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Spirituality and family support related family self-efficacy during physical distancing of COVID-19: A cross-sectional study among family in Indonesia

Duchowość i wsparcie rodziny związane z poczuciem własnej skuteczności podczas dystansu fizycznego w związku z COVID-19: badanie przekrojowe wśród rodzin w Indonezji

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A – Development of the concept and methodology of the study/Opracowanie koncepcji i metodologii badań; B – Query - a review and analysis of the literature/Kwerenda – przegląd i analiza literatury przedmiotu; C – Submission of the application to the appropriate Bioethics Committee/Złożenie wniosku do właściwej Komisji Biotycznej; D – Collection of research material/Gromadzenie materiału badawczego; E – Analysis of the research material/Analiza materiału badawczego; F – Preparation of draft version of manuscript/Przygotowanie roboczej wersji artykułu; G – Critical analysis of manuscript draft version/Analiza krytyczna roboczej wersji artykułu; H – Statistical analysis of the research material/Analiza statystyczna materiału badawczego; I – Interpretation of the performed statistical analysis/Interpretacja dokonanej analizy statystycznej; K – Technical preparation of manuscript in accordance with the journal regulations/Opracowanie techniczne artykułu zgodne z regulaminem czasopisma; L – Supervision of the research and preparation of the manuscript/Nadzór nad przebiegiem badań i przygotowaniem artykułu

STRESZCZENIE

DUCHOWOŚĆ I WSPARCIE RODZINY ZWIĄZANE Z POCZUCIEM WŁASNEJ SKUTECZNOŚCI PODCZAS DYSTANSU FIZYCZNEGO W ZWIĄZKU Z COVID-19: BADANIE PRZEKROJOWE WŚRÓD RODZIN W INDONEZJI

Wprowadzenie. Adaptacyjne poczucie własnej skuteczności rozwija się u każdego członka rodziny pod wpływem określonych czynników. Poprawa poczucia własnej skuteczności rodziny poprzez rozpoznanie czynników wpływających na to zachowanie związane jest ze zdrowiem, które może zbudować silniejsze rodziny, aby poradzić sobie z pandemią COVID-19. W badaniu tym zbadano czynniki, które wpłynęły na poczucie własnej skuteczności rodziny podczas nowej falii pandemii COVID-19 we wschodnim regionie wyspy Jawa w Indonezji.

Materiał i metody. Badanie przekrojowe przeprowadzono wśród 347 rodzin. Kwestionariusz do samodzielnego wypełnienia został wykorzystany do pomiaru: socjodemograficznych danych, ryzyka COVID-19, osobistego ryzyka COVID-19, testu APGAR dla rodziny, duchowości i poczucia własnej skuteczności. Analiza regresji logistycznej określiła czynniki, które wpłynęły na poczucie własnej skuteczności rodziny w nowej falii pandemii COVID-19.

Wyniki. Wykazano istotną korelację między ryzykiem COVID-19, osobistym czynnikiem ryzyka COVID-19, testem APGAR dla rodziny, duchowością i poczuciem własnej skuteczności w rodzinie ($p<0,05$). Duchowość (OR = 1,602; 95% CI= 0,450 – 3,019) i test APGAR (OR = 2,534; 95% CI = 18,84 – 23,69) były pod wpływem rodzinnego poczucia własnej skuteczności.

Wnioski. Na duchowość i test APGAR wpływa poczucie własnej skuteczności rodziny w nowej falii pandemii COVID-19. Dlatego domowa opieka zdrowotna w czasie pandemii COVID-19 powinna być interwencją wspierającą poczucie własnej skuteczności rodziny.

Słowa kluczowe: poczucie własnej skuteczności, duchowość, COVID 19, test rodziny APGAR, Indonezja

ABSTRACT

SPIRITUALITY AND FAMILY SUPPORT RELATED FAMILY SELF-EFFICACY DURING PHYSICAL DISTANCING OF COVID-19: A CROSS-SECTIONAL STUDY AMONG FAMILY IN INDONESIA

Introduction. Adaptive self-efficacy develops in each family member influenced by certain factors. Improving family self-efficacy by recognizing the influence factors is health-related behavior that can build stronger families to deal with the COVID-19 pandemic. This study examined factors that influenced family self-efficacy during the new normal era of pandemic COVID-19 in the Eastern region of Java Island, Indonesia.

