

IIUM JOURNAL OF HUMAN SCIENCES

A Peer-reviewed Journal
ISSN 2682-8731 (Online)

- | | |
|--|-------|
| A SWOT Analysis on the Concept of Spirituality among Muslim Support Staff in a Faith-Based Higher Learning Institution in Malaysia
<i>Ruhaya Hussin, Sodiq Omoola and Nurul Izzati Asyikin Zulkifly</i> | 1-14 |
| Strength-Based Parenting Scale Adaptation and Validation for Adolescents in Eastern Culture
<i>Rika Hardani, Diana Setiyawati, Yuli Fajar Susetyo</i> | 15-25 |
| Religious Beliefs as Coping Strategies: Exploring the Conceptualisation of Hope in Islam
<i>Siti Aisyah binti Mohd Nasir, Lihanna binti Borhan, Syarifah Zafirah binti Syed Azman, Nur Afiqah binti Fauzi, and Roziana binti Shahril</i> | 26-33 |
| The Role of Social Support and Spirituality with Subjective Well-being in Husbands/Wives of Healthcare Workers During the COVID-19 Pandemic
<i>Diyah Candra Dewi and Usmi Karyani</i> | 34-51 |
| Initial Construction and Validation of the Islamic Gratitude (I-Gratitude) Scale
<i>Nur Adilah Md Nasser, Mohammad Aiman Amri, Izzat Zaid, Jamilah Hanum Abdul Khaiyom</i> | 52-64 |
| The Evaluation of an Online Peer Support Group on the Levels of Internal and External Self-Confidence among Undergraduate Students during Covid-19 Pandemic: A Bandura's Theory of Self-Efficacy Approach
<i>Nurul Afiqah Kamal Ariffin, Siti Adibah Waisulqarnai, Nur Sakinah Habibah Ahmad Fisal, Sharifah Amirah Fikriyyah Syed Lohikmal Hakim, Intan Nur Athirah Azman, Siti Nur Fatehah Safarazi, Syafiqah Nadhrah Sharif, Mohd Izzati Rezuhan Abdul Penyuh and Pamilia Lourdunathan</i> | 65-84 |

IIUM Journal of Human Sciences

Editor-in-Chief Prof. Dr. Shukran Abdul Rahman, *Malaysia*, Dept. of Psychology, AHAS KIRKHS, IIUM
Email: shukran@iium.edu.my

Editor Assoc. Prof. Dr. Rohaiza Rokis, *Malaysia* Dept. of Sociology and Anthropology, AHAS KIRKHS, IIUM
Email: rohaiza@iium.edu.my

Section Editor Dr. Sh Fatimah Alzahrah Syed Hussien Al-Attas, *Malaysia* Dept. of Sociology and Anthropology, AHAS KIRKHS, IIUM
Email: fatimahalattas@iium.edu.my

Section Editor Assoc. Prof. Dr. Zeti Azreen Ahmad, *Malaysia*, Dept. of Communication, KIRKHS, IIUM
Email: azreen@iium.edu.my

Section Editor Dr Ramzi Bendebka, *Malaysia*, Dept. of Political Science, AHAS KIRKHS, IIUM
Email: ramzib@iium.edu.my

Associate Editors

Assoc. Prof. Dato Dr. Marzuki Mohamad, *Malaysia*, Dept. of Political Science, KIRKHS, IIUM
Email: marzuki_m@iium.edu.my

Assoc. Prof. Dr. Che Mahzan, *Malaysia*, Dept. of Communication, KIRKHS, IIUM
Email: chemahzan@iium.edu.my

Assoc. Prof. Dr. Aini Maznina Abdul Manaf, *Malaysia*, Dept. of Communication, KIRKHS, IIUM
Email: maznina@iium.edu.my

Assoc. Prof. Dr. Mariam Adawiah Dzulkifli, *Malaysia*, Dept. of Psychology, KIRKHS, IIUM
Email: m.adawiah@iium.edu.my

Dr. Mardiana Mohamed, *Malaysia*, Dept. of Psychology, KIRKHS, IIUM
Email: mardiana@iium.edu.my

Assoc. Prof. Dr. Nor Diana Mohd. Mahudin, *Malaysia*, Dept. of Psychology, KIRKHS, IIUM
Email: nordianamm@iium.edu.my

Assoc. Prof. Dr. Noor Azlan Mohd Noor, *Malaysia*, Dept. of Sociology and Anthropology, KIRKHS, IIUM
Email: noorazlan@iium.edu.my

Dr. Norasikin Basir, *Malaysia*, Dept. of Sociology and Anthropology, KIRKHS, IIUM
Email: norasikin@iium.edu.my

Assoc. Prof. Dr. Nadwah Hj. Daud, *Malaysia*, Dept. of Arabic Language and Literature, KIRKHS, IIUM
Email: nadwah@iium.edu.my

Dr. Elmira Akhmetova, *Malaysia*, Dept. of History and Civilization, KIRKHS, IIUM
Email: elmira@iium.edu.my

Dr. Fachruddin Mangunjaya, *Indonesia*, Centre of Islamic Studies, Universitas Nasional

Prof. Dr. Fazal Rahim Khan, *Pakistan*, Dept. of Media and Communication Studies, International Islamic University Islamabad, Pakistan

Dr. Nada Ibrahim, *Australia*, Centre of Islamic Thought and Education, University of South Australia

Dr. Hassan Al Kurd, *Maldives*, Dept. of Sociology (Islam and Shariah), University of Maldives

Prof. Dr. Abdrabo Moghazy Abdulraof Soliman, *Qatar*, *Psychology* Program Coordinator
Applied Cognitive Psychology, College of Arts and Social Sciences, Qatar University
Email: Soliman@qu.edu.qa

© 2022 by International Islamic University Malaysia

All rights reserved. No part of this publication may be reproduced, translated, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior written permission of the publisher.

The Role of Social Support and Spirituality with Subjective Well-being in Husbands/Wives of Healthcare Workers During the COVID-19 Pandemic

Diyah Candra Dewi¹ and Usmi Karyani²

University of Muhammadiyah Surakarta

ABSTRACT

Husband/wife of healthcare workers experienced a lot of negative emotions which result in a decrease in subjective well-being (SWB) during the COVID-19 pandemic. The research aims to analyze the relationship between social support and spirituality simultaneously and partially with SWB on the husband/wife of healthcare workers during the COVID-19 pandemic and to determine the effective contribution of social support and spirituality simultaneously and partially to SWB. Using Purposive Sampling, this research involved 384 respondents (55.6% husbands and 44.4% wives) of healthcare workers who work in healthcare facilities and live in the Solo Raya area. Data analysis used the moderating variable regression test with the sub-group method. The result showed that social support and spirituality simultaneously have a role in increasing the SWB of all respondents (husbands and wives) of healthcare workers ($p=0.000$). Simultaneously, social support and spirituality have a role in increasing SWB for both husbands ($p=0.000$) or wives ($p=0.000$) of healthcare workers. Partially, social support has a positive role in increasing the wife's SWB ($p=0.000$), but not for husbands ($p=0.172$). Partially, spirituality has a positive role in increasing the SWB of husbands ($p=0.007$) or wives ($p=0.001$) of healthcare workers. Based on the contribution both simultaneously and partially, the female partners of healthcare workers have a higher SWB than the male partners. This research implies that efforts to improve SWB need support from the environment and an increase in spiritual values. Future researchers are expected to be more concerned about data collection procedures and pay more attention to cultural aspects.

