

The Social Support Effects on Resilience of Covid-19s' Survivors

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ABSTRACT

Various problems faced by people were positively infected with Covid-19, apart from being required to self-quarantine, routine examinations, frail physical conditions, productivities had decreased rapidly because those people unable to work effectively-efficiently, and couldn't free from inevitable psychological pressure. However, humans have the ability to recover from the downturn of life which is known as resilience. This study aimed to determine the social supports effect on resilience of Covid-19s survivors. This research can be used as additional knowledge into the resilience of Covid-19 survivors, in particular social support as the important factor. The research samples were Covid-19 survivors in terms under surveillance (read, Bahasa: *orang dalam pantauan*), people without symptoms (read, Bahasa: *orang tanpa gejala*), and patients under surveillance (read, Bahasa: *pasién dalam pantauan*). The sampling technique in this study was purposive sampling in estimated of 32 subjects. Data collections were carried out by used a resilience scale and social supports by Likert scale model. Scale deployment used Google Forms which shared via social media (such as Facebook, What'sApp, Line, etc). Statistical findings indicate that the results of correlation analysis of social supports with resilience had a significant correlations with $R = 0.734$ and $p = 0.000$.

Keywords: Social support effect, Resilience, Covid-19 survivors

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INTRODUCTION

The first COVID-19 was reported in Indonesia on March 2nd, 2020 in two cases (WHO, 2020). March 31st, 2020 data shows that there are 1,528 confirmed cases and 136 deaths (Kompas, 2020). The mortality rate for COVID-19 in Indonesia is 8.9 percent, this figure is the highest in Southeast Asia (WHO, 2020). As of August 31st, 2020, the number of cases increased by 2743, the total Covid cases in Indonesia were 174,796 then. The number of recovered patients increased by 1,774 people, a total of 125,959 people. 74 patients died, bringing a total of 7,417 patients. Various negative impacts were generated in the midst of the Covid-19 pandemic which continued to increase, ranging from economic to psychological aspects. Until now, work to study had been done from home because of an appeal to stay at home from the Government. Community mental health was one of the inevitable impacts, cases such as anxiety and stress were getting higher due to this outbreak. The difficult situation created by the Corona Virus of course had various problems that were more troublesome for people who had tested positive for infection.

Various problems faced by people who are positively infected with Covid-19, apart from being required to carry out self-quarantine, routine examinations, fragile physical conditions, productivity has decreased rapidly because they unable to work effectively-efficiently, and of course couldn't be free from psychological pressure. The amount of news about the Covid-19 disease can trigger

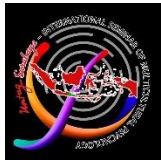
excessive anxiety and worry. These feelings could eventually cause the patient to experience stress and mental problems that lead to worsening health conditions. Not to mention the stigma in the wider community that made the patient's condition worse, because those people considered a dangerous virus carrier, so they often receive disgrace, being isolated, and feel they had to hide the characteristics that indicate the symptoms of Covid-19. In addition, if one family member was declared positive, other family members also had a great potential for infection, and this is even more difficult because they did not only focus on taking care of sick family members, these sufferers must also take care of themselves. Even after recovering, the negative news that even recovered patients could still transmit the virus puts these people in a difficult condition.

Ronawulan in their brief material published by Pertamedika and RSPP (2020) explained that a patient's mental health will be affected by the severity of symptoms, complications, sequelae, therapeutic effects, and the ability to access health services. Difficulty carrying out daily functions due to symptoms of the disease or the sequelae experienced could cause mental health problems. Some patients may experience feelings of helplessness, even feelings of grief due to the loss of loved ones, including fellow patients in care. In addition, the spread of infection to the central nervous system could cause neuropsychiatric symptoms depending on the area of the brain affected. These neuropsychiatric symptoms may persist or improve after the infection clears. Elderly patients were classified as vulnerable patients because they have a higher risk of transmission and have limited access to health services. Depressive symptoms are also often encountered as a direct result of their limitations (Alomedika, 2020).

