7-item Generalized Anxiety Disorder scale (GAD-7) inquiry was distributed online to respondents. Univariate analysis, multivariate logistic regression analysis, and spearman's correlation were used to analyse the 66 responses received. Results showed that 18.2% of respondents suffered severe anxiety, 7.6% moderate anxiety, and 28.8% mild anxiety. Unmarried hotel workers tended to be more anxious (OR = 3.12, 95% CI = 0.157 - 2.118) than those who already had a partner, people who lived in the red zone of the Covid-19 spread had greater anxiety levels (OR = 4.71, 95% CI = 0.545 - 2.554) compared to other areas. Daily-life difficulty and worried about social interaction had a positive correlation with anxiety level.

## 1. INTRODUCTION

The 2019 Novel Coronavirus (Covid-19) is an infectious disease that has been transmitting rapidly throughout the world. On July 3, 2020, Covid-19 has infected 216 countries, with positive cases of 10,662,536 people and 516,209 people died (Gugus Tugas Covid-19, 2020). The Covid-19 affected human physical health crises (Yang, Jing, et al., 2020) (de Alwis, Ruklanthi, et al. 2020). It triggered a negative impact on various sectors including the hospitality industries. Their role as a service-based industry to people who are away from home (Mackenzie, Murray, and Wenliang Chen, 2009; Butnaru, Gina Ionela, and Amanda Miller, 2012) had become dysfunctional during the Covid-19 pandemic. The hotel operations were greatly restricted, eventually experiencing a significant decline. The utmost difficulties had been facing several countries since January 2020. The decline in hotel occupancy rates in China reached 89% by the end of January 2020, income per room in United States decreased by 11.6% in early March, and

European hotels were losing visitors (Nicola, Maria, et al, 2020).

Covid-19 might reach all age groups and various types of work (Tobías, Aurelio, et al, 2020; Saadat, Saeida, Deepak Rawtani, and Chaudhery Mustansar Hussain., 2020). In Indonesia, the number of cases of Covid-19 infection is still increasing. Covid-19 task force confirmed 60,695 total patients, cured 27,568, and died 3,036 on July 03, 2020. For the hospitality industry in Indonesia, the Covid-19 pandemic had been devastating their business. From January to April 2020, tourist arrivals declined and hotel occupation receded, causing lost revenue potential of around IDR 90 trillion or USD 4 billion. Till 13 April 2020 at least 1,642 hotels stopped operating (Kontan.co.id, 2020). Hotel business performs efficiency in reducing employees. Some hotels had reduced working hours (C. Mata, 2020).

The long-standing and unpredictable Covid-19 pandemic when it ends, not only results in adverse economic, but it also affected the human mental health (Hagerty, Sarah L., and Leanne M. Williams, 2020; De Sousa, Avinash, E. Mohandas, and Afzal

Javed, 2020), and had even become a major challenge in psychological problems (Wang, Cuiyan, et al, 2020; Zgueb, Yosra, et al, 2020) including anxiety, depression, and stress ((Brooks, S. K., et al. "i Rubin, GJ, 2020; de Oliveira, Araújo, et al. "CB, & Neto." MLR, 2020). Several studies have measured anxiety symptoms using various instruments, like the Beck Anxiety Inventory (Ahmed, Md Zahir, et al, 2020), Generalized Anxiety Disorder Assessment 7-item (GAD-7) version (Al-Rabiaah, Abdulkarim, et al, 2020; Casagrande, Maria, et al, 2020; Cao, Wenjun, et al, 2020) (Guo, Qian, et al., 2020) and the 21-item Depression Anxiety Stress Scale (DASS-21) (Chao, Miao, et al, 2020; Odriozola-González, Paula, et al, 2020) (Wang, Cuiyan, et al, 2020).

Alleged mental health pressure of hotel workers due to the pandemic prompted this study. The main objective of this study was to assess the psychological impacts of hotel workers and explored the factors that influence their anxiety. Makassar, South Sulawesi is chosen as the study area because it is an urban area that has the most Covid-19 cases in Indonesia, besides Java Island. In our study, we used Generalized Anxiety Disorder Assessment 7-item (GAD-7) to determine hotel employees' anxiety level.

## 2. MATERIAL AND METHODS

### 2.1. Respondents

The target population in this study was focused on hotels that located in Makassar, South Sulawesi Province. The psychological impact of hotel employees during the Covid-19 pandemic was traced through distributing online structured questionnaires in the Google forms. The questionnaires secured anonymity and confidentiality participant's data. Data was compiled over three weeks during the outbreak of June 2020. Finally, 66 participants voluntarily responded. The study area (see **Figure 1**) was downloaded from high-resolution satellite imagery (Nokia, here.com hybrid) using SAS Planet software and processed with ArcGIS 10.3 software.

### 2.2. Instruments and GAD-7

The online questionnaires inquired demographic characteristics including gender (Liu, Cindy H., et al., 2020), education (Saadat, Saecida, Deepak

Rawtani, and Chaudhery Mustansar Hussain, 2020) (Khalid, Maria, Amir Gulzar, and Abdul Karim Khan, 2020), age (Niu, Shengmei, et al, 2020), job position, marital status, household size, place of domicile, working day during the Covid-19 pandemic related to how social distancing and physical distancing, alternative work, and relative or acquaintance got the Covid-19 (Cao, Wenjun, et al, 2020). Besides that the instrument contains queries about the existence of mental support in their community and life necessities support from the government to their families during the Covid-19 outbreak. The Generalized anxiety disorder scale 7 (GAD-7) is a 7-items English self-report responded by participants to assess their anxiety level and worry symptoms with ratings over the past two weeks (Zheng, Wei, 2020). The rating scale used in GAD-7 is a Likert-type, from 0 (not at all) to 3 (nearly every day), so the total score is 0 to 21 (Liu, Cindy H., et al, 2020) (Temsah, Mohamad-Hani, et al, 2020). The score criteria for the level of anxiety were 0-4 (normal), 5-9 (mild), 10-14 (moderate), and >14 (severe) (Al-Rabiaah, Abdulkarim, et al, 2020).

### 2.3. Statistical Analysis

IBM SPSS statistics version 26 was used for data analysis. To describe the data characteristics collected was carried out a descriptive analysis. A univariate analysis was conducted to investigate the significant associations between the characteristics of respondents and the anxiety level during the Covid-19 pandemic [20,33]. Statistically significant variables ( $p < 0.05$ ) were selected for further analysis using ordinal logistic regression (multivariate analysis) [20,34]. It was to illustrate the relationship between ordinal-scale response variables (anxiety level) and sample variables. A good fit model was determined by the test parallel lines and goodness of fit test produced  $p > 0.05$ . Odds ratio (OR) with a 95% confidence interval (CI) was used to illustrates the change in the tendency of each increase of a significant variable [20,35]. Spearman's correlation coefficient,  $r$ , was used to evaluate the association between anxiety level and worry about economic influences, job sustainability, mental and financial support, and daily-life difficulty. A two-tailed  $p < 0.05$  was considered statistically significant.

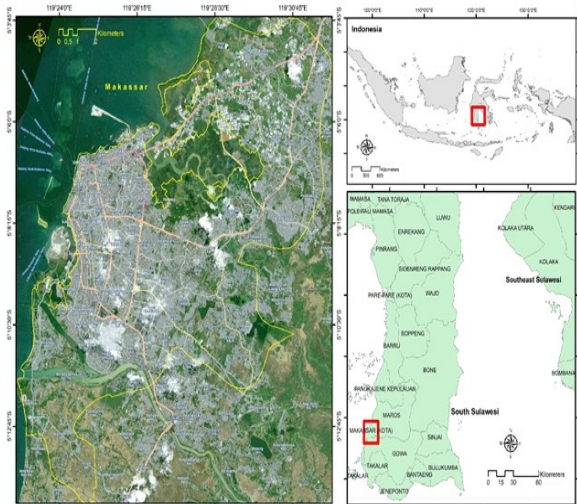


Figure 1: The study area of Makassar, South Sulawesi, Indonesia

### 3. RESULT

The collected demographic characteristics of respondents consisted of women 34 (51.5%) and 32 men (48.5%). The highest level of participant education was 36 high school seniors (54.5%), with age ranges varying from 19 to 52 years (1 person). Job position selected administrations and managers were as many as 25 people (37.9%) and marketing 24 people (36.4%), most of them were not married (56.1%). During the Covid-19 pandemic period, as many as 40 people (60.6%) were unemployed and isolated at home; they also did not have alternative employment (90.9%). Most respondents (98.5%) had no relatives or acquaintances that were infected with the Covid-19.

#### 3.1. Anxiety Level

Number of the hotel employees in Makassar (South Sulawesi) with different anxiety (see Table 1), during the Covid-19 epidemic.

Table 1: Anxiety level of the hotel employees (n = 66)

No	Anxiety level	Frequency	Percentage (%)
1	Normal	30	45.4
2	Mild	19	28.8
3	Moderate	5	7.6
4	Severe	12	18.2

There were 66 employees, 12 participants (18.2%) suffered severe anxiety, 5 employees (7.6%) were at a moderate level, and 19 respondents (28.8%) had mild anxiety. Nearly half the total sample (45.4%) had no symptoms of anxiety.

### 3.2. Factors Influencing the Hotel Employees Anxiety

#### 3.2.1 Univariate Analysis

The analysis results of 11 sample characteristic variables associated with anxiety levels were obtained domiciled in the red zone (p-value 0.003) and marital status (p-value 0.024) which had a significant effect on anxiety levels, where p-value < 0.05 (see Table 2). Workers who lived in the Covid-19 red zone could increase anxiety, there were 9 people (13.6%) experiencing severe anxiety, moderate anxiety by 5 (7.6%), and mild anxiety 12 employees (18.2%). Unmarried respondents were higher anxiety levels than those who were married. 10 participants (15.2%) had severe anxiety, 3 people (4.5%) had moderate anxiety, and 11 respondents (16.7%) had mild anxiety. While 9 other variables (gender, education, age, job position, family members, working day, alternative work and relative or acquaintance infected the Covid-19) had no significant effect on anxiety levels (p-value > 0.05).

#### 3.2.2 Ordinal Regression Analysis

Table 3 shows the results of ordinal regression analysis between marital statuses and domiciled in the red zone with anxiety level. These variables were included in the multivariate analysis because they had a significant influence on anxiety level (p < 0.05). The parallel lines test obtained a chi-square value of 3.547 and a p-value of 0.471 and goodness of fit (p > 0.05), showing that at a 95% confidence level the regression model used was suitable. The results showed that being in the red zone area of the spread of Covid-19 (OR = 4.71, 95% CI = 0.545 - 2.554) tended of 4.71 times to get a higher anxiety increase compared to respondents who were in the safe zone (no one or a few was infected with Covid-19). Unmarried respondents (OR = 3.12, 95% CI = 0.157 — 2.118) tended to increase anxiety by 3.12 times compared to those who were married.

Table 2: Univariate analysis of the hotel employees' anxiety

No	Variables	Total	Anxiety				P
			Normal	Mild	Moderate	Severe	
<b>1</b>	<b>Gender</b>						
	Male	32 (48.5%)	14 (21.2%)	11 (16.7%)	1 (1.5%)	6 (9.1%)	1.000 <sup>a</sup>
	Female	34 (51.5%)	16 (24.2%)	8 (12.1%)	4 (6.1%)	6 (9.1%)	
<b>2</b>	<b>Education</b>						
	Senior high school	36 (54.5%)	17 (25.8%)	11 (16.7%)	1 (1.5%)	7 (10.6%)	0.726 <sup>b</sup>
	Diploma	9 (13.6%)	5 (7.6%)	2 (3.0%)	0 (0.0%)	2 (3.0%)	
	Bachelor	19 (28.8%)	8 (12.1%)	5 (7.6%)	3 (4.5%)	3 (4.5%)	
	Master	2 (3.0%)	0 (0.0%)	1 (1.5%)	1 (1.5%)	0 (0.0%)	
<b>3</b>	<b>Age</b>						
	< 50 years	65 (98.5%)	30 (45.5%)	19 (28.8%)	4 (6.1%)	12 (18.2%)	0.299 <sup>a</sup>
	≥ 50 years	1 (1.5%)	0 (0.0%)	0 (0.0%)	1 (1.5%)	0 (0.0%)	
<b>4</b>	<b>Domiciled in the red zone</b>						
	No	29 (43.9%)	19 (28.8%)	7 (10.6%)	0 (0.0%)	3 (4.5%)	0.003 <sup>a*</sup>
	Yes	37 (56.1%)	11 (16.7%)	12 (18.2%)	5 (7.6%)	9 (13.6%)	
<b>5</b>	<b>Job position</b>						
	Marketing	24 (36.4%)	10 (15.2%)	6 (9.1%)	1 (1.5%)	7 (10.6%)	0.094 <sup>b</sup>
	Administrations & Managers	25 (37.9%)	15 (22.7%)	5 (7.6%)	2 (3.0%)	3 (4.5%)	
	Technician	9 (13.6%)	1 (1.5%)	6 (9.1%)	0 (0.0%)	2 (3.0%)	
	House keeping	3 (4.5%)	3 (4.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
	Front office	5 (7.6%)	1 (1.5%)	2 (3.0%)	2 (3.0%)	0 (0.0%)	
<b>6</b>	<b>Marital status</b>						
	Not married yet	37 (56.1%)	13 (19.7%)	11 (16.7%)	3 (4.5%)	10 (15.2%)	0.024 <sup>a*</sup>
	Married	29 (43.9%)	17 (25.8%)	8 (12.1%)	2 (3.0%)	2 (3.0%)	
<b>7</b>	<b>Household size</b>						
	No one	5 (7.6%)	3 (4.5%)	1 (1.5%)	0 (0.0%)	1 (1.5%)	0.736 <sup>b</sup>
	1 - 5 people	56 (84.8%)	24 (36.4%)	17 (25.8%)	5 (7.6%)	10 (15.2%)	
	6 - 10 people	5 (7.6%)	3 (4.5%)	1 (1.5%)	0 (0.0%)	1 (1.5%)	
<b>8</b>	<b>Working day</b>						
	at home every day	40 (60.6%)	18 (27.3%)	10 (15.2%)	4 (12.1%)	8 (12.1%)	0.781 <sup>b</sup>



