

The influence of religious coping on family resilience in communicating and solving problems during the COVID-19 pandemic

La influencia del afrontamiento religioso en la resiliencia familiar para comunicarse y resolver problemas durante la pandemia de COVID-19

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SUMMARY

Introduction: Religious coping has a crucial role in overcoming difficult problems in the family. This study aimed to analyze the influence of religious coping on family resilience in communicating and solving problems during the COVID-19 pandemic.

Methods: The research design used was descriptive with a cross-sectional survey approach. A total of 242 respondents in East Java Province, Indonesia, were the respondents in this study. Data collection by questionnaire. Data analysis used binary logistic regression and multivariate logistic regression. The degree of freedom used is 95 %, with a p-value of less than 0.05.

Results: Religious coping and work affect family resilience in communication and problem-solving. The

most dominant influence of work factors ($OR=1.924$; 95 % $CI=1.068-3.465$) means that working people were two times more likely to have family resilience in communicating and solving problems than families who do not work. In addition, families with adequate religious coping will have a 1-time opportunity to have resilience in communication and problem-solving compared to families with inadequate religious coping ($OR=1.131$; 95 % $CI=1.077-1.188$).

Conclusion: Work and religious coping factors strongly influence family resilience in communication and problem-solving. Strengthening the community with a religious approach is needed to support the family's line of defense against this pandemic condition.

Keywords: Communication, COVID-19, problem solve, religious coping, resilience.

RESUMEN

Introducción: El afrontamiento religioso tiene un papel crucial en la superación de problemas difíciles en la familia. Este estudio tuvo como objetivo analizar la

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influencia del afrontamiento religioso en la resiliencia familiar para comunicarse y resolver problemas durante la pandemia de COVID-19.

Métodos: El diseño de investigación utilizado fue descriptivo con un enfoque de encuesta transversal. Un total de 242 encuestados en la provincia de Java Oriental, Indonesia, fueron los encuestados en este estudio. Recogida de datos mediante cuestionario. El análisis de datos utilizó regresión logística binaria y regresión logística multivariada. El grado de libertad utilizado es del 95 %, con un valor de p menor de 0,05.

Resultados: El afrontamiento y el trabajo religioso afectan la resiliencia familiar en la comunicación y resolución de problemas. La influencia más dominante de los factores laborales ($OR=1,924$; $IC\ 95\ \%=1,068-3,465$) significa que las personas que trabajan tenían dos veces más probabilidades de tener resiliencia familiar para comunicarse y resolver problemas que las familias que no trabajan. Además, las familias con un afrontamiento religioso adecuado tendrán una oportunidad única de tener resiliencia en la comunicación y la resolución de problemas en comparación con las familias con un afrontamiento religioso inadecuado ($OR=1,131$; $IC\ del\ 95\ \%=1,077-1,188$).

Conclusión: Los factores de afrontamiento laborales y religiosos influyen fuertemente en la resiliencia familiar en la comunicación y resolución de problemas. Es necesario fortalecer la comunidad con un enfoque religioso para apoyar la línea de defensa de la familia frente a esta condición pandémica.

Palabras clave: Comunicación, COVID-19, resolución de problemas, afrontamiento religioso, resiliencia.

INTRODUCTION

Religious coping is an adaptive coping strategy mechanism that involves individual faith when faced with problems (1), managing problem situations by praying (2), by surrendering completely to God's will so that his hopes can adapt to the situation that occurs (3). Coping religiosity has a strategic influence on stabilizing family resilience as a form of managing public health crises due to the COVID-19 pandemic such as job loss, lack of social support, and mental health problems due to domestic violence (4-6). Stress conditions are also caused by headlines dominated by news about COVID-19 (7-11). Responding to this situation requires preparedness and critical response, effective communication, and being proactive, polite, imaginative, innovative,

creative, and professional as a problem-solving strategy (12,13). A positive outlook involving effective communication can manage mental health (14), as well as problem-solving to become a buffer in managing family resilience and involve religious coping support when dealing with difficult problems during this COVID-19 pandemic (15,16).