Humans had the ability and willingness to adapt to the problems they faced, including the Covid-19 survivors, who were slowly rising from adversity. People that had tested positive start to organize their lives as before, and try to return to productivity which was known as resilience. Resilience is an individual's ability to be able to cope with and adapt to severe events or problems that occur in life, survive in a state of stress and, even deal with adversity or trauma experienced in his life (Reivich and Shatte, 2002). Charney explained that resilience is a process of adapting in situations of trauma, tragedy, or other events that might cause stress (Mahmood and Ghaffar, 2014). In addition, resilience can also be defined as the ability to respond to problems well, the ability to succeed in facing adversity, and the ability to have more hope in a situation of difficulty (Pidgeon, Rowe, Stapleton, Magyar, and Lo, 2014). There are seven aspects of resilience proposed by Reivich and Shatte (2002), namely emotional regulation, impulse control, realistic optimism, causal analysis, self-efficacy, empathy and reaching out. There are several factors that affect a person's resilience, namely factors that come from within him, family factors, community or external factors that are closely related to social support, and risk factors. In this study using social support as an independent variable.

Social support is a thought best as a multidimensional construct consisting of functional and structural components. Social support refers to the actions that other people do when they provide assistance (Roberts and Gilbert, 2009). Cobb (1976) explains any information from the social environment that creates an individual's perception that the individual receives a positive effect of affirmation or assistance which indicates an expression of social support. Social support is one of the terms used to describe how social relationships contribute to the mental health or physical health of an individual. There are several aspects of social support described by Sarafino (2006), namely emotional support, reward support, instrumental support, and information support. Sarafino (2006) also explain the factors that affect social support, including support recipients (recipients), support providers (providers), as well as the composition factor and network providers.

Research between social support and resilience for victims of the Lapindo mudflow conducted by Setiawan and Prastitis (2015) states that social support had a positive relationship with resilience where if social support was high then resilience also tends to be high, and if social support is low then



resilience is also low vice versa. In addition, another study conducted by Tampi, Kumaat, and Masi (2013) on flood survivors found that social support had a positive and significant correlation to a person's level of resilience. Social support was an important factor in shaping individual resilience, including for Covid-19 survivors, because the support provided by people from family, friends, and the environment in which they live certainly has a positive effect on resilience.

Based on the description above, the purpose of writing this scientific paper is to determine the effect and significance of Social Support for the Resilience of the Covid-19 Survivor in East Java. There was also a scale of research that would be shared via Google Form, and the subjects were people who had tested positive for the Corona Virus.

METHOD

This research was a non-experimental study with a quantitative approach. The approach with the quantitative analysis method emphasizes the used of numerical data or numbers collected through measurement procedures and processed by statistical analysis methods (Azwar, 2016). The criteria for the subjects in this study were 32 people who had been diagnosed positively infected with the Corona Virus. The sampling technique or subject selection in this study was using purposive sampling, which was a method of taking subjects based on certain characteristics that were considered to be closely related (Zuriah, 2009). The used of this sampling technique had a purpose, which is to do it deliberately or to determine specific criteria for the sample, and the sample able to represent the population. In this study, the research subjects sampled had the following criteria:

1. Had tested positive for Covid-19 (PDP, ODP, or OTG status).
2. Age over eighteen (18) years.
3. Live in the East Java.

The instruments used to collect data were questionnaires and checklists. The tool used in this study was a Likert scale. The Likert scale was a scale model used to found and measured the subject's attitude towards certain psychological attributes or regarding the subject's ownership of a certain psychological attribute (Supratiknya, 2014). The checklist was used to assess the identity of the respondent, while there are two questionnaires which were divided into social support and resilience questionnaires. The scale would be based on the resilience aspects proposed by Reivich and Shatte (2002). Meanwhile, the scale of social support was composed of aspects suggested by Sarafino (2006). Both scales used four alternative answers with a score of one to four, consisting of two types of items (favorable and unfavorable).

Table 1. Result of Validity and Reliability Test

Variabel	Validity	Realibility
Resilience	0.366 – 0.635	0.891
Social Support	0.352 – 0.844	0.955

Based on the results of the validity test, it known that the resilience scale validity index was in the range 0.366 - 0.635, while the social support scale was in the range 0.352 - 0.844. Both of these variables could be declared valid because they have met the validity requirements > 0.30 . Based on

the data above, it could concluded that the two research instruments were reliable, because it meet the requirements of Cronbach's Alpha > 0.70 according to Sugiyono (2014), it could be used in research.

The procedure in this research starts from the pre-field stage, which was to collect data related to the research title by conducting interviews with research subjects. Then to the field stage, which due to current limitations the researchers finally spread the scale of the research through social media (Facebook, What'sApp, and so on) in the form of Google Form. In this form, it only includes the initials of the name, Covid infection status, and gender. Finally, the post-field stage, processes data and discusses the results of data processing to conclude the final results from the data that had been collected.

