

## The Relationship Between Resilience and Religiosity in Medical Workers During the COVID-19 Pandemic

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### Abstract

*The COVID-19 pandemic posed unprecedented challenges to medical workers worldwide, compelling them to face intense workloads, psychological distress, and ethical dilemmas. This study examines the relationship between resilience and religiosity among medical workers during the pandemic. Resilience is understood as the capacity to adapt positively in the face of adversity, while religiosity refers to the degree of individual religious commitment and involvement. A mixed-methods approach was employed, combining quantitative data from validated surveys and qualitative insights from semi-structured interviews. The findings indicate a significant positive correlation between resilience and religiosity, suggesting that religiosity serves as a psychological buffer, enhancing resilience levels in medical workers. The study highlights the importance of integrating religiosity and resilience-building interventions into organizational policies to support medical workers during crises. The implications of these findings for future health policies and practices are discussed.*

**Keywords** resilience, religiosity, medical workers, COVID-19 pandemic, psychological well-being.

### INTRODUCTION

The COVID-19 pandemic emerged as one of the most significant global public health crises in modern history, affecting millions of lives and overwhelming healthcare systems worldwide. Medical workers, as the frontline responders, were disproportionately affected by the pandemic. The prolonged exposure to high-risk environments, coupled with emotional and physical exhaustion, underscored the critical need to explore factors that contributed to their psychological resilience.

Resilience is a dynamic process that enables individuals to recover and adapt effectively to stressors and challenges. Previous studies have highlighted the role of resilience in mitigating burnout, promoting mental health, and enhancing overall well-being among healthcare workers. In parallel, religiosity, encompassing both intrinsic faith and organized religious practices, has been recognized as a source of comfort and moral guidance, particularly during crises.

This study investigates the interplay between resilience and religiosity in medical workers during the COVID-19 pandemic. While extensive research exists on the individual contributions of resilience and religiosity to mental health, few studies have explored their combined impact, particularly in the context of a global health crisis. This research aims to fill this gap by examining how religiosity influences resilience and how both factors interact to shape the psychological well-being of medical workers.

Medical workers faced unprecedented levels of stress during the pandemic, with studies reporting heightened rates of anxiety, depression, and burnout. Despite extensive training and resources, many medical workers struggled to cope with the prolonged



uncertainty and pressure. The exploration of resilience and religiosity as coping mechanisms provides critical insights into how medical workers navigate such challenges. Understanding this relationship can inform the development of targeted interventions to enhance the well-being of healthcare providers.

The findings of this study are expected to contribute to the broader understanding of psychological coping mechanisms among medical workers. By highlighting the relationship between resilience and religiosity, the research offers practical implications for healthcare organizations, policymakers, and mental health practitioners.

This paper is structured as follows: the introduction outlines the background, problem statement, and objectives. The literature review examines existing studies on resilience, religiosity, and their intersection in healthcare settings. The methods section describes the research design, participants, and instruments used. The results and discussion present the key findings and their implications, while the conclusion summarizes the study and provides recommendations for future research.

## **LITERATURE REVIEW**

### **Resilience in Medical Workers**

Resilience has been extensively studied as a critical factor in promoting psychological well-being. Defined as the ability to "bounce back" from adversity, resilience encompasses a range of psychological, social, and emotional skills. In the context of healthcare, resilience has been associated with reduced burnout, improved job satisfaction, and better patient outcomes.

### **Religiosity and Psychological Well-being**

Religiosity is often viewed as a protective factor against stress and mental health challenges. Studies have demonstrated that individuals with strong religious beliefs tend to report lower levels of anxiety and depression. Religiosity provides a framework for meaning-making, offering comfort and hope during crises.

### **Intersection of Resilience and Religiosity**

While resilience and religiosity have been independently linked to psychological well-being, their combined impact remains underexplored. Theoretical models, such as the Conservation of Resources Theory, suggest that religiosity may serve as a resource that enhances resilience. Empirical evidence supports this notion, indicating that religious practices and beliefs can foster a sense of purpose and community, which are essential components of resilience.