	1 - 3 days a week	22 (33.3%)	10 (15.2%)	7 (10.6%)	1 (1.5%)	4 (6.1%)	
	4 - 6 days a week	4 (6.1%)	2 (3.0%)	2 (3.0%)	0 (0.0%)	0 (0.0%)	
<b>9</b>	<b>Alternative work</b>						
	No	60 (90.9%)	27 (40.9%)	18 (27.3%)	4 (6.1%)	11 (16.7%)	0.962 <sup>a</sup>
	Yes	6 (9.1%)	3 (4.5%)	1 (1.5%)	1 (1.5%)	1 (1.5%)	
<b>10</b>	<b>Relative or acquaintance got the Covid-19</b>						
	No	65 (98.5%)	29 (43.9%)	19 (28.8%)	5 (7.6%)	12 (18.2%)	0.313 <sup>a</sup>
	Yes	1 (1.5%)	1 (1.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	

a Mann-Whitney test; b Kruskal-Wallis test; 1

### 3.2.3 Ordinal Regression Analysis

Table 3 shows the results of ordinal regression analysis between marital statuses and domiciled in the red zone with anxiety level. These variables were included in the multivariate analysis because they had a significant influence on anxiety level ( $p < 0.05$ ). The parallel lines test obtained a chi-square value of 3.547 and a p-value of 0.471 and goodness of fit ( $p > 0.05$ ), showing that at a 95% confidence level the regression model used was suitable. The results showed that being in the red zone area of the spread of Covid-19 (OR = 4.71, 95% CI = 0.545 - 2.554) tended of 4.71 times to get a higher anxiety increase compared to respondents who were in the safe zone (no one or a few was infected with Covid-19). Unmarried respondents (OR = 3.12, 95% CI = 0.157 — 2.118) tended to increase anxiety by 3.12 times compared to those who were married.

Table 3: Ordinal logistic regression analysis of factors influencing the hotel employees' anxiety

No	Factors	Number	SE	OR	P	OR (95%CI)
1	Marital status					
	Not married yet	37 (56.1%)	0.500	3.12	0.023	(0.157; 2.118)
	Married	29 (43.9%)	-	-	-	-
2	Domiciled in the red zone					

No	29 (43.9%)	-	-	-	-
Yes	37 (56.1%)	0.512	4.71	0.002	(0.545; 2.554)

SE standard error; OR odds ratio; CI con 1

### 3.3. Correlation between the Covid-19 related stressors

Competent hotel employees who work well and responsibly in a hotel shall get an adequate salary and develop the quality of life of their family [36,37]. However, the Covid-19 epidemic had caused concern and difficulties for hotel workers. All respondents (100%) said they were greatly worried about economic conditions, their income dropped dramatically during the Covid-19 pandemic. Moreover, they were also extremely apprehensive about the sustainability of their work in the hotel. Although some of them get mental support (36 respondents or 54.5%) in their neighbourhood and basic needs support from the government for families and communities (12 respondents or 18.2%), but they still experience high levels of anxiety (18.2% in severe anxiety, 7.6% in moderate anxiety, and 28.7% mild anxiety).

The results of the correlation rank spearman analysis between factors and level anxiety are shown in Table 4. The daily-life difficulty that prevented respondents from doing work at home had a positive relationship with the level of anxiety

of hotel employees ( $r = 0.328$ ,  $p = 0.007$ ). Likewise, between worry about social life interactions and level anxiety had a sufficiently good correlation ( $r = 0.369$ ,  $p = 0.002$ ).

Table 4: Correlation analysis between the Covid-19 related stressors and the hotel employees' anxiety

No	Related stressors	Anxiety level	
		r	P
1	Daily-life difficulty	0.328	0.007*
2	Worry about social life interactions	0.369	0.002*

r Correlation coefficient; \* a significant 1

#### 4. DISCUSSION

The Covid-19 pandemic caused psychological pressure on various elements, including the general public, students, college students, college lecturers, migrant workers, daily wagers, theater workers, and medical staff and healthcare workers (Luo, Min, et al., 2020; Xiao, Xiao, et al., 2020). This study focused on investigating the psychological effects of hotel workers during the pandemic period and examining the variables that influence their anxiety. The results represented the Covid-19 pandemic affected anxiety in hotel workers in Makassar by 54.6% (18.2% in severe anxiety, 7.6% in moderate anxiety, and 28.8% in mild anxiety). Their anxiety is related to their concern about being infected with the Covid-19, because South Sulawesi is an area that has the highest number of Covid-19 cases outside of Java Island, the addition of positive cases of Covid-19 is relatively exponential. Nationally, Indonesia has the highest death rate due to Covid-19 (Asyary, Al, and Meita Veruswati, 2020). The restlessness of communities might have been cohesive to the news on online media (Chao, Miao, et al., 2020; Dong, Mengyuan, and Jin Zheng, 2020).

The massive and rapid outbreak of Covid-19 certainly caused anxiety in hotel workers; they had to great adaptations and change their daily habits. That anxiety would be increased because of limited knowledge in preventing the Covid-19 infection. Since the outbreak of Covid-19 in Indonesia, hand sanitizers and masks had become a step. Such pieces of equipment were not available in various shops; some could be obtained through online ordering, but at very high prices. The level of anxiety of hotel workers increases might also be exacerbated due to social isolation, maintaining

physical distance, and not working, or it could be due to their biological factors. This study found hotel worker anxiety levels were related to respondent characteristics such as marital status and its presence in the red zone of the Covid-19 spread. Gender, education, age, job position, family members, working day, alternative work, and relative or acquaintance got Covid-19 had no significant effect on the anxiety level of the hotel employees in Makassar.

Ordinal logistic regression analysis revealed unmarried hotel workers tended to experience higher levels of anxiety compared to those who were married. This might be caused by someone having a partner who had a friend to share and tell the ups and downs experienced, this would certainly reduce the level of anxiety. Of the total 36 people (54.6%) who had anxiety, the number of respondents having not married (24 people) was 2 times they were married (12 people). Based on the Odd ratio (3.12) indicated that unmarried workers had anxiety vulnerability levels of 3.12 times as opposed to those who were already couples. Domiciled in the red zone Covid-19 spread had a significant association with the hotel employees' anxiety. The stress effects on individuals could differ depending on the location of residence. Odds ratio (4.71) indicated that for individuals being in the red zone of the coronavirus, potentially more stress by 4.71 times than those outside the red zone. In Indonesia, there are four categories related to the spread of Covid-19. The high risk is indicated by the red zone, the moderate risk is marked by the orange zone, the low risk is the yellow zone, and the green zone has not been affected. The Covid-19 outbreak caused hotels to have no visitors and was temporarily closed, workshops and training activities of government and private institutions that were normally conducted at hotels became nil. The Indonesian hotels suffered huge economic losses of around USD 1.5 billion (Djalante, Riyanti, et al., 2020) and globally declined sharply turnover (Nicola, Maria, et al, 2020). It had an impact on hotel workers in Makassar.

The Covid-19 outbreak was not yet known when it ends, causing them to be very worried about the sustainability of their work in the hotels. If this condition continues, it evolves in employee creativity for the implementation of business and improves organizational performance will stagnat (Hon, Alice HY, 2020). The Covid-19 related stressors including daily life difficulties and social

life interactions had a significant positive correlation. Some hotel workers admitted to having difficulties in doing work and providing housing needs, as well as interaction with neighbours and work relations was very limited.

## 5. CONCLUSION

The Covid-19 pandemic has caused anxiety in hotel workers in Makassar, by 54.6%. Marital status and place of residence were variables that had a significant effect on anxiety levels. Unmarried employees had a higher anxiety level (about 3.12 times) than those who were married. Likewise, workers living in the red zone had anxiety levels of 4.71 times compared to those in the orange, yellow or green zones. A positive correlation was shown by the relationship between daily-life difficulties and worry about social life interactions with anxiety levels.

The anxiety of hotel employees amid the Covid-19 spread risks making them vulnerable to exposure to the virus. Excessive anxiety has a bad effect, not only on a person's mental psychological, but also on his physical condition. Starting from psychosomatic disorders, so it can also reduce endurance. Some ways to overcome anxiety include accepting the situation and dealing with anxiety, doing new activities and adding good relationships, asking for help or support from family, exercising and continuing to think positively.

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## 7. CONFLICT OF INTEREST STATEMENT

The authors declared that we have no conflicts of interest to this work.

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## Factors Related to Health Protocol Implementation Among Covid-19's Survivor in Surabaya

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**Keywords:** Covid-19, Survivors, Health Protocol

**Abstract:** It is almost two years for Covid-19 pandemic occurred in Indonesia. There were over 198 million cases and 4 million deaths since March 2020. Vaccination and implementation of health protocol is way out to quit Covid-19 pandemic. There were hundreds of million Covid-19 survivors had second infection after the first attack. This means that even someone has been infected by Covid-19 for the first time, if he didn't do health protocol properly, it is possible to get second infection. Covid-19 could be mutated rapidly. Someone who has been exposed by one variant of Covid-19 could be easily infected by other variant in the future. Covid-19's survivors are equal with other healthy people. They have to do health protocol to prevent transmission of the virus. This research aimed to analyze factors related to health protocol implementation among Covid-19's survivors in Surabaya. This research's method was analytic observational with crosssectional approach. 100 Covid's survivors in Surabaya were chosen by Simple Random Sampling. Data collected by Google Form and analyzed by Cramer's V. The result of this research concluded that 73% respondents were women, 77% aged 18-25 years old, 61% were students and 61% had good knowledge. The implementation of health protocol were 71% among respondents. Gender ( $p=0.010$ ), age ( $p=0.017$ ) and knowledge ( $p=0.004$ ) were related to health protocol implementation while occupation ( $p=0.076$ ) variable wasn't. Self awareness is needed to do health protocol during pandemic. Health protocol aimed to reduce transmission of Covid-19.

### A. 1 INTRODUCTION

Pandemics Covid-19 that began at the end of 2019 until the end of 2021 has not been fully over. Until August 2021 globally there were 198.234.951 cases with the number of deaths were 4.227.359, while in Southeast Asia there were 38.480.764 cases with the number of deaths as many as 573.053 people (WHO, 2021). In Indonesia cumulative case of Covid-19 was 3.462.800 cases since March 2020 until August 2021 with the number of deaths were 97.291 people (WHO, 2021). Record of the highest daily Covid-19 cases in Indonesia was 50 1.568 with the death of thousands of people (Jatimprov, 2021). It was because in June 2021 Indonesia shocked by the discovery of new cases in Delta variant which has 3 times faster transmission variant than Alpha variant (Wuhan) (Mahase, 2021). In the second quarter of 2021 vaccination was given by the government

massively. Various types of vaccine such as Sinovac, Astrazeneca, Moderna and Pfizer had been provided by the government with a target of 1 million vaccines per day. It was intended to pursue the herd immunity which can only be achieved if 80% citizens had 2 doses of vaccine (Yuningsih, 2020).

On June, government regulated lockdown in Java and Bali for 14 days called PPKM. It was because the number of new cases and deaths of Covid-19 were reached its peak. In a day there were 50 thousand of new cases and 1000 of deaths. One of the prevention besides vaccination was to do health. Protocol. Health protocol consists of wearing a mask, washing hands with soap, keep distance, eat healthy food, avoid the crowd and minimize the mobility (Kemendagri, 2021).

Basically, the government's socialization about the importance of health protocols quit adequate. Government provided reward and

punishment system which was expected to increase public awareness about the importance of implementing health protocols during the pandemic. In Surabaya, the punishment was like social services such as cooking in public kitchens or cleaning roads. Surabaya had been being a Covid-19 red zone at several times. The red zone means that new cases and deaths from Covid-19 in the area increasing massively (Rismaharini, 2020).

Someone could be infected by Covid-19 twice or more due to various things. One of them was from the virus itself. Covid-19 was a type of virus that can mutate quickly. It was proven that until the second year of the pandemic there were more than dozens of variants such as Alpha, Beta, Gamma, Delta and many more. Covid-19 was similar with flu virus that has been known by its ability to mutate. Therefore, a person can be exposed to the flu virus many times even if they have had the flu before (Nalbandian et al., 2021). Even though a Covid-19 survivor had been vaccinated, he still had to do health protocols to prevent a second infection (Suprobawati & Kurniati, 2018).

Knowledge, education, occupation, demographic factors such as age, gender, social, economic were some of the things related to the behavior of implementing health protocols. This study aimed to analyze factors related to the implementation of health protocols among Covid-19 survivors in Surabaya. The factors in question are age, gender, occupation and knowledge.

## 2 METHODE

This research was conducted in Surabaya in April to June 2021. The population of this study were all Covid-19 survivors in Surabaya. The research sample was determined by simple random sampling technique with inclusion criteria having been declared negative for at least 6 months, willing to participate in the study and domiciled in

Surabaya. The number of samples obtained was 100 people. This research was a quantitative study with analytic observational design and a cross sectional approach. Data was collected by distributing online questionnaires through the Google Form application. The data were analyzed by Cramer's V test because both independent and dependent variables, had a nominal data scale

## 3 RESULT

**Table 1 Characteristic of Covid-19 Survivor**

Sub Variabel	n	%
Gender		
b. Man	27	27
c. Woman	73	73
Age		
a. 18-25	77	77
b. 26-35	23	23
Occupation		
a. Student	61	61
b. Worker	39	39
Knowledge		
a. Good	61	61
b. Bad	39	39

From table 1 73% of respondents who survived Covid-19 were women, aged 18-25 years (77%) and student (61%) and had good knowledge (61%).