Material and methods. A cross-sectional study was performed among 347 families. A self-administered questionnaire was used to measure sociodemographic data, the risk for COVID-19, personal risk for COVID-19, a family of APGAR, Spirituality, and self-efficacy. The logistic regression analysis determined the factors that influenced the family self-efficacy during the new normal era of pandemic COVID-19.

Results. There was a significant correlation between risk for COVID-19, a personal risk factor for COVID-19, a family of APGAR, Spirituality, and family self-efficacy ($p<0.05$). Spirituality (OR = 1.602; 95% CI= 0.450 – 3.019) and family of APGAR (OR=2.534; 95% CI= 18.84 – 23.69) were influenced by family self-efficacy.

Conclusions. Spirituality and family of APGAR are influenced by family self-efficacy during the new normal era of pandemic COVID-19. Therefore, home health care during the pandemic COVID-19 should be an intervention to support the self-efficacy of the family.

Key words: self-efficacy, spirituality, COVID-19, family APGAR, Indonesia

INTRODUCTION

Coronavirus disease 2019, well known as COVID-19 has become a worldwide outbreak; COVID-19 was designated as a pandemic by the WHO in 2020 [1]; the WHO's weekly epidemiological report as of April 13, 2021 shows that new cases of COVID-19 are increasing, and the increase in the number of new cases can be seen from the comparison of the number in early to mid-April 2021. More than 4.5 million new cases were reported. Meanwhile, more than 76,000 new deaths were reported, an increase of 7% from early April 2021 [2]. Indonesia was ranked 113 globally with over 1.6 million cases and 43.5 thousand death [3]. To reduce and prevent the widespread of COVID-19, a health protocol was conducted. However, the COVID-19 situation and health protocol may impair all family aspects. Social distancing, restricted travel, self--sheltering/isolating, and closures related to COVID-19 increase unemployment, reduce income, limit resources, and limit social support. This situation can affect family stress and violence [4], including anxiety, depression, fears, and worries [5]. Moreover, the pandemic caused work-family parents more challenges because working from home and child care occurred due to school and day-care facilities closure [6]. Hence, influencing factors of family self-efficacy need to be identified, particularly to develop family resilience.

Spirituality's value and support's role are very influential on how families think, behave and act. These beliefs are mostly used as guidelines for living every day. So that the beliefs held have a role in adapting family functions to situational crises [7]. Pandemic COVID-19 requires families to optimize family function to become more resilient in maintaining family health during physical distancing (PD). Family self-efficacy is a pillar of family resilience [8] because family efficacy is defined as members' beliefs in the capabilities to work together, promote the development and wellbeing of each other, maintain beneficial ties to extrafamilial systems, and exhibit resilience to adversity [9]. Although the pandemic gives a new problem in the family, there is a positive impact where families can develop new abilities [6] from each family member's role to suffice activities of daily living (ADLs) and needs, including physical and psychosocial ones [10]. Therefore, family efficacy has been playing an influential role in the quality of group functioning; their collective efficacy fared better in family functioning and satisfaction with their family life [9].

Self-efficacy is important in improving health through developing health-related behavior [11]. The previous study reported that good self-efficacy was associated with prevention behavior in deciding the spread of COVID-19, adaptive behavior during the COVID-19 pandemic indicated by compliance with the health protocol [12]. Moreover, health-related behavior affects ADLs management to maintain nutrition, physical activity, rest, sleep, and stress [13-15]. On the other hand, other families and communities are still unaware of the COVID-19 exposure risk factors and what they have done during the PD period to maintain health [16].

Pandemic COVID-19 is a new family challenge to adapt, adjust, change and modify existing behaviors and beliefs under the new situation [8]. The family will find problems and difficulties in the face of this new change. Factors of spirituality, support, and family functions as the main things in the family become the basis for the family to change behavior to be more adaptive, including, in this case, family self-efficacy. Adaptive self-efficacy develops in each family member influenced by certain factors. Thus, an investigation of the interrelationship of factors in the formation of family self-efficacy was carried out to increase the family's self-efficacy to be more adaptive in the face of the COVID-19 era. Improving family self-efficacy by recognizing the influence factors is at the heart of health--related behavior that can build stronger families to deal with the COVID-19 pandemic.