The COVID-19 pandemic has caused a public health crisis, which is a serious problem because it can threaten family resilience (17-19). A pandemic causes conflict in family problems. Families are expected to focus on solving problems related to joint problem-solving by building harmonious relationships and positive communication in the family (20). Problems of family tension regarding the pandemic are emerging in developing countries (21), especially in low- and middle-income countries (22). COVID-19 attacks various sectors indiscriminately, thus requiring residents to practice social and physical distancing (23).

The prevalence of problems related to family resilience includes psychological stress at a moderate level (30.6 %) and severe level (11.5 %), moderate level of financial problems (36.6 %) and poor level (40 %), moderate level of mental health problems (24.4 %), and severe level (21.5 %), moderate level family violence problems (4 %) and severe level (53 %), family members have addiction due to drug abuse (21.5 %) and decreased by (15.4 %) (24).

The problem of religious coping depends on each individual interpreting a problem. Individuals with high levels of religiosity and spirituality tend to easily interpret events during the COVID-19 pandemic with a positive view (25). During the COVID-19 pandemic, people's religiosity and spirituality increased by around 30 % (26). Religious coping can create a sense of security and peace-related to getting closer to submitting to pray to the creator to ask for protection or safety (27).

Religious coping is very effective if it is used to manage family resilience when experiencing a threat of problems, involving adaptive coping responses to manage problems (28). The health crisis in the community is influenced by many factors, one of which is a negative view, causing

poor communication and problem-solving. This causes a decrease in social support, leading to social isolation and social discrimination (29). The use of adaptive coping can have a positive impact on family resilience (30). This study aimed to analyze the influence of religious coping on family resilience in communicating and solving problems during the COVID-19 pandemic.

METHODS

Design and participants

The research design used descriptive with a cross-sectional survey approach. The research will be conducted in 2021-2022. The research sample was Indonesian citizens in Malang Regency, East Java Province, Indonesia, with a sample size determined by G Power version 3.1 with z test, logistic regression, odds ratio 1.5, power of 80 %, and probability error of 0.05, obtained a sample size of 243 respondents. Sampling was done by non-probability sampling with an accidental sampling technique.

Variables and Instruments

The main independent variable is religious coping. There are 9 items of questionnaire questions with a score range of 1-4 (1=rarely done to 4=often done). Some questions are as follows; "How often do you do individual prayers?, How often do you go to a mosque or place of worship to worship?". The minimum and maximum scores for this questionnaire are 9–36. Furthermore, they are categorized into 2, namely good (>median) and poor (<median). In addition to the main variable, there are also other independent variables, including age, education, family type, income, occupation, and religious coping. Age was categorized into 6 categories (1=17–25 years; 2=26–35 years; 3=36–45 years; 4=46–55 years; 5=56–65 years; 6=>65 years). Education includes 0=no school; 1=elementary school; 2=junior high school; 3=senior high school; 4=college. Family types are divided into nuclear family=1; extended family=2; and single parent = 3. Income is divided into 2: less than 3 million1; more than

3 million =2. Profession (Unemployed=1 and employed=2). The dependent variable of this research is family resilience in communication and problem-solving. There are 27 question items, including flexibility, contribution, openness, honesty, freedom to express feelings, sharing responsibilities, and others (Table 2). The questionnaire uses a Likert scale of 1-4 (1=disagree; 4=strongly agree). The composite score is between 12–108. Furthermore, it is categorized into 2, namely adequate (>median) and inadequate (<median).

Procedure

The researcher designed the survey as an electronic questionnaire using a google form. Participants will get a link from the electronic survey. Preparation takes 30 minutes to fill out the questionnaire. To increase participation, incentives were given to participants after filling out the questionnaire.

Data analysis

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

Ethical considerations

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

RESULTS

Most of the respondents' age ranged from 46 to 55 years, as much as 30.9 %, with the last education level of the majority being senior high school, as much as 47.7 %. Meanwhile, the type of family is dominated by the nuclear family by 66.7 %. Most respondents earn less than 3 million rupiahs (90.5 %), while 33.3 % are working citizens. The data collected also shows that more than half of the respondents have good religious coping, which is 58.4 %, and adequate family resilience in communication and problem-solving (51.9 %) (Table 1).

