

RELATIONSHIP BETWEEN RESILIENCE AND SUBJECTIVE WELL-BEING (STUDY ON ELDERLY CAREGIVERS)

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ABSTRACT

Individuals whose role is to provide care for children, the elderly, and patients with disabilities are referred to as caregivers. Such care can come from the health professional (formal caregiver) and family (informal caregiver). The process of providing care may have an impact on the caregiver's subjective well-being. Subjective well-being is an individual's view of his or her life that includes cognitive and affective evaluations. One of the factors that influence subjective well-being is resilience. From various previous studies, it is still rare to find research that explains the relationship between resilience and subjective well-being in elderly caregivers. This study uses non-experimental quantitative, namely correlational quantitative with convenience sampling technique. The participants of this study consisted of 209 caregivers, with 68.4% informal caregivers and 31.6% formal caregivers. This study use The Connor-Davidson Resilience Scale, Satisfaction With Life Scale (SWLS), Positive Affect and Negative Affect Schedule (PANAS) instrument. The data in this study were not normally distributed, so non-parametric testing was carried out. The results of the spearman correlation test showed that resilience was positively correlated with life satisfaction $r(207) = 0.672$, $p < 0.01$, positive affect $r(207) = 0.673$, $p < 0.01$, and negatively correlated with negative affect $r(207) = -0.705$, $p < 0.01$. Thus, the results of this study indicate a positive relationship between resilience and subjective well-being. This finding can be used as a basis or insight to improve resilience and subjective well-being in elderly caregivers.

Keywords: resilience, subjective well-being, caregivers

1. PREFACE

Indonesia is now entering the ageing population phase with an increasing number of elderly people. The elderly are individuals with an age group over 60 years who go through the aging process, with a gradual decline in organ function (Raudhoh & Pramudiani, 2021). Data from the Badan Pusat Statistik (BPS) in 2023 reveal a sustained increase in Indonesia's elderly population. Of the total 278 million population, around 11% or 31 million of them are elderly. Most of the elderly population is in the 60-69 age group, totaling around 20 million people, while the rest consists of those aged 70 and above (Badan Pusat Statistik, 2023).

As they get older, the physical changes of the elderly decrease, one of which is changes in the appearance of the elderly, such as hair that begins to turn white, facial wrinkles, and decreased function of the five senses (Ivanali et al., 2021). The decrease in the physiological function of the elderly makes the elderly experience a high risk of developing chronic diseases that will affect their quality of life. The impact of these chronic diseases causes the elderly to experience dependence on daily needs such as eating and bathing (Kartika et al., 2023).

Therefore, to help the elderly overcome various declines in body condition, the role of family and health services as caregivers is needed (Maria et al., 2022). People who are in charge of directly caring for children, the elderly, and patients with chronic illnesses are known as caregivers (Missesa, 2020). Such care can come from the health professional (formal caregiver) and family (informal caregiver). Caregivers are responsible for offering financial assistance,

administering medication, and providing assistance in activities of daily living, such as providing emotional and spiritual support (Nainggolan et al., 2022).

The strain of providing care affects caregivers in both positive and negative ways. One advantage of caregiving is that it fosters a closer emotional bond between the elderly and caregivers. On the other hand, the caregiving process can adversely affect the caregiver's quality of life, potentially resulting in burnout and increased stress levels (Bhattacharyya et al., 2023).

The various positive, negative, and life satisfaction feelings experienced by caregivers can be expressed as a subjective well-being phenomenon. Negative emotions are more common in people who have low subjective well-being, including anxiety, anger, and sadness (Myers & Diener, 1995). According to Diener (2000), subjective well-being is a person's view of their life events, which includes both affective and cognitive evaluations. While affective evaluation relates to the person's experiences with both happy and negative emotions, cognitive evaluation considers the person's overall level of life satisfaction.