AIM

This study aims to identify the factors that influence family self-efficacy among families in the East Java province of Indonesia during the PD period.

MATERIALS AND METHODS

Design and Approach

This study adopted a cross-sectional study approach. The data was collected by a family-based survey by questionnaire. A correlational approach was conducted to determine factors influencing family self-efficacy during the physical distancing period from June to August 2020.

Participants and Recruitments

The purposive sampling method was conducted by selected participants through the student of the internship program, Faculty of Nursing Universitas Jember; a total of 347 families were recruited as participants to reduce direct contact for COVID-19 spread prevention protocol. Informed consent was given by each family before becoming a participant; they were free to drop out of the study at any time. Every family participant has chosen where students' families and the other subjects are neighbors within a one-kilometer radius from the student's house. All family members were healthy and worked from the home period. We excluded families with co-morbid of COVID-19, such as hypertension, diabetes, heart disease, stroke, elderly, and pregnant family members.

Ethical Consideration

The Ethics Committee approved this study of the Faculty of Dentistry, Universitas Jember No. 968/UN25.8/KEPK/DL/2020.

Instruments

A self-administered questionnaire was used to measure sociodemographic data, the risk for COVID-19, the personal risk for COVID-19, a family of APGAR, Spirituality, and self-efficacy. All point statements and questions have good validity and reliability and promise to be used. Sociodemographic data included age, gender, religion, ethnicity, educational background, marital status, occupation, and family income. Risk factors for exposure of COVID-19 were identified with 15 items (yes= 1, no= 0) and total items were categorized into 3 groups (low risk= 0-5, moderate risk= 6-10, high risk= 11-15). Personal risk factors for COVID-19 measured individual risk factors with 21 items (yes= 1, no= 0) and total items were categorized into 3 groups (low risk= 0-7, moderate risk= 8-14, high risk= 15-21) [17]. We performed a reliability analysis for risk factor for exposure of COVID-19 and Personal risk factors for COVID-19 questionnaire with a Cronbach's alpha of > 0.90.

We used APGAR Family to measure family social function as the most appropriate approach to family conditions and optimal family function in development during the COVID-19 pandemic era [18] and categorized them into three groups (mild=8-10, moderate=4-7, heavy=0-3). A reliability analysis was performed on APGAR Family with a Cronbach's alpha of 0.80. That result was an indication that the instrument had an adequate internal consistency in assessing family function [19].

The Daily Spiritual Experience Scale (DSES) was performed to measure the spiritual activity of the subjects [20] and it was categorized into three groups (low=15-40, moderate=41-65, high=66-90). General Self-efficacy was used to measure the self-efficacy of the family during the PD [21] and was categorized into three groups (low=13-26, moderate=27-40, high>40). A reliability analysis was also performed on DSES with a Cronbach's alpha of 0.95 [22].

The Indonesian version of the General Self efficacy was used to assess the self-efficacy. The GSE consists of 10 items with the following subscale: initiative (item 1, 2, 4), effort (item 3, 5, 7, 8) and persistence (item 6, 9, 10) and was categorized into three groups (low = 10-19, moderate = 20-29 ,high = 30-40). A reliability analysis was also performed on GSE in Indonesian Version with a Cronbach's alpha of >0.90 [23].

Data Collection

Three hundred forty-seven families were recruited as participants from June to August 2020. Data was collected by internship program students studying from home. The data was collected by online questionnaire using Google form. This medium was chosen to maximize the response rate because participants could respond at any time, and their responses were directly recorded in the researcher database. The questionnaire package included risk for COVID-19, personal factors for COVID-19, APGAR, Spirituality, and Self-efficacy During Physical Distancing.