**Table 2 Health Protocol Implementation Covid-19 Survivor in Surabaya**

Sub Variabel	n	%
Health		
Protocol	71	71
Implementation	29	29
a. Good		
b. Bad		
Total	100	100

From table 2, 71% Covid-19 survivors had good health protocol implementation, while 29% were bad.

Table 3 Crosstab of Factors Related to Health Protocol Implementation Among Covid-19's Survivor in Surabaya

Sub Variabel	Health Protocol Implementation				Total	
	Good		Bad		n	%
	n	%	n	%		
Gender						
a. Man	14	14	13	13	27	27
b. Woman	57	57	16	16	73	73
Total	71	71	29	29	100	100
Age						
a. 18-25	55	55	22	22	77	77
b. 26-35	16	16	7	7	23	23
Total	71	71	29	29	100	100
Occupation						
a. Student	45	45	16	16	61	61
b. Worker	26	26	13	13	39	39
Total	71	71	29	29	100	100
Knowledge						
a. Good	37	37	24	24	61	61
b. Worker	34	34	5	5	39	39
Total	71	71	29	29	100	100

Data analysis of factors related to health protocols implementation among Covid-19 survivors can be seen in table 4.

Tabel 4. Data analysis of factors related to health protocols implementation among Covid-19 survivors

Sub Variabel	P value
Gender	0,010
Age	0,017
Occupation	0,076
Knowledge	0,004

From table 3, gender, age and knowledge have a significant related to health protocols implementation. While occupation does not have a significant relationship with health protocols implementation.

#### 4 DISCUSSION

Health protocol consists of wearing masks, washing hands with soap, maintaining distance, eat healthy food, staying away from crowds and limiting mobility. The implementation of health protocols was aimed to break the chain of transmission of Covid-19. This study was similar with Yuliyanti's research in Semarang which stated that gender and knowledge had a significant relationship with the implementation

of health protocols to prevent Covid-19. Other factors of health protocols implementation were education, attitudes, infrastructure, government support, supervision and support from community leaders (Yuliyanti, 2021).

The results of a similar study were also stated by Wiranti et al in their research in Depok which concluded that gender and knowledge were determinants to prevent Covid-19. Other factors of health protocols implementation were education and attitudes. Female respondents with a high level of education and good knowledge and have an attitude of supporting government policies have a high level of compliance (Wiranti, Sriatmi, & Kusumastuti, 2020).

This study was similar with the results of research using qualitative methods by Alam in Makassar which concluded that knowledge was an important factor influencing people to implement health protocols, especially wearing masks. Government should be held socialization such as counseling, making educational posters or billboards or distributing masks for free (Alam, 2021).

This study was similar with Afrianti and Rahmiati's research which stated that age and

knowledge had a significant relationship with the implementation of health protocols. Other influencing factors were education, attitude and motivation. (Afrianti & Rahmiati, 2021). In a qualitative study by Lathifa et al in Surakarta, it was stated that the awareness factor related to health protocols implementation, especially the use of masks and washing hands with soap. In the study, respondents admitted that they had the most difficulty of reducing interactions with other people and keeping their distance (Lathifa, Kamalia, Putra, & Nuryanti, 2021).

The study of Tetartor et al in Medan gave similar results. According to him, knowledge, education and attitude factors were related to the implementation of health protocols. While the unrelated factors were social and informational environmental factors (Tetartor, Anjani, & Simanjuntak, 2021). Nismawati and Marhtyni's research in Gowa Regency also gave the same conclusion, knowledge, attitudes, infrastructure and hygiene behaviour had a relationship with the implementation of health protocols during the Covid-19 pandemic (Nismawati & Marhtyni, 2020).

The results of this study were similar to Riyadi and Larasat's research in 2020 which concluded that gender and age related to health protocols behaviour. Young female respondents had higher compliance in implementing health protocols. Other influencing factors in this study were the respondent's reaction status, perceived effectiveness of self-isolation, education level, health status, and marital status, level of concern about pandemic news and level of concern for mobility outside the house. (Riyadi & Larasaty, 2020).

The results Budilaksana's research in Jember provided another alternative regarding factors that affect the implementation of health protocols. In his research, it was stated that perception, socio-economic factors, values and beliefs and socialization had a significant relationship with the implementation of health protocols (Budilaksana, 2021). Another alternative was also stated in the study of Afro et al in East Java which concluded that in the Health Belief Model approach, perceived benefits and perceived

barriers related to implementation of health protocols (Afro, Isfiya, & Rochmah, 2020).

Those who did not obey with health protocols, according to Ermayanti et al in their research in West Sumatra, said that economic constraints, public trust in the government, lack of information and socio-cultural factors were determinants of people not heeding the implementation of health protocols during the Covid-19 pandemic (Ermayanti, Syaiful, Zetra, & Fajri, 2020).

This study was different with Niruri et al research in Surakarta which stated that gender and age were not significantly related to the implementation of health protocols. But, similarity with this study was occupation factor had no significant relationship with the implementation of health protocols (Niruri, Farida, Prihapsara, Yugatama, & Ma'rufah, 2021).

This study was different with Herawati et al.'s study which concluded that there was no significant relationship between age, knowledge, education and support of health workers with health protocols implementation. According to him, attitudes and infrastructure were related to health protocols implementation (Herawati, Yasinta, & Indragiri, 2021).

Nuqul in Wiranti et al's study in 2020 said that the intensity of women's compliance was higher than that of men. This means that women were more obedient than men. The same thing can also be applied to the implementation of health protocols which were proven that female respondents were more obedient than male respondents. In knowledge variable, according to Notoatmodjo in Nismawati and Marhtyni (2020) stated that behavior was formed by individual knowledge (Nismawati & Marhtyni, 2020).

## 5 CONCLUSIONS AND SUGGESTIONS

### *Conclusion*

Gender, age and knowledge have a significant related to health protocols implementation. While occupation does not have a significant relationship with health protocols implementation.



### Suggestion

Covid-19 survivors/survivors should be discipline to do health protocols such wearing masks, washing hands with soap, kepp distance, eat healthy food, staying away from crowds and limiting mobility in order to break the chain of transmission of Covid-19.

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# Subjective Well-Being, Spirituality And Immunity of Islamic Lecturing Members When Facing The Covid-19 Pandemy

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**Keywords:** Subjective well-being, spirituality, immunity

**Abstract:** The covid-19 pandemic, which affects almost all of the world's population, not only disrupts human physical health due to its rapid and massive transmission. This fact also makes the panic and anxiety of all elements of society, even very disturbing economic stability that has been neatly arranged. The COVID - 19 pandemic has impacted to reduce immunity. One way to improve it is to improve spiritually. Spirituality such as meditation habits, praying, reading scriptures and conducting religious ritual activities can reduce emotional reactions to stress and cause relaxation. This study aims to determine the relationship of spirituality with immunity, subjective well-being with immunity as well as the relationship between spirituality and subjective well-being with immunity in Islamic lecturing members when facing pandemic COVID - 19. The subject of this study was the study congregation in several regions in Indonesia, amounting to 135 people. The sampling technique used was accidental sampling. Analysis of the data used is linear regression analysis. The results showed that the significance number  $p = 0.000 < 0.005$  and the correlation coefficient is 0.444. Thus it can be stated that there is a significant positive relationship between spirituality and subjective well-being with immunity.

## 1 INTRODUCTION

The covid-19 pandemic, which affects almost all of the world's population, not only disrupts human physical health due to its rapid and massive transmission. This fact also makes the panic and anxiety of all elements of society, even very disturbing economic stability that has been neatly arranged. Government and society are faced with an uncertain situation. The government must make policies quickly and responsibly in the face of a pandemic that is difficult to control. Various rules have been set to prevent the spread of covid-19 transmission which is increasingly widespread. The habit of proper hand washing, ethical coughing and sneezing, wearing masks when leaving the house, keeping a distance, avoiding crowds, always being at home are rare steps campaigned by the government to suppress the surge in the increase in patients with positive covid-19. This policy makes it comfortable for some people, but most people feel that this is a

stressor that makes them saturated, panicked and stressed.

Hardjana mentioned that stress is the inability of a person physically, emotionally, and spiritually in facing a pressure (Mahsun, 2004). This situation will gradually affect physical and mental health. Wayne Oates said that stress is caused by self-defense mechanisms from emotional stress, physical stress, extreme situations, or threatening danger (Mahsun, 2004). Stress is basically a normal reaction in every individual, stress is the body's natural reaction to tension, pressure and changes in life. Sarafino states that stress is a condition caused by interactions between individuals and the environment, whether in the form of biological, psychological, or social environments that can cause gaps between demands and abilities (Aditama, 2017a).

In the concept of psychoneuroimmunology, all types of stress, both physical, psychological and social stress will trigger an increase in the secretion of Corticotrophin Releasing Factor (CRF) in the

hypothalamus. Furthermore, CRF will stimulate the release of pituitary Adenocorticotrophin Hormone (ACTH), which in turn will stimulate the adrenal glands to release various hormones, including cortisol. This hormone circulates in the body and plays a role in the coping mechanism. When the stressor received by the hypothalamus gets stronger, the secretion of CRF will increase, causing stimulation received by the pituitary will increase, and cortisol secretion by the adrenal gland also increases. If the emotional condition has stabilized, coping mechanism becomes positive, then the signal in the brain will inhibit the release of CRF, ACTH secretion decreases and is followed by a decrease in cortisol levels (Akil & Morano, 1995; Burton dkk., 1996). According to Zaenullah stress can increase cortisol secretion up to 20 times normal. This increase in cortisol levels further suppresses the body's immune system (Lisdiana, 2012).

One of the factors that can lead a person to a good coping mechanism when dealing with stress is spirituality. Elkins, et al state that spirituality plays an important role for individuals in understanding the experiences gained in their lives (Lines, 2002). Greenberg also suggests that spiritual health is significantly correlated with the management of a person's stress (Greenberg, 2002). Spirituality such as meditation habits, praying, reading scriptures and conducting religious ritual activities can reduce emotional reactions to stress and cause relaxation. Greenberg also stressed that good health spirituality or spirituality is not only beneficial for physical and psychological health, but is an important aspect that plays a role in managing stress (Aditama, 2017a).

Research conducted by Batuqayan et al states that spiritual training with meditation techniques on nurse managers and managers has been shown to be effective in reducing stress levels (Batuqayan & Mai, 2012). Another study conducted by Utami on the effect of remembrance on body responses, proves that the perception of stress affects the biological response, with marked levels of the hormone cortisol being in a physiological condition (Utami, 2017). Spirituality is an aspect in human beings that refers to the expression of the search for meaning and purpose in life in various life events (Ferrell dkk., 2013). Spirituality as an effort to search for meaning in life can be obtained through religious and cultural traditions (Peteet & Balboni, 2013). The results of research conducted by Ahmadi

stated that spirituality and religiosity play an important role in the palliative care of cancer patients. Both are holistic therapies that can affect the improvement of quality of life, well-being, and reduce distress in cancer patients (Ahmadi dkk., 2015).

Subjective well-being can describe a person's quality of life, because it can have a positive impact on life. In a study stated that high subjective well-being such as life satisfaction, the absence of negative emotions, optimism and positive emotions have a significant effect on better health and longevity (Diener & Chan, 2011). Schiffrin and Nelson (2010) states that subjective well-being also has a relationship with stress levels where individuals who have high stress levels have low levels of happiness while individuals who have low stress levels have high levels of happiness (Stevenson & Wolfers, 2013). Subjective well-being is a broad concept regarding the evaluation of one's life or emotional experience, which is a combination of high life satisfaction, high positive affect, and low negative affect. Someone who has a high level of subjective well-being, will be able to manage emotions, and deal with problems well. Conversely people who have a low level of subjective-well-being tend to feel unhappy, full of negative thoughts and feelings that cause anxiety, anger, and even risk of depression (Diener & Tay, 2015).

Based on the results of a survey conducted on Islamic lecturing members in several regions in Indonesia, when the pandemic covid-19, they generally responded positively. Most of them are of the view that the covid-19 pandemic is part of the life test given by God to His (Allah) servants. This reality could not have happened without the intention and intervention of God. God will not test His servants beyond his limits. They also believe that there must be a lot of wisdom hidden behind this pandemic. Even some of them think that this pandemic is a gift, because with this pandemic, there are many innovations and creativities that did not appear when they were in a normal condition. Many of them actually develop their creativity to help others. For example, creativity arises in the community to make masks, make hand sanitizers to share with others in need. They enjoy this reality of life by sharing and working together, amid economic difficulties due to the covid-19 pandemic. They are also eager to pray together online, so that the covid-19 pandemic soon passes.

Referring to the background above, this study in detail aims to determine the relationship of spirituality with immunity, subjective well-being with immunity as well as the relationship between spirituality and subjective well-being with immunity in Islamic lecturing members when facing pandemic covid-19.

## 2 METHOD

This research uses quantitative methods with correlational type of research. The subject of this study was the Islamic lecturing members in various regions in Indonesia, totaling 135 people. The sampling technique used is accidental sampling, given the population that cannot be known with certainty.

The spirituality scale used in this study, refers to the Daily Spiritual Experience Scale (DSES) consisting of sixteen items with positive statements. DSES is used to see spiritual experiences and how spirituality influences daily life, both in behavior, thoughts, and attitudes (Underwood & Teresi, 2002). The results of the validity test of 16 items, all declared valid. While the reliability test results using Chronbach's alpha obtained 0.871 results, which means reliable. DSES was chosen by researchers with rational consideration, that DSES was compiled by Underwood after conducting in-depth qualitative studies on Christian, Jewish, Islamic, agnostic, and atheist groups to find spiritual aspects that could be universally applicable (Underwood & Teresi, 2002). DSES has been used as a measuring tool in spirituality studies totaling more than 200 published studies, and has been translated into 40 languages (Underwood, 2011).