Keywords: *gender, social support, spirituality, subjective well-being*

INTRODUCTION

Background

Coronavirus Disease 2019 (COVID-19) is a plague that appeared in late 2019 and continues to grow practically all over the world is no exception in Indonesia. A new variant of the coronavirus makes a highly significant rise in cases in Indonesia. Data from the COVID-19 Task Committee records a positive confirmation case of COVID-19 in Indonesia on July 11, 2021, totaling 2,527,203 cases (Kesehatan, 2021).

High levels of morbidity and mortality caused by COVID-19 leave people vulnerable to psychological disorders such as anxiety, fear, stress, depression, panic, sadness, frustration, anger, and denial (Dinah and Rahman, 2020). That situation is felt by almost all levels of society, especially for those who have families working as healthcare workers. Studies by Ying, Ruan, Kong, Zhu, Ji, and Lou (2020) show that 33.73% of family members of healthcare workers in China showed symptoms of anxiety and 29.35% of depression. Research in

Indonesia shows that 67.05% of family members of healthcare workers experience anxiety (Pasongli and Malinti, 2021). In addition, the spouses of healthcare workers have parenting stress. It causes they are feeling afraid and find it difficult to raise their children while their partners are not present (Souadka, Essangri, Benkabbou, Amrani, and Majbar, 2020). This condition causes nurturing stress. The appearance of symptoms such as stress, anxiety, and depression are indicators of a person's low subjective well-being (SWB).

Based on interviews, spouses of healthcare workers in the Solo Raya area showed feelings of sadness and anxiety, panicked if a family member (spouse) showed symptoms of sneezing/runny nose, worried if their partner was exposed to the virus while at work, also scared and worried when they found out that their family members tested positive for COVID-19. The number of negative emotions felt by the spouses of healthcare workers caused his happiness to decrease. Happiness is a term that is closely related to SWB.

Subjective well-being is an individual's evaluation of his life on both a cognitive and affective side, such as life satisfaction, high positive affect (such as happy, excited, enthusiastic, proud, etc), and low negative affect (such as upset, anxious, depressed, afraid, etc) (Diener and Tay, 2015). It means that a person with high SWB will be satisfied with his life and be able to develop positive emotions in himself.

Subjective well-being in this research is explained using the conceptual framework of the nested model of well-being proposed by Henriques, Kleinman, and Asselin (2014). Based on this model, a person's SWB can be achieved when there is alignment between four domains. The first domain in this model refers to the individual's awareness of his condition which includes the perceived emotions, which in this case is the condition of his SWB. The condition of SWB is influenced by various factors. These factors are included in the three surrounding domains. The second domain refers to factors of individual health and functioning from a biological and psychological perspective. Biological factors that affect the SWB of individuals are more directed at genetic functions, while psychological factors are related to adaptation characteristics and self-identity. Identity refers to an individual's beliefs about himself and the world which most are influenced by social and cultural context. Adaptation characteristics refer to a person's motives, goals, plans, efforts, and strategies for adapting. Based on genetic function, adaptation characteristics, and self-identity, gender is a differentiator of individual SWB (Henriques, Kleinman, and Asselin, 2014).

Individual SWB based on gender shows different results. Research from Salmela-Aro and Tuominen-Soini (2010) found that women have higher life satisfaction than men. The higher life satisfaction in women indicates that women have a higher level of SWB. Research from Ying, Ruan, Kong, Zhu, Ji, and Lou (2020); Batz and Tay (2018); Tay and Diener (2011); Tesch-Romer, Motel-Klingebiel, and Tomasik (2007); and from Abidin and Borualogo (2020) show different results, where men have a higher level of SWB than women. It is because women have limitations to fill their basic and psychological needs due to structural inequality between men and women. For example, differences in access to education, economy, politics, and power structures cause women to feel less able to provide for their needs. Hormonal and genetic differences also cause women to develop personality types that make them more susceptible to experiences, either positive or negative experience. In addition, it is also because women show more negative emotions that lead to symptoms such as anxiety and depression (Ying, Ruan, Kong, Zhu, Ji, dan Lou, 2020).

The third domain refers to environmental factors such as social support. Social support is a form of attention, comfort, appreciation, or assistance that individuals get from others (Sarafino and Smith, 2011). Someone who gets high social support will also have a higher level of SWB, be more satisfied with life, have high positive emotions, and have lower negative emotions (Wang, 2014). Meanwhile, individuals with low levels of social support tend to be unhappy and dissatisfied with their lives (Nugraha, 2020). Happiness and life satisfaction are indicators that determine a person's SWB.

The fourth domain refers to the value or ideology factors that individuals believe in. One of those values or ideologies is spirituality. Spirituality is the values of beliefs, experiences, and practices that emerge from the culture of individuals, families, and religious communities (Smith and Suto, 2012). Spirituality is positively related to someone's SWB (Arung and Aditya, 2021; Villani, Sorgente, Iannello, and Antonietti, 2019). It is because someone with higher spirituality tends to make a more positive assessment of their lives.

In the middle of the COVID-19 pandemic causes a lot of pressure and discomfort, and the SWB of the husband/wife of healthcare workers is a problem that needs attention. Based on the family structure, the spouse is a member of the nuclear family which is generally built based on marriage ties. Spouses (both husband and wife) have each role in a family (Lestari, 2016). Therefore, when healthcare workers work with high safety risks, their husbands/wives also have the same worries as what healthcare workers feel during this pandemic (Ying, Ruan, Kong, Zhu, Ji, and Lou, 2020). Moreover, the concern is not only about his safety, but also the safety of his family members who work as healthcare workers and have direct contact with patients. In addition, this is also because both husbands and wives have to act as single parents for children temporarily while their partners are on duty (Rodriguez and Margolin, 2015). It causes a decrease in the subjective well-being felt by husbands and wives of healthcare workers. Both in Indonesia and developed countries such as China, the well-being of the husband/wife of healthcare workers is not a priority group to be addressed immediately. In China, the well-being of the spouse of healthcare workers fills the third rank in the target group for mental health services (Ying, Ruan, Kong, Zhu, Ji, and Lou, 2020). Besides, the spouses of healthcare workers are also a group prone to psychological problems.