The data analysis method used in this research was statistical analysis using the Pearson product moment correlation test to test the hypothesis which aimed to determine the correlation between two variables, namely the relationship of Social Support and Resilience to the Covid-19 Survivor. Data analysis was performed using SPSS version 20.0 for Windows.

RESULT

The subjects used in this study were 32 people who had status as PDP (read, Bahasa: *pasien dalam pantauan*), ODP (read, Bahasa: *orang dalam pengawasan*), dan OTG (read, Bahasa: *orang tanpa gejala*) in East Java with the following details:

Table 2. Description of Research Subjects

Category	Total	Percent
PDP	3	9.375 percent
OTG	10	31.25 percent
ODP	19	59.375 percent

Table 3. Data on Gender of Research Subjects

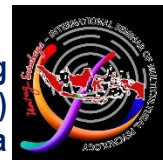
Category	Total	Percent
Male	21	65.625 percent
Female	11	34.375 percent

Normality Test

To test the assumption of normality using the test Kolmogorov-Sminov, and it was found that this research instrument has a normal data distribution.

Table 4. Normality Test Results

Variabel	Kolmogorov-Sminov Z	Sig.
Resilience and Social Supports	0.676	0.750



Based on the above results, it is known that the distribution of research data was normally distributed because it had a coefficient of 0.750 which was bigger than 0.05, with a Kol-Smirnoff calculation of 0.676.

Test of Linearity

After conducting the normality test, the next step is carried out, namely the linearity test.

Table 5. Results of the Linearity Test for

Variabel	Linierity	(F)	Significance (p)	Information
Resilience and Social Supports	F Linierity	48.938	0.000	Linier
	F Deviation from linierity	1.738	0.152	Linier

Based on the results of the linearity test, it could be seen that the correlation between the resilience variable and the social support variable is linear. The second variable had a value F Linierity of 48.938 with significance of 0.000 ($p < 0.05$), and F Deviation from linierity 0.152 amounted to 1.738 with significance ($p > 0.05$).

Hypothesis Testing

Based on research that had been conducted on 32 survivors of Covid-19, the following data analysis results were obtained.

Table 6. Hypothesis Test Results

Correlation	Analysis
Coefficient Correlation Coefficient (R)	0.734
Significance Value	0.000

Based on data analysis that has been carried out using Pearson Product Moment analysis, obtained a coefficient (R) of 0.734 with a significance value (p) of 0.000 < 0.05 , this indicates that there was significant positive relationship between social support with resilience. Therefore, the higher the social support received by the Covid-19 Survivor, then the resilience ability would become higher as well. Conversely, the lower the social support obtained by the Covid-19 Survivor, the lower the resilience ability it has.

DISCUSSION

This study aimed to determine the relationship between social support with resilience of Covid-19 Survivors. The results of this study indicate that social support had a positive and significant correlation with resilience. This illustrates that the higher the support owned by the survivor which was shown by getting the attention of family, friends, co-workers in the form of information, material, advice, appreciation, assistance in the form of services, the higher the resilience is shown by being able to cope with stress, focused on problem solving, empathy, and realistic.

Social support refers to the provision of comfort, care and appreciation as well as assistance received by individuals from other people or groups by caring for, accepting and appreciating them (Sarafino, 2006). Social support can be considered as a condition that is beneficial for the individual which is obtained from other people who can be trusted. From these circumstances the individual will know that other people pay attention to, appreciate, and love him. Haffren and Boniwell (2011) said that social support received can affect the stability of individual behavior. The social support received by someone makes a person excited and believes that he can solve problems because he gets positive support from the people closest to him. This will have a positive impact in achieving good resilience.

