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Resilience Evaluation: Validation of The Subjective Resilience Questionnaire For Adults (SSRQA): Indonesian Version

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INFORMASI	ABSTRACT
Korespondensi: noerelhidayah89@gmail.com	*Objective:* The aim of this study is to translate, adapt, and validate the SSRQA into Indonesian.

Methods: Construct validity was assessed by 5 experts in the fields of disaster nursing, mental health, and community nursing.

Results: The S-CVI result was 0.9575. Construct validity was tested using PCA (Principal Component Analysis) with N = 200. Reliability was assessed using Cronbach's alpha. The eigenvalue and explanation percentage results showed 18.5%, indicating that the eigenvalue of factors in the SSRQA was sufficient. Cronbach's alpha was obtained as 0.923. |
| **Keywords:** Evaluation, Resilience, Questionnaire | *Conclusion: The Indonesian version of SSRQA has been validated and can be used to assess resilience based on the perceptions of the Indonesian community* |

INTRODUCTION

The uncertainty during the pandemic has created its own stressors for individuals and communities. To cope with the uncertainty of the situation, adaptive coping is needed, specifically resilience, to provide realistic strategies for facing the COVID-19 pandemic. Resilience can be maintained and continue to grow. The COVID-19 pandemic has brought new pressures such as the fear experienced, job loss, or the emotional burden felt by everyone (Reivich & Shatte, 2020; Utami and Masykur, 2020). As individuals or COVID-19 survivors, there is a dependence on a system or support from others. The current situation points to positive adaptation to the difficulties of facing COVID-19, which is resilience (Nurlaeni & Juniarti, 2020).

Positive adaptation in individuals reduces the psychological impact experienced by COVID-19 patients. One form of support that influences the resilience of COVID-19 patients is the presence of close individuals, such as family, relatives, and friends. The presence of these individuals can generate positive hormones and make patients feel better. This can reduce the impact of the pandemic and enhance community resilience. Community resilience can be influenced by the social capital of the community itself. According to Longstaff et al. (2010), the government is not the primary guarantor that a community will survive an upcoming natural disaster, although it can serve as an important facilitator. Furthermore, they also mention that community resources alone are insufficient to ensure a community's survival from a disaster if the community does not utilize them properly. The existence of a community in an area without strong social bonds or social capital does not guarantee that the community will survive a natural disaster (Karimatunnisa & Pandjaitan, 2018). Reducing the impact of disasters can be achieved, one way being to enhance community resilience. According to VanBreda (2001), community resilience is the community's ability to build, maintain, or regain the expected level of community capacity in the face of adversity and positive challenges (Novianty, 2011).

Resilience is the successful adaptation to pressure (Rinaldi, 2010). Resilience can also be defined as the human capacity to face and overcome difficulties, strengthened by life circumstances (Utami, 2017). However, it is often found that human resilience in dealing with various life challenges is less than optimal. Enhancing resilience is an important task because it provides individuals with experience in facing life's challenges and difficulties. By improving resilience, individuals can develop life skills such as effective communication, realistic goal-setting, and

the ability to take appropriate actions. To measure resilience, it is necessary to assess the phenomenon itself, which is the level of positive adaptation achieved after facing significant setbacks. Each adverse situation is experienced with the aim of exploring the relationship between previous adverse experiences of a certain type and resilience in facing them. There is still debate regarding the relationship between previous stress exposure and whether it leads to better or worse responses to future adversity (Bonanno, Brewin, Kaniasty, & La Greca, 2010).

The aim of this study is to translate, adapt, and validate the SSRQA. Resilience Assessment: Development and Validation of the Subjective Resilience Questionnaire for Adults (SSRQA) into the Indonesian language

METHOD

The research design was conducted in two stages. The first stage involved translation and cultural adaptation, a process requiring verification of the metric properties from Spanish and English. The second stage used a cross-sectional analytical design to analyze cross-cultural adaptation, validation, and reliability assessment of the instrument, using Cronbach's alpha for internal consistency and PCA (Principal Component Analysis) to assess factorial validity. The instrument consists of 20 items that assess emotion regulation, impulse control, optimism, problem-solving in various life situations, empathy, self-efficacy, and achievement. A total of 200 respondents were used. The sample size was based on 10 subjects per instrument item for a general psychometric approach: scale and item analysis, Pearson correlations, and exploratory factor analysis.