Objectives of the research

Based on the explanation, the purpose of this research is to analyze the relationship between social support and spirituality simultaneously and partially with SWB on husband/wife of healthcare workers, and to determine the effective contribution of social support and spirituality simultaneously and partially to SWB on husband/wife of healthcare workers during the COVID-19 pandemic. The aim is to analyze whether there is a difference in effect when the two independent variables are examined together and separately.

Hypotesis

The major hypothesis proposed in this research is: (1) There is a relationship between social support and spirituality as simultaneously with SWB on the husband/wife of healthcare workers during the COVID-19 pandemic. The minor hypothesis proposed in this research is: (2) There is a positive relationship between social support and spirituality as partially with SWB on the husband/wife of healthcare workers during the COVID-19 pandemic.

METHOD

Research Design

This research uses a quantitative method with a correlational approach. This research consisted of four variables. One dependent variable (subjective well-being), two independent variables (social support and spirituality), and one moderating variable (gender). Subjective well-being in this research is an individual's assessment of his life, both in terms of cognitive and affective which form of satisfaction, high positive affect, and low negative affect. Social support in this research is a person's support for other people as a form of love, care, and respect, also caring regardless of all the advantages and disadvantages possessed by these other people. Spirituality in this research is the values of individual beliefs with something outside themselves as a process of searching for meaning, purpose, morality, and well-being to oneself, others, and the creator. Gender is the division of two types of physical characteristics and biologically determined human reproductive organs. Gender referred to in this research is more directed at differences in biological, psychological, and social functions between men and women.

Participants

The sample in this research totaled 356 respondents consisting of husbands (55.6%) and wives (44.4%) of healthcare workers who worked during the COVID-19 pandemic in Solo Raya. The sampling technique used is purposive sampling. The characteristics of the subjects in this research were the husband/wife of healthcare workers who were actively working in health service facilities (Hospitals, Health Centers, Clinics, and Laboratories); domiciled in the Solo Raya area; and willing to become research respondents. The healthcare workers referred to in this research are all groups of healthcare workers according to the Law of the Republic of Indonesia Number 36 of 2014 consisting of medical personnel (general practitioners, medical specialists, dentists, and specialist dentists); clinical psychologists; nurses; midwife; pharmacist/pharmaceutical personnel; nutrition workers, physical therapy personnel (physiotherapists, occupational therapists, and speech therapists); medical technicians (medical recorders and health information, cardiovascular technicians, blood service technicians, and anesthesiologists); biomedical engineering personnel (radiographers, electromedical, medical laboratory technologists, and radiotherapists).

Measures

The measuring instruments used in collecting data in this research consist of demographic data, the SWB scale, the social support scale, and the spirituality scale. Demographic data in this research consists of gender, age, address, type of spouse's profession, and relationship status with healthcare workers (as husband/wife).

Based on the aspects SWB was measured using two scales i.e the Satisfaction with Life Scale (SWLS) and the Positive Affect and Negative Affect Schedule (PANAS). The researcher uses the SWLS and PANAS scales which have been adapted into Indonesian by Akhtar (2019) based on the scale compiled by Diener, Emmons, Larsen, and Griffin (1985) and Watson, Clark, and Tellegen (1988). The results of the content validity test from nine expert panels show the validity coefficient of the SWLS scale between 0.80 to 0.88 ($V \geq 0.72$). The results of the content validity test on the PANAS scale show a validity coefficient between 0.77 to 0.88

($V \geq 0.72$). The results of the Cronbach's Alpha reliability test on the SWLS scale of 0.817 and the PANAS scale of 0.787.

Social support is measured using the Multidimensional Scale of Perceived Social Support (MSPSS) scale compiled by Zimet, Dahlem, Zimet, and Farley (1988) which has been adapted into Indonesian by Winahyu, Hemchayat, and Charoensuk (2015). This scale consists of three dimensions there are significant other, family, and friend. Based on the results of the content validity test, the validity coefficient is between 0.75 to 0.97 ($V \geq 0.72$). The result of Cronbach's Alpha reliability test is 0.901.

Spirituality is measured using the Spirituality Scale compiled by Delaney (2005) and has been adapted into Indonesian by Syaiful and Bahar (2016). This scale consists of three aspects there are self-discovery, relationships, and eco-awareness. Based on the results of the content validity test, the validity coefficient is between 0.72 to 0.94 ($V \geq 0.72$). The results of Cronbach's Alpha reliability test are 0.917.

Procedures

The research was carried out for 70 days, from October 24, 2021, to December 31, 2021. The data collection procedure in this research doing by distributing online questionnaires using a google form. Researchers distributed flyers and broadcasts through social media such as Whatsapp, Facebook, Instagram, and through two hospitals in the Solo Raya then forwarded them to the husband/wife of the healthcare workers who worked at that hospital. Respondents who appropriate the criteria filled out the scale through links printed in the broadcast.

Data Analysis Procedures

The data analysis technique used is the moderating variable regression test with the sub-group method. Analysis of research data using the SPSS (Statistical Package for the Social Science) 26.0 for windows program.

Ethical Consideration

The ethical clearance for this research was approved by the Health Research Ethics Committee, Faculty of Medicine, the University of Muhammadiyah Surakarta with letter number 3817/B.1/KEPK-FKUMS/XI/2021.

FINDINGS

Based on the moderating variable regression test with the sub-group method, the results of simultaneous parameter testing between social support and spirituality with SWB for all categories of respondents (husband and wife) obtained a significance value (p) = 0.000 ($p < 0.05$). The result suggests that social support and spirituality are simultaneously correlated to SWB on husbands and wives of healthcare workers.

The results of simultaneous parameter testing between social support and spirituality with SWB for the male respondent category (husbands) obtained a significance value (p) = 0.000 ($p < 0.05$). The female respondents (wives) category obtained a significance value (p) = 0.000 ($p < 0.05$). The result suggests that social support and spirituality are simultaneously correlated to SWB on husbands or wives of healthcare workers.

The results of the partial testing between social support and SWB for the male respondent's category (husbands) obtained a significance (p) = 0.172 ($p > 0.05$). These results suggest that social support partially does not correlate with the SWB of the male partners of healthcare workers. The category of female respondents (wives) obtained a significance (p) = 0.000 ($p < 0.05$). These results suggest that social support is partially correlated with the SWB of the female partners of healthcare workers.