There were several previous studies that could support this research. Research between social support and resilience for victims of the Lapindo mudflow conducted by Setiawan and Prastitis (2015) entitled *Religiosity, Social Support, and Resilience of Lapindos' Mud Victims in Sidoarjo* states that social support had positive relationship with resilience, which if social support was high then resilience would tends to be high, and vice versa – if social support was low then resilience would low as well. In addition, another study entitled *The Relationship between Social Support Attitudes and the Level of Stress Resilience of Flood Survivors in Taas Village, Tikala District, Manado City* by Tampi, Kumaat, and Masi (2013) found that social support had positive and significant correlation to person's level of resilience. One of latest research about social support and resilience was conducted by Yee, Yang, Zee dkk (2020) titled *Resilience, Social Support, and Coping as Mediators between COVID-19-related Stressful Experiences and Acute Stress Disorder among College Students in China*. This research had result that COVID-19-related stressful events were directly associated with higher levels of ASD symptoms, but such a link could be indirectly mitigated by intrapersonal (resilience, adaptive coping strategy) and interpersonal factors (social support), although maladaptive coping strategies did not show similar results. Identifying the risk and protective factors at the initial stage of the outbreak is of critical value to envision the psychological impact of both the outbreak and the response (e.g. quarantining a city) to the COVID-19 health crisis, reduce ASD, and prevent the subsequent occurrence of PTSD. According to Grotberg (1995), the quality of resilience that owned by everyone was not the same because it determined by one of the factors, namely how much social support was in the formation of that person's resilience.

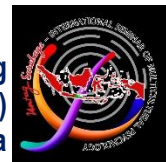
There were also advantages and differences between this research and what had been done before that research on Covid-19 was still rarely done so it was important to study, especially for survivors. In addition, this research was easy to do because the aim is only to describe the relationship of two different variables as well. However, there were also some shortcomings in this study, namely the subject used was homogeneous, so it unable to be used for research with different subjects.

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Ethics Policies

All sources written in the text of the report had been written in reference. There was also writing a bibliography using the Mendeley application by following the APA Style format. This research also did not have a conflict of interest with any party, so it could be said to be free of bias from other objectives.

Reference

- Alomedika. (2020). *Kesehatan mental dalam kondisi pandemik virus corona*. Diunduh pada: 18 Agustus 2020. Link: <https://www.alomedika.com/kesehatan-mental-dalam-kondisi-pandemik-virus-corona>
- Azwar, Saifuddin. (2016). *Metode penelitian*. Yogyakarta: Pustaka Belajar.
- Kompas. (31 Maret 2020). Rekap kasus corona indonesia selama maret dan prediksi di bulan april. Diunduh pada: 18 Agustus 2020. Link: <https://www.kompas.com/tren/read/2020/03/31/213418865/rekap-kasus-corona-indonesia-selama-maret-dan-prediksi-di-bulan-april?page=all>.
- Mahmood, K., & Ghaffar, A. (2014). *The relationship between resilience, psychological distress and subjective well-being among dengue fever survivors*. *Global Journal of Human-Social Science: A Arts & Humanities-Psychology*, 14(10).
- Reivich, K., & Shatte, A. (2002). *The resilience factor: 7 essential skills for overcoming life's inevitable obstacle*. New York: Broadway Books.
- Ronawulan, Endah. (2020). *Cegah cemas di masa pandemi covid*. Diterbitkan oleh Pertamedika dan RSPP, Republik Indonesia. Link: [www.elib.ptpn12.com › slims](http://www.elib.ptpn12.com/slims)
- Roberts, Albert R dan Gilbert J. 2009. *Buku pintar pekerja sosial – jilid 2*. Jakarta: Gunung Mulia.
- Sarafino, E. P. (2006). *Healthy psychology: biopsychosocial interactions 5th ed*. New York: John Wiley & Sons.
- Supratiknya, A. (2014). *Pengukuran psikologis*. Yogyakarta: Penerbit Universitas Sanata Dharma.
- Sugiyono. 2014. *Metode penelitian kuantitatif kualitatif dan R&D*. Bandung: Alfabeta
- Setiawan, A. & Prastitis, N. T. (2015). *Religiusitas, dukungan sosial, dan resiliensi korban lumpur lapindo Sidoarjo*. *Jurnal Psikologi Indonesia, Persona*. 4(2), 137 – 144.
- Tampi, Kumaat & Masi. (2013). *Hubungan sikap dukungan sosial dengan tingkat resiliensi stres penyintas banjir di kelurahan Taas Kecamatan Tikala kota Manado*. *Ejournal Keperawatan (e-KP)*, 1(1).

- Pidgeon, A. M., Rowe, N. F., Stapleton, P., Magyar, H. B., & Lo, B. C. Y. (2014). *Examining characteristics of resilience among university students: an international study*. *Open Journal of Social Sciences*, 2(November), 14–22.
- Ye, Ze. Yang, Xueying. Zeng, Chebo dkk. (2020). *Resilience, social support, and coping as mediators between covid-19-related stressful experiences and acute stress disorder among college students in China*. *Appl Psychol Health Well Being*. 2020 Jul 15 : 10.1111/aphw.12211.