Then to measure subjective well-being, researchers adapt the Larasati questionnaire and refer to aspects raised by Diener (Diener dkk., 2009; Larasati, 2017). The results of the validity test of 28 items have 26 valid items and 2 fall items. While the reliability test results using Chronbach's alpha obtained 0.891 results, which means reliable. Meanwhile, to measure immunity, researchers compiled a questionnaire with reference to the theory of Prasetyo (Prasetyo, 2006). The results of the validity test of 6 items, all declared valid. While the reliability test results using Chronbach's alpha obtained 0.838 results, which means reliable.

The scale in this study uses a Likert scale which contains two statements, namely, a favorable statement (supporting variables) and unfavorable (not supporting variables), except for a scale of spirituality that only contains a favorable statement. The Likert scale in this study has 4 variant choices for answers: SS (Strongly agree), S (Agree), TS (Disagree), STS (Strongly disagree). Data that has been collected, analyzed using statistical tests in the form of linear regression analysis. This test is used to determine the correlation between spirituality and subjective well-being and immunity. Before testing the three variables, a prerequisite test is used, namely the normality test, linearity and multicollinearity tests.

## 3 RESULT

Before a linear regression analysis is performed, the normality, reliability and multicollinearity tests are first performed. The results of normality tests on the three variables, namely spirituality, subjective well-being and immunity can be seen in the following table 1:

Table 1: Normality Test Results  
One-Sample Kolmogorov-Smirnov Test

		Spiritual	Subjective Well Being	Immunity
N		135	135	135
Normal Parameters <sup>a,b</sup>	Mean	57.2889	84.7333	19.1630
	Std. Deviation	4.70609	7.70075	2.50137
Most Extreme Differences	Absolute	.095	.094	.175
	Positive	.077	.094	.175
	Negative	-.095	-.072	-.158
Kolmogorov-Smirnov Z		1.110	1.091	2.037
Asymp. Sig. (2-tailed)		.170	.185	.000

a. Test distribution is Normal.

b. Calculated from data.



From the table 1, it is known that the normality test of spirituality variables using Kolmogorov-Smirnov obtained a significance number  $p = 0.170 > 0.05$ , which means that the spirituality variable data is normally distributed. For subjective well-being variables The significance value is  $p = 0.185 > 0.005$ , which means that subjective well-being variables are also normally distributed. Normality test on the immunity variable, obtained a significance number  $p = 0.000 < 0.005$  which means that the data distribution is not normal. However, because of the large population in this study  $> 30$  people, i.e. 135 people, all data variables can be stated normally distributed.

Next, a linearity test was performed on all three variables using ANOVA, and the results are as follows:

Table 2: Linearity test results

ANOVA Table				
			F	
Spiritual * Immunity	Between Groups	(Combined)	<b>5.890</b>	
		Linearity	<b>30.603</b>	<b>.000</b>
		Deviation from Linearity	<b>3.643</b>	<b>.000</b>
	Within Groups			
	Total			

From the table 2, it is known that the significance level of linearity between spirituality and immunity  $p = 0.000 < 0.005$  which means linear. Likewise, subjective well-being with immunity produces a significance number  $p = 0.000 < 0.005$  which also means linear.

Then to see the relationship between independent variables, namely spirituality and subjective well-being, a multicollinearity test was performed. Multicollinearity test results is known that the tolerance coefficient values are  $0.564 > 0.3$

Table 4: Simultaneously Hypothesis Test Results

Model Summary						
Model	R	R Square	Adjusted Square	R	Std. Error of the Estimate	Change Statistics
						Sig. Change F
1	<b>.444<sup>a</sup></b>	<b>.197</b>	<b>.185</b>		<b>2.25870</b>	<b>.000</b>

a. Predictors: (Constant), Subjective Well Being, Spiritual

and  $VIF 1.773 > 0.9$ , which shows that there is no multicollinearity between fellow independent variables, namely the variables of spirituality and subjective well-being.

Because all the prerequisites for conducting a hypothesis test using linear regression analysis have been fulfilled, then proceed with the hypothesis test whose results are presented in the following table 3:

Table 3: Partial Hypothesis Test Results

		Correlations		
		Immunity	Spiritual	Subjective Well Being
Pearson Correlation	Immunity	<b>1.000</b>	<b>.399</b>	<b>.409</b>
	Spiritual	<b>.399</b>	<b>1.000</b>	<b>.660</b>
	Subjective Well Being	<b>.409</b>	<b>.660</b>	<b>1.000</b>
Sig. (1-tailed)	Immunity	<b>.000</b>	<b>.000</b>	<b>.000</b>
	Spiritual	<b>.000</b>	<b>.000</b>	<b>.000</b>
	Subjective Well Being	<b>.000</b>	<b>.000</b>	<b>.000</b>
N	Immunity	<b>135</b>	<b>135</b>	<b>135</b>
	Spiritual	<b>135</b>	<b>135</b>	<b>135</b>
	Subjective Well Being	<b>135</b>	<b>135</b>	<b>135</b>

From the table 3 it is known that the relationship between spirituality and immunity, as well as subjective well-being and immunity produces a significance number  $p = 0.000 < 0.005$  which means that there is a significant relationship between spirituality and immunity, as well as a significant relationship between subjective well-being and immunity. Correlation coefficient results obtained 0.399 for the variable spirituality and 0.409 for the variable subjective well-being. This means that there is a strong positive relationship between spirituality with immunity and subjective well-being with immunity.

Furthermore, to see the simultaneous relationship between the three variables between spirituality and subjective well-being and immunity, it can be seen in the following table 4.

From the table 4 it is known that the significance number of the three variables is  $p = 0.000 < 0.005$  which means that there is a significant relationship between spirituality and subjective well-being with immunity. In addition, the correlation coefficient  $r$  of 0.444 shows the third variable relationship quite strong and the coefficient of determination (R Square) of 0.197 or 19.7% which means that both of these variables predict the Immunity variable, while 80.3% is predicted by other variables not included in this study.

To find out the effective contribution of the spirituality variable to immunity and subjective well-being to immunity, it can be seen in the following table 5:

Table 5: Effective contributions

	Measures of Association			
	R	R Squared	Eta	Eta Squared
Spiritual * Immunity	.399	.159	.606	.367
Subjective Well Being * Immunity	.409	.168	.610	.372

From the table 5, it is known that the R squared for spirituality variable is 0.159 which means that spirituality contributes effectively to 15.9% of immunity. For subjective well-being variable, the result of R squared is 0.168, which means that subjective well-being contributes effectively to 16.8% of immunity.

#### 4 DISCUSSION

The partial hypothesis test results are known that the relationship between spirituality and immunity is indicated by a significance number  $p = 0.000 < 0.005$  and a correlation coefficient of 0.399 which means that there is a significant positive relationship between spirituality and immunity. The results of this study are in line with the results of the Ahmadi study (2015) which states that spirituality and religiosity are two important components in palliative care of cancer patients as a holistic therapy that can affect the improvement of quality of life, well-being, and reduce distress in cancer patients (Ahmadi dkk., 2015). Another study conducted found significant results in the handling of HIV / AIDS patients who were depressed by giving therapy of spiritual emotional freedom technique (Astuti dkk., 2015). T Spiritual treatment done indirectly can increase the meaning of a patient's spirituality about his illness. Other studies show that the decline in immunity can be caused by psychological disorders that can be viewed from the

aspect of religiosity (Julianto & Subandi, 2015). According to Nelson in Videbeck found that religious orientation is useful as a coping mechanism and a source of social support for depressed elderly (Schiffirin & Nelson, 2010). Gallup's research in Tangdilintin also found that someone who was spiritually committed was twice as happy as someone who was less committed (Tangdilintin, 2008). A person with high spirituality also has a lower risk of depression and is more satisfied with his existence.

Other partial hypothesis test results, it is known that the significance number for subjective well-being with immunity is  $p = 0.000 < 0.005$  and the correlation coefficient is 0.409 which means that there is a significant positive relationship between subjective well-being and immunity. Research Graham et.al., assesses the inverse relationship between subjective well-being and income and health by examining the effects of happiness on income, health, and other factors (Muzakkiyah & Suharnan, 2016). The results show that people who have higher subjective well-being are in good financial economic conditions, and tend to be in better health Bukhari and Khanam state that happiness is part of subjective well-being which is a subjective view of the whole of life that an individual has (Bukhari & Khanam, 2015). Besides being important to be researched and studied because it illustrates a person's quality of life, subjective well-being can also have a positive impact on one's life. Many benefits are obtained if a person has a high level of subjective well-being, including health benefits, one of which is longevity and productivity (Diener & Tay, 2015). Other studies also explain that high subjective well-being such as life satisfaction, the absence of negative emotions, optimism and positive emotions affect the level of health and better longevity (Diener & Chan, 2011).

When simultaneous hypothesis testing is carried out, the significance value  $p = 0.000 < 0.005$  and the correlation coefficient  $r$  of 0.444 indicate that there is a significant positive relationship between spirituality and subjective well-being and immunity. The results of the coefficient of determination (R Square) of 0.197 or 19.7% indicate that spirituality and subjective well-being predict the Immune variable, while the other 80.3% are predicted by other variables. The involvement of spirituality and subjective well-being in predicting immunity can be explained by the concept of psychoneuroimmunology.

In psychoneuroimmunology studies there is always an

interaction between psychological factors, the nervous system and the immune system through modulation of the endocrine system (Ader dkk., 1995). Psychological stressors that are received in the brain through the limbic system are then forwarded to the hypothalamus which is treated as stress perception, and then the endocrine system is accepted as stress responses. This stress response serves to maintain body balance known as homeostasis (Wardhana, 2011). This stress is a dynamic condition of the body in dealing with various stressors, such as psychological, physical, biological, environmental, or social stressors which can affect the nervous system and the neuroendocrine system to generate an immune system response (Wardhana, 2011).

During the stress response, the sympathetic nervous system is generated, causing the hypothalamus to secrete more corticotrophin releasing factor (CRF). CRF will stimulate the pituitary to secrete adrenocorticotropin hormone (ACTH), ACTH will activate the adrenal cortex to secrete glucocorticoids especially cortisol, so the amount of cortisol increases. In acute stress states and increase in catecholamines and cortisol, the higher the severity of stress the higher the levels of both hormones (Chance dkk., 1994). Increased cortisol levels in psychological stress are considered as a result of increased limbic system activity, especially in the amygdala and hippocampal regions (Lisdiana, 2012). Furthermore cortisol mobilizes the activity of almost all homeostatic systems such as cardiovascular, respiration, digestion, metabolism, immune system, skin and mucosa, in preparation for a flight or fight. This increase in cortisol will suppress the immune function called paradox cortisol. This situation has a vital effect because all the processes of homeostasis are mobilized in preparation for a fight or flight or fight (Elenkov dkk., 2005).

According to Selye, there are three stages of the body's physiological reaction to stress known as General Adaptation Syndrome (GAS) (Chance dkk., 1994). The first alarm stage (the alarm stage), at this stage the nervous system is raised and the body's defenses are mobilized. Second the stage of resistance or adaptation, which is when mobilization determines to "flight or fight", at this stage the body is able to overcome the stressor transaction dosage. Third, the stage of exhaustion, when stress is sustained, causes damage to the mechanism of adaptation and homeostasis. The non-specific physiologic response identified by Selye consists of

the interaction of the sympathetic branch of the autonomic nervous system and the two glands, the pituitary and adrenal. The warning phase in GAS begins when a stressor triggers the hypothalamus and sympathetic nervous system. The resistance or adaptation phase begins with the action of the adrenal hormones (cortisol), norepinephrin and epinephrin. The fatigue phase occurs if stress continues or adaptation does not work (Chance dkk., 1994).

According to Elkins, et al spirituality is the way individuals understand the existence and experience that occurs in him (Lines, 2002). Greenberg suggested that spiritual health significantly has a good relationship for managing one's stress (Greenberg, 2002). According to Greenberg spirituality such as meditation, prayer, rituals, and reading the scriptures can reduce emotional reactions to stress. Greenberg also added that good health spirituality or spirituality is not only good for someone physically and psychologically, but spirituality is also an important component that is effective for managing stress (Aditama, 2017b).

Hurlock and Papalia and Old's explain that religious interest has the function of maintaining psychological stability as part of the process of decreasing social activity and achievement, and religion is seen as one of the emotional coping that is effective in reducing stress and unhappiness (Muzakkiyah & Suharnan, 2016). Happiness can be achieved if someone has self-esteem, sense of perceived control, personality, optimism, understanding of meaning and life goals, low neuroticism, and the influence of society and culture, and cognitive processes. Emphasized that understanding of the meaning and purpose of life and neuroticism are related to one's religious life (Muzakkiyah & Suharnan, 2016).

Cognitive theories of well-being explain that the way individuals perceive, perceive and think about various things about the world determines the level of subjective well-being (SWB) of a person. Many things are offered to guide the mood and emotional regulation of individuals. For example philosophical and religious traditions, advice for constructive thinking, and so on (Joshi, 2010). In the area of subjective well-being, individuals can dismiss or strengthen their emotions through what they think. This leads to the experience of feeling emotional intensity that is stronger or vice versa (Muzakkiyah & Suharnan, 2016). Subjective well-being is someone's subjective evaluation of life including concepts such as life satisfaction, pleasant

emotions, fulfillment, and satisfaction with areas such as marriage and work, low levels of unpleasant emotions (Diener.E. dkk., 2003).