Subjective well-being significantly impacts one's quality of life, often resulting in improved health outcomes and increased lifespan (Diener & Chan, 2011). They usually have better social relationships and lower suicide risk or behaviour (Diener & Seligman, 2002). They are also more likely to find satisfaction in their work and maintain high levels of productivity (Diener & Ryan, 2009). As a result, people who have high subjective well-being are more likely to be successful in their relationships, careers, and stress management (Pavot & Diener, 2004).

One of the factors that influence subjective well-being is resilience (Bajaj & Pande, 2016). Resilience is the ability of a person to maintain or restore mental health when confronted with difficult circumstances (Wald et al., 2006). Resilience is a dynamic process that includes constructive adaptation in the face of extreme trauma or adversity (Luthar et al., 2000). Resilient individuals tackle problems with a positive attitude, while those lacking resilience tend to view every problem negatively, leading to emotions like anxiety and depression (Andriyani, 2021). Individuals with resilience can approach and interpret challenges in a positive manner (Roellyana & Listiyandini, 2016). Resilience enables individuals to enhance their well-being, preserve their health, foster harmonious relationships, and effectively manage stress (Reivich & Shatté, 2002).

Resilience is positively correlated with well-being (Bajaj & Pande, 2016; Yildirim & Belen, 2019). Bajaj and Pande (2016) outlined how resilience and subjective well-being are positively correlated. Yildirim and Belen (2019) also stated that resilience and subjective well-being have a positive correlation in Turkish adults. According to both studies, people who are more resilient had more good feelings, less negative emotions, and higher life satisfaction.

Although in research by Bajaj and Pande (2016) and Yildirim and Belen (2019) well-being is predicted by resilience. Nonetheless, research Paramita et al. (2023), indicates that subjective well-being and resilience do not significantly correlate with sexual violence experiences among high school students. This is due to the fact that external factors, including social connections and environmental support have a greater influence than internal ones, like a person's capacity for problem-solving.

The earlier research findings revealed inconsistent relationships between resilience and subjective well-being. The gap in the findings of previous studies makes researchers interested in finding out more about the relationship between resilience and subjective well-being.

Furthermore, the participants in this study who concentrate on caregivers are what make it unique.

2. RESEARCH METHOD

Participant

The total participants in this study were 209 participants, with 68.4% being informal caregivers and 31.6% being formal caregivers. The participants in this study must meet the following requirements: (a) at least 18 years old; (b) have completed high school / vocational school education; and (c) have been providing care for the elderly at least one year.

The results of this studies indicated that, according to these criteria, 38.3% of participants were between the ages of 21 and 23. 35.9% of participants had completed high school or vocational school, 0.5% had completed Diploma 1, 47.4% had completed Bachelor, and 16.3% had completed Master's. The majority of those who provided care for the elderly spent between one and five years, with 63.2% and 36.8% of those who did so spending between six and ten years. The demographic data of the participants can be seen in Table 1.

Table 1
Participants Demographic Data

<i>Respondent Profile</i>	<i>Total (n = 229)</i>	<i>%</i>
Gender		
Male	44	21.1%
Female	165	78.9%
Caregiver Status		
Informal Caregiver	143	68.4%
Formal Caregiver	66	31.6%
Elderly's Age		
60-64 years old	46	22.0%
65-69 years old	53	25.4%
70-74 years old	68	32.5%
75-79 years old	31	14.8%
>= 80 years old	11	5.3%
Caregiver's Age		
18-20 years old	20	9.6%
21-23 years old	80	38.3%
24-26 years old	31	14.8%
27-29 years old	22	10.5%
30-32 years old	15	7.2%
33-35 years old	12	5.7%
36-38 years old	10	4.8%
39-41 years old	4	1.9%
42-44 years old	3	1.4%
45-47 years old	7	3.3%
48-50 years old	4	1.9%
51-53 years old	1	0.5%
Educational Level		
SHS/VHS	75	35.9%
Diploma 3	1	0.5%
Bachelor	99	47.4%
Master	34	16.3%
Length of time as caregiver		
1-5 years	132	63.2%
6-10 years	77	36.8%