Table 1
Characteristics of Respondents (n=243)

Characteristics	n	Percentage (%)
Age		
17-25	19	7.8
26-35	57	23.5
36-45	56	23.0
46-55	75	30.9
56-65	27	11.1
>65	9	3.7
Education		
No School	1	0.4
Elementary School	46	18.9
Junior High School	55	22.6
Senior High School	116	47.7
College	25	10.3
Family Type		
Nuclear Family	162	66.7
Extended Family	60	24.7
Single Parent	21	8.6
Income		
<3 Million	220	90.5
>3 Million	23	9.5
Profession		
Employed	81	33.3
Unemployed	162	66.7
Religious Coping		
Poor	101	41.6
Good	142	58.4
Communication Resilience		
Inadequate	117	48.1
Adequate	126	51.9

Table 2 shows the range of scores on the family resilience questionnaire in communication and problem solving is 56 %-85.6 %. Community members stated that 56 % were able to adapt to the demands experienced by their families, and 85.6 % felt happy spending time and energy with their families during the COVID-19 pandemic.

Religious coping and work affect family resilience in communication and problem-solving. The most dominant influence of work factors (OR: 1.924; 95 % CI: 1.068 – 3,465) means that people who work are two times more likely to have family resilience in communicating and solving problems than families who do not work. In addition, families with adequate religious coping will have 1 time chance of having resilience in communication and problem-solving compared to families with inadequate religious coping (OR: 1.131; 95 % CI: 1.077 – 1.188) (Table 3).

DISCUSSION

The results showed that religious coping was proven effective in increasing family resilience. This is in line with previous studies which state that positive religious coping protects against negative behaviour (31,32). Although the frequency of religious behaviour is related to anxiety about COVID-19, this anxiety is influenced by the background of religious beliefs and increased stress so individuals increase their prayer and religious meditation to manage their anxiety (33).

COVID-19 has a serious impact that can lead to death. This affects the family's mental health, such as anxiety, fear, depression, and stress, so families practice religion as a source of peace of mind (17,34). In addition, religious coping can affect family psychological factors in dealing with difficult situations, so religious coping can be called a form of support in strengthening family mentality (35).

Religious coping closely relates to communication, including consistency in communication, open emotional expression in communication, and collaborative problem-solving (36-38). Using positive coping skills such as communication strategies and problem-solving skills in positive

Table 2
Scores of The Family Resilience Questionnaire in Communication and Problem Solving

	1	2	3	4
Flexibility	6/2.5 %	15/6.2 %	54/22.2 %	168/69.1 %
Contribution	3/1.2 %	18/7.4 %	52/21.4 %	170/70 %
Overcoming pain	5/2.1 %	20/8.2 %	46/18.9 %	172/70.8 %
Fulfillment of hope	9/3.7 %	32/13.2 %	66/27.2 %	136/56 %
Openness	8/3.3 %	16/6.6 %	52/21.4 %	167/68.7 %
Understanding	4/1.6 %	9/3.7 %	39/16 %	191/78.6 %
Clarification	4/1.6 %	11/4.5 %	40/16.5 %	188/77.4 %
Honesty	5/2.1 %	7/2.9 %	29/11.9 %	202/83.1 %
Free to express feelings	13/5.3 %	15/6.2 %	59/24.3 %	156/64.2 %
Discuss	4/1.6 %	5/2.1 %	41/16.9 %	193/79.4 %
Accept the difference	7/2.9 %	5/2.1 %	47/19.3 %	184/75.4 %
Clarification	3/1.2 %	8/3.3 %	49/20.2 %	183/75.3 %
Free opinion	4/1.6 %	4/1.6 %	53/21.8 %	182/74.9 %
Overcoming difficulties	5/2.1 %	12/4.9 %	63/25.9 %	163/67.1 %
Consultation on decisions	4/1.6 %	7/2.9 %	40/16.5 %	192/79 %
Problem-solving	2/0.8 %	3/1.2 %	31/12.8 %	207/85.2 %
Find a solution	2/0.8 %	5/2.1 %	52/21.4 %	184/75.7 %
Achieved decision	3/1.2 %	8/3.3 %	46/18.9 %	186/76.5 %
Feeling happy	5/2.1 %	8/3.3 %	22/9.1 %	208/85.6 %
Learn from experience	4/1.6 %	6/2.5 %	37/15.2 %	196/80.7 %
Commitment	4/1.8 %	5/2.1 %	44/18.1 %	190/78.2 %
Share responsibility	5/2.1 %	7/2.9 %	47/19.3 %	184/75.7 %
Attention	3/1.2 %	3/1.2 %	37/15.2 %	200/82.3 %
Using the new way	3/1.2 %	11/4.5 %	60/24.7 %	169/69.5 %
How to talk	3/1.2 %	5/2.1 %	43/17.7 %	192/79 %
Safe assurance	4/1.6 %	5/2.1 %	33/13.6 %	201/82.7 %