Statistical Analysis Method

Data was analyzed using the SPSS (IBM Statistical Package for Social Sciences) software version 22.0 in statistical tests that include testing sample characteristics, descriptive statistics, the correlation between factors, and identifying dominant factors that influence family self-efficacy during the Physical Distancing period. Chi-square analysis was used to determine the significant associations between factors, including risk for COVID-19, a personal risk factor for COVID-19, a family of APGAR, spirituality, and self-efficacy during PD. At the same time, the logistic regression analysis was conducted to determine if there was one or more of the dominant influencing factors in the family self-efficacy during PD period relation ($p< 0.05$).

RESULTS

This section presents findings based on the analysis. First there is the finding of the participant's characteristics. The second part presents the significant associations between factors including risk for COVID-19, personal factors for COVID-19, APGAR, Spirituality, and Self-Efficacy During Physical Distancing. The final section inclu-

des the dominant influencing factors in the family's self--efficacy during the physical distancing period.

Participants Characteristics

A total of 347 families were recruited according to the inclusion criteria. The participant's characteristics are presented in Table 1. The finding has shown that the family's median age was 49 years, and dominated by 79.8% male. Most participants were Javanese (58.5%) and Islam (96.8%). Almost all of the participants were married (85.3%). The family's salary median was 1,5000,000 Indonesia Rupiahs, with 28.5% entrepreneurs of their occupation.

Tab. 1. Participant demographic characteristics

Variable		n (%)
Age (year)		
	Median	49
Gender		
	Male	277 (79.8)
	Female	70 (20.2)
Religion		
	Islam	336 (96.8)
	Kristen	10 (2.9)
	Hindu	1 (0.3)
Ethnic		
	Java	203 (58.5)
	Madura	135 (38.9)
	Osing	1 (0.3)
	Mixed	8 (2.3)
Education		
	Elementary school	106 (30.5)
	Junior high school	44 (12.7)
	Senior high school	138(39.8)
	Bachelor	57 (16.4)
	Master	2 (0.6)
Marital status		
	Not married	5 (1.4)
	Married	296 (85.3)
	Widow	40 (11.5)
	Widower	6 (1.7)
Occupation		
	Farmer	77 (22.2)
	Public government	26 (7.5)
	Entrepreneur	99 (28.5)
	Employee	43 (12.4)
	Seller	20 (5.8)
	Others	82 (23.6)
Salary income per month (IDR)	Median	1.500.000
	Min-Max	500.000 – 5.000.000

IDR = Indonesian Rupiahs

The Correlation of Factors that influences self-efficacy of family

All of the factors were analyzed with family self-efficacy showing a significant correlation in Table 2, including risk for COVID-19 ($p = 0.002$), personal factor for COVID-19 ($p = 0.028$), APGAR ($p < 0.001$), and Spirituality ($p < 0.001$). The majority of participants in the low score category were with moderate self-efficacy for every variable; these factors include risk for COVID-19 (65.4%), personal factors for COVID-19 (51%), and APGAR (71.8 %).

Tab. 2. The correlation between risk for COVID-19, personal factor for COVID-19, APGAR, Spirituality and Self-Efficacy During Physical Distancing (n= 347)

Variable	Total n (%)	Self-Efficacy		
		Low	Moderate	χ^2/ρ
		n (%)	n (%)	
Risk for COVID-19				
Low	261 (75.2)	34 (9.8)	**227 (65.4)**	12.548
Moderate	84 (24.2)	13 (3.7)	71 (20.5)	(0.002)
High	2 (0.6)	2 (0.6)	0 (0)	
Personal factor for COVID-19				
Low	204 (58.8)	22 (7.8)	**177 (51.0)**	7.118
Moderate	121 (34.9)	18 (5.2)	103 (29.7)	(0.028)
High	22 (6.3)	4 (1.2)	18 (5.2)	
APGAR				
Low	274 (79.0)	25 (7.2)	**249 (71.8)**	27.314
Moderate	71 (20.5)	23 (6.6)	48 (13.8)	(0.0001)
High	2 (0.6)	1 (0.3)	1 (0.3)	
Spirituality				
Low	146 (42.1)	12 (3.5)	**134 (38.6)**	17.533
Moderate	179 (51.6)	28 (8.1)	151 (43.5)	(0.0001)
High	22 (6.3)	9 (2.6)	13 (3.7)	

Significance was determined using Chi-square (χ^2).