Diener stated that there are 2 general components in subjective well-being, namely the cognitive dimension and the affective dimension (Diener, 1994). The cognitive dimension is a person's life satisfaction about the life they lead. This is a feeling of sufficient, peaceful and satisfied, from the gap between wants and needs with achievement and fulfillment. Campbell, Converse, and Rodgers (Diener, 1994) said that this cognitive component is a perceived gap between desire and achievement whether fulfilled or not. The cognitive dimension of subjective well-being also covers the area of satisfaction (domain satisfaction) of individuals in various fields of life such as those related to oneself, family, peer groups, health, finance, work, and leisure, meaning that this dimension has a picture that is multifacet. Meanwhile, the affective dimension is the basis of subjective well-being which includes pleasant and unpleasant moods and emotions. People react with pleasant emotions when they think something good happened to them, and react with unpleasant emotions when they think something bad happened to them, so mood and emotions are not only pleasant and unpleasant but also indicate whether the event is expected or not (Diener.E. dkk., 2003). The dimensions of this affect include positive affect, which is a positive emotion and negative affect, an unpleasant emotion and mood, both of which affect independently and each has a frequency and intensity. Diener and Lucas said that this affective dimension is central to subjective well-being (Diener, 2000). The affect dimension has a role in evaluating well-being because the affect dimension contributes to pleasant and unpleasant feelings on the basis of continuous personal experience. Both effects relate to someone's evaluation because emotions arise from evaluations made by that person. Furthermore, Diener also revealed that the balance of the level of affect refers to the number of positive feelings experienced compared to negative feelings (Diener, 2000). Life satisfaction and the many positive and negative affect can be interrelated, this is caused by a person's assessment of the activities carried out, problems, and events in his life. Even though these two things are related, they are different. Life satisfaction is an assessment of one's life as a whole, while positive and negative effects consist of sustained reactions to events experienced (Hamdana & Alhamdu, [2015](#)).

In connection with research on Islamic lecturing members in various regions in Indonesia who are being confronted with stressors in the form of pandemic covid-19, spirituality and subjective well-being contribute to the condition of their immunity. Through spirituality and subjective well-being, a positive coping mechanism occurs. The form of their attitude towards pandemic covid-19 by considering it as part of a test given by God to His servants, and followed up by showing innovation and creativity to share with others, making them able to reduce stress and be able to think positively. This condition played a role in maintaining their immunity, although the contribution was not too large, namely only 19.7%. That is because immunity is not only influenced by spirituality and subjective well-being, but is also influenced by other factors, such as nutrition, age, hormonal, history of each individual's disease, family history and others who are not involved in this study. However, spirituality and subjective well-being should not be ignored, especially when faced with psychosocial stressors, this kind of covid-19 pandemic.

## 5 CONCLUSIONS AND SUGGESTIONS

### *Conclusion*

The conclusion from the results of this study is that there is a significant positive relationship between spirituality and subjective well-being with immunity in Islamic lecturing members in facing covid-19 pandemic.

### *Suggestion*

For the community, they should try to improve spirituality and subjective well-being, so that they can manage emotions with good feelings, so they can maintain their body's immunity.

For further researchers, it should examine other variables that can affect immunity with a psychoneuroimmunology approach.

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# Optimizing The Role of Students in The Context of ‘Mendoan Covid-19’ (Towards Indonesia Coexist With Covid-19) Through The Use Of Social Media

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**Keywords:** COVID-19, Indonesia, Social Media, Society, Student

**Abstract:** *Social media is an essential part of technological development that attracts the most sympathy at various levels of society. From 2016—2019, the use of social media continues to increase. With the stipulation of the COVID-19 pandemic in early 2020, the use of social media to date has reached 4.2 billion. It has become a basic need for the community as a means of communication and the most effective repository of information. This research is a comparative causal quantitative research. Based on observational questionnaire data on 12—14 July 2021 from 100 participants, consisting of 2 age groups 15—21 and >21 years, were analyzed by the Mann Whitney statistical test and showed that there were differences in the use of social media about COVID-19 in the two age groups ( $p$ -value = 0.009) which is also supported by the characteristics of the respondents, including the duration of use of social media, the type of social media and the type of content that is most often use. Students can use social media to provide education and information about COVID-19 to coexist with COVID-19 through the form of audio-visual content on several social media that are of interest based on differences in age groups.*

## 1 INTRODUCTION

COVID-19 is an infectious disease caused by a new type of coronavirus, namely SARS Coronavirus 2 (SARS-Cov-2), which was first discovered in the Wuhan area of China in December 2019. This virus causes infections in the human respiratory tract, such as MERS and SARS (WHO, 2020). In addition, the COVID-19 virus infection also has several impacts that interfere with physical health and psychological problems and problems in the fields of politics, economy, social, culture, defence, security, community welfare, and changes in community social interactions and work patterns (Adha dkk., 2020; Adon, 2021; Huang & Zhao, 2021).

The government has set several policies to reduce the spread of COVID-19 infections. These policies include the implementation of Large-Scale Social Restrictions (PSBB), the *Work From Home*

(WFH) system (Hanifa & Fisabilillah, 2020). The application of WFH in the field of education also impacts the implementation of learning *School From Home* (SFH) (Adha dkk., 2020).

The curve of the COVID-19 pandemic continues to rise and fall. This prompted the government to issue an appeal to the community in mid-May 2021 to coexist with COVID-19. This situation is also known as the *new normal*. The term *new normal* refers to the new rules that are looser than before. The term *new normal* is also defined by various changes, including changes in thinking, behaving, and socializing with other people (Adon, 2021).

The implementation of these policies indirectly requires people to use technology to support their daily activities. Based on the Hootsuite survey reported on liputan6.com by Agustin Setyo Wardani, internet use increased in early 2020 (as

many as 93 million users) in the world as a marker of the outbreak of the COVID-19 pandemic. Meanwhile, according to Heru Satardi, information technology, and telecommunications observer, Indonesia's internet traffic rose by 40 percent during the COVID-19 pandemic (Liputan6.com, 2021). One of the most widely accessed internet technologies is social media. With social media, everyone can interact with it not just with cold virtual greetings but also as an educational platform, especially regarding COVID-19.

Along with the advancement of science and technology (Science and Technology), there are many types of social media used by the public and differ in each country. One of the social media that has been quite popular lately is Tiktok, carrying the theme of entertainment in videos that are in great demand by the public. In addition, there are also social media *YouTube*, *Facebook*, *Instagram*, and several social media that still take up space in the hearts of its users.

Based on the 2019–2020 Indonesian Internet Service Providers Association (APJII) survey, internet users in Indonesia are dominated by the age group 15-19 years (91%) (APJII, 2020). The increasingly widespread use of social media also has positive and negative sides related to its use. To coexist with COVID-19, it is necessary to use social media that provides the correct information, and the community can apply it. As young people who dominate technology, especially social media, it is necessary to provide education to optimize the impact of social media.

## 2 METHODS

This research is comparative causal quantitative research. The study was conducted in July 2021, with a total of 100 respondents aged at least 15 years. The sampling technique used is quota sampling. The independent variable in this study is age, and the dependent variable is the use of social media. Data were obtained using a questionnaire measuring instrument in the form of *google forms*, distributed to the public in Jakarta, East Java, and South Sulawesi. The data collected were analyzed by the Mann-Whitney statistical test.

## 3 RESULT

Characteristics of respondents in this study include age of respondents, duration of use of social media, favorite types of social media and forms of content which can be seen in the image below:

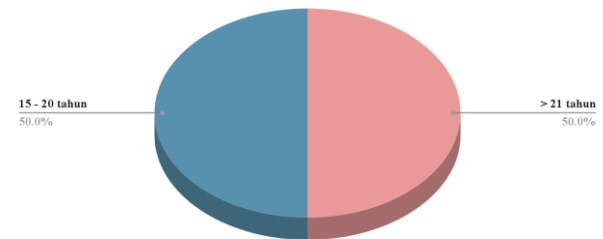


Figure 1. Age Range of Respondents

Respondents consisting of 50 people aged 15-21 years (50%) and 50 people aged > 21 years (50%).



Table 1. Duration of Social Media Use Based on Age

Social media Duration per a day	Repondents age	
	15-21 Years	>21 Years
> 5 Hours	44	19
3- 5 Hours	4	24
1-2 Hours	2	7

In the table 1, it can be seen that the majority aged 15-21 years access social media for > 5 hours and the majority aged > 21 years use social media for 3-5 hours a day. This proves that the Indonesian people are

quite active in using their favorite social media, especially in the age range of 15-20 year.

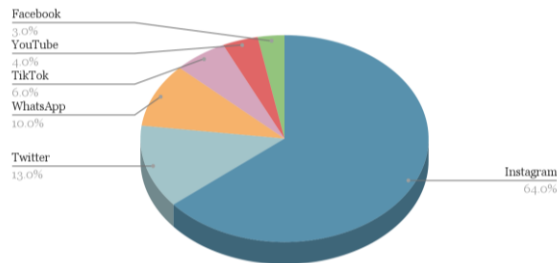


Figure 3. Types of Favorite Social

Media the most accessed social media by respondents is Instagram with a total of 64% (64 people). To compare in more detail the data obtained, the researchers grouped the column chart data in the following table 2

Table 2. Favorite Types of Social Media by Age

Type Of Favorite Social Media	Age(Respondents)	
	15-21 Years	>21 Years
Instagram	29	35
Whatsapp	4	6
Facebook	-	3
Youtube	2	2
Tiktok	6	-
Twitter	9	3

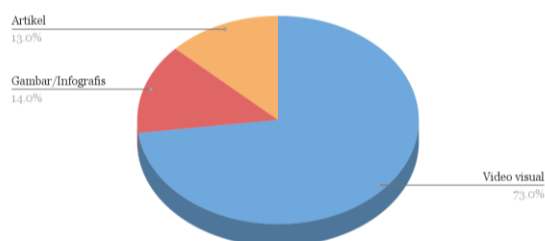


Figure 4. Favorite Content

The majority of the content chosen by the respondents are visual videos, holding a percentage of 73% as many as 73 people. To compare in more detail the data obtained, the researchers grouped the column chart data in the following table.

Table 3. Favorite Content Forms Based on Age

Types Of Contents	Age Of Respondents	
	15-21	>21
Visual Video	38	35
Pictures or Infographic	7	7
Articles	5	8

The normality test of data using the Kolmogorov-Smirnov test shows sig value. 0.000 so that the data is not normally distributed (sig. < 0.05). Therefore, the data were analyzed by the Mann Whitney statistical test. The results of the Mann Whitney test can be seen in the following table 4:

Table 4. Hypothesis Testing Differences in Social Media Use Based on Age

Statistics <sup>a</sup> Test	
The Use Of Social Media	
Mann-Whitney U	875.500
Wilcoxon W	2150.500
Z	-2.617
Asymp. Sig. (2-tailed)	.009

Table 4 shows that the Mann-Whitney test results obtained for two samples is 0.009. This value is smaller than the significant value ( $\alpha = 0.05$ ), so  $p\text{Value} < 0.05$ , so there are differences in the use of social media related to COVID-19 between respondents aged 15-21 years and respondents > 21 years.

## 4 DISCUSSION

The difference in the use of social media is obtained from the results of the independent variable (Age) on the dependent variable (use of social media) which includes data on how often respondents see information about COVID-19 on social media, how often respondents share information about COVID-19, and apply it in daily life and how impactful the influence of social media in the recovery of COVID-19 according to respondents.

Respondents aged 15–21 years tend to see information about COVID-19 circulating on social media more often, this happens because the difference in the intensity of the duration of social media use is higher than respondents aged >21 years. In addition, the high curiosity of respondents at the age of 15–21 years has made information about COVID-19 more frequently appearing on respondents favourite social media. The results of this study are supported by research conducted by Tarigan that adolescents (15–21 years) have a curiosity towards something higher who is recognized as "*the communaholic*", a generation that is very inclusive and interested in being involved in various communities by utilizing technological sophistication to expand the benefits they want to provide. In addition to the COVID-19 pandemic, the intensity of using gadgets has increased to support online learning at that age (Tarigan & Nugroho, 2019).

Based on the results of the answers to an open-ended question questionnaire about how impactful the influence of social media is in the recovery of COVID-19, the majority of respondents aged 15–21 years think that social media is a very important instrument in the recovery of COVID-19 because of the variety of creative-educative content that can provide knowledge, in an entertaining and easy-to-understand way. Meanwhile, those aged >21 think that social media is quite important in recovering from COVID-19, but some also think that it is not important because they feel anxious and afraid of the news about COVID-19, which so far only provides information about the dangers of COVID-19 and is reported repeatedly.

Based on the results of the research above, the role of students is to package content about COVID-19 by attracting and retrieving information from trusted

sources to avoid the spread of hoax news. Students can create content that not only preaches about the dangers of COVID-19, but can also talk about health protocols, healthy living tips and activities that can be done while living to coexist with COVID-19.

The type of content provided can be in the form of visual videos that are of interest to two age groups. The choice of sentences and also the style of the content can be adjusted according to the age target Education for coexistence with COVID-19 at the age of 15–21 years can be through social media Instagram, Tiktok, Twitter, Youtube and Whatsapp. Meanwhile, the age groups > 21 years can use social media such as Instagram, Whatsapp, Youtube, Twitter and Facebook.

## 5 CONCLUSIONS AND SUGGESTIONS

### 5.1. Conclusion

There are differences in the use of social media regarding COVID-19 based on age during the COVID-19 pandemic (p-value: 0.009) and Students have a role to create interesting social media content in the form of visual videos through favourite social media according to the respondent's age target

### 5.2. Suggestions

This research can increase student contribution to the vision of coexistence with COVID-19 using the use of digital technology developments. Creating variations of creative-educative content can attract the attention of Gen Z to be more concerned and more willing to apply information about COVID-19, and sorting and confirming COVID-19 information data from trusted sources can further improve the application of COVID-19 information. If the implementation can be carried out optimally, then 'Indonesia coexists with COVID-19' is no longer just a discourse.

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# Optimizing Of Exclusive Breastfeeding Practices in Covid 19 Pandemic : An Articles Review

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**Keywords:** Exclusive Breastfeeding, Covid19, Infant.

**Abstract:** World Health Organization recommendations for Exclusive Breastfeeding for newborns up to 6 months. Breastfeeding has been shown to protect against infectious disease and increase body immunity, among other benefits. During the pandemic, breastfeeding becomes very crucial because the pandemic limits exclusive breastfeeding with mothers giving birth in health care facilities and other health problems that cause mothers to not be optimal in exclusive breastfeeding. We conducted exclusive breastfeeding in Pandemic Covid19. We analysed nine articles consisting of six studies considering exclusive breastfeeding for non-infected mothers and three studies presenting mothers with covid19. To optimize exclusive breastfeeding during the pandemic, promote the benefits of breastfeeding in the first-day life of newborns needed and safety giving exclusive breastfeeding practice for mothers with COVID-19 while maintaining health protocols.