Relative frequency of family resilience questionnaire item scores in communication and problem-solving. The score ranges from 1 (not done) to 4 (often done).

Table 3
The Final Multivariate Logistic Regression Model of Family Resilience in Communication and Problem Solving

Variable	B	SE	Wald	p-value	OR	95 % CI for Exp (B)	
						Lower	Upper
Religious Coping	0.123	0.025	24 240	0.0001	1,131	1.077	1.188
Profession	0.654	0.300	4 750	0.029	1,924	1.068	3.465
Constant	-7.578	1.456	27 069	0.000	0.001		

Selection of candidates who entered the model were religious coping, education, and work with p value < 0.25. Respectively 0.0001, 0.131, 0.057, while the variables were not included in the model because they had a p value > 0.25, namely age (p: 0.298), family type (p:0.935), income (p:0.824).

religious coping has significant results as a new psychological intervention for society, especially during the current pandemic such as religious counseling and spirituality (39-41). Based on the

explanation above, it can be said that religious coping can help individuals and families in finding problems through positive thinking, good communication, and mental support.

The results of this study indicate that work has an influence on family resilience during the COVID-19 pandemic. The influence of work greatly influences managing family resilience (42). During the COVID-19 pandemic, there were many layoffs, and this had an impact on the income in the family which drastically decreased, causing a resilience crisis (43-45). Losing a job and lowering income are major stress causes for families (46,47). Work can affect resilience because it can affect the mental, psychological and social conditions of individuals and families due to losing their jobs and poor economic conditions. Therefore, it can cause a crisis of economic resources for individuals and families.

The results showed no influence between age, family type, income, and education on family resilience. Previous research has shown that older adults have different emotional management than young adults (48-50). Adults aged 60 years or older experience a relatively low-stress level compared to young adults during this pandemic. Still, it is associated with family resilience, young and old, showing no effect because each individual tends to manage stressors during the pandemic (51).

In terms of individual education, a bachelor's degree cannot be interpreted as an individual with a lot of knowledge, so the family's resilience is strong. On the contrary, a low level of education cannot be interpreted as weak family resilience (52). Family resilience also cannot be influenced by family types ranging from nuclear families, extended families, and singles, these types of families do not guarantee family resilience, especially during the COVID-19 pandemic (36,53). Therefore, it can be concluded that age cannot determine whether a person's or family's mental, psychological, and social problems are affected by the COVID-19 pandemic. Stress response depends on the response of each individual, not based on age, type and type of family, income, and education.

CONCLUSION

This study shows that work and religious coping factors strongly influence family resilience in communication and problem-solving. During

the pandemic, people use religious coping to strengthen the aspect of emotional and spiritual in managing family resilience by utilizing effective communication and positive problem-solving. Therefore, strengthening the community with a religious approach is needed to support the family's line of defense in facing the current pandemic conditions.