The results of the partial testing between spirituality and SWB for the male respondent's category (husbands) obtained a significance (p) = 0.007 ($p < 0.05$). These results suggest that spirituality is partially correlated with the SWB of the male partners of healthcare workers. The category of female respondents (wives) obtained a significance (p) = 0.001 ($p < 0.05$). These results suggest that spirituality is partially correlated with the SWB of the female partners of healthcare workers. The results of testing all hypotheses can be seen on the following Table 1:

Table 1. Hypothesis Testing Results

Respondent	Correlation	Sig.	Explanation
Husband and wife	Social support and spirituality with SWB as simultaneously	0,000	H ₁ is accepted
Husband	Social support and spirituality with SWB as simultaneously	0,000	H _{1.1} is accepted
Wife	Social support and spirituality with SWB as simultaneously	0,000	H _{1.2} is accepted
Husband	Social support with SWB as partially	0,172	H ₂ is rejected
Wife	Social support with SWB as partially	0,000	H _{2.1} is accepted
Husband	Spirituality with SWB as partially	0,007	H _{2.2} is accepted
Wife	Spirituality with SWB as partially	0,001	H _{2.3} is accepted

In the decision-making to determine whether gender moderates the relationship between the independent variable and the dependent variable, additional analysis is performed by regressing the variables X₁ (social support) and X₂ (spirituality) with Y (SWB) in each category of respondents. Then compare the calculated F_{value} and F_{table} by calculating the Sum Square Residual value using the formula:

$$F = \frac{\frac{SSRT - SSRG}{k}}{\frac{SSRG}{n_1 + n_2 - 2k}}$$

Information:

SSRT = *Sum Square Residual Total*

SSRG = *Sum Square Residual Combined (Sum Square Residual for male respondents + Sum Square Residual for female respondents)*

K = *Number of independents variables*

n₁ = *Number of male respondents (husbands)*

n₂ = *Number of female respondents (wives)*

Additional analysis results can be seen in the following Table 2:

Table 2. The Regression Result of an Independent Variable with a Dependent Variables in Each Category of Respondents

Correlation	Respondent Category	Sum Square Residual	F_{value}	F_{table}	Conclusion
X ₁ & X ₂ with Y	Male and Female	582,125	18,052	2,63	F _{value} > F _{table}
X ₁ & X ₂ with Y	Male	303,041			
X ₁ & X ₂ with Y	Female	201,094			
X ₁ with Y	Male and Female	617,138	29,01	3,021	F _{value} > F _{table}
X ₁ with Y	Male	314,733			
X ₁ with Y	Female	215,071			
X ₂ with Y	Male and Female	595,831	22,899	3,021	F _{value} > F _{table}
X ₂ with Y	Male	305,959			
X ₂ with Y	Female	221,311			

Based on the additional analysis in Table 2, the calculated F_{value} on the correlation between X_1 and X_2 with Y is greater than the F_{table} ($18.052 > 2.63$). This means that gender moderates the relationship between social support and spirituality simultaneously with SWB. In the partial correlation between X_1 and Y , the calculated F_{value} is greater than the F_{table} ($29.01 > 3.021$). This means that gender partially moderates the relationship between social support and SWB. In the partial correlation between X_2 and Y , the calculated F_{value} is greater than the F_{table} ($22.899 > 3.021$). This means that gender partially moderates the relationship between spirituality and SWB. Based on the results of the analysis, it can be concluded that the strong or weak relationship between the independent variables (social support and spirituality) and the dependent variable (SWB) is influenced by the gender of the research respondents.

Based on the contribution, the wife's social support and spirituality have a higher influence to increase the SWB than the husband's. Partially, the social support received by the female partners has a higher influence to increase the SWB than the male partners. Partially, the spirituality of the female partners has a higher influence to increase the SWB than the male partners. The result of the effective contribution can be seen on the following Table 3:

Table 3. Effective Contribution

Variables	Respondent Category	Coefficient of Determination (R ²)	Effective Contribution
Social support and Spirituality with SWB	Husband and Wife	0,134	13,4%
Social support and Spirituality with SWB	Husband	0,079	7,9%
Social support and Spirituality with SWB	Wife	0,248	24,8%
Social support with SWB	Husband and Wife	0,082	8,2%
Social support with SWB	Husband	0,043	4,3%
Social support with SWB	Wife	0,196	19,6%
Spirituality with SWB	Husband and Wife	0,114	11,4%
Spirituality with SWB	Husband	0,070	7%
Spirituality with SWB	Wife	0,172	17,2%

Based on research data, most respondents were spouses of health workers who work as nurses (36%) and the other 64% consisted of other professions such as doctors, pharmaceutical technical personnel/pharmacists, medical laboratory technology analysts, midwives, medical records, radiographers, dentists, physiotherapists, psychologists, and orthotic prosthetics. Description of respondents based on the type of partner's profession can be seen in the following Table 4:

Table 4. Description of respondents based on the type of partner's profession

Category	Amount	Percentage (%)
Nurses	128	36 %
Doctor	82	23 %
Pharmaceutical Technical Personnel/Pharmacists	59	16,6 %
Medical Laboratory Technology Analysts	35	9,8 %
Midwives	18	5 %
Medical Records	17	4,8 %
Radiographers	7	2 %
Dentist	5	1,4 %
Physiotherapists	3	0,8 %
Psychologist	1	0,3 %
Orthotic Prosthetic	1	0,3 %
Total Number	356	100 %

DISCUSSION

Social and spiritual support affects the SWB of research respondents. In addition to social support and spirituality, the SWB of respondents is also influenced by gender differences. The result of this research supports the concept of the nested model of well-being by Henriques, Kleinman, and Asselin (2014). The concept of a nested model of well-being explains that a person's SWB can be achieved if there is an alignment of the four domains. The four domains refer to the emotions felt by the individual which in this case are the condition of his SWB; genetic differences, self-identity, and adaptation characteristics which in this case can be distinguished by gender; received social support; and values or ideologies that are believed which in this case is spirituality. This means that the existence of social support and spiritual values affect the SWB of the husband/wife of healthcare workers. Additionally, gender differences also contribute to the level of SWB. In this research, the SWB of the female partners of healthcare workers is higher than the male partners.

The research indicates that social support and spirituality are simultaneously correlated with the SWB of all respondents (husbands and wives) of healthcare workers, so hypothesis one (H₁) in this research was accepted. This means that the received social support and spirituality that are believed can affect the SWB of husbands and wives of healthcare workers. These results are supported by research from Yoon (2006) and Jeyaraj, Filosa, Babu, Crea, and Dellagiulia (2003) which show that a person's well-being is influenced by the experience of spirituality and social support received. Individuals who trust God to seek strength and comfort, also individuals who accept help from others when experiencing adversity have a higher level of life satisfaction. High life satisfaction is an indicator of high SWB. Therefore, husbands and wives of healthcare workers will prosper subjectively if they can practice socio-spiritual values, one of which is having a meaningful relationship with God, fellow human beings, and nature.