## 1 INTRODUCTION

Exclusive breastfeeding for newborns is an effort to improve infant health and fulfil appropriate nutritional needs. In human milk, some ingredients are needed by the infants body to be healthy. WHO recommendation for giving exclusive breastfeeding to newborns up to six months. The coverage of exclusive breastfeeding was increasing for decades. In Indonesia, the total data on babies aged less than six months were 2,113,564 babies in 2020. Babies get exclusive breastfeeding about 66.1%. The indicator for achieving the percentage of infants aged less than six months who are exclusively breastfed has met the national target for that year, 40%.

The Covid-19 pandemic was bringing a drastic decrease in the coverage of exclusive breastfeeding. The impact on the environment for mothers and infant causes a decrease in exclusive breastfeeding coverage, which is increasingly concerning. In contrast, high coverage of breast milk increasing the infant's immune system from various health problems, including infectious diseases. This condition was exacerbated by lockdowns and quarantines that limited the access of mothers and infant to public health services.

The existence of restrictions in large-scale social activities intended to reduce and break the chain of

transmission of Covid-19 has impacts the implementation of health services at Primary Health Care, mother's classes, and others. Most Primary Health Care activities were postponed, including weighing, and counselling. The pandemic conditions also affect the rules and policies in hospitals regarding the implementation of early initiation of breastfeeding, direct breastfeeding and rooming-in for newborns. These rules were adjusted in order to avoid the transmission of Covid-19 in newborns.

Therefore we conducted a literature review on optimising exclusive breastfeeding during the COVID-19 pandemic. To analyse the flaws that we will use as the basis for developing further breastfeeding coverage expansion programs.

## 2 METHODS

In this study, we used a literature study, which we searched for from various search engines, including Google Scholar, Pubmed, and BioMed, by using the word "Exclusive Breastfeeding in Pandemic Covid19" with articles published from 2020-2021. We found 7,812 articles describing the keyword. Then we entered the inclusion and exclusion criteria in accessing the journal articles to find 9 articles that match the criteria for the articles.

### 2.1 Study selection

In this study, we used several types of research, Cross-sectional, Case-Control, and Cohort study, to provide more accurate information about exclusive breastfeeding during the Pandemic Covid19.

## 2.2 Data synthesis

The data synthesis that we carried out was to construct the results of the selected articles to provide an in-depth study of the variables we studied. In making PRISMA diagrams, which we do semi-manually, we collected some of the data in the Nvivo application, and partly we did it manually. However, the diagram is not listed in PROSPERO.

## 3 RESULT

The total number of articles that we found was 7,812 articles, and after going through the screening process, we got 988 articles. Then we filtered the articles based on the exclusion criteria that we had previously set and got 553 articles. After that, we separate these articles from the writing in the form of guidelines or commentary; the schematic is shown in Figure 1 until we get nine selected articles. Which we synthesize into table 1.

From nine articles, we found that, in general, during the COVID-19 pandemic, most of the mothers, both infected and uninfected, had difficulty breastfeeding in total for the first six months. These articles reinforce each other to state that quarantine or lockdown conditions make it difficult for mothers to give exclusive breastfeeding optimally. This problem is caused by environmental problems that change very drastically. And this problem is felt by mothers, and even more so the burden on new mothers.

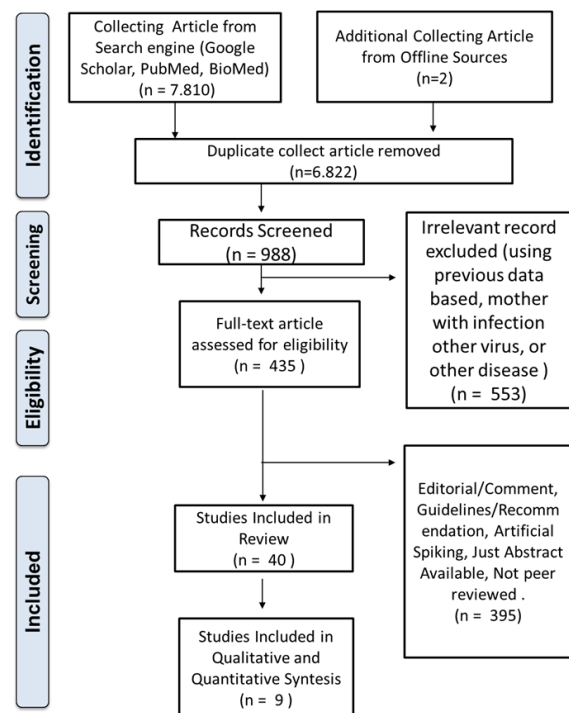


Figure 1: PRISMA flow diagram

Among the nine selected research articles about exclusive breastfeeding during the covid19 period, consisting of six articles with non-infected mothers, and there were three articles with mothers with covid19. The Six articles describing the mother didn't give exclusive breastfeeding in the pandemic period. Because of the mother's lack of awareness, limited information received by the mother, mother's education level, baby's socioeconomic condition, and the lack of a support system for the family around the mother so that when entering a pandemic condition, this was further exacerbated by major social changes such as locking and quarantine.

Table 1: Characteristics Of Analysis Article About Exclusive Breastfeeding in Pandemic Covid19 (Collecting data 2020-2021).

Author (Year)	Subject	Result	Outcome
Latorre et al (2021)	non-infected mothers	69.4% of infants received exclusive breastfeeding during the pandemic (lockdown) and 97.7% of controls. After 30 days to 54.3% vs. 76.3% and to 31.8% vs. 70.5% at day 90 ( $p < 0.001$ ).	Lockdown causes a decrease in exclusive breastfeeding for infants, especially in the first 90 days of life.
Pereira et al (2020)	infected mothers	In 82% of infants of mothers infected with COVID-19 who were exclusively breastfed after one month, it down to 77% at 1.8 months.	Exclusive breastfeeding for mothers infected with COVID-19 is safe, also with the help of donor human milk and infant formula.
Varquez et al (2020)	non-infected mothers	Mothers birth during Lockdown had shorter hospital stays ( $p < 0.001$ ). Furthermore, 59% of babies born during the Lockdown giving exclusive breastfeeding/mixed feeding versus 39% born before the Lockdown ( $p < 0.05$ ). Spouses (60%), health workers (50%) and online groups (47%) are the influences given in exclusive breastfeeding.	The lockdown has had an impact on the mother's experience, resulting in a lack of better infant feeding.
Salvator et al (2020)	infected mothers	All mothers infected with COVID-19 are allowed to breastfeed their babies exclusively. However, the representation becomes 78% on days 5-7.	Prevention is critical to breaking the chain of transmission of covid 19 during the perinatal period, and also breastfeeding directly from mother to baby is safe.
Neo-COVID-19 Research Group (2021)	infected mothers	The probability of skin-to-skin breastfeeding practice during the pandemic was greater (OR = 1.9; 95% CI [1.18, 3.29]) in accredited maternal and child health institutions. Similarly, bringing together mothers and newborns in one room was less likely to be done in an unaccredited institution (OR = 0.46; 95% CI [0.26, 0.81]).	Exclusive breastfeeding for babies is higher if handled by an accredited institution.
Costantini et al (2021)	non-infected mothers	Mothers have more significant anxiety problems if they have more than one child. The results also illustrate that the mother's condition during the lockdown limits her from online sources of information about exclusive breastfeeding.	Health professional institutions must consider the perspective of mothers in exclusive breastfeeding during the lockdown period.
Behesti et al (2021)	non-infected mothers	The terror of the covid19 problem was not significant to the decrease in BSE with a p-value of 0.514. Factors that are strong predictors of BSE are Spousal Support ( $p = 0.04$ ), strong intention to provide exclusive breastfeeding, additional formula milk as a complementary milk, and depression problems experienced mother.	The problem of fear in Covid19 is not a strong predictor in applying BSE during the pandemic.

Piankusol et al (2021)	non-infected mothers	An important point, some of the mothers we identified changed the pattern of breastfeeding by 4.32%. Of these, including those who give formula milk with breast milk, the frequency of breastfeeding is reduced compared to the pre-pandemic period.	In Thailand, during the lockdown period, exclusive breastfeeding decreased.
Goncalves-Ferri et al (2021)	non-infected mothers	During the Covid-19 period, the implementation of health protocols is stringent. 98.5% of mothers birth were not allowed to touch the skin and not supported exclusive breastfeeding in the first hour of the baby's birth. Furthermore, in the postpartum ward, 98.5% did not allow direct breastfeeding of newborns.	Guidelines for exclusive breastfeeding during a pandemic should likewise cover vulnerable populations.

according to health protocols (Rochmawati et al., 2021)

Three articles describe mothers with COVID-19 who emphasize exclusive breastfeeding by paying attention to maternal hand hygiene, wearing masks, and maternal health conditions. Although mothers gave exclusive breastfeeding in the first hour of life, only 78% survived until 5th day, thereby reducing the fulfilment of exclusive breastfeeding coverage. The chance of exclusive breastfeeding is greater if the mother gives birth in the middle. Accredited maternal and child health services compared to non-accredited ones.

#### 4 DISCUSSION

Covid-19 pandemic decreasing exclusive breastfeeding coverage in various countries such as the UK, United States, and Thailand due to lockdown and quarantine (Latorre et al., 2021; Salvatore et al., 2020; Vazquez-Vazquez et al., 2021). The lockdown resulted in low support for mothers during the antenatal to the postnatal period and breastfeeding, low social and partner support (Ahmad Zadeh Beheshti et al., 2021); limited direct health care interventions and information (Piankusol et al., 2021); and mental health services (Costantini et al., 2021).

Other research states that the problems faced by breastfeeding mothers are the lack of information (Suryaman et al., 2021) and knowledge about Covid-19, transmission of Covid-19 through breast milk, and safe ways of giving exclusive breastfeeding to babies

The challenge for policymakers in determining the health status of postpartum mothers with Covid-19 can be giving exclusive breastfeeding to newborns. The general public must be quarantined during the pandemic. However, newborns have special conditions that require exclusive breastfeeding. Various policies have been set regarding the prohibition of breastfeeding for mothers with Covid-19. Mothers were quarantined for two weeks and separated from their newborns (McFadden et al., 2017), Treatment for Newborns utilizing human donor milk, pumped milk, or pasteurized milk (Pereira et al., 2020).

Several studies had no evidence of transmission of SARS-CoV-2 through human milk to infants (Chen et al., 2020). A replicating and infectious virus must enter the newborn body and produce a response immune. Therefore, WHO recommends that mothers with Covid-19 able to breastfeed their newborn by implementing infection prevention and control procedures according to health protocols (Salvatore et al., 2020; Favre et al., 2020). In addition, the benefits of breastfeeding with skin to skin contact can increase bonding between mother and newborn (Olza-Fernández et al., 2014). This procedure can reduce the



risk of postpartum depression (Postpartum Blues) (Hahn-Holbrook et al., 2013).

Human milk contains IgA and IgG, which prevent newborns from infection and death. Mothers with Covid-19 have IgA antibodies in their human milk. Infants show reactive responses against SARS-CoV-2; investigation still needed (WHO, 2020).

Breastfeeding can prevent infections caused by microorganisms such as shortness of breath, food allergies, overweight, and digestive disorders. In the breastfeeding process, there is a vertical distribution of immune substances capable of protecting against disease and repairing epithelial tissue, microorganisms, and the child's immune system.

According to several recent studies, breast milk can also provide passive protection and directly adjusts the development of the baby's immune system. Colostrum contains many nutrients and high body defence substances, proving the defence function of the baby's body when it starts to get infected with the virus, and this immune substance is continuously giving during the breastfeeding process. (Le Doare et al., 2018)

Breast milk is the top priority in baby food. However, when viewed from the safety point of view and its implementation, when Covid-19 infection in mothers has agreed, there is still insufficient evidence to show that infection can be transmitted through breast milk. (Lackey et al., 2020).

Mothers infected with the COVID-19 virus, as many as 65% of them have a natural history with their babies at birth, and up to 55% of them immediately give breast milk in the first hour of their baby's birth.(Pereira et al., 2020). One of the safe and effective methods of improving the baby's nasal passages is direct mother-to-baby touch.(Lamy Filho et al., 2015).

The actions for increasing exclusive breastfeeding practice during the Covid-19 pandemic are Spouse, family, and social support for breastfeeding mothers; Health counselling and health service interventions; Prevent, recognise and react to mental health problems of breastfeeding mothers; Make skin-to-skin contact for discovering bonding between mother and newborns.

Anticipations during breastfeeding in mothers with Covid-19 are wearing a fit face mask; Washing hands before and after contact with infants; cleaning and disinfecting all touched surfaces; Clean baby feeding utensils (breast milk bottles, pumps and pacifiers); Avoid falling asleep with newborn (UNICEF, 2020)

The limitation study was a rare article, particularly nine articles related to the inclusion and exclusion criteria. So that further research is needed using a larger scale of case data.

## 5. CONCLUSIONS

This study suggests optimising exclusive breastfeeding during the pandemic, promoting the benefits of breastfeeding in the first-day life of newborns needed and safety giving exclusive breastfeeding practice for mothers with COVID-19 while maintaining health protocols.

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# Experience And Spiritual Meaning Of Cervical Cancer Patients with Chemotherapy

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**Keywords:** Spirituality, Psychological, Cervical Cancer.