Measurement

This study uses non-experimental quantitative research, namely correlational quantitative and convenience sampling. The measuring instrument used in measuring resilience is The Connor-Davidson Resilience Scale (CD-RISC) by Connor and Davidson (2003) which consists of 25 items with a 5-point Likert scale with alpha cronbach reliability of 0.935, with example items "I am able to adapt when changes occur" and "I have one close and secure relationship"

The measuring instrument used in measuring subjective well-being is the Satisfaction with Life Scale (SWLS) by Diener et al. (1985) which consists of 5 items with a 7-point Likert scale with alpha cronbach reliability of 0.861. Sample items include, "In most ways my life is close to my ideal" and "I am satisfied with my life"

The Positive Affect and Negative Affect Schedule (PANAS) by Watson et al. (1988) which consists of 20 items and were developed into 34 items with a 5-point Likert scale, positive affect with alpha cronbach reliability of 0.924, with example items "Excited" and "Interested" and negative affect with alpha cronbach reliability of 0.944, with example items "Distressed" and "Upset"

Data collection and analysis

This study used Google Forms to distribute surveys in order to collect data online. The data obtained will be analyzed quantitatively using the SPSS application. Data processing will start from the reliability test, validity test on the resilience and subjective well-being measuring instrument items. Then, descriptive and normality testing of Kolmogorov Smirnov will be carried out to determine the distribution of data, and conduct hypothesis testing.

3. RESULT AND DISCUSSION

Result

Based on the data obtained, the resilience variable has an empirical median value of 3.40 and a hypothetical median of 2.00, thus the level of resilience in caregivers tends to be high. The subjective well-being variable is divided into 2 dimensions, namely the cognitive dimension (life satisfaction) and the affective dimension (positive affect and negative affect). The life satisfaction dimension has an empirical median of 5.40 and a hypothetical median 4.00, thus the level of life satisfaction in caregivers tends to be high. The positive affect dimension has an empirical median of 4.23, while the median negative affect is 2.20 with a hypothetical median of 3.00. Thus the level of positive affect in caregivers tends to be high, while negative affect in caregivers tends to be low.

Before hypothesis testing, a normality test was conducted with the One Sample Kolmogorov-Smirnov Test to determine the distribution of data. The normality test results on the life satisfaction variable have a score of $Z = 0.130$ with $p = 0.000$, the positive affect variable has a score of $Z = 0.143$ with $p = 0.000$, the negative affect variable has a score of $Z = 0.166$ with $p = 0.000$, and the resilience variable has a score of $Z = 0.212$ with $p = 0.000$. The data results indicate that the distribution is not normal, so non-parametric tests will be conducted.

Hypothesis testing uses spearman correlation testing analysis. Tests were conducted on the variables of resilience, positive affect, negative affect, and life satisfaction. The results of the analysis conducted on the resilience and life satisfaction variables showed that there was a positive and significant correlation ($p = 0.000 < 0.05$), the resilience and positive affect variables were positively and significantly correlated ($p = 0.000 < 0.05$), and the resilience and negative affect variables were negatively and significantly correlated ($p = 0.000 < 0.05$). The results of Spearman correlation testing can be seen in Table 2.

Table 2

Spearman Correlation Between Variables

<i>Variable</i>	<i>Mean</i>	<i>Md</i>	<i>SD</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
Resilience	3.14	3.40	0.57	(0.935)			
Life Satisfaction	5.15	5.40	1.29	.672**	(0.861)		
Positive Affect	4.02	4.23	0.67	.673**	.681**	(0.924)	
Negative Affect	2.46	2.20	0.94	-.705**	-.792**	-.645**	(0.944)

Analysis of the difference test was carried out using Mann-Whitney U on the resilience variable based on gender. In the resilience variable, the results show that there is no difference in resilience based on gender, with a value of $Z = -0.067$, $p = 0.946 > 0.05$. T-test analysis was also conducted on resilience variables based on caregiver status. The results show that there are differences in resilience based on caregiver status, with a value of $Z = -2.719$, $p = 0.007 < 0.05$. The resilience of formal caregivers is higher (MR = 121.71, SR = 8033.00) than informal caregivers (MR = 97.29, SR = 13912.00).