This research shows that social support and spirituality are simultaneously correlated with the SWB of the male partners of healthcare workers, so hypothesis one point one (H_{1.1}) in this research was accepted. This means that social support and spirituality affect the husband's SWB of healthcare workers. The results of this research are supported by Park and Lee (2019) who found that social support and spirituality were able to increase the well-being of men. Siedlecki, Salthouse, Oishi, and Jeswani (2014) in their research also explain that receiving support will make individuals believe that there is someone who is always supportive and always there to help when needed. Moreover, the perceived value of spirituality will give him a more positive evaluation of life. Individuals who have high spiritual values will feel connected to God, other people, and life. It is a way of maintaining a positive evaluation of life despite all the negative circumstances that are being faced (Villani, Sorgente, Iannello, and Antonietti, 2019). Therefore, the husband's SWB of healthcare workers can't be separated from the social support and spiritual values he believes in.

This research shows that social support and spirituality are simultaneously correlated with the SWB of the female partners of healthcare workers, so hypothesis one point two (H_{1.2}) in this research was accepted. This means that social support and spirituality affect the wife's SWB of healthcare workers. The result of this research is supported by Bennett and shepherd (2012) who found that high social support and spirituality were able to reduce depression levels in women in Australia. Depression is associated with a decrease in a person's well-being due to higher negative affect than positive affect. The decrease in depression indicates that women have higher positive affect than negative affect, which is highly positive affect is associated with higher SWB. Therefore, social support and spirituality can increase the SWB of women.

Wang, Wang, Shao, Jia, and Xiang (2020) suggest that social support can reduce fatigue and increase the SWB of women. Women who received positive social support, such as support from family members, reported having a lower negative affect. Moreover, women with high spirituality are reported to have high levels of life satisfaction (Singh and Bahadur, 2021). Low negative affect and high life satisfaction indicate that social support and spirituality can increase the SWB of women. Therefore, the SWB of the female partners of healthcare workers can't be separated from the social support and spiritual values she believes in.

The additional analysis suggests that gender also plays a role in influencing the relationship between social support and spirituality as simultaneously with SWB. Seen from the high contribution of social support and spirituality as simultaneously, the SWB of the female partners of the healthcare workers is higher than the male partners. This means that the wife's social support and spirituality have a higher role in improving the SWB than the husbands. This result supports the research of Salmela-Aro and Tuominen-Soini (2010) which found that women have higher life satisfaction than men. Moreover, research from Arrosa and Gandelman (2016) also shows that women are happier than men. The higher life satisfaction and happiness in women indicate that women have a higher level of SWB than men. SWB is a term that is closely related to happiness, life satisfaction, high positive affect, and low negative affect.

In a society that still upholds a patriarchal culture, it causes women have limitations to fulfill their primary and psychological needs due to structural inequality between men and women. For example, differences in access to education, economy, politics, and power structures cause women to feel inadequate to provide for their needs more than men. However, in a society that has begun to implement gender equality, women can fulfill their primary needs such as education, employment, and earning income. The fulfillment of individual primary needs is one of the factors that affect the level of well-being/happiness (Batz and Tay, 2018).

Meisenberg and Woodley (2015) in their research said that the level of happiness and life satisfaction of women is influenced by the high level of education and job they have. This means that the fulfillment of primary needs such as education, employment, and income levels in wives predict higher levels of SWB. However, this research did not investigate further related to the level of education, employment, and income of respondents.

The results of this research indicate that the wives have a higher SWB than the husbands. These findings are different from previous research. The research from Ying, Ruan, Kong, Zhu, Ji, and Lou (2020); Tay and Diener (2011); Batz and Tay (2018); Tesch-Romer, Motel-Klingebiel, and Tomasik (2007); and Abidin and Borualogo (2020) stated that women have lower levels of SWB than men. This is because women are showing more negative emotions that lead to symptoms such as anxiety and depression.

The difference in the findings of this research from the previous one was due to the sampling of this research which was not done randomly. This is different from the research by Tay and Diener (2011) and Tesch-Romer, Motel-Klingebiel, and Tomasik (2007) where the research sample was taken randomly. Moreover, the differences in these findings regarding gender from the majority of previous research are also inseparable from cultural differences in society. Hori and Kamo (2017) in their research state that the subjective evaluation of individual life experiences is strongly influenced by the context in which they are located. This

is because contexts like culture shape one's perception. So the factors that cause the SWB of a person living in a culture will be different in another one.

This research found a difference in the correlation between social support and SWB of husbands of healthcare workers. Partially, social support doesn't correlate with the SWB of male partners, so hypothesis two (H_2) in this research was rejected. This means that social support to the husbands of healthcare workers doesn't play a role in improving their SWB.

The results of this research are different from the findings of Astriewardhany and Purnamasari (2021). That research showed that there was a correlation between social support and SWB in older men. Men who have support from family, neighbors, friends, and society will feel comfortable, valuable, and able to evaluate their lives positively. The higher the positive feelings felt by the elderly man cause the higher his SWB.

Although this research suggests different results from Astriewardhany and Purnamasari (2021), the result of this research supports the findings of Perrewe and Carlson (2002). That research showed that while men also received the same social support as women, it did not have a significant effect. This is because most men avoid activities that allow them to appear feminine such as seeking social support to enhance their masculine side (Wester, Christianson, Vogel, and Wei, 2007). Research from Tyas and Asyanti (2015) also says that in Javanese society, men are positioned as stronger individuals than women, so men tend to be less likely to express their need for support from others. Therefore, men tend to withdraw from social relationships when faced with problems or unpleasant situations rather than having to seek help or support.

Wester, Christianson, Vogel, and Wei (2007) also explain that if men maintain their masculinity when dealing with stressful situations without wanting to get support from others, they will get more psychological pressure and make themselves more isolated. Therefore, if the condition of the husband of a healthcare worker is allowed to drag on, in the end, it will reduce his SWB.

The difference in findings related to the correlation of social support with SWB in male respondents could be due to the sampling factor in this research which was not done randomly. Moreover, it is also due to the age difference between the research respondents. Male respondents in this research have an age range of 24 to 60 years which are included in the category of young adults and middle adults. While the research respondents from Astriewardhany and Purnamasari (2021) are elderly people aged 60 years and over. Wang (2014) explains that social support plays a role in influencing the SWB of the elderly. This is because the elderly are a vulnerable group that needs more attention and support. However, this research did not further analyze the age difference of the respondents.

This research results that partially, social support was positively correlated with the SWB of the wives of the healthcare workers, so hypothesis two point one ($H_{2.1}$) in this research was accepted. This means that for the wife, social support plays a role in increasing her SWB. The results of this research are supported by previous research from Nugraha (2020) and Silalahi, Munir, and Murad (2019) which state that the social support received by a person has a positive influence on the level of SWB. Individuals who have high levels of social support feel happier and more satisfied with their lives. Moreover, social support also causes individuals to feel comfortable and able to increase positive feelings within themselves. In contrast, individuals with low levels of social support tend to be unhappy and dissatisfied with their lives.