**Abstract:** In health crises such as the diagnosis of cervical cancer by the chemotherapy, spirituality has a major role in this process, by providing calmness and giving meaning to the disease. A spiritual Muslim provides guidance through concepts and values that provide strategies for overcoming illness and finding meaning in life. Aims: This study aims to describe spiritual meaning, as one of the components of psychological understanding inherent in the lives of cervical cancer patients with chemotherapy. To illustrate the experience and spiritual meaning of 13 Muslim patients diagnosed with cervical cancer who received chemotherapy were interviewed at Dr. Soetomo's hospital, and qualitative data with thematic analysis. One's confidence about the spiritual meaning of his or her disease experience can make people patient, tawakal and also continue to strive for healing. Strategies to provide spiritual care are included in the treatment guidelines and there is a need for cooperation between interdisciplinary health teams, including doctors, and nurses of all team members who provide care

## 1. INTRODUCTION

Cervical cancer is one of the diseases that are feared by women. A woman diagnosed with cervical cancer will experience prolonged stress. Stress caused by cancer itself and the treatment process takes a long time to heal. It has side effects that affect physical condition (Karagozoglu and Kahve, 2013). Women diagnosed with cancer face many challenges ranging from the beginning of the disease, treatment measures including delayed diagnosis, side effects of treatment, financial problems, and are likely to face other consequences such as physical and psychosocial effects (Mattsson *et al.*, 2018). Person who experiences suffering, severe stress or chronic illness, when he has tried his maximum and does not get the optimal results from his efforts, then he will seek comfort and strength from God (Ah.Yusuf *et al.*, 2016). Spiritual need increases when a person has been diagnosed with cancer (Dinkes Kota Surabaya, 2016) (Ghahramanian *et al.*, 2016). Strengthening an individual's spiritual and religious beliefs is also one of the useful nonpharmacological methods for reducing anxiety that has received less attention (Elham *et al.*, 2015)

Death from cervical cancer is also an indicator of health inequality in a country. As many as 86% of cervical cancer deaths are in developing countries including Indonesia (Verma *et al.*, 2017) Ver. According to current estimates by the Indonesian Ministry of Health, the number of women with new cervical cancer ranges from 90-100 cases per 100,000 population, and 40,000 cases of cervical cancer occur each year. Based on the preliminary data, the number of cervical cancer patients undergoing chemotherapy in September as many as 81 patients with cervical cancer incidence from January to September 2017 as many as 682 patients. The prevalence of cancer-related psychological distress was 85% (n= 286) fear of cancer recurrence (n= 175.61%), anxiety (n= 152, 53%), depression (n= 145.51%), fear of death (n= 91.32%), concerns about sexuality (n= 87.34%) and fertility (n= 78.27%), and body image disorders (n= 78.27%) (Mattsson *et al.*, 2018).

Another study conducted by Ferlay *et al.*, also showed that women in developing countries account for about 85% of them of morbidity and mortality worldwide caused by cervical cancer (CI and NE, 2016) Research conducted on 150 cancer patients in Iran showed spiritual needs of

64.3% (Forouzi, 2017) Spirituality has a major role in providing peace of mind to cancer patients, it does not mean that they should be free of cancer but they should be able to lead meaningful lives (Dewi, Peters and Margono, 2013).

Research conducted by Hodge on the spiritual needs of patients, where patients reveal that their spiritual needs are the need for meaning, purpose and hope in life, their relationship with God, spiritual practice, religious obligations, interpersonal relationships and relationships with professional staff (Hodge and Horvath, 2011) Individuals with good spiritual will have better ability to overcome various problems as well as cervical cancer patients with who undergo chemotherapy (Cahyani and Akmal, 2017) A person with good spirituality can increase coping optimism, hope, reduce anxiety, and support feelings of comfort and calm (Azwan, 2015) The spiritual aspect is able to encourage individuals to carry out stronger, greater efforts, and more focus on doing their best when experiencing conditions of emotional stress and illness (Hardianto, 2017). In the context of Islamic society, efforts to avoid stress, anxiety, and depression are through increased religious activities (religious behavior) both through worship practices and in imagining the values contained in worship (Yuliyatun Y, 2014)

Having a strong sense of spirituality helps patients adjust and cope with illness. Spirituality can affect how a patient experiences cancer, finds meaning and peace, and defines health during cancer treatment despite fatigue or pain, and can assist the patient in finding a sense of health in the midst of his or her pain (Puchalski, 2012)

Spirituality serves as a solid foundation for providing value for a Muslim to see his illness (Dewi, Peters and Margono, 2014) and is an important element of patient care in the health examination system, particularly in palliative care. Spirituality has a major role in providing peace to cancer patients, it does not mean that they should be free of cancer but they should be able to live a meaningful life (Dewi, Peters and Margono, 2014) Therefore, the nurse must take into account the spiritual needs of the patient to offer comprehensive care (4) The spiritual needs of cancer patients should be recognized, realized, and considered in patient care by the health team. 15 Nurse's understanding of a patient's spiritual needs can affect a patient's spiritual relationships and care (Hatamip *et al.*, 2015)

## 2. METHOD

The study used qualitative methods with phenomenological approaches to explore the spiritual experiences of women with cervical cancer. Phenomena is based on

a complex and thorough picture, manifested in the form of words, and presented in the form of in-depth information placed in natural situations (Creswell, 2014) With this method can be obtained complete, in-depth, credible, and meaningful data. The type of phenomenology chosen is interpretive phenomenology, the approach that researchers use to focus on interpreting the meaning of other people's experiences, rather than simply explaining those experiences. The data obtained is made a transcript of the data. Data analysis is done using Colaizzi techniques. The data is read repeatedly and the keyword has been identified, then the data is created a category. Researchers next determine sub-themes and potential themes. The theme is validated to the participants and then determined the final theme.

### **Ethical Approval**

This study obtained ethical approval from the Soetomo Hospital Research Ethics Committee (0159/104/VIII/2020)

## 3. RESULT

### **Characteristics of Participants**

Thirteen participants participated in the study. Participants ranged in age from 35 to 64. Education levels was from elementary, junior high, and high school. Nine participants as housewives, one retired civil servant and three participants worked self-employed/food traders and daily necessities, all participants were Muslim. Ten of the 11 participants were still married while three participants were widows. All participants had children between one and five. Eleven participants were from the Javanese tribe, and three from the madura tribe and one banjar tribe. The length of diagnosis is between 6 month to 2 years. Three participants with stage IIA, two stage IIB participants, two stage III A participants and 6 participants with stage IIIB. Participants were admitted to a hospital in Surabaya for improvement of general conditions, and underwent chemotherapy.

### **The value of cervical cancer for sufferers**

Every human being will give a different value to an event. Cervical cancer is assessed by sufferers as a test, punishment, sin-remover, rebuke, and favor.

*"I consider the pain that I am currently experiencing is God's punishment for what I did when I was young who was chasing satisfaction only"... How else has the nurse? all happened anyway" (P4)*

*"It looks like this test I did have to undergo, although I also do not know why I am sick with uterine cancer and only found out after the condition is severe at this time" (P6)*

*"If I get sick like this, I can erase the mistakes and sins that I've done. I'm still trying to heal by being here right now. (P7)*

*"I feel grateful to have been given 55 years of health and now I am still grateful for the pleasure of this cancer pain" (P1)*

*"When many others say this uterine cancer is a severe test to be lived, but for me this is a God's way to makes me the one to be washed away my sins during this time" (P13)*

### **Personal beliefs**

All participants had confidence in every event that occurred in their life cycle such as when experiencing cervical cancer today.

*"...how else nurse? I just live what God is currently giving with this cancer... (P3)*

*"I am sure all this is indeed the will of God with the age of half a century I must accept this disease. . . ." (P7)*

*"Everything that happened is because God has indeed set as destiny for me..." (P13)*

*".....My Life, healthy, death and sick right now because God has arranged it (P9)*

*".... What sins I did also I was given cancer as it is today... (P12)*

### **The ability to give meaning to cervical cancer**

Each people will give a different meaning from the pain felt, take wisdom from the pain, steadfastness and patience and the existence of realistic expectations.

*"... I am convinced that I was given this cancer in order for me to become a better person in the future"... (P8)*

*"..... For the future, I leave it to God only, even yesterday, my next door friend also died despite chemotherapy five times and also did the previous ray treatment"..... (P2)*

*"I believe I can be cured if I take the advice of doctor to seek treatment and do treatment regularly. "(P11)*

### **Religious Practice**

In the sick condition, every Muslim individual needs a relationship with God by doing religious activities that are a vertical relationship in various ways.

*".....I can still follow the studies in the group of mothers in my house as long as I am*

*strong (when no pain and weakness) because it will also make my mind calmer" (P1)*

*'.....I do sholawat and dzikir if I'm out of chemotherapy and the body hurts everything, because honestly nurse, I am afraid that suddenly I die not having any provisions..." (P3)*

*"I always do Pray in five times even though I often feel uncomfortable with the liquid that always comes out of my genitals (P9). chemotherapy cause them to be unable to carry out their role in the household both the role of mother, wife, and housekeeper cannot be done optimally.*

*....." During my illness I was never in a relationship with my husband, because I was afraid of bleeding again like the beginning and the husband also did not want to do it. I once said that I allowed my husband to remarry but the husband answered with a smile..." (P5).*

*"All the housework since I was done by my husband and children started to cook, clean clean house, because physically I was also not strong enough to do all that anymore... (P12)*

*"Since I found out I was sick with uterine cancer, I prayed tahajut, hajat and dhuha even though I could not routinely every day for the sunnah prayer". (P12)*

*"I always do Dzikir, istiqfar and read the letter yasin in morning and evening, to ask for healing from this pain." (P5)*

### **Hope for Life**

Life expectancy is one of the spiritual domains of an individual's understanding of life. Therefore, hope is the basis of the spiritual aspect. Almost all of the participants expressed their expectations by expressing:

*" ..... I want to stay alive and well again, reunited with my children and family."*

*"With this treatment it's part of the effort to get me given age and healthy again"*

Various hormonal and psychosocial changes experienced by women with cervical cancer who undergo always thinking positively (husnudzon) that the disease suffered is a process of life that must be lived (Yuliyatun Y, 2014) These attitudes and behaviors include variables for faith that include belief in God, peace in spiritual and religious beliefs, belief in the power of Allah, the received power of belief, and believing in God (O'Brien, 2007)

In giving the meaning of the disease that a person is experiencing can make patience, there is a wisdom that can be taken from his illness, but also arises unrealistic expectations of chemotherapy treatment. Meaning and acceptance can reduce the negative impact of increased fatigue during the first year after



the start of treatment (Visser *et al.*, 2020) humans. In giving meaning each individual is different and can change at any time (Saarelainen, 2017)

In carrying out religious practices and getting closer to Allah is done by praying, praying, giving alms. Prayer is a spiritual therapy that is often done by people with cancer (Taylor, 2005) In research conducted by Wells (Wells *et al.*, 2007) revealed that prayer is one of six complementary therapies chosen by cervical cancer sufferers. The solemn and sincere prayer of sunah tahajud provides psychological benefits in the form of feelings of calm and peace, and can provide great benefits to physical health so that it affects the psychology of individual health (Chodijah, 2013)

Life expectancy is one of the spiritual domains of an individual's understanding of life. All participants in the study had the same hope of recovering from the disease. The existence of optimism makes internal motivation to improve the quality of life. Hope can help the individual to face his illness and live his life with the disease he suffered through his life with determination (Erfina, Afiyanti and Rachmawati, 2010)

Physiological and psycho-social changes as side effects of cervical cancer chemotherapy change a woman's role as both mother and wife for her partner. Participants said there was a fear of bleeding and physical darkness that was felt to become a reason to not having sexual intercourse and also inability to carry out homework, the suggestion of polygamy in conveyed by respondents in helping the fulfillment of sexuality of couples. Perceived role-playing problem as a problem that threatens women's identity as well as loss of sexuality function (Susanti, Hamid and Afiyanti, 2011)

## 5. Conclusions.

This study describes the experience since women diagnosed with cervical cancer assess the disease and make spiritual beliefs and practices a way to get help in hopes of recovery. There are unrealistic expectations, wisdom in undergoing pain, patience and tawakal as behavior that occurs. Changes in the role and function of mother and wife as a result of physical and psychosocial changes that occur. Strategies for providing spiritual care are included in the care guidelines and cooperation is required between interdisciplinary health teams, including doctors, and nurses of all team members who provide care.

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## Description of Psychological Well-Being of Early Adolescents of Santri During The Covid-19 Pandemic

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**Keywords:** *psychological well-being, students, boarding schools*

**Abstract:** *The purpose of this study was to describe the psychological well-being of early adolescent students in Islamic boarding schools during the COVID-19 pandemic. This research was conducted in one of the Islamic boarding schools X in the city of Pamekasan, Madura, East Java. The method used in this research is descriptive qualitative method, using interviews, observation and documentation of data collection techniques. From the data generated, it is found that early adolescent students get life satisfaction in which almost all dimensions of psychological well-being are met as a whole. Although there are still some things that sometimes make students disturbed by various new regulations from pesantren regarding the effects of the spread of the COVID-19 pandemic, so it takes time to adjust.*

### 1 INTRODUCTION

Pesantren is a place of domicile for students with various activities that are full every day, with various rules that each pesantren is different, but in general, pesantren activities are activities that refer to religious activities, starting from waking up in the morning until the night before bedtime.

Teenagers who live in Islamic boarding schools with teenagers outside the pesantren are clearly different, in terms of daily activities and freedom in behavior, dress and also the limitations of the environment in which they socialize and play. Teenagers who live in Islamic boarding schools are not all on the basis of their own will, there are various reasons why they live in Islamic boarding schools, for example because they are forced by their parents, environmental culture, namely environmental culture that requires staying in Islamic boarding schools, etc.

Each stage of human development is usually accompanied by various psychological demands that must be met. Likewise in adolescence, these demands include: adolescents

can accept their physical condition and can use it effectively; adolescents can gain emotional freedom from parents; adolescents are able to get along more maturely with both sexes; knowing and accepting one's own abilities; strengthening self-control on the basis of a scale of values and norms, and so on.

Happiness is everyone's dream. He departed from a normal and healthy life. Therefore, every human being strives to create a prosperous life in terms of physical, social and psychological conditions. This is done in order to improve the quality of life, namely by meeting the needs that include physical, social and psychological. In fulfilling these needs, many problems arise, causing disruption of one's psychological development.