The study population consisted of adult COVID-19 survivors in Indonesia. A total of 200 respondents were selected using the convenience sampling technique. The target population met certain practical criteria, such as being easily accessible, geographically **close**, available at a specific time, or willing to participate in the study. Inclusion criteria: COVID-19 survivors, able to speak Indonesian, communicate well, aged over 18, and have internet access. Exclusion criteria: patients with cognitive impairments, mental disorders, hearing impairments, and vision impairments.

The Process of Translation, Validity, and Reliability Testing of the Indonesian Version of the SSRQA Instrument. The English version of the SSRQA was translated into Indonesian using the backward-forward method following international guidelines (Guillemin et al., 1993). The Indonesian version of the SSRQA was translated by two sworn translators

working independently and separately. Then, the two Indonesian translations were evaluated by two bilingual experts in nursing to create the final Indonesian version. Subsequently, the final Indonesian version was back-translated into English and Spanish by two separate sworn translators. Afterward, the newly translated English and Spanish versions were compared with the original English and Spanish versions by the researchers to assess the consistency of the Indonesian version with the Spanish version.

The Content Validity Index (CVI) was used to assess the content validity of the Indonesian version of the SSRQA instrument (Polit and Beck, 2006). Five experts were asked to evaluate the Indonesian version of the SSRQA, with four of them specializing in emergency & disaster nursing, mental health, and community health, and one specializing in services. From the CVI test, an S-CVI of 0.9575 was obtained. Additionally, validity testing using PCA (principal component analysis) was conducted to test the correlation between instrument items. This mirrors the analysis of the English version of the SSRQA (Saarikoski et al., 2008).

RESULT

Table 1. Characteristics of Respondents

Variable	N	%	Mean	SD	Range
Age	200	100			
Gender			32,33	8,418	18-57
Female	127	63,5			
Male	73	36,5			
Doctorate	4	2.0			
Master's Degree	49	24.5			
Bachelor's Degree	105	52.5			
Diploma	4	2.0			
High school	38	19.0			
Employment					
Enterpreneur	10	5.0			
Civil Servant	38	19.0			
Health Worker	53	26.5			
Employee	40	20.0			
Lecturer	8	4.0			
Houswife	5	2.5			
Unemployed	42	21.0			
Public Sector Employee	2	1.0			
Honorary Employee	2	1.0			
Marital status					
Married	123	61.5			
Single	77	38.5			
Total	200	100			

Of the 200 respondents, the average age was 32.33 years, with a range from 18 to 57 years. The majority (63.5%) of respondents were female. The marital status of the respondents indicated that 61.5% were married. The highest education level of the respondents showed that 52.5% had a Bachelor's degree. The largest group of respondents was health workers, accounting for 26.5%.

The results of the eigenvalue analysis and explanation percentage obtained were 18.5%. The Kaiser-Meyer-Olkin measure was 0.893 > 0.70, with a significance value of 0.001 < 0.05, indicating statistical significance. Statements 2 and 9 had the highest values in the dimension of health problems of those closest to you, but they should be in the dimension of problems in close relationships. Statements 4 and 14 had the highest values in the dimension of work-related problems, while statements 10 and 18 had the highest values in the dimension of problems in close relationships, but they should be in the dimension of personal health problems. Statement 5 had the highest value in the dimension of close relationship problems, and statements 11 and 19 had the highest values in the dimension of personal health problems, but they should be in the dimension of health problems of those closest to you. Statement 20 had the highest value in the dimension of close relationship problems, but it should be in the dimension of financial problems. The dimensions of the SSRQA consist of five groups: issues related to work, problems in close relationships, personal health issues, health problems of those closest to you, and financial problems.