Wang (2014) found that there is a positive correlation between social support and SWB. Someone who gets high social support will also have a higher level of SWB, be more satisfied with life, have higher positive emotions, and have lower negative emotions. This is because perceived social support can increase feelings of pleasure and belonging. Moreover, the support given by others can also increase one's self-concept and self-confidence in dealing with stressful events in life, and reduce stress responses.

Women take advantage of the social support they receive in overcoming problems. This can be seen when women are experiencing a problem that causes negative feelings like stress, they will seek support from others to deal with the problem (Taylor, 2011). The presence of social support will increase satisfaction in women (Perrewe and Carlson, 2002). Therefore, social support can increase the SWB of the wife of healthcare workers.

The additional analysis suggests that partially, gender also plays a role in influencing the relationship between social support and SWB. As seen from the high contribution of social support partially, the SWB of the female partners of the healthcare workers is higher than the male partners. This means that the wife's social support has a higher role in improving the SWB than the husband's. This research is supported by Sarriera, Bedin, Abs, Calza, and Casas (2015); Hum and Falci (2016); Hori and Kamo (2017); and Pz and Suharto (2018) which mentions a significant difference between social support received by males and females. Women have higher social support than men. This is because women's lifestyles are more socially oriented, such as being more focused on building social relationships and being more emotionally involved with other people than men. Moreover, the results of the research also reported that women have a smaller quantity of friendships but have closer relationships. Meanwhile, men have a larger quantity of friendships but the relationship is not too close (Wijayanti, Sunarti, and Krisnatuti, 2020). Therefore, the higher social support of the wife influences the higher level of SWB than the husband.

This research showed that partially, spirituality was positively correlated with the SWB of the husbands of the healthcare workers, so hypothesis two point two (H_{2.2}) in this research was accepted. This means that for the husband, spirituality plays a role in increasing his SWB. This research is supported by Singh and Bahadur (2021) on working husbands. That research found that there was a positive relationship between spirituality and SWB of working husbands. This indicates that if the husband has high spirituality, then his SWB is high too.

Firmawati and Domili (2014) in their research explain that spirituality can be a problem-solving strategy for individuals in dealing with stress, loneliness, depression, and other changes that occur in their lives. Individuals who have high spirituality can interpret negative conditions as a life process. Individuals will also feel more optimistic and able to evaluate themselves positively. Aflah (2017) also explains that someone's spirituality can be a coping to help solve the problems they are facing. These coping strategies can prevent individuals from negative emotions and can improve their SWB. Therefore, when husbands of healthcare workers have high spiritual values, they will also avoid negative emotions.

This research showed that partially, spirituality was positively correlated with the SWB of the wives of the healthcare workers, so hypothesis two point three (H_{2.3}) in this research was accepted. This means that for the wife, spirituality plays a role in increasing her SWB. The result of this research is supported by Nuryanti, Mumtazah, and Sari (2021) who found that women's SWB is influenced by the spiritual values they believe in. Individuals who can

develop good relationships with God and with others can increase positive feelings. Increasing these positive feelings will create well-being in her life.

Arung and Aditya (2021) say that individuals have a high level of SWB when they perceive spirituality as important. A high level of individual spirituality causes them to have a clear meaning and purpose in life, high self-esteem, also to have emotional and social support from their environment. Therefore, when the wives of healthcare workers have high spiritual values, they are better able to accept the current condition as a process that must be lived through, able to assess everything positively, and be more optimistic.

The additional analysis suggests that partially, gender also plays a role in influencing the relationship between spirituality and SWB. Seen from the high contribution of spirituality partially, the SWB of the female partners of the healthcare workers is higher than the male partners. This means that the wife's spirituality has a higher role in improving the SWB than the husband's. This research is supported by Firmawati and Domili (2014) who shows that women have higher spirituality than men. This is because men who are separated from their partners, like when their partners are at work, are having difficulty in social relationships, and household tasks, and feel less free to express their emotions. Bini'Matillah, Susumaningrum, and A'la (2018) and Bryant (2007) in their research also mention that women have higher spiritual values than men because women show more interest in spiritual values, have more spiritual experiences, and believe in positive changes in religion. In addition, women also tend to be more involved in charity, more concerned with social activities, and more concerned with others than men. Therefore, the higher spirituality of the wife influences the higher level of SWB than the husband.

Based on research data, most respondents were spouses of healthcare workers who work as nurses (36%) and the other 64% consisted of other professions such as doctors, pharmaceutical technical personnel/pharmacists, medical laboratory technology analysts, midwives, medical records, radiographers, dentists, physiotherapists, psychologists, and orthotic prosthetics. This research did not compare professional differences from health workers in influencing the level of SWB of respondents because of the limited access experienced by researchers. The existence of differences in work pressure between one healthcare worker and another healthcare worker allows for differences in the level of SWB of partners, both husband and wife. Based on research from Halder and Mahato (2013), nurses have the highest level of stress when compared to other health professional professions. High levels of stress on nurses indicate that they have lower levels of SWB. During the COVID-19 pandemic, Indonesia experienced a shortage of nurses because they were contaminated with the virus and had to be quarantined. It causes the available nursing staff to be charged with additional work to replace the position of personnel who are contaminated with COVID-19 (Meliala, Frans, Hidayah, Mansur, and Candra, 2021).

CONCLUSION

This research shows that simultaneously, social support and spirituality play a role in increasing SWB for both husbands and wives of healthcare workers. Partially, social support has a positive role in increasing the SWB of the wife. However, in husbands, social support does not play a role in increasing SWB. Partially, spirituality has a positive role in improving the SWB of both husbands and wives of healthcare workers. Based on the contribution both simultaneously and partially, the female partners of healthcare workers have a higher SWB

than the male partners. Therefore, based on the results of this research can be concluded that social support, spirituality, and gender are three factors that can affect the level of individual subjective well-being. Many other factors are predicted to contribute but were not examined in this research, such as educational background, socioeconomic status, and culture.

This research has limitations where the sample taken only covers one area, while Indonesia has a variety of tribes that may have different cultures. The level of subjective well-being in each culture is different, depending on the perceptions and subjective evaluations of society. Therefore, the results of this research can't be generalized to all cultures. This research has not conducted an analysis related to the employment status of healthcare workers such as doctors, nurses, and other healthcare workers. The differences in work pressure between one healthcare worker and another make possible the differences in the level of SWB of their partners, both husband, and wife. This research also has not conducted an analysis related to the level of education, occupation, and income level of the respondents which are predicted to also affect the level of SWB.

Suggestions for Psychologists or psychology practitioners who need references in providing interventions on the healthcare partners on the same topic as this research are expected to focus more on the husbands of the healthcare workers. This is because husbands have lower SWB. However, Psychologists or psychological practitioners also need to pay attention to the same locations as this research, because the different locations also allow for differences in findings. Psychologists or psychology practitioners Psychologists or psychologists can provide interventions to husbands of healthcare workers to improve their relationships with parents, siblings, family, friends, and the surrounding environment. A good social relationship will lead to positive attachments and a sense of mutual support that will eventually be able to enhance the welfare of the subject.