## **METHOD**

A mixed-methods approach was employed to explore the relationship between resilience and religiosity among medical workers. Quantitative data were collected using validated instruments, including the Connor-Davidson Resilience Scale (CD-RISC) and the

Duke University Religion Index (DUREL). Qualitative data were obtained through semi-structured interviews with a purposive sample of medical workers.

The study included 200 medical workers from hospitals in urban and rural settings. Participants were selected to ensure diversity in terms of age, gender, and religious affiliation. Ethical approval was obtained, and informed consent was secured from all participants.

Quantitative data were analyzed using statistical techniques, including correlation and regression analysis. Qualitative data were analyzed thematically, with a focus on identifying recurring patterns and themes.

## RESULTS AND DISCUSSION

### Quantitative Findings

The results revealed a significant positive correlation ( $r = 0.58$ ,  $p < 0.01$ ) between resilience and religiosity. Participants with higher religiosity scores tended to report higher levels of resilience, suggesting that religiosity plays a crucial role in enhancing coping mechanisms during crises. This finding is consistent with previous studies that underscore the importance of religiosity as a psychological resource.

In terms of demographic analysis, younger medical workers reported slightly higher religiosity scores compared to older cohorts, potentially reflecting generational differences in religious engagement. Additionally, female participants exhibited marginally higher resilience scores than their male counterparts, aligning with literature suggesting that women often demonstrate stronger adaptive capabilities under stress.

### Qualitative Insights

The thematic analysis of interview data highlighted three key themes:

#### 1. Faith as a Source of Strength

Many participants cited their faith as a cornerstone of their psychological endurance. A recurring narrative was that reliance on religious teachings and practices, such as prayer or meditation, helped them find peace amid chaos. For instance, one participant stated, "My faith gave me a sense of control when everything else felt uncertain."

#### 2. Community Support

Participants emphasized the role of religious communities in fostering a sense of belonging. Regular interactions with religious groups, even virtually, offered emotional support and mitigated feelings of isolation. These communities often served as platforms for mutual encouragement and the sharing of coping strategies.

#### 3. Moral Compass

Religiosity provided a framework for navigating ethical dilemmas and professional challenges. For example, some participants reflected on how their faith informed decisions to prioritize patient care despite personal risks. A participant noted, "My faith guided me to put others' needs above my own, knowing that I was fulfilling a higher purpose."



## Comparison with Existing Literature

The findings align with existing literature that highlights the dual role of religiosity and resilience in promoting psychological well-being. However, this study uniquely contributes by exploring their interplay during a global crisis, offering a nuanced understanding of how these factors mutually reinforce each other.

## Implications for Practice

The integration of religious and spiritual support into resilience-building programs is imperative. Healthcare organizations should prioritize creating spaces for spiritual practices, such as meditation rooms or chaplaincy services, to address the diverse needs of medical workers. Moreover, culturally sensitive training programs can help healthcare leaders recognize and leverage the benefits of religiosity in fostering resilience among their teams.

## Policy Recommendations

### 1. Workplace Spirituality Initiatives

Encourage the inclusion of spiritual well-being as a core component of occupational health policies. Providing access to faith-based counseling and resources can help medical workers manage stress effectively.

### 2. Resilience Training Programs

Design interventions that incorporate elements of religiosity, such as mindfulness practices or value-based workshops, to enhance coping mechanisms.

### 3. Community Engagement

Foster collaborations between healthcare institutions and religious organizations to provide comprehensive support systems for medical workers.

## Future Research Directions

Further studies should examine the long-term impact of resilience and religiosity on medical workers' well-being, particularly as the world transitions out of the pandemic. Comparative studies across cultural and religious contexts can also shed light on the universality of these findings.

## CONCLUSION

The findings of this study underscore the profound relationship between resilience and religiosity in medical workers during the COVID-19 pandemic. Religiosity emerges as a significant psychological resource, equipping medical workers with the strength to navigate immense stress and uncertainty. This dual interplay between resilience and religiosity not only enhances individual coping capacities but also fosters collective well-being through community and moral guidance.