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REFERENCES

1. Mesidor JK, Sly KF. Religious coping, general coping strategies, perceived social support, PTSD symptoms, resilience, and posttraumatic growth among survivors of the 2010 earthquake in Haiti. *Ment Heal Relig Cult.* 2019;22(2):130-143.
2. Jong J. Death anxiety and religion. *Curr Opin Psychol.* 2021;40:40-44.
3. Rababa M, Hayajneh AA B-IW. Association of Death Anxiety with Spiritual Well-Being and Religious Coping in Older Adults During the COVID-19. *Springer Sci Media, LLC, part Springer Nat* 2020. 2020;(0123456789).
4. Raman S, Harries M, Nathawad R, Kyeremateng R, Seth R, Lonnie B, et al. Where do we go from here? A child rights-based response to COVID-19. *BMJ Paediatr Open.* 2020;4(1):3-6.
5. Rahman MA, Rahman S, Wazib A, Arafat SM, Chowdhury ZZ, Uddin BMM, et al. COVID-19 related

- psychological distress, fear and coping: identification of high-risk groups in Bangladesh. *Front psychiatry*. 2021;1399.
6. Bahar Moni AS, Abdullah S, Bin Abdullah MFIL, Kabir MS, Alif SM, Sultana F, et al. Psychological distress, fear and coping among Malaysians during the COVID-19 pandemic. *PLoS One*. 2021;16(9):e0257304.
 7. Rosenthal CM, Thompson LA. Child abuse awareness month during the coronavirus disease 2019 pandemic. *JAMA Pediatr*. 2020;174(8):812.
 8. Sabrina F, Chowdhury MTH, Nath SK, Imon AA, Quader SMA, Jahan MS, et al. Psychological distress among Bangladeshi dental students during the COVID-19 pandemic. *Int J Environ Res Public Health*. 2021;19(1):176.
 9. Lusida MAP, Salamah S, Jonatan M, Wiyogo IO, Asyari CH, Ali ND, et al. Prevalence of and risk factors for depression, anxiety, and stress in non-hospitalized asymptomatic and mild COVID-19 patients in East Java province, Indonesia. *PLoS One*. 2022;17(7):e0270966.
 10. Pramukti I, Strong C, Sitthimongkol Y, Setiawan A, Pandin MGR, Yen C-F, et al. Anxiety and suicidal thoughts during the COVID-19 pandemic: Cross-country comparative study among Indonesian, Taiwanese, and Thai university students. *J Med Internet Res*. 2020;22(12).
 11. Wahyuhadi J, Id FE, Jibril M, Farabi A, Harymawan I, Ariana D, et al. Association of stigma with mental health and quality of life among Indonesian COVID-19 survivors. *PLoS One*. 2022;17(2):1-13.
 12. Konaszewski K, Niesiobędzka M, Surzykiewicz J. Validation of the Polish version of the Brief Resilience Scale (BRS). *PLoS One*. 2020;15(8):1-17.
 13. Einspieler C, Marschik PB. Since January 2020 Elsevier has created a COVID-19 resource center with free information in English and Mandarin on the novel coronavirus COVID-19 company's public news and information website. Elsevier hereby grants permission to make all its COVID-19-r. 2020;(January):19-21.