Future researchers who are interested in the same topic as this research are expected to pay more attention to cultural aspects. Indonesia has a broad array of cultures, so it is also necessary to explain with more comprehensive cultural studies. Future researchers are expected to be able to collect data randomly. Moreover, it is also expected to be able to conduct further analysis related to the level of education, occupation, and income of the respondents, as well as employment status differences among healthcare workers. Future researchers are also expected to readjust the measuring instruments used, so that valid and reliable measuring instruments are obtained for data collection.

REFERENCES

- Abidin, H. M., & Borualogo, I. S. (2020). Pengaruh Kepuasan Pertemanan terhadap Subjective Well-Being pada Siswa SMP Korban Perundungan. *Prosiding Psikologi*, 6(2), 128-133. doi:<http://dx.doi.org/10.29313/v6i2.22329>
- Aflah, A. N. (2017). Hubungan Spiritualitas dengan Tingkat Kecemasan Keluarga Pasien di Ruang ICU (Intensive Care Unit) RSUD dr. Loekmono Hadi Kudus. *Publikasi Hasil Riset Kesehatan untuk Daya Saing Bangsa* (pp. 72-79). Kudus: Lembaga Penelitian dan Pengabdian Masyarakat Sekolah Tinggi Ilmu Kesehatan Cendekia Utama Kudus.
- Akhtar, H. (2019). Evaluasi Properti Psikometris dan Perbandingan Model Pengukuran Konstruk Subjective Well-Being. *Jurnal Psikologi*, 18(1), 29-40.

- Arrosa, M. L., & Gandelman, N. (2016). Happiness Decomposition: Female Optimism. *Journal of Happiness Studies*, *17*(2), 731-756.
- Arung, N. L., & Aditya, Y. (2021). Pengaruh Spiritualitas terhadap Subjective Well-Being Mahasiswa Tingkat Akhir. *Indonesian Journal for the Psychology of Religion*, *1*(1), 61-67.
- Astriewardhany, I., & Purnamasari, A. (2021). Dukungan Sosial dan Subjective Well-Being pada Purnawirawan TNI. *Empathy*, *4*(1), 30-44.
- Batz, C., & Tay, L. (2018). Gender Differences in Subjective Well-Being. In E. Diener, S. Oishi, & L. Tay, *Handbook of Well-Being* (pp. 1-15). Salt Lake City: DEF Publishers.
- Bennett, K. S., & Shepherd, J. M. (2012). Depression in Australian Women: The Varied Roles of Spirituality and Social Support. *Journal of Health Psychology*, *18*(3), 429-438.
- Bini'Matillah, U., Susumaningrum, L. A., & A'la, M. Z. (2018). Hubungan Spiritualitas dengan Kesenian pada Lansia di UPT Pelayanan Sosial Tresna Werdha (PSTW). *e-Jurnal Pustaka Kesehatan*, *6*(3), 438-445.
- Bryant, A. N. (2007). Gender Differences in Spiritual Development During the College Years. *Sex Roles*, *56*(11-12), 835-846. doi:DOI 10.1007/s11199-007-9240-2
- Diener, E., & Tay, L. (2015). Subjective Well-Being and Human Welfare Around the World as Reflected in the Gallup World Poll. *International Journal of Psychology*, *50*(2), 2-14.
- Dinah, & Rahman, S. (2020). Gambaran Tingkat Kecemasan Perawat Saat Pandemi Covid 19 di Negara Berkembang dan Negara Maju: A Literatur Review. *Dinamika Kesehatan Jurnal Kebidanan dan Keperawatan*, *11*(1), 37-48.
- Firmawati, & Domili, U. (2014). Hubungan Spiritualitas dengan Kualitas Hidup Lansia di Desa Pontolo Kecamatan Kwandang Kabupaten Gorontalo Utara. *Jurnal Zaitun*, *2*(2), 1-7.
- Halder, S., & Mahato, A. K. (2013). Stress and Psychological Well-Being Status Among Health Care Professionals. *International Journal of Occupational Safety and Health*, 32-35.
- Henriques, G., Kleinman, K., & Asselin, C. (2014). The Nested Model of Well-Being: A Unified Approach. *Review of General Psychology*, *18*(1), 7-18.
- Hori, M., & Kamo, Y. (2017). Gender Differences in Happiness: the Effects of Marriage, Social Roles, and Social Support in East Asia. *Applied Research in Quality of Life*, *13*(4), 839-857. doi:DOI 10.1007/s11482-017-9559-y
- Hum, E.S., & Falci, C. (2016, August). *Gender Differences in Social Support, Self-Salience, and Mental Health*. Poster session presented at Summer Research Fair of the University of Nebraska-Lincoln, Lincoln, NE.
- Jeyaraj, J., Filosa, L., Babu, R. R., Crea, G., & Dellagiulia, A. (2003). The Significance of the Association Between Spirituality, Well-Being and Perceived Social Support of Indian College Students. *School Psychology Quarterly*, *18*(3), 264-274.

- Kesehatan, K. (2021, Maret 20). *Komite Penanganan Covid-19 dan Pemulihan Ekonomi Nasional*. Retrieved from covid-19.go.id: <https://covid19.go.id/peta-sebaran-covid19>
- Lestari, S. (2016). *Psikologi Keluarga*. Jakarta: Prenadamedia Group.
- Meisenberg, G., & Woodley, M. A. (2015). Gender Differences in Subjective Well-Being and Their Relationships with Gender Equality. *Journal of Happiness Studies*, *16*(6), 1539-1555.
- Meliala, A., Frans, S., Hidayah, W., Mansur, F., & Candra. (2021). *Penilaian Beban Kerja Tenaga Kesehatan dan Lingkungan Kerja yang Mendukung Selama Pandemi Covid-19*. Yogyakarta: Pusat Kebijakan dan Manajemen Kesehatan, Fakultas Kedokteran, Kesehatan Masyarakat dan Keperawatan Universitas Gadjah Mada.
- Nugraha, M. F. (2020). Dukungan Sosial dan Subjective Well-Being Siswa Sekolah Singosari Delitua. *Jurnal Penelitian Pendidikan, Psikologi dan Kesehatan*, *1*(1), 1-7.
- Nuryanti, S., Mumtazah, S., & Sari, G. P. (2021). Hubungan antara Spiritualitas dengan Subjective Well-Being pada Perempuan Kampung Lampion Malang pada Masa Pandemi Covid-19. *Jurnal Talenta*, *16*(2), 64-74.
- Park, C. L., & Lee, S. Y. (2019). Unique Effect of Religiousness/Spirituality and Social Support on Mental and Physical Well-Being in People Living with Congestive Heart Failure. *Journal Behavioral Medicine*, *43*(4), 630-637.
- Pasongli, G. S., & Malinti, E. (2021). Gambaran Tingkat Kecemasan Keluarga Tenaga Kesehatan Akibat Pandemi Covid-19. *Community of Publishing in Nursing*, *9*(1), 127-134.
- Perrewew, P. L., & Carlson, D. S. (2002). Do Men and Women Benefit from Social Support Equally? Results from a Field Examination within the Work and Family Context. In D. L. Nelson, & R. J. Burke, *Gender, Work Stress, and Health* (pp. 101-114). Washington, D. C: American Psychological Association. doi:<https://doi.org/10.1037/10467-007>
- Pz, E. T., & Soeharto, T. N. (2018). Subjective Well Being pada Mahasiswa Ditinjau dari Dukungan Sosial Teman Sebaya dan Jenis Kelamin. *Prosiding Seminar Nasional: Penguatan Peran Keluarga Indonesia di Era Digital untuk Meningkatkan Kualitas Hidup Masyarakat* (pp. 153-160). Semarang: Fakultas Psikologi Universitas Diponegoro.
- Rodriguez, A. J., & Margolin, G. (2015). Military Service Absences and Family Members' Mental Health: A Timeline Followback Assessment. *Journal of Family Psychology*, *642-648*.
- Salmela-Aro, K., & Tuominen-Soini, H. (2010). Adolescents' Life Satisfaction During the Transition to Post-Comprehensive Education: Antecedents and Consequences. *Journal of Happiness Studies*, *11*(6), 683-701.
- Sarafino, E. P., & Smith, T. W. (2011). *Stress, Illness, and Coping*. United States of America: John Wiley & Sons.