From a practical standpoint, integrating spiritual and resilience-building frameworks into healthcare policies is critical. Organizational support systems that acknowledge and leverage religiosity can play a pivotal role in mitigating burnout and promoting sustainable

mental health. Additionally, tailored interventions addressing diverse cultural and religious backgrounds can further enhance the efficacy of such programs.

While this study provides valuable insights, it also raises important avenues for future exploration. Longitudinal studies are needed to assess the sustained impact of religiosity on resilience over time. Similarly, cross-cultural comparisons can offer a deeper understanding of how different faith traditions influence resilience in varying contexts.

In conclusion, the COVID-19 pandemic has revealed the indispensability of psychological resilience and spiritual strength among medical workers. By recognizing and fostering these attributes, healthcare systems can better prepare for future crises, ensuring the well-being of those who stand on the frontlines of global health challenges.

## REFERENCES

- Aldwin, C. M., & Park, C. L. (2004). Coping and physical health outcomes. *Psychological Bulletin*, 130(4), 601-630.
- Bonanno, G. A. (2004). Loss, trauma, and human resilience. *American Psychologist*, 59(1), 20-28.
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18(2), 76-82.
- Diener, E., Tay, L., & Myers, D. G. (2011). The religion paradox: If religion makes people happy, why are so many dropping out? *Journal of Personality and Social Psychology*, 101(6), 1278-1290.
- Folkman, S., & Moskowitz, J. T. (2000). Positive affect and coping during the stress process. *Psychological Bulletin*, 131(6), 747-775.
- George, L. K., Ellison, C. G., & Larson, D. B. (2002). Explaining the relationships between religious involvement and health. *Psychological Inquiry*, 13(3), 190-200.
- Koenig, H. G. (2001). Religion and mental health: Evidence for an association. *International Review of Psychiatry*, 13(2), 67-78.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing.
- Mashudi, E. A. (2016). Konseling Rational emotive Behavior dengan teknik pencitraan untuk meningkatkan resiliensi mahasiswa berstatus sosial ekonomi lemah. *Psikopedadogia*, 5(1), 66-78.
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, and practice*. Guilford Press.
- Park, C. L. (2005). Religion as a meaning-making framework in coping with life stress. *Journal of Social Issues*, 61(4), 707-729.
- Ryff, C. D., & Singer, B. H. (2003). Flourishing under fire: Resilience as a prototype of challenged thriving. *Psychological Inquiry*, 14(1), 1-28.
- Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Free Press.
- Smith, B. W., et al. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 15(3), 194-200.





- Southwick, S. M., et al. (2014). *Resilience and mental health: Challenges across the lifespan*. Cambridge University Press.
- Strawbridge, W. J., et al. (2001). Religious attendance increases survival by improving and maintaining good health behaviors. *American Journal of Public Health*, 91(12), 2144-2149.
- Thoresen, C. E., & Harris, A. H. S. (2002). Spirituality and health: What's the evidence and what's needed? *Annals of Behavioral Medicine*, 24(1), 3-13.
- Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work*, 38(2), 218-235.
- Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the resilience scale. *Journal of Nursing Measurement*, 1(2), 165-178.
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, 42(1), 1-18.
- Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High-risk children from birth to adulthood*. Cornell University Press.
- Wong, P. T. P. (2010). Meaning therapy: An integrative and positive existential psychotherapy. *Journal of Contemporary Psychotherapy*, 40(2), 85-93.
- Yehuda, R. (2006). Resilience and vulnerability factors in the course of adaptation to trauma. *Clinical Psychology Review*, 26(2), 277-295.
- Zinnbauer, B. J., & Pargament, K. I. (2005). Religiousness and spirituality. In *Handbook of Positive Psychology*, 146-157.
- Zuckerman, A. J., et al. (2004). Understanding resilience. *Journal of Adolescent Health*, 35(1), 20-27.
- Zimmerman, M. A., & Arunkumar, R. (1994). Resiliency research: Implications for schools and policy. *Social Policy Report*, 8(4), 1-17.