 14. Tang S, Xiang M, Cheung T, Xiang Y. Mental health and its correlates among children and adolescents during COVID-19 school closure: the importance of parent-child discussion. *J Affect Disord*. 2021; 279:353-360.
 15. Hassan SM, Ring A, Tahir N, Gabbay M. The impact of COVID-19 social distancing and isolation recommendations for Muslim communities in North West England. *BMC Public Health*. 2021;21(1):1-11.
 16. Saud M, Ashfaq A, Abbas A, Ariadi S, Mahmood QK. Social support through religion and psychological well-being: COVID-19 and coping strategies in Indonesia. *J Relig Health*. 2021;60(5):3309-3325.
 17. Kar SK, Yasir Arafat SM, Kabir R, Sharma P, Saxena SK. Coping with Mental Health Challenges During COVID-19. 2020;2019:199-213.
 18. Darmawan RE, Setyorini Y, Ardesa YH. Indonesians' readiness in facing long-term COVID-19 pandemic. *J Ners*. 2022;17:14-18.
 19. Nursalam N, Sukartini T, Priyantini D, Mafula D, Efendi F. Risk Factors For Psychological Impact And Social Stigma Among People Facing COVID-19: A Systematic Review. *Syst Rev Pharm*. 2020;11(6):1022-1028.
 20. Fuller HR, Huseth-Zosel A. Lessons in Resilience: Initial Coping among Older Adults during the COVID-19 Pandemic. 2021;1(1):114-125.
 21. Banati P, Jones N, Youssef S. Intersecting Vulnerabilities: The Impacts of COVID-19 on the Psycho-emotional Lives of Young People in Low- and Middle-Income Countries. *Eur J Dev Res*. 2020;32(5):1613-1638.
 22. Lange KW. Coronavirus disease 2019 (COVID-19) and global mental health. *Glob Healt J*. 2021;5(1):31-36.
 23. Polizzi C, Lynn SJ, Perry A. Stress and coping in the time of COVID-19: Pathways to resilience and recovery. *Clin Neuropsychiatry*. 2020;17(2):59-62.
 24. Zhuang X, Lau YY, Chan WMH, Lee BSC, Wong DFK. Risk and resilience of vulnerable families in Hong Kong under the impact of COVID-19: an ecological resilience perspective. *Soc Psychiatry Psychiatr Epidemiol*. 2021;56(12):2311-2322.
 25. Counted V, Possamai A, Meade T. Relational spirituality and quality of life 2007 to 2017: An integrative research review. *Health Qual Life Outcomes*. 2018;16(1):1-18.
 26. Bentzen JS. Since January 2020 Elsevier has created a COVID-19 resource center with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource center is hosted on Elsevier Connect, the company's public news and information. 2020;(January).
 27. Braam DH, Srinivasan S, Church L, Sheikh Z, Jephcott FL, Bukachi S. Lockdowns, lives and livelihoods : the impact of COVID-19 and public health responses to conflict affected populations - a remote qualitative study in Baidoa and Mogadishu, Somalia. 2021:1-11.
 28. Mathias K, Rawat M, Philip S, Grills N. "We've got through hard times before acute mental distress and coping among disadvantaged groups during COVID-19 lockdown in North India - a qualitative study." *Int J Equity Health*. 2020;19(1):1-12.