The Influencing Factor that Correlated Self-Efficacy During Physical Distancing

In this final section, logistic regression analysis in Table 3 found that spirituality (OR = 1,602; 95% CI= 0.450 – 3.019) and family of APGAR OR=2.534; 95% CI= 18.84 – 23.69) were factors that influenced family self-efficacy during PD period.

Tab. 3. Logistic Regression of Factor that Correlated Self-Efficacy During Physical Distancing (n= 347)

Variable	-2LL ^{2}	Cox and Snell R^2	Nagelkerke R^2	ρ	95% CI	OR
APGAR	250.202	0.089	0.160	0.005	(0.450; 3.019)	**2.534**
Spirituality				0.001	(-18.84; 23.695)	**1.602**

DISCUSSION

Four factors influenced family self-efficacy among families in the East Java province of Indonesia during the PD period. Especially, Spirituality was the dominant influencing factor that affected family self-efficacy. At the same time, other factors include risk for COVID-19, personal factors for COVID-19, and APGAR.

Personal factors and risk for COVID-19 have correlated with family self-efficacy. The positive correlation shows that the higher personal factor and risk for COVID-19 could influence family self-efficacy. A good perception of risk and health management, including higher education, is the strongest predictor of high-level self-efficacy development, more knowledge, and stronger beliefs to manifest abilities [24], [25] that influence resilience in the COVID-19 outbreak [26] by adopting infection preventive behaviour [12, 27]. A study on self-efficacy mediating the stressful effects of COVID-19 beliefs provides evidence that individuals may express that they are more resistant to COVID-19 by boosting their self-efficacy but still accept stress factors such as economic and social consequences. Reinforcement of self-efficacy is the most crucial resilience factor against the perception of high-stress levels [28]. Family as an adaptive group will maintain the condition of remaining stable, especially when they face new stressors. They used personal factors such as knowledge and perception of Covid-19 risk to develop self-efficacy about new adaptive behavior so that they can survive.

Family APGAR (Adaptation, Partnership, Growth, Affection, and Resolve) refers to a family function, and it significantly influences family self-efficacy. During COVID-19, the state forced families to obey health protocols, such as working from home, studying from home, and physical/social distancing [29], which changed the community's daily activity and family. However, these impacts positively affected the return of family functions that had previously changed due to the demands of globalization. Families can gather and face a pandemic together, increasing social and family support and lifestyle changes related to positive mental health [7]. In this case, the value of Spirituality, which is internalized in family life, is used for family arrangement (including family communication patterns, values, roles, power, and decision making) that form the reference pattern of family function is formed [30,31]. Previous study findings by Buzzanell and Walsh support family resilience through optimizing family functioning, the family function in the PD period of COVID-19 is essential in the defense and protection of family members, apart from encouraging adjustments to new habits, achieving new identities, and building new connections [32,33]. Family functioning plays an essential role in shaping one's self-belief system, which helps to emphasize the need to resolve the ever-increasing cycle of social problems [34,35]. Adequate family functions become family resources to support and strengthen each other in increasing self-efficacy.

Finally, Spirituality was the dominant factor that influenced family self-efficacy during the Physical Distancing period. Spirituality is the most personal subject, and different people have different perspectives. Spirituality is concerned with deep feelings and values, both religious and non-religious, and often raises concerns about our identity, existence, life's meaning, and goals [36]. Bandura emphasized that self-efficacy is a belief that reinforces the emergence of behavior and how behavior is formed and kept. People's feelings, thoughts, motivation, and behavior are all influenced by their self-efficacy beliefs. These various effects are produced by four main processes when people hold these beliefs. Cognitive, emotional, affective, and selection mechanisms are among them [9,11,24]. Thus, the Spirituality espoused by families may differ from others. Spirituality has been internalized in the family as shown by how the family is built, directed, regulated, and manifested in their daily lives, including the self-efficacy of the family.