Discussion

According to the study's findings, resilience and subjective well-being are positively and significantly correlated. The study's findings are in line with previous research that showed a positive correlation between resilience and subjective well-being (Bajaj & Pande, 2016; Yildirim & Belen, 2019). Resilience is one of the factors that can affect subjective well-being. One of the factors that affect subjective well-being is resilience. Resilient individuals are those who can respond positively and sustain productivity, even when confronted with challenging or unfavorable situations (Reivich & Shatté, 2002). Meanwhile, those who have high subjective well-being can cope with stress and feel very satisfied with their lives (Diener, 2009). Adaptability is the concept of resilience, therefore resilience is needed to deal with stress and improve individual subjective well-being (Rakhmadianti et al., 2021; Masten, 2001).

Subjective well-being consists of two dimensions: the cognitive dimension which refers to life satisfaction, and the affective dimension which includes both positive and negative effects. The findings indicate a strong positive correlation between resilience and life satisfaction, with $r(207) = 0.672$ ($p < 0.01$). This suggests that higher resilience in caregivers is associated with greater life satisfaction, whereas lower resilience corresponds to reduced life satisfaction. In the research of Rajendran et al. (2022) stated that resilience is able to help individuals to feel life satisfaction by reducing the intensity of negative emotions. As a result, those who are resilient and satisfied with their lives experience more happiness.

There is a strong positive and significant correlation between resilience and positive affect, with $r(207) = 0.673$ ($p < 0.01$), indicating a direct relationship. This means that individuals with higher resilience tend to experience greater positive affect, while those with lower resilience experience less. In other words, people with high resilience are more likely to frequently feel positive emotions such as pride, strength, and enthusiasm. Kay (2016) further explains that individuals who frequently experience positive affect not only feel happiness but also greater life satisfaction. This is because cultivating positive affect enables individuals to better navigate challenges. Maintaining a positive attitude in the face of adversity is one way to improve personal resilience.

Resilience with negative affect has a negative and significant relationship with $r(207) = -0.705$, $p < 0.01$, indicating that as resilience increases, negative affect decreases. Individuals with high resilience experience lower levels of negative affect, while those with low resilience are more prone to negative emotions. This suggests that highly resilient individuals tend to feel more positive emotions and fewer negative ones. These findings are consistent with research by Geng et al. (2020), which highlights the negative correlation between resilience and negative affect. Similarly,

The results of the difference test were also carried out on caregiver status. Caregiver status is divided into two, namely formal caregiver and informal caregiver. The results show that there are differences in resilience based on caregiver status. Compared to informal caregivers, formal caregivers are more resilient. A study by Ramos et al. (2021) that formal caregivers exhibit higher levels of resilience compared to informal caregivers. Even so, formal caregivers also feel emotional burdens when caring for patients. Therefore, training and support for formal caregivers are needed to be able to cope with job pressures. In contrast, informal caregivers often feel burdened and have lower levels of resilience.

4. CONCLUSIONS AND RECOMMENDATIONS

According to the hypothesis testing, there is a positive and significant correlation between resilience and subjective well-being variables in the dimensions of life satisfaction and positive affect. This means that the more resilient a caregiver is, the more life satisfaction and positive affect they experience, and vice versa. Meanwhile, negative affect shows a negative and significant correlation, indicating that the more resilient a caregiver is, the less negative affect they have, and vice versa.

The limitation of this study is that the variables in this study only focus on the variables of resilience and subjective well-being in elderly caregivers. As a result, it is less able to identify other characteristics that may have an impact on these individuals' subjective well-being. In addition, the sample size is limited, especially the number of female and informal caregivers is more than male and formal caregivers. Furthermore, the sample size is small, particularly as there are more women and informal caregivers than men and formal caregivers. As a result, gender variations in resilience and subjective well-being cannot be well described by the study's findings.

Future studies can go more into other factors including self-control, emotion intelligence, core self-evaluation, and others that may have an impact on subjective well-being. To provide a more representative picture, research must also be conducted with a larger or more diverse sample.

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