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29. Gayatri M, Irawaty DK. Family Resilience during COVID-19 Pandemic: A Literature Review. *Fam J Alex Va.* 2022;30(2):132-138.
30. Masten AS, Motti-Stefanidi F. Multisystem Resilience for Children and Youth in Disaster: Reflections in the Context of COVID-19. *Adverse Resil Sci.* 2020;1(2):95-106.
31. DeRossett T, LaVoie DJ, Brooks D. Religious Coping Amidst a Pandemic: Impact on COVID-19-Related Anxiety. *J Relig Health.* 2021;60(5):3161-3176.
32. Abu Khait A, Lazenby M. Psychosocial-spiritual interventions among Muslims undergoing treatment for cancer: an integrative review. *BMC Palliat Care.* 2021;20(1):1-22.
33. Ting RSK, Aw Yong YY, Tan MM, Yap CK. Cultural Responses to COVID-19 Pandemic: Religions, Illness Perception, and Perceived Stress. *Front Psychol.* 2021;12:1-19.
34. Pirutinsky S, Cherniak AD, Rosmarin DH. American Orthodox Jews. *J Relig Health.* 2020;59(5):2288-2301.
35. Olashore AA, Akanni OO, Oderinde KO. Neuroticism, resilience, and social support: Correlates of severe anxiety among hospital workers during the COVID-19 pandemic in Nigeria and Botswana. 2021;8:1-7.
36. Gardiner E, Mâsse LC, Iarocci G. A psychometric study of the Family Resilience Assessment Scale among families of children with autism spectrum disorder. *Health Qual Life Outcomes.* 2019;17(1):1-10.
37. Zhu J, Sun L, Zhang L, Wang H, Fan A, Yang B, et al. Prevalence and Influencing Factors of Anxiety and Depression Symptoms in the First-Line Medical Staff Fighting Against COVID-19 in Gansu. *Front Psychiatry.* 2020;11:1-6.
38. Giallonardo V, Sampogna G, Del Vecchio V, Luciano M, Albert U, Carmassi C, et al. The impact of quarantine and physical distancing following COVID-19 on mental health: Study protocol of a multicentric Italian population trial. *Front Psychiatry.* 2020;11:1-10.
39. Ginicola MM, Furth BH, Smith C. The Role of Religion and Spirituality in Counseling. *Affirm Couns With LGBTQI+ People.* 2017;297-312.
40. Chow SK, Francis B, Ng YH, Naim N, Beh HC, Ariffin MAA, et al. Religious coping, depression and anxiety among healthcare workers during the covid-19 pandemic: A Malaysian perspective. *Health.* 2021;9(1):79.
41. Rajaei AR. Religious cognitive-emotional therapy: a new form of psychotherapy. *Iran J Psychiatry.* 2010;5(3):81-87.
42. Luthar SS, Ebbert AM, Kumar NL. Risk and resilience during COVID-19: A new study in the Zigler paradigm of developmental science. *Dev Psychopathol.* 2021;33(2):565-580.
43. Ameis SH, Lai MC, Mulsant BH, Szatmari P. Coping, fostering resilience, and driving care innovation for autistic people and their families during the COVID-19 pandemic and beyond. *Mol Autism.* 2020;11(1):1-9.
44. Pit S, Fisk M, Freihaut W, Akintunde F, Aloko B, Berge B, et al. COVID-19 and the aging workforce: global perspectives on needs and solutions across 15 countries. *Int J Equity Health.* 2021;20(1):1-22.
45. Barzilay R, Moore TM, Greenberg DM, DiDomenico GE, Brown LA, White LK, et al. Resilience, COVID-19-related stress, anxiety and depression during the pandemic in a large population enriched for healthcare providers. *Transl Psychiatry.* 2020;10(1):291.
46. Matrose NA, Obikese K, Belay ZA, Caleb OJ. Resilience and demographic characteristics predicting distress during the COVID-19 crisis. *Sci Total Environ.* 2019;135907.
47. Miller JJ, Niu C, Moody S. Child welfare workers and peritraumatic distress: The impact of COVID-19. *Child Youth Serv Rev.* 2020;119:105508.
48. Havnen A, Anyan F, Hjemdal O, Solem S, Riksfjord MG, Hagen K. Resilience moderates negative outcome from stress during the COVID-19 pandemic: A moderated mediation approach. *Int J Environ Res Public Health.* 2020;17(18):1-12.
49. Lau BHP, Chan CLW, Ng SM. Resilience of Hong Kong people in the COVID-19 pandemic: lessons learned from a survey at the peak of the pandemic in Spring 2020. *Asia Pacific J Soc Work Dev.* 2021;31(1-2):105-114.
50. Öcal A, Cvetković VM, Baytiyeh H, Tedim FMS, Zečević M. Public reactions to the disaster COVID-19: A comparative study in Italy, Lebanon, Portugal, and Serbia. *Geomatics, Nat Hazards Risk.* 2020;11(1):1864-1885.
51. Chan ACY, Piehler TF, Ho GWK. Resilience and mental health during the COVID-19 pandemic: Findings from Minnesota and Hong Kong. *J Affect Disord.* 2021;295:771-780.
52. Khesroh E, Butt M, Kalantari A, Leslie DL, Bronson S, Rigby A, et al. The use of emotional intelligence skills in combating burnout among residency and fellowship program directors. *BMC Med Educ.* 2022;22(1):1-7.
53. Radetić-Paić M, Černe K. The influence of family income on students' family resilience in Croatia. *Econ Res Istraz.* 2020;33(1):1172-1181.