DISCUSSION

Work-related problems: This dimension assesses resilience in coping with work-related stress. Close relationships: This dimension evaluates resilience in facing problems in close relationships. Personal health: This dimension assesses resilience in dealing with personal health issues. Health of loved ones: This dimension evaluates resilience in facing health problems affecting loved ones. Financial problems: This dimension assesses resilience in coping with financial stress.

Table 2. Factor Analysis (N=200)

Item Statement	Work related problems	Problems in close relationships	Personal health problems	Health problems of those closest to you	Financial problems
	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
P1 : When I have had problems at work that made me feel very upset, the distress lasted a long time	-.462				
P7 : When I have had important problems at work, the distress went away quickly.	.785				
P13 : It took me a long time to recover when I have had problems at work which affected me deeply	-.595				
P17 : When I have had work difficulties that caused me great stress, I have easily recovered	.749				
P2 : When I have had problems with close people (such as arguments with family or friends) that affected me deeply, I have quickly recovered.				0,645	
P3 : I have found it difficult to stop feeling bad when I have had important problems (such as arguments) with close people (family or friends)		.628			
P8 : When I have had problems (such as arguments, etc.) with close people (family or friends), it took me a long time to stop feeling bad.		.485			
P9 : When I have had important problems with close people (family, friends, etc.), for instance when we have had an argument, I have easily recovered from the distress.				.601	

Item	1	2	3	4	5
P4 : When I have had a health issue that I was badly affected by, I easily recovered from that Distress.	.603				
P10 : When I have had an important health issue, I had a hard time overcoming the distress that it caused me		.542			
P14 : When I have had a health issue that has psychologically affected me, the upset has not lasted long	.727				
P18 : When I have had serious health problems that deeply affected me, I have felt bad until the health issue was gone		.802			
P5 : When a family member or another close person has suffered from a serious health problem, I have had a hard time recovering from the distress.		.575			
P11 : When a family member or a close person has had a serious health issue, I have quickly recovered from the upset caused by that situation			.725		
P15 : It has taken me a long time to overcome the distress when a family member or a close person has had a serious health issue that caused me great stress				-.496	
P19 : I have been able to recover quickly when a family member or a close person has had an important health issue that disturbed me.			.772		
P6 : When I have had financial problems that were a real worry for me, it did not take me long to overcome the stress.					.808

P12 : When I have had a financial difficulty that was a real problem for me, it was difficult to stop feeling bad.					-.600
P16 : When I have had a financial difficulty that was a serious problem for me, it was not hard for me to overcome the stress.					.538
P20 : When I have had an important financial difficulty that caused me great distress, I have felt bad until the financial situation was resolved.		.760			
Eigenvalues	3.698	3.413	2.068	1.910	1.854
% of variance	18.490	17.063	10.340	9.551	9.271

Research has shown that there are two dimensions of financial 'well-being' that characterize the dynamic relationship between finance and well-being: behavior and perception. Additionally, a study found that emotional/informational support and positive social interactions predict higher cognitive functioning levels among adults.

Research on psychological resilience has evolved toward an ecological perspective that recognizes the need to contextualize the concept and its supporting and protective factors. Mixed-method assessments of cross-cultural resilience have become increasingly important. However, studies that directly utilize qualitative findings to aid the adaptation of already internationalized measurement tools are relatively uncommon. This is likely due to the time and resources required to successfully carry out such adaptation processes (Terrana and Al-Delaimy, 2023).

Subjective resilience measurement tools place greater emphasis on the context of statements reflecting individual resilience concepts. There is a need for the development of more applicative interventions to enhance resilience in order to support community resources and cultural adaptations that empower individuals in facing adversities

CONCLUSION

This instrument is expected to serve as a standardized measurement tool for stakeholders who require an assessment tool that aligns with the context of resilience reflection for mental health risk assessment and intervention evaluation.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This study has undergone ethical review by the Health Research Ethics Committee of the STRADA Indonesia Institute of Health Sciences with approval number 2340/KEPK/VI/2021, dated June 15, 2021.

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