- Sarriera, J. C., Bedin, L., Abs, D., Calza, T., & Casas, F. (2015). Relationship Between Social Support, Life Satisfaction and Subjective Well-Being in Brazilian Adolescents. *Universitas Psychologica*, *14*(2), 459-473.
- Siedlecki, K. L., Salthouse, T. A., Oishi, S., & Jeswani, S. (2014). The Relationship Between Social Support and Subjective Well-Being Across Age. *Social Indicators Research*, *117*(2), 561-576.
- Silalahi, B., Munir, A., & Murad, A. (2019). Hubungan Self Efficacy dan Dukungan Sosial dengan Subjective Well-Being Korban Penyalahgunaan Napza di Balai Rehabilitasi Sosial Napza Insyaf Medan. *Tabularasa: Jurnal Ilmiah Magister Psikologi*, *1*(1), 1-9.
- Singh, R., & Bahadur, A. (2021). Gender Differences in Spirituality and Subjective Well-Being Among Working Couples in Indian Society. *Science Progress and Research*, *1*(3), 122-126.
- Smith, S., & Suto, M. J. (2012). Religious and/or Spiritual Practices: Extending Spiritual Freedom to People with Skizofrenia. *Canadian Journal of Occupational Therapy*, *79*(2), 77-85.
- Souadka, A., Essangri, H., Benkabbou, A., Amrani, L., & Majbar, M. A. (2020). Covid-19 and Healthcare Worker's Families: Behind the Scenes of Frontline Response. *EClinical Medicine*, *23*, 1. doi:doi.org/10.1016/j.eclinm.2020.100373
- Syaiful, I. A., & Bahar, R. N. (2016). Peran Spiritualitas dan Kepuasan Hidup Terhadap Kualitas Hidup pada Wirausahawan Muda. *Humanitas*, *13*(2), 122-134.
- Tay, L., & Diener, E. (2011). Needs and Subjective Well-Being Around the World. *Journal of Personality and Social Psychology*, *101*(2), 354-365.
- Taylor, S. E. (2011). Social Support : a Review. In H. S. Friedman, *The Oxford Handbook of Health Psychology* (pp. 189-214). New York: Oxford University Press.
- Tesch-Romer, C., Motel-Klingebiel, A., & Tomasik, M. J. (2007). Gender Differences in Subjective Well-Being: Comparing Societies with Respect to Gender Equality. *An International and Interdisciplinary Journal for Quality of Life Measurement*, *85*(2), 329-349.
- Tyas, H. A., & Asyanti, S. (2015). Apakah Kebutuhan Dukungan Sosial pada Pasien Gagal Ginjal Laki-Laki dan Perempuan Berbeda ? *Seminar Psikologi & Kemanusiaan* (pp. 148-154). Malang: Universitas Muhammadiyah Malang.
- Villani, D., Sorgente, A., Iannello, P., & Antonietti, A. (2019). The Role of Spirituality and Religiosity in Subjective Well-Being of Individuals with Different Religious Status. *Frontiers in Psychology*, 1-11. doi:https://doi.org/10.3389/fpsyg.2019.01525
- Wang, L., Wang, H., Shao, S., Jia, G., & Xiang, J. (2020). Job Burnout on Subjective Well-Being Among Chinese Female Doctors: The Moderating Role of Perceived Social Support. *Frontiers in Psychology*, *11*, 1-7. doi:10.3389/fpsyg.2020.00435

- Wang, X. (2014). Subjective Well-Being Associated with Size of Social Network and Social Support of Elderly. *Journal of Health Psychology, 21(6)*, 1-6. doi:DOI: 10.1177/1359105314544136
- Wester, S. R., Christianson, H. F., Vogel, D. L., & Wei, M. (2007). Gender Role Conflict and Psychological Distress: The Role of Social Support. *Psychology of Men & Masculinity, 8(4)*, 215-224.
- Wijayanti, R., Sunarti, E., & Krisnatuti, D. (2020). Peran Dukungan Sosial dan Interaksi Ibu-Anak dalam Meningkatkan Kesejahteraan Subjektif Remaja pada Keluarga Orang Tua Bekerja. *Jurnal Ilmu Keluarga & Konsumen, 13(2)*, 125-136.
- Winahyu, K. M., Hemchayat, M., & Charoensuk, S. (2015). The Relationship Between Health Status, Perceived Control of Symptoms, Caregiver Burden, Perceived Social Support and Quality of Life Among Family Caregivers of Patients with Schizophrenia in Indonesia. *J Prapokklao Hosp Clin Med Educat Center, 32(1)*, 44-57.
- Ying, Y., Ruan, L., Kong, F., Zhu, B., Ji, Y., & Lou, Z. (2020). Mental Health Status Among Family Members of Health Care Workers in Ningbo, China During the Coronavirus Disease 2019 (Covid-19) Outbreak: A Cross-Sectional Study. *BMC Psychiatry, 1-10*. doi:<https://doi.org/10.1101/2020.03.13.20033290>
- Yoon, D. P. (2006). Factors Affecting Subjective Well-Being for Rural Elderly Individuals: The Importance of Spirituality, Religiousness, and Social Support. *Journal of Religion & Spirituality in Social Work, 25(2)*, 59-75.