With the various facts above, it is enough to make young students feel disturbed, in addition to conditions like now where they are required to make adjustments again with various government regulations related to the outbreak of the covid-19 pandemic so that there is a sudden environmental change that must also be done. borne by the young students.

One of the impacts of the pandemic, including the implementation of Health protocols such as having to keep a distance, wearing masks also the most influential for them is the limited visiting hours of the guardians of students, initially students can be visited for as long as they want but with this pandemic they are even limited. never been forbidden to meet.

The desire to meet family is something that students will look forward to as a very important moment for them because they can release the longing they have to endure for several days, also the moment to meet family can also be an antidote to the fatigue of Islamic boarding school activities.

From the brief explanation above, it can be seen that this study aims to describe the psychological well-being of young santri in one of the Islamic boarding schools in Madura.

In Erikson's theory, eight stages of development unfold as we go beyond the life cycle. Each stage consists of a distinctive developmental task that confronts the individual with a crisis to deal with. For Erikson, this crisis is not a disaster, but a turning point in increasing vulnerability and increasing potential. The more successfully individuals overcome crises, the healthier their development will be (Santrock, 2002).

Each stage of human development is usually accompanied by various psychological demands that must be met. Likewise in adolescence, these demands include: adolescents can accept their physical condition and can use it effectively; adolescents can gain emotional freedom from parents; adolescents are able to get along more maturely with both sexes; knowing and accepting one's own abilities; strengthening self-control on the basis of a scale of values and norms, and so on.

Happiness is everyone's dream. He departed from a normal and healthy life. Therefore, every human being strives to create a prosperous life in terms of physical, social and psychological conditions. This is done in order to improve the quality of life, namely by meeting the needs that include physical, social and psychological. In fulfilling these needs, many

problems arise, causing disruption of one's psychological development.

### Theoretical Review

Well-Being is an evaluation of a person's life that describes how he perceives himself in facing life's challenges (Ryff, 2002). In essence, psychological well-being refers to a person's feelings about activities of daily living. These feelings can range from negative mental states (eg life dissatisfaction, anxiety, etc.) to positive mental states, such as potential realization or self-actualization (Bradburn, in Ryff and Keyes, 1995).

According to Ryff (2006) Psychological Well being is divided into six dimensions, namely self-acceptance, autonomy, purpose in life, personal growth, and positive relationship with other and environmental mastery.

1. The first dimension, namely self-acceptance, emphasizes the importance of self-acceptance, either shortcomings or advantages, as well as past or present events. Children who have high self-acceptance will have a positive attitude towards themselves, for example assuming that their blindness is not something that prevents them from succeeding, accepting themselves both positive and negative aspects, and looking at the past positively by not regretting what has happened and assuming that it is the best thing. While students who have low self-acceptance will feel dissatisfied with themselves because they are blind, disappointed with their past, for example blaming their parents for causing them to be blind, feeling jealous of their friends who are successful and regretting their inability.
2. Autonomy describes the extent to which a person's assessment of independence, decision making is not due to environmental pressure but with an internal locus of evaluation, namely evaluating oneself according to one's own personal standards without seeing the approval of others. Students who have high autonomy are able to make decisions steadily without being influenced by their friends, such as choosing college majors. Students choose college majors based on their desires such as being a



musician, becoming a teacher. They do this based on their desires and talents, not influenced by their parents or friends. If the child has low autonomy, his decisions are easily influenced by his environment and friends, focused on the expectations and evaluations of others, rely on the judgment of others to make important decisions. For example, choosing a major because based on advice from parents, if they are discussing lessons they prefer to be silent and follow the opinions of many people and avoid conflicts with other people.

3. The purpose in life dimension describes a person's intentions and goals for life, including the purpose of life and the appreciation that life has direction. children who have a high purpose in life, consider the meaning of their life important, they feel their life is valuable so these students will try to set goals and plans in life, they know the goals of their school and make plans for their future. If the child has a low purpose in life then he will have little purpose in life or even be confused with his life purpose.
4. In the dimension of personal growth, it describes an individual's assessment of the extent to which individuals have a desire to develop themselves, are open to new experiences, realize their potential, and always improve themselves and their behavior. Children who have high personal growth, will always improve themselves, develop themselves, such as reading knowledge books to add insight, taking extracurricular activities at school. Meanwhile, children who have low personal growth tend to be less inclined to develop themselves, feel they cannot develop all the time, feel unable to develop new attitudes or behaviors.
5. Meanwhile, the positive relationship with other dimension describes the individual's assessment in establishing warm, satisfying, mutually trusting interpersonal relationships and there is a give and take relationship. Children who have a high positive relationship with other have a warm attitude, can trust others, pay attention to the welfare

of others, have empathy, strong intimacy. For example, happy to relate to other people or happy to start contact with new people. Children who have a low positive relationship with other tend to be closed, have difficulty trusting others, find it difficult to be warm, open, and sensitive to others, sometimes feel isolated in interpersonal relationships.

6. The last dimension, namely environmental mastery, includes the assessment of individuals to choose and create an environment that is in accordance with their values and needs. Children who have high environmental mastery are able to shape their own environment such as making study groups, these students can also use all available opportunities effectively. Children who have low environmental mastery will find it difficult to change or improve the surrounding environment for the better and are not aware of the opportunities that are around them, and have difficulty dealing with problems in their daily lives. For example, feeling unsuitable with school conditions and feeling the demands of life are very heavy and difficult to cope with. (Goddess 2016)

Based on previous research on psychological well-being (psychological well-being) as the results of research from Yoga Achmad Ramadhan in 2012 with the title "Psychological Well-being in Al-Quran Memorizing Teens" from the results of this study it was found that the psychological well-being that students felt was varied, where the response of each individual in each dimension of psychological well-being is also different

## 2 METHOD

The method used in this study is a qualitative phenomenological method, which is able to explore the experience of the subject since the outbreak of the covid-19 pandemic in Indonesia and in Madura in particular, and understand changes in their psychological well-being due to changes in regulations and environmental conditions.

Phenomenology seeks to find the psychological meaning contained in phenomena through the investigation and analysis of living examples. In line with this, the data analysis used is the Interpretative Phenomenological Analysis (IPA) developed by Smith (Smith, Flowers & Larkin, 2009).

The purpose of IPA is to investigate how a person understands his experience, which means that the subject is actively engaged in the interpretation of events, objects, other people in his life. To understand this, IPA uses the principles of phenomenology, hermeneutics, and idiography.

Researchers used data collection techniques in the form of semi-structured in-depth interviews which is one of the requirements in science (Pietkiewicz & Smith, 2012), non-participant observations on subject activities, and interviews on triangulation. After collecting data, the following steps were carried out according to Smith, Flowers, and Larkin (2009). First, after conducting interviews, the results of the interviews were changed in the form of transcripts, clustering themes, creating and organizing a list of interconnected themes, then textural descriptions, then structural descriptions by including the interpretation results of verbatim subject utterances. Structural descriptions are listed after the verbatim of the subject, then compose the meaning or essence of the subject's experience, by compiling the overall themes,

textural descriptions, and structural descriptions are put together to search for universal meaning or essence of the experience of the research subject. Based on the table grouping the themes of each subject, the researcher then made the psychological dynamics of each subject, in the form of:

- (1) emergent themes;
- (2) subordinate themes
- (3) the main (superordinate) themes.

### 3 RESULTS

The subjects in this study amounted to 3 people, both of whom were female students, and 1 person as one of the administrators of the pesantren. The identity of each subject is as table 1 as follow

Table 1. The identity of research subjects

NO	NAME	LAST EDUCATION	AGE	ORIGIN	LONG HOUSED
1	ZA	MTs	17	canoe	4th
2	breast milk	junior school	high 18	Pakistan	3.7th
3	IL	S2	27	Bangkalan	12th

Based on the data analysis that has been carried out from the data that has been obtained with the aim of knowing and exploring how the psychological well-being of early adolescent students at Islamic boarding school X is.

Table 2. Indicators of the dimensions of psychological well-being

NO	DIMENSIONS	PSYCHOLOGICAL WELL-BEING INTERPRETATION
1	a. Reception self:	Subjects are able to accept their strengths and weaknesses, are able to accept past, able to evaluate themselves positively, able to appreciate himself, and do not regret his decision to become a student
	b. Connection positive with others	The subject is able to create a close and warm relationship with people others, a relationship of mutual trust, a sense of giving and receiving, being able to empathize, love others, care for the welfare of others, but the subject is closed to the external environment, and can only be exposed to close and trusted relationship. Because the environmental conditions of the subject are closed from outsiders.
	c. Autonomy	
	d. Mastery Environment	The subject believes in and adheres to personal principles and standards, is able to independent in making decisions, and solving problems, able to withstand social pressures, are free to make choices, and able to evaluate based on his personal standards.
	e. Purpose life	The subject has a good mastery of the environment where the subject is able to understand the state of the environment and try to be able to regulate the surrounding situation according to what is being needed, and trying not to be dominated by other people. Subjects have also been able to use the available time effectively.
	f. Developer private	The subject has a clear purpose in life, and has found the meaning of his life, even though the subject feels that his life is still less meaningful, because still not up to standard.
		The subject is aware of the potential and strives to develop it, open on new experiences, see progress over time, feel increased and effective knowledge, have feelings sustainable development, able to pass the stages development, and make improvements over time.

#### 4 DISCUSSION

Psychological well-being is the temperamental of both parents in which the individual is able to accept his condition, is able to form warm relationships with others, is able to control the environment, has independence, has goals and in life and is able to develop talents and abilities for personal development.

Santri are attached to conditions that are constrained and bound, but apart from all that, whether good or bad experiences have been experienced by the subject, the welfare of the students can not only be seen from the outward appearance or the amount of material they have, or how much someone has had bad experiences in life. vulnerable period of his life.

And according to the results of an interview with one of the pesantren administrators that in terms of activities nothing has changed, it's just that there is an addition of dhikr reading after the obligatory congregational prayer in the musholla, then the implementation of the Health protocol which initially needed extra assistance for students because this was a new thing so they have to remind the students to remind them.

Initially, many complained because these regulations indirectly changed their lifestyle, association, activities and all the things that students were used to doing, such as washing hands which is usually only done before and after eating, so now they have to do it as often as possible with various ways. the conditions that have been set.

From the data that has been obtained on subjects 1 and 2 in the first aspect of psychological well-being, namely self-acceptance, positive self-acceptance is an individual who is able to evaluate himself and is able to accept the negative and positive aspects that exist in him (ryff, 2013) in this aspect. both subjects showed positive self-acceptance because in accordance with the subject's answer that there were no bad things in him because good or bad is a way of life that they must go through and accept, what is happening to them at this time is a way of life that they inevitably have to accept. The past is not something that can be changed according to them because that's why the past is better used as a

mirror so that we don't repeat if it's a mistake and can make it better if it's a positive thing.

The next dimension is a positive relationship with other people, in the two subjects in this study they initially assumed that being a santri was a negative thing because being a santri seemed as if it would not experience positive development, would never progress but the perception changed over time. himself about how the students themselves actually are, even subject 2 thinks that the students actually seem very positive in the eyes of the community so that he is more interested in experiencing it directly and wants to prove about the social paradigm about the santri themselves.

In the autonomy dimension, the two subjects stated that they would do it and decide everything on their own, but for things that they couldn't decide on their own, they would discuss it with other people, be it their family or partners in their environment, at first maybe they lived in a boarding school on the orders of their parents. but over time they realized that it was the best choice of their parents, they were asked to live in a boarding school, it didn't mean they weren't given the freedom to choose, it's just that their parents might only lead to more positive things. In addition, after becoming santri they feel more independent in everything except the cost of living, such as washing themselves, sometimes cooking themselves, etc.

Then in the environmental mastery dimension, these subjects stated that they also participated and played an active role in environmental activities, also actively participated in Islamic boarding school activities both those that had been scheduled by the pesantren or school, at first they felt a little lazy to take part in additional activities. pesantren but then they enjoy these activities because they know that these activities are good for themselves in the future and to increase their knowledge.

In this dimension of life goals, the subject stated that many things were their goals that had not been achieved, including their desire to learn certain sciences, but because their time was tight so they had not had the opportunity to study it, they hoped that one day there would be an opportunity to learn it.

In this developmental dimension, the subject stated that they felt bored in carrying out their routines which clearly they often experienced boredom but it was very human, but this boredom was not an excuse not to participate in all scheduled pesantren activities. They assume that they are not students if they have never experienced boredom because it is even more impossible if someone says that they have never experienced it. And that is what is abnormal and inhuman. They also said that by becoming a scholar there were many positive things that appeared to him.

## 5 CONCLUSION

From the results of the research, it can be concluded that students who live in Islamic boarding schools have psychological well-being in which almost all dimensions are fulfilled, except in terms of life goals where there are several things that are planning subjects but have not been implemented until now. From this it shows that they experience life satisfaction even though they live in boarding schools, in a place full of strict regulations and not as free as before. Psychological well-being, also known as psychological well-being, is an individual's process of evaluating himself through various experiences in his life, whether it is a good thing or a bad thing. All of that is related to his own life satisfaction which in life satisfaction there are several things, namely self-acceptance, both shortcomings and advantages, then having a positive relationship with other people where this is shown by how the subject adapts to his environment, accepts his environment as well as how the subject see that he and other people are the same without any statement that other people are luckier than him. Having autonomy is part of psychological well being which is shown by how students are able to carry out their activities without having to always be guided, decide everything with the results of their own considerations. And they can control their environment well, that is, they can actively participate in pesantren activities, contribute to organizing pesantren activities. Then have a purpose in life where the subject has a plan of

what they should achieve, what they have to learn as long as they become students. Although there are still some plans that have not been implemented until now. Also the last one is personal growth, the subject feels that what they thought before becoming a santri is wrong, they think that santri are ancient, So it can be said that the psychological well-being of students living in Islamic boarding schools shows positive results.

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