Study Limitations

There are several limitations of the study undertaken. First, we used a purposive sampling method which might reduce the diversity and distribution of family demographics that are less representative so that it can affect the results of the study findings. Second, differences in race were not taken into account. As a result, bias in the sample is possible because families of different races are expected to have different views of their self-efficacy and family functions. Third, since this was a cross-sectional study approach, the comparative review did not consider the passage of time in its conclusions. As a result, the detected correlations cannot be considered causal, as there is a strong probability that they are false positives. To investigate the relationships, the results should be examined and repeated in a sample with a prospective design.

CONCLUSION

The four factors, including risk for COVID-19, personal factor for COVID-19, APGAR, and Spirituality, affect family self-efficacy significantly. Especially, Spirituality and APGAR play the main role in self-efficacy development. Through good Spirituality and optimal family function (APGAR), families can recognize the risk of COVID-19 transmission and believe they can deal with it; the family has beliefs about their ability to overcome this and achieve an optimal health status. Every family member's higher sense of self-efficacy contributes to improved problem-solving abilities. Thus, the family is more resilient in ADLs and has a more positive way of looking at conflicts during the Physical Distancing period. Further studies can be conducted on a broader scale to see if these findings remain as more diverse samples are used, including samples from various races, ethnicities, educational ages, socioeconomic backgrounds, and places.

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Ethical Approval

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REFERENCES

1. World Health Organization, "Coronavirus Disease (COVID-19)," WHO, 2020. .
2. World Health Organization, "Weekly epidemiological update on COVID-19 - 13 April 2021," WHO, 2021.
3. C. of C.-19 H. and N. E. Recovery, "Indonesian COVID-19 Distribution Data," KPCPEN Indonesian Health Ministry, 2021. .
4. Campbell AM. An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. Forensic Sci. Int. Reports. 2020; January(2):100089. doi: http://doi.org/10.1016/j.fsir.2020.
5. Zhang Y, Ma Z. Impact of the COVID-19 pandemic on mental health and quality of life among local residents in Liaoning Province, China: A cross-sectional study, International J. Environ. Res. Public Heal. 2020; 17(7): 2381.
6. Fisher J, et al. Community, work, and family in times of COVID-19. Community, Work Fam. 2020; 3(23): 247–252. doi: 10.1080/13668803.2020.1756568.
7. Abubakar A. Refunction Family during Covid-19 Pandemic. Samarah: Journal Hukum Keluarga dan Hukum Islam. 2020; 1(4): 151-178.
8. Walsh F. Family Resilience. Norm. Fam. Process. 2010: doi: 10.4324/9780203428436_chapter_15.
9. Bandura A, Caprara GV, Barbaranelli C, et al. Impact of family efficacy beliefs on quality of family functioning and satisfaction with family life. Appl. Psychol. 2011; 3(60): 421-448. doi: 10.1111/j.1464-0597.2010.00442.x.
10. Susanto T, Keluarga BAK. Aplikasi Teori pada Praktik Asuhan Keperawatan Keluarga, 1st ed. Jakarta: Trans Info Media; 2012.
11. Bandura A. Health promotion by social cognitive means. Heal. Educ. Behav. 2004; 2(31): 143-164. doi: 10.1177/1090198104263660.
12. Barinbing N, Purba RM. Self-Efficacy and COVID-19 Preventive Behaviour. Psikologia. 2020; 2(15).
13. Laviano A, Koverech A, Zanett M. Nutrition support in the time of SARS-CoV-2 (COVID-19). Elsevier Public Heal. Emerg. Collect. 2020; doi: 10.1016/j.nut.2020.110834.
14. Jakobsson J, Malm C, Furberg M, et al. Physical activity during the coronavirus (COVID-19) pandemic : prevention of a decline in metabolic and immunological functions. Front. Sport. Act. Living. 2020; 2: doi: https://doi.org/10.3389/fspor.2020.00057.
15. Gulia KK, Kumar VM. Importance of sleep for health and wellbeing amidst COVID-19 pandemic. Sleep Vigil. 2020; 1-2: doi: 10.1007/s41782-020-00087-4.
16. World Health Organization. Pillar 2 : Risk communication and community engagement Scaling up country readiness and support for COVID-19 response. WHO, 2020.
17. P. D. T. dan T. Kementerian Desa, Protokol Relawan Desa Lawan COVID-19. 2020.
18. Smilkstein G. The Family APGAR: A proposal for family function test and its use by physicians. J. Fam. Pract. 1978; 6(6): 1231-1239.
19. Smilkstein G, Ashworth C, Montano D. Validity and reliability of the family Apgar as a test family function. J. Fam. Pract. 1982; 2(15): 303-311. [Online]. Available: https://pubmed.ncbi.nlm.nih.gov/7097168/.
20. Krebs EE, Carey TS, Weinberger M. Accuracy of the pain numeric rating scale as a screening test in primary care. J. Gen. Intern. Med. 2007; 10(22): 1453-1458. doi: 10.1007/s11606-007-0321-2.
21. Weinman J, Wright S, Johnston M. General Self Efficacy scale1995; 1(1). Windsor: NFER-NELSON.
22. Underwood LG, Teresi JA. The daily spiritual experience scale: Development, theoretical description, reliability. Ann. Behav. Med. 2002; 13: 22-33. [Online]. Available: http://www.springerlink.com/index/L177J557V44K1874.pdf%5Cnpapers://dc652f93-0df4-43a0-ada0-2f05f429e241/Paper/p129.
23. Novrianto R, Marettih AKE, Wahyudi H. Validitas Konstruk Instrumen General Self Efficacy Scale Versi Indonesia. J. Psikol. 2019; 1(15): p. 1. doi: 10.24014/jp.v15i1.6943.
24. Bandura A. Perceived Self-Efficacy In Cognitive Development and Functioning. Educ. Psychol. 1993; 2(28): doi: https://doi.org/10.1207/s15326985ep2802_3.
25. Cheng Y. Academic Self-Efficacy and Assesment. Educ. Psychol. An Int. J. Exp. Educ. Psychol. 2020; 4(40): 389-391. doi: https://doi.org/10.1080/01443410.2020.1755501.
26. Kövesdi A, et al. The protective role of self-e, 2020.
27. Hernández-Padilla JM, et al. Design and psychometric analysis of the COVID-19 Prevention, Recognition and Home-Management Self- E. Int. J. Environ. Res. Public Health. 2020; 17.
28. Meyer N, Niemand T, Davila A, et al. Biting the bullet: When self-efficacy mediates the stressful effects of COVID-19 beliefs," PLoS One. 2022; 1(17): 1-16. doi: 10.1371/journal.pone.0263022.
29. Yunus NR, Rezki A. Kebijakan Pemberlakuan Lock Down Sebagai Antisipasi Penyebaran Corona Virus Covid-19. SALAM J. Sos. dan Budaya Syari. 2020; 3(7). doi: https://doi.org/10.15408/sjsbs.v7i3.15083.
30. Hardy SA, White JA, Zhang Z, et al. Parenting and the socialization of religiousness and spirituality. Psycholog. Relig. Spiritual. 2011; 3(3): 217-230. doi: 10.1037/a0021600.
31. Susanto T, Rasni H, Susumaningrum LA, et al. Caring for Adolescents Based on the Wisdom of Indonesian Pandalungan Culture: An Ethnonursing Pilot Study. J. Pediatr. Nurs. 2020; 5: e270-e278.
32. Buzzanell PM. Communication Theory of Resilience. Engag. Theor. Fam. Commun. 2018, p. 98-109. doi: https://doi.org/10.4324/9781315204321-9.
33. Walsh F. Family resilience: a developmental systems framework. Eur. J. Dev. Psychol. 2016; 13: 313-324. doi: https://doi.org/10.1080/17405629.2016.1154035.
34. Tam C, Tay E. Effects of family functioning and family hardiness on self-efficacy among college students. Sunway Academic Journal. 2007; 4: 99-107.
35. Prime H, Wade M, Browne DT. Risk and resilience in family well-being during the COVID-19 pandemic. Am. Psychol. 2020; 5(75): 631-643. doi: 10.1037/amp0000660.
36. Asghari F, Saadat S, Karajvandani AS, et al. The Relationship between Academic Self-Efficacy and Psychological Well-Being, Family Cohesion, and Spiritual Health among Students of Kharazmi University. Iran. J. Med. Educ. 2014; 7(14): 581-593.

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